

**Finding the Healing Path**  
**The Therapeutic Conditions of Aboriginal Traditional Healing**

**By**

**Glen H. McCabe**

**A Dissertation Submitted in Partial Fulfillment of the Requirements for the**

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**Department of Psychology**

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FACULTY OF GRADUATE STUDIES  
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## **Abstract**

Aboriginal people are engaged in a process of cultural reclamation that has become more focused, more widespread and more documented than ever before. With this has come controversy and discussion both inside and outside the Aboriginal community regarding the role, meaning and effectiveness of traditional healing. It was anticipated that Aboriginal traditional healing practices would incorporate many of the elements and traits normally associated with the major psychological intervention approaches being used currently by psychologists. This would include such elements as a theoretical foundation for intervention and assessment, intervention techniques, assessment techniques, a theory of human development, a definition of wellness and guidelines for ethical practice.

The data included in the study was collected from personal experience of the researcher, literary works on the subject of traditional healing and Aboriginal experience and interviews conducted with healers and people who have been engaged in traditional healing as clients. Data was recorded and gathered in a style and method in keeping with the ethics of behaviour and the oral traditions in the Aboriginal community. Data was reviewed, analyzed and evaluated in the context of it being a reflection of the knowledge and experience of the people in the Aboriginal community and in the context that its ownership resides with the Aboriginal community.

It was expected that the study would support the hypothesis that Aboriginal traditional healing has the necessary elements for therapeutic change to occur, and that it compared favourably to the major schools of psychotherapy in psychology

including behaviourism, cognitive theory, humanism, and psychoanalysis. Sixty-nine different points that supported this assumption were gathered from the data and placed under twelve major clinical headings. The headings are spirituality, ceremonies and rituals, the Sacred Teachings, genuineness, role modeling, lessons of daily living, safety, acceptance and respect, empathic understanding, questions and answers, the inner and unknown self and readiness to change. These are presented and discussed in the report.

## CHAPTER ONE

### Introduction

In this study traditional healers and people who have been clients of healers share their stories and views about their personal healing experience in order to help others learn about the role and the ways of traditional healing in modern Aboriginal experience.

Aboriginal people are engaged in a process of cultural reclamation that has become more focused, more widespread and more documented than ever before (Duran & Duran, 1995; LaDue, 1994; McCormick, 2000). With this has come controversy and discussion both inside and outside the Aboriginal community regarding the role, meaning and effectiveness of traditional healing. In addition to this, it has become clear in modern times that psychologists are bound to work in a multi-cultural environment and that they must be prepared to do so (Yutrzenka, 1995). Freire (1989) asserts that there is a need for the oppressed to develop a pedagogy that will lead them to freedom and greater humanity. Freire says that this is "... a pedagogy which must be forged *with*, not *for*, the oppressed (whether individuals or peoples) in the incessant struggle to regain their humanity" (p. 30). Psychologists are in a position, along with other professions, to share in the development of the pedagogy for the oppressed Aboriginal people or play the role of oppressor.

This chapter is an attempt to state what problem this project tries to address. As suggested above, the frame of reference that is adopted in this study is that the

Aboriginal people of North America were psychologically traumatized as a group and individually. This traumatization, in conjunction with ongoing oppression, has led to the deeply rooted mental health and social problems that the Aboriginal people face today. McLean and Woody (2001) say that, "The hallmark of traumatic experiences is their ability to engender such reactions as shock, horror, disbelief, helplessness and anxiety." (p. 205). Aboriginal people attest to all these feelings in regard to the historical and present experience with mainstream society. They argue that the traumas of the past and the ongoing traumas of current maltreatment are sufficient to cause them to experience symptoms that are typical of post-traumatic reactions. They assert that these have been handed down from generation to generation through family dysfunction, violence and despair.

Mental health treatment in the Aboriginal community has largely taken the form of crisis intervention and is based often on the assumption that the methods employed in the mainstream culture can readily be applied in the Aboriginal community (Bancroft & Graham, 1996; French, 1997; McCormick, 2000). As we will discuss in some detail below, there are enormous issues with this assumption. Can mainstream therapists respond effectively to Aboriginal psychological needs using the usual methods? The collective answer seems to be 'no' (French, 1997; LaDue, 1994; McCormick, 2000).

In this light, it is important to assert the role of the traditional healer as a legitimate and culturally appropriate intervener in the pursuit of mental wellness in the Aboriginal community. Bancroft and Graham (1996) cite Caplan (1961) when they indicate that crisis intervention, "...originated in relation to people with stable

personalities and a history of adequate coping resources who are facing major but transitory difficulties.” (p. 116). The current Aboriginal community believes that Aboriginal people historically had stable personalities, functional familial bonds and adequate social coping resources. Many believe that the major difficulties faced by Aboriginal people today are transitory and will pass when healing is achieved and that traditional healers are the best source of response in the crisis. Many Aboriginal traditionalists believe that others from outside the Aboriginal community who wish to help should do so in the presence of the qualified healer and with the appropriate cross-cultural training and preparation (French, 1996). Stewart (2002) points out that, “To meet the demands of a culturally diverse population, Pedersen and Ivey suggest that counsellors utilize a ‘culture-centered’ perspective.” (p. 10). This points out that when working as helpers in the Aboriginal community non-Aboriginal practitioners will need to experience a shift in their perspective to include a sensitivity to the special and unique cultural experience of Aboriginal people.

This chapter focuses on what has led to many of the current individual, family and community problems that Aboriginal people experience today and also the need for healing amongst Aboriginal people today (Restoule, 1999; Waldram, Herring & Young, 1995). The first point of discussion is about psychological wellness issues in the world today as expressed from the views of some psychologists, Aboriginal traditionalists and environmental activists. The second area of discussion centres on the fact that for thousands of years Native North Americans led successful and fruitful lives that were interrupted and interfered with by colonial powers (Duran & Duran, 1995; Frideres, 1998).

This chapter then addresses the downward spiral of Aboriginal people into their darkest times in the twentieth century (Morrison & Wilson, 1995). This section then attempts to deal with how this led to the above noted traumatization and subsequent psychological and social break down within the Aboriginal community in North America (Duran & Duran, 1995; LaDue, 1994; Restoule, 1999). Although it is not clear as to the extent that Aboriginal people currently seek out traditional healing services, there is increasing evidence to suggest that Aboriginal traditional healing methods not only persist, but flourish and continue to be used by both Aboriginal and non-Aboriginal people alike (Wyrostok & Paulson, 2000). This chapter continues with a description of the resurgence and partial reinstatement of Aboriginal culture over the last fifty years and points out how these have created a widespread increase in traditional healing activity. Duran and Duran (1995) point out that, "Community work is an integral part of delivering psychological services in Native American country." (p. 185). This chapter tries to address the fact that it is a whole community that is engaged in a widespread increase in interest in traditional healing, which has created a subsequent need to assist people in understanding its role and its ways in the current Aboriginal experience. Duran and Duran (1995) assert that the modern psychologist has a significant role to play in the healing work in Aboriginal communities but must be prepared to work in the context of the community and the traditions to realize this role.

## **Statement of the Problem**

Human Beings are born and live according to their unique experience in the world. Change is always possible and often occurs when least expected.

Sometimes, when the world seems out of balance we need to encourage change in our lives, because that is the only way to find the Medicine Path.

The above sentiment captures the essence of this study. It suggests that in times of trouble people search for a way to achieve healing (McCormick, 2000; Wyrstok & Paulson, 2000). Muller, Goh, Lemieux and Fish (2000) point out that people who are survivors of maltreatment survive by reaching out to a variety of people in a variety of ways. They identified a list of ten categories of 'helpers' that play a significant role in supporting survivors of maltreatment, which includes friends, family and community. This is indicative also of the traditional views of many Aboriginal people in North America's great-plains region (Looking Horse, Elders' Gathering at the University of Manitoba, February, 2002; Courchene, personal communication, 2002; McCormick, 1994). Clearly, other people also employ a variety of means to cope with abuse and trauma. One of the significant methods, according to Muller, Goh, Lemieux and Fish (2000), is to turn to professionals and associates, in addition to friends and family. Trauma and disruption pull people away from the circle of life and into negative behaviours, while healing brings them back (Johnson & LaDue, 1992). Johnson and LaDue further assert that it is trauma that Aboriginal people have faced in the past and continue to cope with. The overall indications are that Aboriginal people today are facing very significant challenges in terms of their psychological wellness, despite the gains that have been made in



recapturing culture and asserting their place in the world.

Aboriginal healers and professional service providers are working on all levels in order to overcome the problems that exist in the Aboriginal communities (McCormick, 1994; Restoule, 1999). According to some Aboriginal healers what happens in our lives is to some extent is out of our control and is not ours to choose, but they also suggest that on another level it is our responsibility to address the problems we face and to decide how to reach out to others in an effort to handle the difficulties we may encounter (Cardinal, personal communication, 2002; Courchene, personal communication, 2003). This coincides with the views expressed by Bancroft and Graham (1996), French (1997) and McCormick (1994). This is not presented as a unique view of the world, but rather to denote a significant aspect of current thinking amongst Aboriginal professional service providers and Aboriginal traditional healers.

From this standpoint, Aboriginal people are returning in greater numbers than ever to their cultural and traditional ways as a means of healing (Wyrostop & Paulson, 2000). Where a person lives and what group he or she comes from will determine what their particular cultural practices will be, but the main issue is that Aboriginal people are making the connections they need in order to recover from the emptiness of their lives and their anxiety and pain (McCormick, 2000). For an Aboriginal person this often means connecting with a traditional healer in place of or in conjunction with another professional person. A significant point in this regard is that traditional healers are perceived to be the holders and purveyors of culture, traditional knowledge and the capacity to bring wellness (French, 1997; LaDue,

1994). French points out that tribal elders can be very significant participants in terms of helping in the application of traditional knowledge and the development of community programs. French (1997) states that, "The most critical therapy issue for any Indian child or youth is the positive reinforcement of their *Indianism*." (p. 36). The task of defining, mobilizing and sharing traditional culture and wellness falls largely to the elders and traditional healers in the Aboriginal community, because this has been the historical way of things for Aboriginal people and because it is still the most suitable and authentic way to address this issue.

According to traditional healers in this study, when we encounter trouble (imbalance) we must work with it to see what can be done to create balance again (adjustment and adaptation). To be idle in the face of troubles is to let the trouble take control and possibly defeat us (Courchene, personal communication, 2002). The people who participated in this study and offered their stories are people who decided to take action and encourage change in order to find the Medicine Path. It has to do with the elders and their role in knowing and conveying the ways of healing and wellness in a community. Rupert Ross (1996), when commenting on the difficulties of researching Aboriginal justice systems, said, "...as in so many other cases, it was the elders who were responsible. The researchers went to the elders with their long lists of questions, and it was only after the elders became involved that things got turned around." (p. 253). Ross goes on to say that the elders have given focus to the search for knowledge about Aboriginal ways, that healing and justice need to be understood outside of the Western definition and approached from the standpoint of how Aboriginal people define them.

### Wellness in Today's World

There is an Ojibwa prophecy that says when the lighting of the Seventh Fire occurs, Aboriginal people and Whites will begin a quest to live as family (Benton-Banai, 1988). The term 'fire' refers to an era, or a time in the history of people in North America. The course of the Seventh Fire is considered to be a time of healing and reconciliation. The previous six fires refers to various times of peace and calm, drifting away from the teachings of the elders, internal discord, domination by the Europeans, death and destruction and a returning to the teachings (Benton-Banai, 1988).

David Peat (1994), a well-known physicist, also notes this prophecy in his work in describing indigenous science. One way of restating this prophecy is to see the seventh fire as a time when healing will accelerate and all the people of North America will seek to find the true way of life (Benton-Binai, 1988). This will not happen without effort (Benton-Banai, 1988; Ross, 1996). The prophecy suggests that energy and focus are needed for people to heal individually and collectively (Peat, 1994). This research project is an attempt to discover some of the healing ways of some traditional healers and to respond to the hopefulness of the Seventh Fire prophecy.

There are others, including prominent Canadian science commentator and environmental activist, David Suzuki (1997), who believe that the way of things in the future will have to be toward a re-adoption of the old ways, of the traditional ways; otherwise we cannot be successful in living on Earth together. Aboriginal people have a long and ancient tradition of living in harmony with nature (Brant, 1990;

Goodchild, 1984; Yenne & Garratt, 1984). According to Suzuki and Knudtson (1992), this identification with nature may well be the way all pre-technological societies functioned, but the Aboriginal Elders seem to have retained this pre-technological view, while other more dominant groups in the modern world have not (Peat, 1994; Suzuki, 1997). Belief in modern science and technology by Western people has seemingly replaced reliance on the natural cycles and processes of life, which has led to a philosophy of domination and control of the Earth (Suzuki, 1997).

The Aboriginal traditional healers noted in this study indicate that they have tried to live by the code of harmony with nature and with all others. They believe that they and other traditional leaders have even tried to warn the mainstream community of the hazards inherent in a philosophy of domination and control of the Earth, its people and its resources. Chief Seattle's oration to the American government in the 19<sup>th</sup> century is a clear example of this cultural response and warning (Knudtson & Suzuki, 1992). He said,

*The Earth does not belong to man; man belongs to the Earth,*

*All things are connected, like the blood that unites us.*

*Man did not weave the web of life; he is but a strand in it:*

*Whatever he does to the web, he does to himself.*

(Oakes, Riewe, Kinew & Maloney, 1998, p. xv)

These lessons are often ignored by people despite the current list of troubles that exist in the world. Pollution, poverty, war, disease, famine, racism, cultural oppression and other related issues seem to be the norms of modern life rather than the exceptions. The world seems to be falling into deeper chaos and disorder with

each passing day (Knudtson & Suzuki, 1992; Peat, 1994)). Aboriginal philosophy asserted by the healers such as Don Cardinal, David Courchene and Arvol Looking Horse indicate that we have an active role to play in the saving of the environment. They suggest that this is done through stewardship of nature not domination and control.

Some say that many people in the world are living in an illusion. The illusion is that technology and science are leading us to a better world. Some, like Knudtson and Suzuki (1992), other environmental and social activists and many Aboriginal traditionalists are saying that the opposite is true, that they are leading us to more destruction and sorrow. Betty, one of the Aboriginal traditional healers in this study, said, "I cannot teach you something I have not experienced, because then it comes only from the head. It only comes from theory and analyzing. And you know that's what the Western world teaches us is that way. And it all becomes head knowledge." She seems to suggest that there is more to life and healing than analysis and "head knowledge." Although Betty suggests that having the experience of suffering is crucial to being a helper because it provides further dimension to one's ability to understand the plight of another, there are other who suggest that the cognitive-behavioural approach to treatment with Aboriginal people can be effective as well (Renfrey, 1992). Renfrey also suggests that insight oriented therapies may not be appropriate because it conflicts with the notion of avoidance of self-revelation on the part of very traditional Native people. Renfrey further points out that ego and existentially based therapies may not be effective with many traditionalists because their identities are so strongly connected to their tribal groups and to Nature as a

whole. In addition to this, when discussing the issues and problems faced by Aboriginal people and the ability of conventional psychology to respond effectively, he points out that, "...cultural sensitivity is an essential part of the solution. A congruence between the cognitive-behavioural approach to therapy and the needs and preferences of Native Americans is suggested." (p. 321).

According to the Aboriginal traditional beliefs of some healers the apparent chaos and disorder of the modern world are reflections of the imbalance that exists in the world today (Bopp, et. al., 1985). In the eyes of many Aboriginal traditional healers, moral and emotional imbalance and self aggrandising behaviours are seen to be the real evils of the world (Bopp, et.al., 1985; Courchene, personal communication, 2002; Kulchyski, McCaskill & Newhouse, 1999). According to the likes of Suzuki, and many traditional Aboriginal healers, to continue to be competitive, invasive, separate and exclusive will only lead to increased and more severe problems (Looking Horse, personal communication, 2002; Suzuki, 1997). Many of the Aboriginal people in North America who have turned to the traditional ways cite this as one of the main reasons for doing so. Elders, such as Arvol Looking Horse of the Lakota nation, ask people of all races and backgrounds to join in prayer and meditation in aid of worldwide peace and goodwill. They hope that this will lead people closer to a balanced way of living and a more inclusive world-view. Balance is necessary for success and meaningful progress in any program of emotional and mental wellness in the Aboriginal community (McCormick, 1994). Dan, one of the healers who participated in this study, said, "It's our spirit that leads. So, you develop your spirit and that becomes strong. And your emotional, your

physical and mental aspects of who you are will follow. And then there will be that balance. That's what it's all about is balance." Feelings of completeness, both personally and collectively, seem to be very significant to Dan. He emphasized throughout our conversations that a strong contented person will have an awareness of the balance in their lives and will pursue balance when they sense they are not living a balanced life.

### The Historical Perspective

The Aboriginal people of North America, like other indigenous peoples of the world, have suffered greatly as a result of colonization and oppression (Frideres, 1998; LaDue, 1994; Smith, 2000). Over the span of about 500 years of European colonization in North America, there had been a steady decline in the fortunes of Aboriginal North Americans. Europeans arrived in North America and started a steady movement toward taking over the whole continent (Brown, 1970; Yenne & Garratt, 1984). Lust for land and wealth, and religious beliefs, drove them to establish an agenda of domination over all the people and the land (Brown, 1991). There was immense growth of the European population during the 18<sup>th</sup> and 19<sup>th</sup> centuries, which was fuelled by advances in basic hygiene, the industrial revolution and injunctions against birth control measures. The Europeans were putting the final touches on the belief that Western culture was on a level far above any others in the world (Adams, 1995).

By 1890 the last of the so-called 'Indian Wars' in North America was over. The Wounded Knee Massacre, which took place in 1890, at the end of a brief,

localized resurgence of Lakota people operating under the belief that the American army could be defeated by the invocation and appearance of Aboriginal ancestral spirits was amongst the last battles (Brown, 1990). The Seventh Cavalry, which had been humiliated at the Little Bighorn Massacre, appeared to have taken revenge for this on the people at Wounded Knee, largely made up of women and children, most of whom were starving and sick (Brown, 1990). This event had seemed to put the final nail in the coffin of the Native American resistance (Brown, 1990). Events in the 20<sup>th</sup> century, such as the emergence of the American Indian Movement (AIM) in the U.S.A and the Oka Crisis in Canada, have indicated otherwise.

Also, by the turn of the 20<sup>th</sup> century the 1869-70 Red River Rebellion in the Canadian Northwest Territory and the 1885 Metis uprising in Batoche were just memories in the minds of mainstream Canadians (Bumsted, 1996; Sealey & Lussier, 1975). To the Aboriginal people the task of survival became the most important concern. The Aboriginal population had been decimated by disease, starvation and war. Some Aboriginal people were able to keep the ancestral ways until the end of World War II; however, by the end of the 19<sup>th</sup> century most Native communities were vanquished and the remaining people were demoralized and dispersed (Sealey & Lussier, 1975). According to Sealey and Lussier, the first half of the 20<sup>th</sup> century was one of despair and hopelessness for Aboriginal people, particularly the Metis. They said, "The mental set of the Metis was one of hopelessness, and a feeling that failure would be their lot no matter what effort was expended." (p. 145). Aboriginal people were dispersed to 'Indian Territories' and fringe communities such as Metis and 'non-status' settlements and First Nation Reserves. These marginalized



communities and settlements were established by the American and Canadian federal governments, which were anxious to put the final touches on their quest to secure the remaining land between the Atlantic and Pacific Oceans, the Mexican border and the Arctic Circle (Brown, 1991; Morrison and Wilson, 1995).

In Canada by 1900, the Metis and the First Nation people had been dispersed throughout the Northwest Territory (modern day Manitoba, Saskatchewan, Yukon, Northwest Territories and Alberta) (Frideres, 1998; Peterson & Brown, 1993). The same can be said for the rest of Canada, including British Columbia, Ontario, Quebec and the Maritimes. The Aboriginal people were being forced to leave their traditional lands and homes to the government and private interests for distribution to Eastern Canadians and European immigrants (Morrison & Wilson, 1995).

However, even the granting of designated land to the Aboriginal people became disrespectful and distorted (Frideres, 1998). Lands set aside for the Metis by the Manitoba Act of 1870 often did not reach their hands because of progressive amendments to the Act that prevented the dispersal from taking place (Frideres, 1998). The Metis were able to sell the parcels of land granted to them under the scrip system. They sold the land to speculators, believing that the money was more valuable than the land, not realizing that the land speculators were turning their land purchases into windfall profits by selling to the immigrants and people newly arriving from other parts of Canada. The net result was that the Aboriginal people who sold their land had money, which was rapidly becoming devalued due to inflation, and were unable to buy land back. Within minutes of Aboriginal people selling their land to the speculators, it was too expensive for the Aboriginal people to buy back

(Frideres, 1998). According to Frideres, an expert in Aboriginal legal claims, the Aboriginal people involved in these dealings were at a decided and unfair disadvantage when compared to the non-Aboriginal buyers and sellers.

Some Aboriginal people, many of whom were actually Metis, were forced onto Reserves (or went because they thought they would find safety there), which were tracts of land on the fringes of the arable and desired lands of the time. They became known strangely as 'status Indians.' The origins of such terms to describe some Aboriginal people lie within the parameters of the Indian Act (Morrison & Wilson, 1995). The Reserves were often made smaller or moved due to changes in technology and/or science that made the resources or position of the reserve desirable to the non-Aboriginal community. Sometimes it was just out of spitefulness or the pursuit of convenience. So, at the end of the day, the land granting system was a sham (Frideres, 1998). The real intent of the government of the day was to shut Aboriginal people out and let the natural forces of time and neglect take their toll, which they thought would result in the total disappearance of Aboriginal people as a recognizable group. This was a stated policy of the government of Canada in the 1860's and 70's (Peterson and Brown, 1993). In support of this assertion, Peterson and Brown cite comments from government bureaucrats from the 19<sup>th</sup> and early 20<sup>th</sup> centuries, who were fundamentally espousing the popular view of the times in regard to Aboriginal people in Canada.

### The Downward Spiral

As time progressed into the 20<sup>th</sup> century, the fortune of Aboriginal people,

including status Natives, non-status Natives and Metis, as depicted through life expectancies and other general health indicators, was steadily declining (Waldram, Herring & Young, 1995). The problems that are manifest through health and health care issues are often masked. Acculturation and loss of identity caused a serious decline in the mental and physical wellness of Aboriginal people (Restoule, 1999). The Europeans imposed their patriarchal notions on to the Aboriginal people and caused them to use European forms of organization and political expression (Jamieson, 1978). These kinds of pressures and others caused the decline of the Aboriginal people in general and caused the health decline as well. According to Cockerham (2000), the data available on Native Americans strongly suggests the presence of significant mental health problems. He also indicates that deaths due to accident and violence are the number one cause of death in Native communities, and nearly all are alcohol related, while suicide is the second leading cause of death in Native communities.

Once colonization was underway, it became the defining feature of Aboriginal experience in North America. Aboriginal people lived in abject poverty on land which was not usable for any practical purposes at the time and which was not suitable for the provision of enough food and resources to support their communities and families (Frideres, 1998). In addition, colonization and oppression interfered with the basic traits of Aboriginal society. Aboriginal communities were, and largely remain, without any economic base or prospects and with disrupted social interactions. A few communities have benefited due to having natural resources within their borders. But this is the exception not the rule. Ramshackle housing, bondage to the

reserve or the 'half-breed' settlement, oppressive laws, isolation and other conditions became the norm rather than the exception (Corrigan & Barkwell, 1991). As time passed, these conditions led to deeper psychological issues of low self-esteem and self-hatred (Adams, 1995). The attending issues of suicide, violence and despair have become rampant in Aboriginal communities. Populations declined in number, and the general health of the communities declined dramatically, both physically and psychologically.

Even Aboriginal people living in urban centers such as Winnipeg, Edmonton, Toronto and Vancouver were subjected to lives of poverty and oppression. The net result of these conditions was a lack of feelings of safety or hopefulness for the future. The young people in particular seemed to be hurt by this. Many Aboriginal people turned to drugs, petty crime and other anti-social behaviours to cope and survive (Ross, 1994). Like the working poor of White society, and the Blacks in the United States, Aboriginal people have used these kinds of activities as a source of economic endeavour.

One of the most glaring conditions in the history of Aboriginal people in Canada and the U.S. was the rise of the residential school system. Although some consider the rise of the residential school system to have taken hold in the 19th century, there is evidence to suggest that the start of these schools was in the early 1600's in New France (Dickason, 1997). In any event, this was a systematic endeavour to acculturate the Aboriginal children and have them assimilated into the dominant cultural milieu. The stated notion of the day was that Aboriginal people of all types would disappear as a recognizable individual entity and become completely

absorbed into the dominant society (Peterson & Brown, 1993).

In the 1800's the residential school system became entrenched and was developed and promoted by the Canadian federal government, churches and other social agencies of the day (Miller, 1989). Through this system of 'schools,' Native languages, beliefs and aspirations were interfered with, which has fostered feelings of lost identity, low self-esteem, relational boundary confusion, family conflict and a host of related problems and issues. There was a string of residential schools, often run directly by churches, throughout Canada. The majority of the funding for these places came from the federal government. The majority of church organizations of the day seemed to be involved in one way or other.

One of the results of the residential school programs has been psychological damage to whole generations of Aboriginal youth. Miller (1989) indicates that the 'residential school syndrome' can be found as far back as the 1840's in Ontario. Aboriginal youth were caught between cultures with no future on either side. They often became estranged from their families and communities. In the cases of many children, they were never able to return to their families and communities because of the shame and the guilt and the resulting relational discord. They were, and are, lost souls that move between people and places without any connections or ability to carry out the tasks of the Aboriginal cultural ways (Miller, 1989).

Sexual and other abuses were rampant in the residential schools, as these places seemed to attract people who were either physically abusive and/or sexual predators. This is understandable in that Aboriginal children were absolutely powerless and unable to speak up for themselves. No one in a position of power in

the dominant society was likely to listen to the complaints of some child 'savage' from the wilds of the northwest. The families of these children were tormented by their inability to stop the abuses, which created disruption in Aboriginal families and communities, as guilt and shame resulted from accusations of complicity and betrayal. The world of Aboriginal people had fallen into chaos and torture. They were traumatized and unable to cope. To the average onlooker from the 'white' community, the Aboriginal people looked like they were incompetent and inadequate at dealing with life.

Along with the physical and emotional suffering, the 'spirit' of the people was also in decline during these years. There was a glaring absence of a sense of having a centre, a place in the heart, that tell people they belong and that their lives have meaning (Bopp, 1985). The Aboriginal people of Canada became prisoners in their own home. Racism, oppression and government policy based on self-fulfilling prophecies created a jail-like atmosphere of punishment, denial and exclusion (Frideres, 1998). This promoted a rapid decline in the quality of life for all Aboriginal people in North America and promoted the belief of superiority in the minds of the Europeans. They came to North America in droves after the last resistance was snuffed out (Duran & Duran, 1994). The spiritual beliefs of Aboriginal people came under attack. The cultural practices related to spirituality were either frowned upon or even outlawed in the latter 19th century and the first half of the 20th century, depending upon where one lived in Canada or the United States. In a bizarre sort of way, the governments of Britain and the United States presented as though they were dealing with sovereign peoples through the development of treaties but

behaved like conquering invaders by continuing to push the Aboriginal people further and further into physical and cultural oblivion (Frideres, 1998).

The decline of Aboriginal people reached its lowest point by the early twentieth century (Brown, 1990; Morrison and Wilson, 1995; Waldram, Herring and Young, 1995). In the 1950's the Aboriginal population in Canada was estimated to be about 175,000 (Waldram, Herring & Young, 1995). Living conditions in Aboriginal communities in Canada and the U.S. were appalling. Death rates in Aboriginal communities were as high as 10 times that of the general population, and the birth rate was in decline (Morrison & Wilson, 1995). There were invasive health problems in Aboriginal communities that were reflective of the poverty, oppression and neglect (Waldram, Herring & Young, 1995).

### The Resurgence

Despite these conditions, there has been a resurgence of the Aboriginal community in North America during the last thirty years, or so (Pettipas, 1994). Aboriginal people have been reasserting themselves, rebuilding their communities, their families and their social support structures. Some research indicates that goal internalization is connected to feelings of empowerment (Menon, 1999). One of the goals of modern Aboriginal people is to rediscover and reactivate their cultures. It is arguable that what has made a difference in the fortunes of Aboriginal people in recent times is the presence of the internalization of their cultural and health goals.

One of the indicators of the Aboriginal resurgence is the change in population figures. Population estimates for the Aboriginal community in Canada now run as

high as 2 million (Morrison & Wilson, 1995). There is some debate over Aboriginal population, which has resulted a large range in estimates. This is largely a result of the views of the various agencies that collect the data and different ways of determining populations in given communities. Aboriginal communities often assert vastly different population numbers from those quoted by government. There are significant economic pressures that drive the variation in population figures, as well. Finally, some figures will include non-status and Metis while others will not.

In addition to the population growth, Aboriginal people have been aggressively asserting their right to participate in the benefits that the dominant community has enjoyed for ages (Hoig, 1989; Royal Commission on Aboriginal Affairs, 1996). Hoig also points out that while the conquerors waited for the Aboriginal people to accept their ways, the net result turned out to be quite different. Aboriginal Canadians resisted both actively and passively to maintain their identity. They are seeking equality with the mainstream population. Aboriginal people are now working at every level of government in Canada. They have made gains in reclaiming land and respect. They have also made progress in reasserting their cultural roots and redeveloping a sense of pride and confidence about their collective and individual ability to succeed. This includes a movement toward emotional, cognitive, spiritual and physical healing. The movement has been fuelled by the fact that many Aboriginal people, unbeknownst to the general population, have retained knowledge of the ancient teachings and the lifestyles of old. They have done this despite the pressures and forces of despair, helplessness, racism and oppression. It is the elders who have been the ones who have retained the 'old'



knowledge and the means of spreading the knowledge of the cultural ways and the spiritual teachings (Kulchyski, McCaskill & Newhouse, 1999). They do this primarily through the oral traditions of Aboriginal cultural ways. It has been done through storytelling, personal presentations and ceremonial sharing.

One of the results of this resurgence has been the entry of Aboriginal people into mainstream society (Frideres, 1998). Aboriginal people are now involved in many aspects of activity in the larger society, previously not possible for them because of racist policies and practices and social exclusion. Areas of social and economic activity that had been closed to Aboriginal people are still difficult to access, but the barriers will inevitably have to come down. Professions such as teaching, nursing, small business enterprise, medicine, dentistry, psychology, architecture, fine arts and many more have Aboriginal people present in their ranks.

This resurgence has sparked a strong reassertion of Aboriginal traditional healing activities, but there are still deep problems that exist in the world of Aboriginal people. One of these issues is the presence of stereotyping (Claxton-Oldfield & Keefe, 1999). Racism in all its forms is still present in the dominant society (Frideres, 1998; Ross, 1994), even though people profess to be more tolerant and accepting. Some of this racism has been internalized by Aboriginal people and has resulted in some people within the Aboriginal community hurting each other and themselves. Some racism has simply gone underground, remaining out of sight but still very potent. Also, there are many outstanding land claims and ignored economic injustices. Additionally, health problems are still widespread, along with economic and social difficulties. Economic initiative in Aboriginal

communities is still very underdeveloped, and young people are relegated to a tiny portion of the job opportunities that the general population enjoys. More and more young Aboriginal people are gravitating to the urban centers in order to gain education and economic solvency (McCormick, 1997). However, the current health status of the Aboriginal population, while improving, is still very much below that of the general population.

As a part of this ongoing change and resurgence, Aboriginal people have developed an ever growing interest in personal and community healing (LaDue, 1994). This healing and cultural resurgence has been promoted and nurtured to a large extent by the elders and healers of the communities (Kulchyski, McCaskill & Newhouse, 1999). They have quietly retained the stories and the history and, when the setting and time were right, shared them with the people of the Aboriginal community. This provided an underpinning to the other areas that were being reclaimed by Aboriginal people. Educational, health, social, legal and personal improvements were fostered by the growth and dissemination of the traditional ways throughout Aboriginal communities in Canada and the U.S. Another factor that has tended to promote this resurgence of traditional Aboriginal culture has been the interest that the non-Aboriginal community has shown in it. There has been a rising militancy in the Aboriginal community over the past half century that has been manifest in a greater outspokenness, less worry over governmental disapproval and more energy put into exposing the way Aboriginal people have been treated in Canada to the rest of the world (York, 1990).

### The Need to Know

Clearly, the successes that the Aboriginal community in Canada has achieved have helped to foster a reconstruction and re-assertion of traditional Aboriginal cultural practices (Morrison & Wilson, 1995). There has been a revival of Aboriginal customs and traditions during the last fifty years, or so (Dufrene & Coleman, 1994; Herring, 1990), and an increased interest amongst Aboriginal people in the application of traditional spiritual practices that were a part of the communities of past ages (Brant, 1990; LaDue, 1994; Wyrostok & Paulson, 2000). People in the White community are also interested in the traditional ways (LaDue, 1994). The healer who uses the Ojibwa Mediwewin traditions often uses the phrase, "All my relations," at the end of a speech or important ceremonial activity. He or she might express an invitation to "our ancestors" to join us in our efforts to solve a problem or help another person. This reflects the historical roots and traditionalism of the resurgence. This has been particularly prominent in terms of the pursuit of healing from the wounds of colonization and abuse (McCormick, 1994; Ross, 1994).

It is rare in current times to meet an Aboriginal person who has not participated in some form of traditional activity or ceremony such as a sun dance, a pow-wow, a sweat lodge ceremony, a naming ceremony or a sharing circle. Many people in the Aboriginal community, and also people from the non-aboriginal community, are seeking healing and wellness through Aboriginal traditional ways. They are turning to traditional healers and elders for help and support. The number of people offering traditional healing services in the Aboriginal community in Canada has grown exponentially over the last 20 years (Kulchyski, McCaskill & Newhouse,

1999; Mehl-Madrona, 1998).

As might be expected, these changes have brought other interests and concerns. They have created issues and concerns from within and without the Aboriginal community. Traditional healers and elders are using methods and techniques that are peculiar to their view of the traditional Aboriginal way of life. There is a large amount of variation in the avenues that the healers and elders choose as the path for their work. Some are focused more on the use of traditional medicines. Others are more apt to be versed in ceremonies and rituals. And others are involved in doing more of a consultative or counselling approach, with only the use of a few specific medicines or rituals. Some healers and elders are doing some or all of the above in a combined form. Some healers are tending to focus on specific health areas of health such as diabetes, cancer or arthritis. Many are specializing in helping people with their spiritual, emotional and mental problems. It is this latter group that is of the greatest interest in this study.

One of the commonalities from one healer to the next is the fact that they are committed to using traditional knowledge and teachings in their work. Also, they are being called upon to perform their work in many and varied situations. When called upon to help, even in the most hopeless of situations, they will always do something, even if it is only to burn sweet grass or do a smudge (Young, Ingram & Swartz, 1989). 'Sweetgrass' is a long grass that grows in the mid-west of Canada and the U.S. 'Smudging' is the practice of wafting smoke from burning sweetgrass and/or other substances such as tobacco, cedar and sage over a person as a way of providing strength and preparing a person for work or an anticipated life challenge.

The person uses his or her hands to 'pull' the smoke over their body. The elders are convinced that these kind of traditional ways will help a person to achieve self-improvement (Knudtson & Suzuki, 1992). People are laying claim to successes and progress when they are using the traditional ways. Healers and the recipients of healer services are both claiming that they have been helped by the actions of traditional healers.

There are questions that naturally arise from the increased activities and variability of healer practices, the variety of the approaches and the claims of success. These are based on the belief that healing actually takes place through the efforts of the people who supply help and support (the healers) and the people who receive help and support (the clients). What are the actions, belief systems and attitudes of the healers and the clients that encourage and create a feeling of personal self-improvement? How do people know they have been helped? Writings about traditional ways have increased greatly in recent years (LaDue, 1994; McCormick, 1994; Waldram, Herring & Young, 1995). Some of these have been related to watching what the healer does, while others have described the mystical nature of traditional ways. Some have tried to provide descriptions and commentaries on ceremonies and healer practices. Rod McCormick (1994) has done very meaningful work in terms of determining what types of activities are perceived by Aboriginal people to be helpful to them when they were confronted with a crisis or an emotionally disturbing situation. He looked at this from a broad spectrum of factors regardless of their origin. Rather than look at traditional healing specifically, he looked at decisions and behaviours that would seem to have been

helpful to the person. For example, he included such behaviours as returning to one's community of origin for help. He also looked at the cross-cultural issues of counselling the Aboriginal client. The stated intent within the study was to initiate the development of a culturally suitable counselling approach for First Nation people.

By contrast, this study is focused specifically on the clinical input from traditional healers. Also, it looks at the contribution of the client in terms of expressed need, preparation for healing and participation in the process. It is hoped that this will add to the body of knowledge about traditional healing that exists and provide a deeper understanding of the role and the contribution of traditional healing to the modern world. This study is based on a qualitative phenomenological approach in an attempt to achieve the research goals. The qualitative component refers to the notion that the significant data exists embedded in the anecdotal experiences of the subjects rather than in the numbers or frequencies of events or behaviours (Denzin & Lincoln, 2003; Holliday, 2002; Miles & Huberman, 1994). For example, when dealing with Aboriginal traditional healing, there is significant value in using the data from expressed personal behaviours and emotional and cognitive experience related to traditional healing. The phenomenological approach refers to the fact that each person's experience is unique even though it comes from the same source, e.g. traditional healing ceremonies. Miles and Huberman (1994) state that, "...social phenomena exist not only in the mind but also in the objective world, and that some lawful and reasonably stable relationships are to found among them" (p. 4). This leads to the determination of themes emerging from analysis and interpretation of experiential information represented in commonalities and

uniqueness (Miles & Huberman, 1994). The details of the method and analysis are discussed in greater detail in Chapter 2.

Identifying the relevance of the traditional healer's input and the contribution of the client to the healing process is useful for a number of reasons. First, it may help to establish a sense of the potential common ground between the traditional ways and the conventional psychological approach. Second, it may help to establish Aboriginal traditional healing as a more widely accepted form of clinical activity. Also, it may help to provide a sense of legitimacy to the role of the traditional healer to a wider and more varied audience. It has already been noted that more and more people are seeking traditional healing services. Determining and describing some of the inner workings of traditional healing may be a very important part of understanding why it draws people from many communities and walks of life.

Another issue that needs to be addressed is the fact that some Aboriginal people who act as traditional healers are not always acting in the best interest of their clients, even if they say they are. As much as they may believe they are acting to help the person seeking their assistance, they are sometimes responding to their own needs for acceptance, influence and power, sexual gratification and so on. There have been stories in the media of healers who have had histories of abusing, or who have recently been found guilty of sexual inappropriateness. Some clients of healers informally report that they feel that some healers really try to meet their own needs not those of their clients. One of the problems that emerges from such behaviours by healers is that there is a tendency for the media to refer to specific incidents that exaggerate the extent to which they exist among traditional people and

to discredit Aboriginal traditional healing practices altogether (Cardinal, personal communication, 2002; Courchene, personal communication, 2002). It is not unusual for a non-Aboriginal person, or even the occasional Aboriginal person, to refer to traditional healing as hocus-pocus or 'flim-flam.' Aboriginal people are, like everyone else, sometimes subject to the foibles and temptations of the world. When a well-educated, respected clinical psychologist is accused or convicted of some breach of behaviour the community is not likely to discredit the whole profession. Yet, this is often the case when a traditional healer succumbs to weakness or temptation. It is important to create an atmosphere of fairness and objectivity in these matters.

In recent times, partly due to the above circumstances, there has been an interest in assessing and evaluating the methods and contributions of the traditional healers and elders (Kulchyski, McCaskill & Newhouse, 1999). There has been an interest in identifying the methods used by Aboriginal traditional healers and Elders so that they can be applied more broadly and with greater effectiveness. This interest is coming from within the Aboriginal community itself more than it is from without (M. Richard, personal communication, 2002). Healer credibility within the Aboriginal community and in the mainstream community is needed and sought after by traditional people themselves (Cardinal, personal communication, 2002; Courchene, personal communication, 2002).

One of the ways that healer credibility can be achieved is to identify the nature of the methods and procedures used by traditional healers in their work. In the same way that training for mainstream counsellors is rigorous and demanding



(Morissette, 2003) so it is for the Aboriginal traditional healer. Traditional healers in this study made it clear that they have spent extensive energy and time getting prepared for assuming the duties associated with being a traditional healer. Jack, one of the other traditional healers who participated in this study, when asked when he began his preparation for the life of a traditional healer, said, "I would say it probably started-when I first got introduced to it-,uh, when I'd been around four, with my grandmother." When he was asked how long he had spent in preparation for becoming a traditional healer Dan said, "Oh, eleven years I guess. Ya, I was twenty two or three. Where I am today and running lodges and helping run ceremonies and people coming to me. Uh, probably eight years."

People who are informed about the methods and procedures of traditional healing are more likely to choose healers who are effective and helpful. Currently, one of the major methods used in identifying the effectiveness of a healer's work is through interpersonal communications. While this can be valuable and effective, it also can be damaging and unfair. Sometimes misinformation can put clients and healers at risk of maltreatment or even abuse. One of the objectives of this study is to help deal with this issue. It is hoped that describing what healers and clients of healers identify as meaningful in traditional healing will make it more likely for people to make positive choices in their personal improvement efforts. It is also hoped that this will result in healers being less vulnerable to misplaced or unfair criticism. Perhaps it will also reduce the tendency for some to quickly question the value of all traditional healing ways when one example of bad behaviour arises.

Identifying what practices are perceived to be relevant and effective in

traditional healing in general may provide a context for evaluating the relevance and effectiveness of a particular traditional person's work. It may help to identify some of the parameters of the relationship between the needs of healers and the needs of their clients. People will have access to information related to what extent a particular traditional person does the same or different things as other healers and clients identify as being useful and effective. This coincides with one of the significant findings in this study, which is the need for honesty and genuineness in traditional healers.

Another issue that might be highlighted by the information gathered in this study is that some traditional healers covetously hold on to traditional knowledge and mystify it as a way of maintaining power and control (Hall, personal communication, 2002). Well-intended but misguided actions might cause damage to the role and intent of traditional people. Traditional healers are perceived to be people gifted and often trained in the healing ways at an early age by other traditional people (Courchene, personal communication, 2002; Kulchyski, McCaskill & Newhouse, 1999). One of the most important and inviting characteristics of traditional healing is that it is for all people, not just a select few. It is intended to be inclusive and open, not exclusive and closed (Kulchyski, McCaskill & Newhouse, 1999). In addition to this, traditional healing benefits from the independent practices of healers and Elders. According to the traditional ways, advice, direction and support are intended to be given freely by the traditional healer (Courchene, personal communication, 2003; Looking Horse, personal communication, 2001). They are not beholden to anyone for their professional survival. They are endorsed

and supported by the Aboriginal community that recognizes their value, contribution and role. In today's enormous, diverse and impersonal society the ways of community endorsement may need to be adjusted and adapted to the new reality. Community based endorsement would be the preferred method, but it may not be suitable everywhere. For example, in a small rural Aboriginal community it may be possible to operate on the basis of the community's endorsement, but it may not be possible to have the same control or view when a traditional healer works in large cities like Winnipeg, Edmonton or Vancouver.

People who feel that they want to talk with a traditional person will be more enabled and better informed in selecting such a person. They will be more likely to make an informed decision based on the views and experiences of others who have an understanding of the desirable traits and helpful activities of a given healer or elder. People seeking the services of a traditional person often have had to go on the recommendations of one or two other people, who may or may not be able to state what the traditional person does in his or her work that makes him or her effective and helpful. Often, traditional healers have credibility within the particular community where they do most of their work. This makes it possible for the healer/elder to be endorsed by the community members. This system works very well where it is possible to rely on the trust extended to the healer, through their good work and their presence in a community. However, where this is not possible, it is very important to be able to refer to something that can be a guide to the person seeking help, who may be very emotionally vulnerable or even desperate. The modern pluralistic world in which we live makes it possible for people to move freely

from place to place, thereby avoiding the ongoing contact with the same group of people, as they would have in a small community where everyone knows each other well. In this kind of environment, dishonesty and abuses can go undetected for a long time. This creates increased risk for unsuspecting and vulnerable people.

As well as using the services of elders and healers, Aboriginal people are using the services of psychologists, medical doctors, social workers and nurses at a rate greater than ever. Health Canada spends million of dollars in First Nation communities across Canada each year for the purpose of providing psychological and counselling services (Waldram, Herring & Young, 1995). In the case of non-status Aboriginals and Metis, such services are primarily within the purview of the provincial and territorial governments. Medical Services Branch, a federal government department that provides health and related services to First Nation communities in Canada, contracts with psychologists and other care-givers on a regular basis. Many of them are working in conjunction with traditional healers and elders in First Nation communities. Although there may be varying rates of success in these endeavours, it seems that the trend will continue for the foreseeable future.

There are instances where psychologists and traditional healers are trying to work together and consult together on matters of program development, service delivery, client assessment, treatment planning and clinical interventions. An example of this is at the Aboriginal Health and Wellness Centre in Winnipeg. In this organization, a psychologist is used to conduct assessments and treatment. Also, a traditional healer is used to conduct various ceremonies. The two often work in close proximity to one another, both physically and intentionally, in dealing with people

who are in personal crisis or in need of a particular intervention. One or the other may be in a better position to provide service, and in some instances the client and the helpers may gain from a collaborative approach. Aboriginal people, like the mainstream society, are using services such as employee assistance programs and other community based helping services at a record rate. In various cases the organizations are trying to respond to the needs for traditional services as well as for conventional psychological services. This makes it important to try to determine the current role and context of traditional healing in helping to improve the mental wellness of Aboriginal individuals, families and communities.

There is a search underway by mainstream professionals and traditional healers alike to find ways and means to truly help (Mehl-Madronna, 1995; Young, Ingram & Swartz, 1989). Many believe that the solution possibly lies in mutual sharing and learning between mainstream professionals and the traditional ways of the Aboriginal elders and healers (Suzuki, 1997). In February 2002 an international gathering of elders and healers was held at the University of Manitoba. Much of the discussion was focused on the ways of wellness, not the ways of illness. There were many different healers at that gathering, who spoke in different languages, but the upshot was that people are yearning to understand what helps and what does not. Around the world there are people who are trying to discover the things that help people to feel better, healthier and more balanced with the natural forces of the Earth (Suzuki, 1997).

Unfortunately, there has typically been a high level of mistrust and suspicion between the worlds of psychology and Aboriginal traditionalism. This has been due,

at least in part, to the fact that Aboriginal traditional healing focuses heavily on spirituality and other-worldliness, while conventional Euro-American psychology tends to focus on the use of the scientific model and the pursuit of tangible evidence to support theories and methods. As McCormick (1994) points out, modern psychology tends not to see cultural variation in treatment and also tends to be stuck within its own cultural bounds. Psychology has long tried to separate itself from the unexplained and unexplainable and favoured the 'hard' sciences such as mathematics and physics (Myers, 2000). Also, there is the view in the Aboriginal community that psychology, both as a practice and a discipline, has been an agent of colonization and oppression. It has been put forward as one of the prime examples of methods used by colonials to perpetrate categorization, labeling and confinement upon Aboriginal people in the past. It has tended to raise fears in Aboriginal people rather than feelings of safety and confidence.

The factors noted above lead one to believe that there is a clear and present need for discussion and study about new and different ways of helping people from diverse backgrounds, including Aboriginal people, and for understanding ways in which a person working within the current training models for psychologists and other mental health professionals may be effective in his or her efforts to be helpful (LaDue, 1994; Morrissette, 2003). This can be greatly facilitated by more earnest culturally and community based research.

This writer has tried to carry out this project in a way that honours and respects the traditional Aboriginal ways. There has been a strong attempt to closely connect this research project to the community. There has also been an attempt to

demonstrate that much of the information included in this study was contributed from the knowledge base that exists in and is owned by the Aboriginal community.

These are some of the ways of doing research and providing mental wellness services that are 'decolonizing' and respectful of the beliefs, attitudes and norms of Aboriginal people (Brant, 1990; MacAulay, 1994; Smith, 1999). In the past there has been a definite tendency to ignore the contribution of the Aboriginal community to the arts, sciences, politics, the overall social fabric and so on among the whole of Canadian society. This has contributed to the invisibility and oppression of Aboriginal people. One of the ways that this writer has tried to show the contribution of Aboriginal knowledge to this study was to use information gained from personal communications, workshops and other traditional gatherings and to acknowledge it as such in the citations. Knowledge exists in the Aboriginal community, but it is not always written down. Although the development of a body of written works on Aboriginal traditional healing has begun, there is still much traditional knowledge conveyed via oral means such as through storytelling, exchange of technical information and the sharing of personal experience.

## CHAPTER TWO

### Processes, Participants, Procedures and Definitions

In this chapter the research objectives, the sample selection, the data collection methods, the data evaluation and the data inclusion procedures are discussed. Some key definitions are also supplied.

#### The Processes

The major objective of this research project was to study Aboriginal traditional healing from the perspective of the people most closely connected with it, the healers and their clients. The intention was to conduct the study in terms and ways that would reflect traditional values and respect toward the Aboriginal community (Darou, Kurtness & Hum, 2000; MacAulay 1994; Smith, 2000). This was to be facilitated through personal interviews and interactions between the researcher and the participants. These interviews were to be conducted individually with each participant. In addition to the interviews, the report was to include commentary from the researcher as to some of his experiences with the traditional ways of healing and the impact of his encounters with the participant healers and clients. A final component of the data was to be supplied through investigation into various documents and publications that pertain to Aboriginal experience and the practice of traditional healing. Through this, a statement of the problem discussed in this report and definitions were to be provided as a way of demonstrating the work that has been done in the area of enhancing and furthering the understanding of the inherent



value of traditional practices and beliefs. Inclusion of these various components was intended to help readers, within and without the Aboriginal community, in understanding the scope and value of traditional healing in the Aboriginal community.

As mentioned, the basic method employed in this research was that of interview, discussion, observation, perusal of existing documents and researcher participation in traditional healing activities. All of these methods of data gathering are considered valid in terms of the qualitative research approach (DeGroot, 1988; Miles & Huberman, 1994). DeGroot states that, "Despite the rigorous assertions that method selection and implementation are primarily rational processes, some authors concede the influence of subjective factors on these phases of inquiry" (p. 5). Thus, one of the central expectations of this study is that there is a subjective context at all levels of the project. This is dealt with in an open manner that is described in some length at various points in this report.

The interview process was a central part of the data gathering, which also is considered to be integral to the qualitative research process (Fontana Frey, 2003; Holliday, 2002). The same guidelines for discussion were presented to each traditional healer and client. However, they were presented orally so as to respect the oral traditions of the Aboriginal community. Also, this was intended to help maintain the flow of the conversation between the researcher and the participant. As well, this helped to keep the study within the context of the oral traditions of Aboriginal culture (Holliday, 2002). This is exceedingly important for establishing the relevance and the sensitivity of the research methods and the research itself (Darou,

Kurtness & Hum, 2000; MacAuley, 1994; Smith, 2000).

This also helped to promote a uniform approach to the gathering of data. Each of the participants was provided with exactly the same guidelines for discussion, in as similar a manner as possible. It is important to note that the guidelines for discussion were only applied if the participant was failing to address a specific topic area that was in the discussion guidelines or that the researcher deemed important to be covered as a part of the data. This was done with as little influence on the respondent's comments as possible. The researcher was careful to try to keep from making leading comments or direct the flow of the conversation. If it was not possible to make an intervention without leading the participant or directing the flow of conversation the researcher refrained from making the intervention and allowed the progress of the discussion to occur. The researcher tried to make the helpful interventions at a later time in the discussions, if possible. It was sometimes possible to have a participant revisit a comment or add something at the end of a discussion component or at the end of a given session.

The successful realization of the objectives of this study was aided by a comprehensive analysis of the accumulated data. It was presumed that the data provided by the participants, through the personal one-on-one interviews about their experiences, insights, knowledge and wisdom, would contain important information that would reveal key themes and conditions relating to what is perceived to be helpful to people during traditional healing interventions. It was considered reasonable to expect that examining the data provided by healers and recipients of healer services would provide some insight into what circumstances within the

traditional healing process foster a sense of personal growth, personal improvement and psychological wellness in service recipients. This study was undertaken to try to capture the significant and/or essential therapeutic conditions in traditional healing as they relate to the personal experiences of the participants.

The participants were invited by the researcher to informally share their particular experiences relating to how they became healers or users of healer services. They were also invited to share how that experience influenced their lives, and what caused change or the perception of change to occur. Subsequently, it was possible through the analysis of the data to determine what therapeutic conditions they identified as significant or essential for them to experience a sense of improvement and healing.

As mentioned, one of the underlying objectives of this project was to try to capture the essence of the reported experiences of the healers and clients, rather than only giving a description of the characteristics, processes and activities associated with traditional Aboriginal healing methods and then providing numerical feedback. As it was considered important to provide descriptive content about the nature of the various experiences of the participants, it was also considered important to capture the nature of that experience, and how that experience outlined the significant factors involved in the process of self understanding and self improvement. The goal was to make it reflective of the human behaviours, feelings and thoughts of the participants to take it beyond the descriptive and into the realm of the dynamism of each participant's experiences (Miles & Huberman, 1994). An additional consideration in this process was to reveal and identify the human side of

the researcher along with the participants (Fontana & Frey, 2003).

Another important objective of this study was to try to ensure that the study was conducted in the context of the cultural and social world of the participants. Ethical treatment and processing are required by the university, the Aboriginal community and by the personal judgments of the researcher. As completely as possible, the researcher tried to honour this principle. Darou, Kurtness and Hum (2000) point out in a recent study with Northern Cree people that, "Insensitively conducted research can put major social stresses on the individual and the community. Several crucial sources of reactivity were found: rigid protocols, requests for self-disclosure, perceived dishonesty, differential treatment of participants and a lack of redeeming social value of the research" (p. 43). There is understandably a huge sensitivity on the part of Aboriginal people to the possible presence of dishonesty, intent of personal gain and research irrelevance when any research is done with members of the community. Utmost care was taken to respond to this issue. Particular care was taken to avoid methods or techniques which would further stereotype, label or otherwise limit the life and aspirations of Aboriginal people.

The Aboriginal community has struggled to maintain its cultural integrity and cohesion ever since the arrival of Europeans. The research process in this study was designed to try to respect these ongoing needs. It was also designed to respond to the Aboriginal community's sense of connection to the information shared by the participants and the report. Input into the data analysis, data processing and the writing of the report by participants were encouraged by the researcher. It was

hoped that this would help to maintain the integrity of the report as a true reflection of the data gathered from the participants.

By taking a culture affirming approach, it was hoped that this study would become an educational and culturally reaffirming experience for the researcher, the participants, professional Aboriginal service providers and the Aboriginal community at large. It is clear that researcher subjectivity can appear in the carrying out of any study. However, from the standpoint of traditional Aboriginal science and the notion of 'decolonizing' research methods this is not necessarily undesirable in this instance. As the quantitative researcher pursues objectivity the traditional qualitative researcher pursues subjectivity (Peat, 1994; Smith, 2000). Peat says that in Native science, "...stress is laid upon direct subjective experience and upon closeness to nature" (p.255). He also indicates that western science sees itself, "... as being independent of particular social and religious contexts, while Native science is very connected to spirituality as it tries to achieve consistency, integration, harmony and balance" (p. 255).

From this standpoint the researcher has tried to meet a guideline suggested by Darou, Kurtness and Hum (2000), which is, "...adapting instruments to the culture,..." (p. 43). By accepting the subjectivity, the spiritual connection and the closeness to nature, conditions this research seemed to take on the character of a healer/client interaction. In a commentary on a 1973 American Psychological Association (APA) resolution regarding the importance of therapists' learning about a different cultural group before attempting to provide psychological service to that group, McCormick (1998) states that, "To obtain this cultural knowledge counsellors

must therefore understand the belief system and world-view of a culture before applying theories and techniques of healing” (p. 288). He goes on to point out that, “To continuously focus on the ‘pathology’ of any one culture while ignoring the natural healing resources of that culture is to continue to disenfranchise and disempower” (p. 292). Beauvais (1989), in his work in research in intercultural contexts and American Natives, suggests that there is a tendency to assume the traditional culture is always inferior to the modern one. It was important that this be avoided in this study. The assumption adopted by this writer was that the cultures are equal but different.

The relative success in achieving these objectives was reflected in the scope and nature of the one-on-one discussions held between the participants and the researcher. Also, it was demonstrated in that the participants were invited to give input right up to the point of the final draft of the report. It was anticipated that this would assist in the reliability and the validity of the research project. The writer believes that these factors help make this study and the resulting report clearer reflections of the holistic and integrated life stories and healing experiences of the participants, as opposed to snapshots of some momentary, passing or discrete events.

### **The Participants**

There were eight people interviewed as participants in this study. Four of them were traditional healers/teachers, and four of them were recipients of healer services. All of the participants saw themselves as being on the “healing path.”

Also, this writer held a variety of other conversations and consultations with various people who are knowledgeable in both the ways of traditional healing and the world of academia as defined by mainstream academic institutions. In addition, the researcher played a dual role as participant and investigator. From this standpoint the researcher tried to incorporate the sense of his perspective on the experience of participating in traditional healing way, and his impressions of the healing and healer experiences of other participants through their sharing and the analysis of that information.

People were also selected for the study based on their willingness to talk about their personal healing experiences as clients and healers. The researcher simply contacted the potential participants directly, and asked if they would be interested in taking part in the study. If they responded positively, a meeting was arranged to discuss the matter further and obtain written informed consent (See Appendices F and G). In some instances, the initial interview took place immediately after the informed consent was given, and in others a separate meeting was arranged. In some cases, the whole interview portion was completed in one long meeting, while others took two or three. In one case four meetings were held.

Although favourable and enthusiastic comments about the value, suitability and the process of the study were unanimous amongst those asked to participate, not everyone felt comfortable with the prospect of talking about his or her experiences on the 'healing path.' A person who sees a traditional healer may have a very personal and peculiar experience, which she or he may or may not be inclined to discuss openly with others. Some healers feel that they are not in a

position to talk about traditional healing because of anxiety about being able to be articulate enough in their descriptions to do justice to the project. These concerns were respected and no pressures were applied to anyone who declined the invitation to participate. Clare Brant (1990) indicates that non-interference and suppression of conflict are very important ethics of behaviour in Aboriginal culture. Although he was a Mohawk from central Canada, these points are considered to be valid by many Aboriginal people in Canada's mid-west region.

It was accepted that at times a given participant, even though he or she is Aboriginal, could have difficulty describing his or her experience from the view of his or her particular cultural experience. Every effort was made to respond to the need to respect the ethics of non-interference and suppression of conflict outlined by Clare Brant (1990) in order to diminish the possibility of a potential participant being caught in a bind over trying to assert his or her wishes and also to avoid displeasing the researcher. This approach was considered to be necessary to respond to the behavioural ethics pointed out by Brant (1990) that, "...survival of this continent's aboriginal Plains, Bush and Woodland people required harmonious interpersonal relationships and cooperation among members of a group" (p. 534).

While commenting on the concerns of the modern Aboriginal community in North America, LaDue (1994) says, "There is a seeking to learn the old ways, to adapt and integrate the ancient knowledge into ways of survival today." (p. 94). The attempt to work in the context of the traditional views of Aboriginal people and to respond to the modern concerns in this study is a reflection of these important points. It seems that LaDue asserts that knowing the 'old ways' and applying this



knowledge to survival, and even success, in the modern world is an important concern. This coincides with the application of traditions, like those outlined by Clare Brant, as crucial to the success of Aboriginal people in today's world. It was considered very important to conduct this research by trying to remain within the context of the content issues of Aboriginal healing, such as world-view variances and process issues such as silence and teaching moments. Herring (1990) points out the high level of importance to try to do this as much as possible whether in the context of counselling or research.

### The Healers

The four healers were selected on the basis of a number of criteria, all of which were intended to reflect the traditional ways of the Medicine Wheel. The Medicine Wheel is an Aboriginal symbol for the way all life is organized and related (Meadows, 1990). It incorporates the four directions, east, south, west and north, the four components of a person (the spirit, the body, the mind and emotions) and so on. Two of the overall goals of the Medicine Wheel are to achieve balance and find direction in life. As a first step, based on these principles, the researcher wished to have cross-gender balance as a part of the study. Two of the four healers who participated were woman. Also, the healers were selected on the basis of representing different Aboriginal groups. The selection of healers included representation from Aboriginal people in Manitoba. Interviewing four healers was intended to coincide with representation from the four directions of the Medicine Wheel. Also, an effort was made to have representation from different age groups,

to show that being an elder/healer is not necessarily an age dependent condition. At the time the interviews took place, the age range of the healers was, approximately, 34 to 65 years of age. The youngest of the elders/healers had been engaged in healing work for a number of years prior to this research project. In addition, one of the elders/healers has been engaged as a healer since he was a very young man. Hence, he has been practising as a healer for a relatively long time. By contrast, one of the healer participants has been recognized as an elder for a relatively short time compared to her lifespan and has been formally engaged in the related activities of a healer for a relatively short time. The other female healer participant had been involved in traditional ways since she was quite young but became a leader of ceremonies and events well into her adult years.

### The Clients

The four recipients of healing services who participated in the study were also selected on the basis of a number of criteria, all of which were intended to reflect the traditional ways of the Medicine Wheel. There was a desire to have a gender balance in the client reporters, in the same way as with the healers. Two of the clients were male, while the other two were female. Also, they were chosen to represent a number of Aboriginal groups from Canada's mid-west region. Another criterion was that they have been on the healing path for a notable length of time. A notable length of time was considered to be a minimum of two years. Age was not a selection criterion for client participation. However, at the time the data was gathered for this research, the age range (from youngest to oldest) of the client

participants was 29 to 50 years of age.

As mentioned earlier, another criterion for client selection was to have the study reflect the four cycles of life as depicted by the Medicine Wheel philosophy (Bopp, et. al., 1985). It was hoped that this would be accomplished by having four people in each group of participants. The purpose of this would make this research project be consistent with all the teachings of the Medicine Wheel. In aid of this, a blessing of the research project was provided by one of the healers in order to give it the spiritual context it warrants. From the traditional view this was essential to give the work meaning and focus.

## **Procedures**

### Data Collection and Analysis

The data used in this study is from in-depth conversations between the participants and this writer. Interviews were conducted at various times over the course of a year. They were recorded on audiotape and transcribed to written form shortly thereafter. As noted above, each participant prior to inclusion in this project was asked to sign an informed consent form that was developed for this study (See Appendix F). Participants were assured that their identities would be confidential and that their privacy would be maintained during and after the completion of the study. The researcher adopted a system of codes involving letters and numbers to use in the tracking of data to help accomplish this. The data presented in the researcher's personal account comes from his memory and recollections of

experiences with healers and ceremonies and from the interviews conducted with the healers and clients. Data in this instance includes experiences within and without the parameters of this study. The data based on the researcher's experiences comes from a time period of approximately twelve years, and also from childhood experiences. The interviews with healers and clients were conducted between September 2001 and October 2002. Analysis of the data was carried out during and after the time of the data collection. Other additional information gathered through personal discussions between the researcher and the participants and other people with knowledge about Aboriginal traditionalism was also included.

The processing and analysis of the data took place as the study progressed (Strauss & Corbin, 1990). In addition to this, the writing of the report was begun during the data collection process. This was done as a way of trying to ensure the capture of the essence of the experience as well as the hard data. The researcher was concerned that the data might get 'cold' if it was left too long before processing. The data included the attitudes, beliefs and perceptions of the interviewees, the emotional experiences of the interviewee and the interactive context between the interviewer and each interviewee. The essence of this could have been easily lost, due to its immediacy and personal nature (Berg, 2001).

The data collected during the study was analyzed and scrutinized for the purpose of pinpointing important and/or essential factors identified by interviewees as being linked to the healing process. These factors were determined by perusing the transcripts for comments, words and phrases that supported their inclusion (Holliday, 2002; Miles & Huberman, 1994). For example, if safety was a theme or

factor identified by one or more interviewee, related words such as “comfort” and “calmness,” or phrases such as “feeling okay with the healer” and “it felt good to be there” were seen as being supportive of that factor. The frequency and apparent intensity of such supportive phrases were noted as ways of determining the apparent relative importance of the factor. The transcripts were marked and coded as the analysis progressed in order to identify significant text (Ryan & Bernard, 2003). In addition to looking for these major themes, there was an effort to note sub-themes or themes with linkages to the major themes. This process was applied to each of the major theme areas.

As might be expected, the views of what is important in terms of promoting or hindering therapeutic change were sometimes different, and where they were the same, or similar, were sometimes differently expressed. During data collection and analysis the researcher operated under the assumption that the healers and clients, as individuals and as groups, were making their comments from opposite viewpoints. One was the receiver of service and the other was the provider of service. This could be likened to two people standing on opposite sides of a tree and describing what they see as they look at it. Much will be the same but some will be very different. This view on the part of the researcher made it possible to account for instances where there might appear to be a different or even apparently oppositional view expressed by the various participants. In addition to this, it is assumed that the experience of each of the interviewees, whether male or female, client or healer or Metis or Ojibwa will be uniquely felt and perceived by each participant. This is very much in keeping with the Medicine Wheel/Sacred Tree

philosophy of life (Bopp, et. al., 1985). The Medicine Wheel philosophy prescribes that, although we are all involved in the collective life force, we are still individuals with peculiarities and uniqueness.

As each written transcript was produced, the researcher perused the material for the themes and linkages. These were perceived to come in the form of words, phrases and sentences. As significant points were identified in the data they were circled and noted on a separate information sheet. Also, as is discussed in more detail below, there was a co-rater used to assist in the data analysis. As this process progressed, a data sheet for each transcript emerged that contained the notable themes and factors. The writer perused each transcript repeatedly in order to detect any possible relevant data that may have been missed during the first reading or that was included after the first inspection but on second consideration did not warrant inclusion. If there was a new perspective on data from a transcript, appropriate changes were made on the corresponding information sheet.

The writer made circles and margin notes on the transcripts to signify the significant points that were made by the responders in order to more easily locate them at a later date. Some material was denoted with heavier markings to signify its perceived importance in the database. Also, margin notes on the transcripts were used in order to elaborate on a point, give possible different wording or to try to capture the intended meaning of a statement.

Often a participant would struggle with expressing an emotional experience or with finding words to try to describe something about her or his healing experience. Since the writer tried to avoid the possibility of putting words in the participants'

mouths, or to give leading input, it was necessary to employ an empathic approach in the analysis portion of the study. Had the researcher used a more invasive approach to the discussions with the participants, there would have been a stronger likelihood of material not being usable, either due to the rules of inclusion/exclusion, or the contravention of the cultural sensitivity/appropriateness conditions noted above in this study.

Once a data sheet for each transcript was developed, the researcher examined the material on a cross-participant basis. This was done within the two groups, as well as across the two groups. In other words, the writer looked at the data to see if there were consistent and/or contradictory themes and linkages. Also, this made it possible to find the relevant data that was considered to be intrinsic to the data supplied by the participants. As Miles and Huberman (1990) point out, the important information is embedded in the personal accounts of the individuals participating in the study.

It was possible through this multiple scanning and evaluative approach to see patterns and trends emerge from the data. It helped to reveal the intended meanings and the possibly obscure contexts of the participant expressions. As the reporting of the data progressed, the researcher perused the data for suitable and supportive quotes and comments from the participants to use in the report. This provided another opportunity to examine the data. Examination of the data was done a number of times, as the search for quotes was an involved and painstaking task. This process resulted in multiple examinations of the data, which provided a very thorough analysis of the data and made it possible to check and recheck

impressions and opinions on the part of the researcher.

The various conditions that emerged from the data were numerically analyzed, in terms of how many different points were made by each of the two groups, and in what categories they reside. After the data was analyzed in this manner, cross group and intra group comparisons were made. This included determining where the data was similar or different. Also, it included determining on which points and conditions the individuals placed the greatest importance. Comparisons were made as to the relative significance the healers or the clients awarded to a given therapeutic condition.

#### Reliability and Validity

A co-rater was employed in the process of the data analysis. The co-rater is also Aboriginal. However, she was not formally trained in traditional healing or professional psychological practices. These two conditions were included deliberately so as to help eliminate the possibility of co-rater bias. She was not predisposed to seeking out any particular points or conditions based on a predetermined theoretical stance. Also, she needed to be instructed to only look for items in the comments by the participants that appeared to be significant and/or essential in their healing experience.

The co-rater used randomly chosen samples from the transcripts to identify the themes and linkages that appeared to be significant and/or essential to the healing process. Brief training was provided to the co-rater in order for her to carry out her task. It was deemed necessary to simply instruct the co-rater to look for



particular words, phrases or sentences that contained therapeutic factors. Practice samples were used to help in the instruction process. The co-rater was unaware of the gender or the age of the participant. She was not informed as to whether or not a particular sample she was reviewing was from a client or a healer. It was hoped that this condition would aid the co-rater's ability to be unbiased in selecting the therapeutic conditions. The co-rater was supplied with thirty-two pages of data for analysis. In addition, the co-rater analyzed approximately two pages of data from each participant's transcript during the training phase. This makes for an approximate total of forty-two pages of data that the co-rater analyzed. The pages analyzed by the co-rater were picked randomly by the co-rater, and then compared to the same pages analyzed by the researcher. She picked out what she perceived to be the salient points, and these were then compared to the points picked out by the researcher.

There was a notable consistency between the researcher and the co-rater after one training component. In over 80% of the sample material, the co-rater and the writer were consistent in their choices of the themes and linkages presented in the participant data. This was encouraging for several reasons. The co-rater was not pre-programmed to select certain things out of the data, which meant that she had a better chance of using her own intuition. Also, the co-rater was not trained specifically in traditional healing or psychology, which made it less likely that she would be predisposed to selecting items from a specific or preferred theoretical base. Finally, as a result of this process, and especially since the co-rater was a layperson in regard to traditional healing and conventional psychological practices

increased research reliability and validity are supported.

The fact that the researcher is an Aboriginal person was of considerable assistance in the preparation, carrying out and completion of the study. The researcher's connection and familiarity with the Aboriginal community and an understanding of the role of the traditional cultural ways in the Aboriginal community provided a significant advantage in the carrying out of the study. It is likely that the traditional healers in particular were more apt to be forthcoming with their thoughts and views because of this circumstance. Also, it is assumed that the fact that the researcher is an Aboriginal person gave added confidence to the participants that the treatment of the data and the report would more likely to be consistent with Aboriginal culture and issues.

Due to ancestral background and cultural experience, the researcher already was familiar with many traditional healing practices. He has attended ceremonies as a participant and has also assisted healers in doing ceremonies in the past. This gave an even greater boost to the potential for successful completion of this research. There was less need for the researcher to become acquainted with traditional healing practices than otherwise might have been the case. This was already accomplished by virtue of the researcher's own ancestry, upbringing and experience.

Although the researcher's background and connections brought advantages, it also brought up a potential issue in the research. One of the concerns that needed to be addressed in this study was possible researcher bias. Since the writer is of Aboriginal descent, some concern had been expressed that he would be

predisposed to looking at the subject matter of the study in a favourable light, whether or not it warranted favourable consideration. Also, there was concern that there may be more inclination on the part of the researcher to look for the things that he may want to see in the research material.

The researcher consulted on a regular basis with his advisors in an attempt to avoid the possible detrimental intrusion of personal biases. Also, the selection of research participants was done as broadly as possible across gender and cultural groupings so as to help counteract the potential limits of the relatively small number of participants. Also, the researcher attempted to monitor and suspend personal views as much as possible in order to reduce and counteract the possible influences of researcher bias.

In another, separate data based attempt to try to counteract this possibility of researcher bias, the writer established some rules of inclusion and exclusion regarding the data. It was hoped that this would be one way of eliminating instances where the researcher's views or aspirations may have influenced the responder through asking leading questions, or giving concepts and words to the interviewees that they themselves may not have included in their responses.

A basic rule of data inclusion is that words, phrases and comments offered by the interviewees were provided without direct prompting by the interviewer. A basic rule of exclusion is where interviewees used words or phrases that appear to be parroting or otherwise stimulated by the words used immediately beforehand by the researcher. For example, if the interviewer asked the question, "What do you believe was the main helpful aspect of your experience with a traditional healer?"

and the interviewee responded by saying that it was the ability of the healer to listen sincerely, this would be included in the data base for the study. If, on the other hand the interviewer said, "I'm wondering how the healer's ability to listen sincerely influenced your experience," the response of the interviewee, if it was the same or similar to the one above, would not be eligible for inclusion in the selected data.

Despite the difficulty of this task, it was deemed important to help support the presentation of the interviewee's personal thought rather than a response that is possibly a restatement of the interviewer's question or comment. John Briere (1996) points out that people react differently to descriptive words used by therapists and interviewers when talking with clients. He points out that the level of drama associated with a given word is significant as well as the phrasing of words. In his estimation, it is possible to 'lead' an interviewee just as a lawyer can 'lead' a witness. Briere (1996) asserts that, "...some clinicians have engaged in poor if not harmful "therapy," including attempting to convince clients that they have "repressed" abuse that has not, in fact, occurred" (p. 47). In this study, the interviewer tried to avoid giving 'leading' comments, or the feeling that they are missing some repressed or hidden thoughts to the responders, who might be inclined to come back with obviously predictable responses. According to Briere, it is possible to influence a person's belief or memory recall in such ways.

However, if the interviewee, referring to the earlier example, had identified sincere listening as a positive factor at an earlier time in the conversation, prior to the interviewer's comment, it would be eligible for inclusion. This would be done because the idea would have been one that was offered spontaneously by the

responder before the apparent possible leading comment was used by the interviewer. These rules were applied diligently by the researcher in the analysis of the data, which is believed to have greatly assisted in the process of eliminating potential researcher influence. It makes it possible to help ensure the inclusion of more reliable data and also to give more validity and reliability to the research.

### Traditional Healing and Modern Psychology

In the report, the writer makes some comparisons of the evidence relating to the traditional healing methodology that emerges out of the data to some of the major schools of thought in modern psychology and several less prominent, but related, methods. The major forms of therapy predominantly employed by psychologists today are cognitive-behavioural therapy, humanistic therapy, behaviour therapy and psychodynamic therapy (Pear, 1999). Most forms of psychological intervention seem to fit within one or more of these categories. It is expected that the data relating to the practice of traditional psychosocial interventions by elders/traditional healers will bear some resemblance to the various forms of modern psychological interventions. The references to conventional psychology in the discussion of the data are meant to be indicative rather than exhaustive. It was the intent of the writer to establish the possible nature of some of the more outstanding similarities and also some of the more outstanding differences. This would act as a related purpose of the study, in addition to the stated purpose of identifying and describing the psychological nature of Aboriginal traditional healing.

## The Structure

During the data collection phase of this study, healers and people who have been recipients of healer services were asked to speak about what experiences in their lives caused them to pursue the healing path as a healer or as a recipient of healer services. The initial question presented to the traditional healers was, "What led you to become a traditional healer?" The initial question presented to the clients was, "What caused you to pursue the healing road and get help from a traditional healer?" The idea behind using these broad questions was to get each participant to begin her or his commentary with a sense of the story of her or his life rather than to have them start with more detailed information about the specific healing conditions they encountered along the way. It was hoped that this would also be a very non-threatening way to begin the conversation and give the participants a chance to get started without having to try to produce any specific responses. The participants were asked at times to comment further on specific elements or conditions they may have mentioned during the course of their commentary to that point. This would relate to moments that the researcher perceived as possibly being very significant and/or essential to the participants' healing experience.

From there the conversation flowed toward whatever seemed to be important for the participant to talk about. As the interview(s) progressed, the clients and healers were, fundamentally, asked to do the same thing. They were asked to point out the significant experiences and conditions that related to promoting therapeutic change as a result of the traditional healing work. In response, they spoke about a variety of things that they saw as being relevant in this regard. The participants

identified, through their individual life stories and personal experiences and other forms of anecdotal evidence, what they thought they needed to have present for healing to occur. The healers and the clients indicated the presence of certain elements and conditions that are required to overcome interpersonal problems, anti-social behaviours, distorted thinking and emotional imbalances. These elements are often referred to from this point in this study as the clinical conditions or therapeutic conditions. The healers are referred to as healers, elders or teachers. Sometimes the combined term healer/elder is also used for the healers. The recipients of healer services are referred to as clients, for the most part.

Although the therapeutic conditions delineated by the healers and clients were not provided in any particular groupings or order, analysis revealed that they could be divided into groups. Because the participants were speaking spontaneously from their hearts and minds, they did not seem to be trying to control the direction of their offering beyond the immediate point they were making. In this way the flow of the sharing seemed to take its course that was related to the way the participants sensed and shared their own experience. In other words, they focused on their inner experience, and their memory of it, rather than trying to organize their thoughts in a sequentially organized way. However, for purposes of understanding the scope and nature of the data, it has been helpful to put it into an organized context in the report.

The organizational structure used here is to express the clinical conditions from the perspective of a number of major clinical headings that emerged from the analysis of the various points expressed by the clients and healers. Within this

framework, it is still possible to note other valuable perspectives such as the origin of the comment or who is responsible for the presence of a particular condition in the therapeutic process. These are presented as incidental to the predominant categorical structure.

There are twelve headings that are used to delineate and discuss the clinical conditions that the healers and clients identified in their interviews. The first of these twelve headings is spirituality. They all expressed a deep and abiding interest in the role of spirituality in the therapeutic process. The participants indicated that the level of confidence and belief they have in this area is very important to the potential for positive outcomes from the traditional healing. The second category is the role of ceremonies and rituals in the healing process itself. This was a universally agreed upon therapeutic heading of traditional healing. The third grouping is the role of the 'teachings' in the process. These are the sacred teachings, as opposed to the broader context of life lessons. However, they are related. The fourth grouping is made up of the conditions related to genuineness. This is related to the role-modeling component in some ways, but is also very different. The fifth heading is one called role modeling. The sixth heading is called lessons of daily living. This involves conditions, which are more akin to daily living choices, rather than the sacred teachings mentioned above. The seventh grouping of therapeutic conditions come under the heading of healer-client relationship. The eighth category is called respect/acceptance. The ninth in the series is understanding/empathy. The tenth is referred to as challenges. The eleventh category comes under the descriptor of the world of inner experience of the mind. The twelfth, and final, category is the client's



readiness to heal.

In most of the above groupings the healers and/or the clients identified specific points that lead to the adoption of a particular heading. As indicated earlier, there are seventy-five separate points included under the twelve major headings. The various related details and descriptors that the participants mentioned in conjunction with the seventy-five points were incorporated in the report as suitable.

### **Limitations**

This study includes data collected from four elders/healers, four recipients of healer services and one participant /observer. Also, the researcher used data from a variety of sources including books, articles, journals, media commentaries, personal communications, reports and historical documents. The four healers and four recipients of healer services interviewed for this study are considered to represent only their own experiences and views. Other Aboriginal people in Manitoba and elsewhere in North America may believe other things and adopt other views of life and healing. There is no intent by this researcher to imply that the views, opinions or beliefs of these participants that the data included in this study is indicative of those of other Aboriginal people in Canada or the U.S.

Comments and views of a variety of other healers and people who are recipients of healer services have been included in this report by virtue of personal contact, workshop presentations and informal academic discussions. The views of the eight participants, as might be expected from any group of people, vary to some extent in their content and intended messages. However, it is important to note that to some extent, these views and comments are the researcher's interpretations of

other people's views, experiences and opinions. The views and comments expressed by the interviewees in this study have only one layer of interpretation added, while the literature-based comments and views have gone through two layers of interpretation, if not more. This will undoubtedly influence the data to some extent, but every effort has been made to remain true to the sources. In order to sustain this effort the report includes a variety of quotes from the participants as well as other sources.

It is important to remember that the information collected and reported on in this dissertation is from sources that are basing their knowledge on ancient traditional knowledge and practices, as well as modern events and interactions. In other words, honouring traditional knowledge is to honour the people - both past and present, who lived and live - in the spirit of ownership of the knowledge.

Also, honouring the knowledge shared herein is in keeping with the acknowledging the collective experience of the whole community not only institutions and groups within the community. The information shared by the participants in this study is part of the story of Aboriginal people, and should be respected as a fair and honest expression of their beliefs, values and aspirations.

This study, as well as including input from four healers and from four recipients of healer services, also includes a variety of synthesized material that the researcher has gleaned over the course of a lifetime. The recipients of healer services who participated in this study come from various Aboriginal backgrounds. And they also speak from the benefit of a broad scope of particular experiences and contexts of life. Like the healers who participated in this study, their comments and

expressed views are subject to a lifetime of processing and learning. It can, nonetheless, be assumed that the views, thoughts, feelings and impressions included in the data are those of the participants in this study and reflect the reality, as much as possible, of their experiences. It should not be assumed that the views expressed herein are those of any other Aboriginal or non-Aboriginal people. Nor has there been any attempt to try to extend these views to any other groups or individuals.

There are over five hundred different Aboriginal tribal groups in North America (Locust, 1995). Each of these has its own view and culture and way of living in the world. There is no intent in this study to suggest that all of these are represented here. Rather, there are some common experiences that are discussed that have shaped the experience of many aboriginal people in Canada, Mexico and the U.S.

The intention of this study is to give a broad description of some of the theoretical building blocks, the intervention strategies and the actions incorporated by healers in Aboriginal traditional healing. The findings of this study may not be directly applicable to all, or any, healers or clients of Aboriginal traditional healers, outside of those who have participated in this study.

What can be said without hesitation or reservation is that the people who participated in this study did so because of a wish to enhance the development and accessibility of traditional healing services, their own wellness journey and the wellness of the Aboriginal community. They engaged in discussions with this researcher with openness, honesty and courage. They spoke about the heart-felt experiences of their lives with eloquence and dedication. Often the interviewer and

interviewees would have moments of insight and sharing that were deep and meaningful. Tears would emerge, and the process of healing was furthered. It is hoped that this will make the experience of achieving wellness clearer and more meaningful for all of us.

## **Definitions**

There are a number of important terms used in this study that are related to Aboriginal cultural practices and traditional healing. Some of them may require clarification, particularly for those who are non-Aboriginal or are not familiar with these cultural activities. The terms that are the most prominent and require more highlighted consideration are spiritualism, traditional healer, the Medicine Wheel/Sacred Tree, sweat lodge, vision quest and healing circle. In addition, it is also important to define the term wellness as it is meant in the traditional Aboriginal way. In traditional circles they are evaluated in the context of a person's need for wellness (Mehl-Madronna, 1995; Young, Ingram & Swartz, 1989).

### Spirituality

Aboriginal spiritualism is exceedingly difficult to define (Young, Ingram & Swartz, 1989). However, for purposes of this study the following comments are provided. Traditional spiritualism is a way of seeing the world and the universe. The spirit of life is totally integrated and incorporated into the fabric of all life and affects all things (Courchene, personal communications, 2000). It is believed that all things are alive and that the spirit of creation is embedded in all things (Cardinal, D., personal communications, 2000).

In the Aboriginal traditional ways, religious practices and ceremonies are not relegated to a once a week episode, but rather are perceived to be woven into the fabric of everyday living (LaDue, 1994). The power of the rites and gatherings comes from the participation and integration of the whole community, rather than from the efforts of one or a few. These rites and ceremonies and other cultural components were and are practiced differently by different groups of Aboriginal people (Ward, 1995).

### Traditional Healer

The Aboriginal traditional healer has been described by Martha Rabesca, a Slavey woman Elder from northern Canada, as a person who helps to teach a community how to be and how people should get along together (Kulchyski, McCaskill & Newhouse, 1999). They are perceived to be historians, passing on their knowledge freely throughout the community. Elders/traditional healers are also perceived to be counsellors (Kulchyski, McCaskill & Newhouse, 1999). People go to them for advice and support in the same way some in the non-Aboriginal community go to counsellors, psychologists and psychiatrists for advice and support. However, the role of the traditional healer/Elder is much broader than this. It includes the duties one might see a church minister carrying out. In addition to this, the traditional healer/elder may engage in dispensing traditional medical advice and potions as well as personal counselling and advising. These potions are usually naturopathic herbal remedies. In this sense, healer's activities often approximate the role typically acted out by the modern medical doctor. In more distant historical

times, the healer may have played a role in modern Aboriginal society similar to the one played by priests and other spiritual leaders in Western culture.

Traditionally, healing ceremonies are considered to be sacred and are to be performed only by those entrusted and sanctioned by the community to do such work (LaDue, 1994). In the carrying out of these activities some Elders/traditional healers are gifted to perform ceremonies such as the sweat lodge, the sun dance, the naming ceremony, vision quests, the shaking tent and so on. Others are not gifted for these activities. Their gifts may be in the way of insight and understanding. Some may be gifted only in the making of medicines. Some do all of these things to a lesser or greater extent. Basically, the role of the traditional healer has grown to a high level of significance in the Aboriginal community in North America (McCormick, 1997).

### The Medicine Wheel

There are many names given to the Medicine Wheel (Bopp, et. al., 1985). It has been referred to as the Sacred Tree, the Medicine Way, the Medicine Trail, the Sweet Grass Trail, the Circle of Life and the Sacred Hoop. There are others. The term Medicine Wheel, or interchangeably, the Sacred Tree, refers to the sacred nature of life (See Appendices A and B). It is holistic and integrated and encompasses all that is in the world. It does this from the standpoint of creation, nurturance, safety, love, community and wellness (Young, Ingram and Swartz, 1989). It is multi-dimensional and incorporates an attitude toward life that honours the things in life that cause us to have harmony, peace and general well being. It is central to the spirituality of the Aboriginal community. It is a symbol, not necessarily

an actual thing, although it exists in the world in all things around us at all times. The Sacred Tree symbolically is a way of finding our centre (Bopp, et. al., 1985). According to the traditional ways, if we are far from the Sacred Tree, we are lost and not able to gain strength from the Tree. If we are close to the Tree, we are able to find the meaning of our lives.

### The Sweat Lodge

The sweat lodge is an actual constructed building and a symbolic representation of returning to the womb of Mother Earth for purification of the self (Mehl-Madronna, 1997; Scribe, personal communication, 2001; Young, Ingram & Swartz, 1989). It is a place where people gather to purify themselves and gain perspective on life and self. In the sweat lodge ceremony a person enters a structure that resembles in many ways a beaver lodge on the water. It is constructed using poles that are gathered by cutting down young trees. The trees that are used are usually ones that are indigenous to the area where the healer lives and works. For example, in southern Manitoba a healer will use poplar or willow trees for the poles. The trees are considered to sit in a place of respect and honour because they gave up their life for the people. Covers are laid over the poles that are used to block out all light. Participants sit in the dark while in the sweat lodge. The healer who conducts the sweat lodge ceremony will use rocks, called grandfathers, and various herbs, spices and vegetation in the process of the sweat lodge ceremony. Throughout the construction of the sweat lodge and the ceremonies, consecrations and blessings are made to the various parts of the lodge and the items used in the sweat lodge ceremony.

When a person enters the sweat lodge it is as though he or she symbolically re-enters the womb of his or her mother. A variety of procedures and practices are carried out in the lodge. What these are depends to some extent on the training and methods of the healer. However, some things are considered essential, such as the drum and music and prayers of thanks and respect that are offered to the Creator. Prayers can be offered by individual participants as well as by the healer. People may be asked to provide comments or share an experience. Inside the lodge what a person experiences is considered to be unique and appropriate to the person. A sweat lodge ceremony is often prescribed at the beginning and end of other important events and rituals, such as a vision quest, or after an important life event such as the death of a loved one or a significant change in one's life circumstances.

The sweat lodge is considered by many healers to be one of the most spiritually significant constructs of Aboriginal spiritualism (Benton-Binai, 1988; Courchene, personal communication, 2001; Young, Ingram and Swartz, 1989). It is central to many spiritual practices of the followers of southern Canadian Ojibwa and Lakota and other tribes in the American mid-west.

### The Vision Quest

A vision quest is a very special ceremony in Aboriginal traditionalism. It is a ceremony used to help a person search for a message or information about his or her direction in life. It lasts four days (one for each direction on the Medicine Wheel) and is usually started and finished by having a sweat and a feast. The person on the vision Quest retreats to a designated location chosen by the Elder/traditional healer in charge of the quest. The person stays at this location alone for four full



days. During the quest the person seeking the vision does not eat, and may have only water or tea to drink. The actual details of how the event is carried out may vary according to the traditional person leading the quest. At the end of the quest friends and family of the person are asked to join in a sweat and a feast to commemorate the end the vision quest. The participants are invited, if they so choose, to talk about their experience.

### The Healing Circle

The healing circle is a gathering of people for the purpose of sharing thoughts and feelings (Mehl-Madronna, 1995; Vick, Smith & Herrera, 1998). A healing circle is basically a group of people who gather to share their thoughts and feelings and to reinforce that they care for one another and believe in the spirit of creation (Young, Ingram and Swartz, 1989). It may be for some specific purpose, such as mourning the death of someone, signifying the importance of some event, diffusing the negative feelings generated by an event in the community, commemorating an achievement, etc. People sit in a circle, the healer performs some preparatory actions, and the individual people are asked to speak about their feelings and thoughts. The topic of the circle can be anything that they choose it to be. There are some specific events that the circle may be linked to, such as a feast for the dead or the end of a vision quest. A traditional person with experience in leading groups is most likely to be the one who leads this type of ceremony. A sharing circle is usually started by doing a smudge, which is where a healer burns 'medicines' in a shell or other container and goes around the circle of people to have them waft

smoke from the medicines over themselves. One of the preparatory functions is usually a smudge. A smudge consists of drawing smoke onto oneself from a container of smoldering 'medicines.' The 'medicines' are a mixture of herbs and spices referred to by some Aboriginal people as 'kinnick-kinnick'. Each healer may use some variations of medicines, as to types, proportions, etc.

This is a way of preparing oneself for the circle or other ceremonial event. The sharing circle is a significant event in that people are considered to be vulnerable, since they are sharing something that is important to them and which carries a lot of emotional weight. This traditional mode is often used for groups where the objective is task focused, such as in the case of anger resolution, relational conflict resolution, drug addiction support groups, and so on. It can be a one-time event, or it can be a series of meetings with the same people. The same healer may do all the meetings, or different healers may be present at different times.

### In Conclusion

It is with the deepest respect and gratitude that the writer has tried to share with others what the participants shared with him. It is hoped that with the assistance of the participants' inspiration and the guidance of the spiritual powers they so much cherish that this report conveys something of the essence of their experience. It is the hope of this writer that the trust, courage and eloquence of the participants in this study will contribute to the understanding and wellness of people everywhere.

## CHAPTER THREE

### Life Stories

At the end of each of the interviews, I thanked the participants for their cooperation and assistance and informed them that their ideas, thoughts and expressed feelings would be represented in the report to the best of my abilities. The participants graciously accepted the gratitude and the reassurances that were offered, but something else happened that came as somewhat of a surprise to me. In the majority of instances the participants replied by saying that they should be thanking me for being given this kind of opportunity to speak about their feelings, opinions and healing experiences, and how they have come to be where they are today in their spiritual, mental and emotional development. This made me think that perhaps our interactions went beyond being conversations and had become a part of the overall healing experience of some of the participants.

The comments some participants made after I thanked them for their participation seemed to go beyond the scope of politeness and into a much deeper level of sincerity and feeling. Right after I thanked her for participating in the research work, one interviewee said, "Oh, you're welcome Glen, but I feel like I should be thanking you. I think it has been really good for me to have a chance to talk about my healing experiences this way. I never thought about it like this before." Although our interaction was not intended as this type of opportunity, it seemed that it had a meaningful effect on this particular participant. Another participant said, "Oh well, thank you. And I just wanted to say that it's my pleasure to come and sit and

talk to you. You know, from talking to you questions have come to my mind.” She went on to say that she was going to get in touch with the Elder she was most connected to, and make a point of doing that in order to have a chance to talk even more about her experience in recent times in her life. A third participant said, “Well, how long have we been here? (An hour and a half.) Okay, well, say an hour and a half wouldn’t do it. I could tell you so much more. When you look at the ceremonies from a psychological perspective, you can see how they have meaning to the individual, and to the community. When you look at the teachings, you can see how they apply to you and how you can get so much from it just by thinking about it throughout the day.” These participants, and others, seemed to be motivated to reactivate or enhance their healing work. Healers as well as clients interviewed in this study responded in a similar fashion when they were thanked for participating. This was very gratifying and encouraging indeed. It reinforced a belief that I had from the very outset of the idea for this project, that this study was more than just an exercise in data collection and analysis and report writing. It seems to have a deeper level of meaning for the learning and confidence of the participants and, therefore, potentially more meaning for readers.

Not every participant responded this way. I speculated, however, that those who did not mention it might have felt or thought this way but didn’t feel a need to say so. With this in mind I decided that it was important to say something about the bigger picture of the participants’ life and healing experiences. Each of the participants is a unique and special person. To report only the therapeutic points the participants made would not tell the whole story of this research experience. This

chapter is an effort to try to tell the parts of the life stories and healing journeys of the participants that were woven into the fabric of their commentaries about traditional healing. It is also an attempt to describe how their participation in this study might have contributed to their own healing path.

After all, as we have seen by the above discussion, traditional healing works in many ways, at unlooked for times and in unexpected places. This experience seemed to be a clear demonstration of the reach of the healing spirit. I tried to listen and respond empathically and to show acceptance of the interviewees and openness about my intent. Perhaps these therapeutic conditions acted as agents of growth for some of the participants. On a number of occasions during the interviews the healing spirit moved both the interviewer and the interviewees in a meaningful way. It makes sense to try to capture in the report something of the nature of this part of the participant experience.

Sometimes by choice and sometimes out of pure emotional release, participants shared information related to family and personal experience that involved great pain, confusion and loss. They often shared information relating to their experience with other people within their social circle or community. Of course, they also shared moments of joy and gain, which were equally important to talk about. This accentuated the need to maintain and ensure confidentiality. As participants talked about the emotionally intense experiences of their lives, their commentaries often involved information about other people and places. For this reason in this chapter fictitious names are used in order to protect the identity of the participants. In instances where locations or events were described, the real names

of the places and details about the events are changed in order to protect the identity of all those who might have been involved.

### **The Healers' Stories**

#### Jack

Jack is a man who is late middle aged. He grew up near a reserve in Western Canada. He lived there with his family and friends until he was a teenager. He moved to the city as a teenager and has, by and large, lived in the city since then. He said he makes visits to the reserve from time to time, but he primarily thinks of himself as an urban person now. He said he still feels uncomfortable in the city at times but not as much as he did when he first moved.

Jack said that he remembers having a happy childhood, but he knew there were problems that the adults in his life faced. He said he developed a 'chip on his shoulder' as he grew into his teen years because he felt that the unresolved issues in his family created tension and anger. This led to some problems with people in positions of authority. It didn't matter to him if the authority figure was from the Aboriginal community or the non-Aboriginal community. His anger grew and he became more intent on acting out his feelings. He said he went astray for a while and lost sight of his traditional roots. This caused him to feel unhappy and even lost at times. He said he drifted into situations and befriended people that were not good for him.

Eventually he returned to his roots and rediscovered the meaning of the traditional ways. After a time he rekindled his knowledge of the healing ways and

connected with people who could help him learn more about being a healer. He said he felt a deep calling to the role of healer. His return to the world of healing reminded him of how he had been instructed in the healer's ways as a child. Jack has worked as a healer for quite a few years now. He says that he loves his work and feels that he is making a contribution to the community, his family and his own life.

He described the early years of his life as being largely shared with his grandmother. He said that she was the person who taught him about the traditional healing ways in the beginning. He said that he always felt privileged to have the calling to become a healer, which he remembers feeling as far back in his life as four years old. When asked about whether or not the training he got in the traditional ways ever got to a stage of formal training, he said, "It did, with my kookum, my grandmother. Because that's way it was done for me, even though it was done in the home, it was done in a very formal way. And, in fact, there was a sort of process that was taken when she would come over to the house. It seemed like everybody would clear away, and there would only be me and her." He spoke very admiringly of his kookum. He seemed to feel very attached to her and feels that his successes in life are due to the teachings she offered. He also said, "In fact, most of my time, my childhood, and even in my teen years, I spent a lot of time with older people. Yeah, it just seemed natural." He said he misses his grandmother very much. Although she died quite some time ago he still remembers the affection and the caring she gave him. He was very touched by the emotion of this moment.

He said his learning and his experience with the traditional ways was an

ongoing and gradual one. He said that he remembers not really understanding the meaning of the things he was learning, but the reassurance from his kookum that he would understand more as he got older was enough reassurance for him to keep on going with his efforts. He said what his kokum said was true. He did learn the traditional ways and understood them better as he gained maturity and experience.

Even though he spent a lot of time with his grandmother he loved playing with other children as well. He said that somewhere around the age of ten he realized that he could always speak with people well regardless of their age. He said this included adults and children. The other kids came to him when they were hurt and he would tend to them and try to make them feel better. He felt very comfortable with this role as a child and looked forward to times when he could help.

Interestingly, Jack spoke about how he had a fascination for plant life in his early years, and he wanted to study it all the time. He said he spent much time in the North, where he would pick and smell plants. He connected this to his interest in medicines and how they are derived. He said he does not use medicines very much in his work in the city, but when he is back home he tends to use them more. He shared a very touching story about how he was instructed in plant lore at a very unexpected moment. He said, "A few years back, when I was back on the reserve, living there. This person happened to come to a sweat I was running. And afterwards, I was walking around, and bent down to pick up a plant. He said, 'Oh, you've got a lot of this around here.' I said, 'Ya, ya.' But I wasn't sure. And he said, 'Do you know what this is?' And I said, 'I'm not sure.' He said, 'That medicine is for treating diabetes.' And I said, 'Oh.' He said, 'Did you know that?' I said, 'No.' He



said, 'Here, I'll show you.' And he processed it and said, 'This is what you use and how.' And I said, 'Oh, really, thank you.' He said, 'You're welcome.' So, it (traditional knowledge) came that way. You never know when it's going to come, or in what fashion. And that's how it happens as we go along in life." One of the parts of this story that is very touching is the fact that the person who was the client of this healer for a moment at least became the healer. He instructed this healer in the healing power of one of the medicines. Jack sensed the meaning of that moment and remembers it clearly to this day.

Jack said that sometimes the healing work is difficult and demanding. He talked about how he gets calls from people in distress at all hours. He said sometimes it wears him down, but most of the time he is able to deal with the rigors of the work. He said he always expected it to be like that. He said he finds it makes him feel good, even fulfilled, when he can help someone and they find their way to self-acceptance and inner peace. But, he says, the responsibility is a great one, and a person who becomes a traditional healer has to be ready for the demands. He said that he finds that having someone's future in his hands, even for a brief time, is sometimes a frightening thing. He said that a healer has to be gifted, and completely committed to his/her work. Those who dabble in it are not ready for the needs and the demands they will meet along the way.

Jack said that he is very contented with his life as a healer. He said he really enjoyed talking with me about his thoughts and feelings. He said being a healer is sometimes a lonely road to walk, and when someone shows an interest it is like a gift from the Creator to help the healer stay strong and focused. He feels that it is

like the Creator is sending someone to remind him that he is not ever alone. The spirits of the grandfathers and the grandmothers are always present even if he can't see them.

### Dan

At the time we talked Dan was fully engaged in healing work. He maintains a responsible position as a healer. Not too long before that he had been in training as a traditional healer for a number of years. The memory of that experience was still very strong for him, and in a way he still felt the need to refer to it as he talked about his own work as a healer.

Dan feels very deeply that he was called to do the work of a healer. He had been the protégé of a healer, who also indicates that he also was called to do healing work. The mentor says that he was called at a very early age. Dan and his mentor have done much healing work together since Dan became involved in traditional healing. In the last year or so, Dan has been working much more independently, which he feels very good about. However, he consults with his mentor freely on an as needed basis ever mindful of his own limits and growth.

By current traditional healer standards, Dan is young. At the time he participated in this study, he had not yet reached his thirty-fifth birthday. He did not feel a calling as a child, but rather when he was a young adult. He originally wanted to go into a profession that was completely different from traditional healing, one that had nothing to do with health or human services. He felt he was destined to pursue a very different path in life than that of a traditional healer. Dan says that the

grandfathers were directing him to a different path in life even though he didn't know it.

Dan said that he had a wonderful childhood, and had no troubles with his parents. He described this by saying, "I grew up in a home where there was lots of love, and respect and support. And my parents... I honestly can say, I don't have anything against my parents. Like, I have no grudges of any kind. You know, hard feelings about them, things that they've done. Like they've been just awesome parents, and a great home to grow up in." Dan seemed to have a strong foundation for his life, and enjoyed his early developmental years. His admiration for his parents was very touching.

However, he said, despite this he has gone through very hard times in his life. He said this was particularly true emotionally. He said he felt there were no outstanding issues in his family of origin that he saw as a young person. He seemed to feel really understood by his family and really became a contented person. But he got married to a woman who was extremely abusive toward him, both psychologically and physically. He was completely bewildered and overcome by the pain this created for him. He said that she concealed her problems and issues, so that he never knew what was coming. He said, "I think you could read a lot of kinds of books on other people's experiences, but you would never have... You know, like... You'd never know the exact feeling, like, how it feels to be verbally abused, or slapped around, pushed and shoved, and kicked and scratched, hair pulled and all that kind of stuff. You don't know what it feels like until it happens." This went on for much longer than he feels it should have before he realized he was even in an

abusive relationship. He said that he didn't know partly because he had never seen abuse like this before in his life. He said that he was scarred by the experiences he had in this marriage, and was in deep need of healing and repair emotionally by the time it ended.

Dan was beaten down by the experiences of this abuse. He said he felt like a lost soul. It was as though he didn't know himself anymore. The focus he'd had in his life was gone, and he was unable to bring himself back to it. He said, "And at the time I was drinking quite a bit, and partying. I think, if I would have kept up that pace it probably would have destroyed my life. But, I think that's how I was dealing with the stress in that marriage at the time." He had become co-dependent with his wife, and was unable to see the truth anymore. He knew he needed to get some help, but had no idea of where to turn for this.

The idea of seeing a traditional healer was the first sign he had that he could be helped. He had been talking to a relative at family funeral about his problems and worries, and the relative directed him to traditional healer. He said, "I went to a family funeral, I believe it was my Dad's cousin. And I got to talking with one of my first cousins, and she directed me to the Elder that I learn from right now. And I went and spoke with him and everything he said really clicked inside. So I kept going back every night. I would travel an hour and a half every day just to go talk with him and learn." Dan was finding something with this Elder that had been missing in his life when he was with his wife. Now that he was away from her he was open to the teachings from the Elder. As he described his experience on the healing path he said, "That led to a fast. I did a fast. I did a fast in a tipi for two days in the middle of

November at minus twenty-eight.” This fast was one of the most moving experiences of his life. He was alone with himself and had survived the experience. This strengthened him and he felt he could heal from his pain. He was given a pipe at the end of the fast and he was told that he had earned it, and that he should use it.

As time passed he was supported and counselled by his teacher. He devoted his life to this pursuit. His vision for becoming a traditional healer was becoming clearer as each day passed. He said that he did the sun dance and the warrior dance. He said he found himself immersed in ceremony. He said, “They (the grandfathers) give you a glimpse of what needs to be done, and before you know it, you think, holy cripes, did I ever come a long way. And it was relatively painless. It’s taken some courage at times, but it certainly has its rewards.” He said, through the traditional healer, he learned that life was not meant to be a struggle or filled with pain but rather an experience of celebration and gratitude. This was the beginning of his journey toward becoming a healer himself. He said that he worked at learning the teachings and doing the ceremonies, so that he could lead people in these events and provide supportive consultations. He found that he was incorporating the teachings more thoroughly in his own life as time went on and he did more healing work on his own.

He said he was very comfortable with the way things were going. In fact, he realized after a meaningful talk with his teacher that he was starting to get too attached and needed to think about this. He relied heavily on his mentor for a long time until one day, his teacher pointed out to him that it is necessary for people to

strike out on their own path independent of the supports that nurture them and teach them. He was told by the healer that he had learned how to be a well-adjusted human being and should move into his own space and do his own work. He was advised that this would be the only way to experience the true gift of being a healer.

It was at this point that Dan knew he would need to break the teacher-student bonds that existed with his mentor and go into the experience of his own life with confidence and purpose. He related this need for his own independence in his journey by saying, "Well, he probably recognized that, and the amount of effort that I made. His mentor said, 'You've got the skills now, how to deal with these things yourself. This is what I've given now go work with it.' You know you always have to cut them loose, to be responsible for themselves too." He says that this was a significant moment for him in his life. It was clear that the teacher was ending the student-teacher relationship, so that the student could embark on his own journey from there. He said he finally felt truly healed from the pain and from the ordeal of his marriage. He says that he feels ready to continue his own journey as a healer and helper. Dan went on to add, "Well, that's the beauty of it. That you learn so much about yourself, and you're so happy inside you don't have to seek others for that happiness." Dan reports he is still growing and learning and expects this will be his way for a long time.

### Betty

Betty is a Metis woman who started working as a traditional healer later in her life. Betty was born and raised in a rural Metis setting but moved to an urban setting

as a young person. She married and had children, but the marriage was a bad one, and she had to leave it to take care of her self and her children. In support of this situation in life she commented, "I believe my whole journey was about learning about life. My whole life was about trying to understand who I was, what it meant to be a woman. Because I was very confused about that." Betty has gone through very difficult struggles in her life. She struggled with identity and direction. The feelings she expressed in this comment show that she has been on a journey and has been able to learn and grow despite the difficulties she has faced.

As she spoke about her life struggles and what they meant to her in her inner growth and development, she exuded a feeling of understanding and focus. She seemed to give off a feeling of self-reliance and belief in her inner ability to be independent. With an air of strength and even defiance she said, "I'm an artist, and in need I will turn to my art." The feeling she seemed to have as she said this was one of knowing where her strength lies. Art was like a refuge in her life. It is safe place to go to when she needs to escape.

As she talked about this aspect of her life, she added, "Anything that I needed to know would just come to me, and I knew that. And I never had no fear about not saying or doing the right thing." In her earlier years, almost as a result of her pain and loneliness, she seemed to develop a clear sense of trusting her own inner strengths and knowledge. She felt a sense of direction and focus that was from her inner experience. She identified this as coming from the grandmothers and the spirit world. She said that as she was more open to letting the healing spirit guide her she could see more clearly into the needs of her own life.

This condition seemed to point her in the direction of becoming a helper. She saw her own losses and pain as a source of inner strength and healing not as a reason for giving up and falling apart. She said that she could also see the things other women were going through, and felt a calling to help through her creative side and her caring spirit. She felt that she drifted in her life after her marriage failed, but she also felt a strong drive to assert her power and strength as a human being.

After she left her marriage she worked hard to support herself and the family, which she says made her stronger all the time. She started to turn this life experience into work with supportive work with other women. She found strength and comfort through her contact with these other women. She thought that she should pass on this gift to others so that they could pass on their gifts as she has done. Betty gave the feeling of being very aware of how she feels about the role of women in the world.

She had been working in the art world for most of her life and did not turn to work as a healer until she felt she had achieved much of what she wanted to there. She said that at first the work as an Elder seemed to be so different, but then she realized that it wasn't so different. Although it seemed at first to be a very different type of work, in the end she realized it was mostly an extension of what she had been doing.

She started in her life in the world of art at an early age and felt very in tune with that world, particularly with the world of Aboriginal art. As it turned out it was this very work in the art world that led her to the role of teacher. She said that she was very happy with the work she did before taking on the work of a traditional



healer. She said she was very creative and found that she had gifts in this way. She had worked in this other occupation for quite a long time before she had a deep realization that what she was doing was a form of healing. She commented, "When I was in my field of being an artist, I really came to know who I was. It was then that suddenly, for whatever reason, women were attracted to my artwork. They were attracted to the teachings that I was able to provide and to describe in my artwork. It had all to do with women, women's healing." Her creative work was becoming recognized as a form of healing work. In a manner of speaking, it seemed it was her efforts as an artist that paved the way for her to become a teacher and a healer. It seems that the role of artist was the pathway to the role of healer.

She takes great pride in this part of her life now. When she was asked about how she became a healer/Elder, she said, "I like to consider myself a teacher rather than an elder. Sometimes I get confused about that word in today's world. But I think what brought me here is the first of all my personal experiences as a woman. The experiences that I had in my life from the time that I was a child, and the difficulties due to those experiences, the difficulties that I had and trying to understand who I was, and what I was. Metis...mixed blood. From my young age to where I sit now." She identified her life experience as being the vehicle that brought her to where she is now, not unlike other healers, but perhaps with a different understanding of a more circuitous path. She seemed to feel that her life struggles created the sense of being able to reach to others in their times of need and confusion.

Some women, usually younger and in a more formative stage, were drawn to

her to talk about their problems and worries. This was manifest through her artwork and the way women responded to it. She found that she was being drawn to something that she had not anticipated in an open way but realized as this progressed that she really was heading to this path in a very gradual way rather than through a sudden realization. She found that she was very interested in using the creative energies she felt inside herself to help others heal from their emotional wounds. She had done the same thing herself when addressing her life problems. She said that she saw this as being a gift from the Creator. She became aware that her art and her creativity were intended for use in traditional healing work. She never really felt that she was called to the work in the sense of an epiphany, or a sudden awareness, or even a life-long sense of direction. With a sense of reverence and insight she shared, "I didn't say I'm going to be an Elder, or I'm going to be a teacher of women's medicine. It just happened. I flowed into it, just like you flow into it. It was an experience that I didn't even recognize or realize, because I was concerned with my own growing and my own strength and growing in my own wisdom. It just happened, and suddenly, I began to have visions in dreams that also had to do with women's medicine. That came, I describe as glowingly. I can describe it as from my grandmothers. The gifts that I carry came to me through visions and dreams and my own personal experience. Somehow that attracted women to me." Betty became fully aware of her gifts and calling in a gradual way through a life long experience. When they arrived it seemed to be in a smooth process of insight and awareness after a long preparatory period on a long and gradual path. When the calling came she seemed to be ready to take on the

challenge. She knew through her dreams and visions what to do and how to handle the work and responsibilities that come with being a teacher and healer.

Betty continues to be an artist, and has a strong interest in being in that world. She uses this creative side to mobilize her healing and teaching work. She uses it to encourage and support other women in their efforts to heal and achieve their goals in life. She says that she sees the art world and the world of teaching and healing as being very closely related in some ways. She believes that in some yet to be understood way, she could not have been able to do one without the other.

Although she says that she has left some of those art world endeavours behind, she is still very in touch with her artistic side and has not forgotten how it contributed to her knowing about what it means to be a teacher and helper for others.

As a further comment on becoming a teacher and healer, Betty said, "I just sort of journeyed, and flowed into it, and just followed that with faith, I guess. And, you know I'm not sure with other Elders, maybe it happened in a different way. But that's what happened to me."

### Roberta

Roberta is a First Nation person, who lives on a reserve in Manitoba. She earns her living by working at a job with one of the band organizations. She has been doing this for a number of years. She seems like a very pleasant person, with a real desire to help. She was very soft spoken during the discussions we had together. She said she is a member of the Midewiwin Three Fires Society, which is an Ojibwa group dedicated to the pursuit and rejuvenation of traditional spiritual

understanding and healing. Its membership includes people from a number of communities and locations. She said that she had been assisting in ceremonies since she was very young, and has begun to do them on her own as a result of an absence of someone else to do them. She said that the Creator works this way. On the surface it appears as though it was a coincidence but behind this she believes it was the Creator at work.

She did not receive formal training in being a traditional person, but rather gained it by observation and participation. Roberta grew up observing other older women in her family doing traditional ceremonies and assisting them when they assisted the people that approached them for help. She became very close to these women and spent much time with them. Often the people seeking help would ask for ceremonies to be done and prayers to be said. As a young person Roberta would watch carefully and try to understand the meaning of the things that her relatives were doing when they conducted ceremonies and prayers. One of the things she noticed was that the people who asked for the assistance seemed to be helped and feel better. This filled her with many feelings. She grew to love the women in her life even more and she had a sense of wonderment about the power of traditional healing.

There have been times in Roberta's life when she had problems. One of these was when Roberta had some troubles in her life as she grew up. She was very determined to find her own path in life and drifted away from the traditional ways. She got involved in ways that were quite wild and disconnected from the spirit of the teachings and the Creator. She said it felt like there was something missing in

her life. She said, "Sort of like when you're away from something. You can feel like there is something missing, but you just can't find it. Then when I came back, when I started coming back it felt just...Oh, there it is. Just like that space that was missing, you know just suddenly filled." She expresses a feeling about being away from the centre of her world, and then finding it again. There seems to be a sense of the finding that which is lost. It just feels good to have it back. Roberta talked about her experience with drifting away from the centre of her world. She felt this while she lived away from her community.

As an adult she also had troubled times that she needed to work out. She had to deal with a number of deep losses in her life that occurred over a relatively short period of time. She said, "My mother passed away about two years ago, and just before that my aunt passed away. Just before that my uncle passed away. These people were all very close, and it's sort of like you would feel the pain. When they passed it left me with nobody. That was very bad for me. Not even anybody to talk to." Roberta felt a deep sense of loneliness and despair. She had lost so much when these people died that she felt like she would never be the same and that life would be filled with pain. As she stayed with the traditional healing ways she began to heal and feel that life could still be meaningful. Her belief in healing and the power of the Creator grew even stronger after this.

As she talked about her experiences as a teacher she said she was mostly familiar with the water drum ceremonies that happen four times a year. She said she was always very aware of the way people were when they first came to participate in the events. He saw many of them as being in great need of healing.

And she saw how they experienced this healing as the ceremonies progressed. She began to get a sense that perhaps she too has a gift from the Creator that she is supposed to apply with other people who express a need for her help. Like other teachers, Roberta recognized her own role as a healer through the experience of her own pain and healing experience.

Roberta said that she has never really thought of herself as a traditional healer but rather as a person who is versed in traditional ways and who provides assistance to other in a traditional way when they ask for it. She said, "They (the seekers of traditional healing input) assume that I know. So I just, when they ask me to do something, I just do it." She found that she could do this thing as a result of an intuitive sense of the process. She just does it and feels the path as she goes rather than watching every step she takes. She also said that she was being asked to fill in for her aunt, a traditional healer, who died not long ago, until another person with these gifts could be found. Roberta added, "Now that she's gone, I do a lot of work. It's that I was with her so long. That I just fill in. That's because she's not there now. I fill in that time until they find the next one." In a way one can't help but speculate that perhaps Roberta is the one.

She was very reluctant to call herself a traditional healer under any circumstances. She helped only those who come to her for it. She said that she never seeks out people. They have to come to her before she will do anything. Sometimes she will offer prayers for a person or a family, but she does this in the most respectful way possible. She accepts tobacco for her work but does not accept money for what she does. In some ways, this is one of the true traditional ways.

She is non-interventionist and non-monetary in her traditional work. Most healers today are obligated to work for honoraria to help pay their expenses, but Roberta does not do this. Ironically, Roberta is reluctant to call herself a traditional healer but in some ways resembles the historical traditional healers more than many modern ones, because she works only in her own community and is sought out by others for help.

### **The Clients' Stories**

#### Morris

Morris works at a very responsible job and maintains good relationships with his children and other family members. This was not always the case. He was mired in alcoholism and violence throughout his younger years. He said, "I wasn't heading any place good... At first I guess I started drinking. Like the use of alcohol, and not just the use of it but the abuse of it. It had to do with lifestyle too. I mean the way that people drank in the community. I used to do it the same way. Just drink, get drunk and fight." Morris said that he was angry and blamed others for what he perceived as his troubles and misfortunes. He roamed around the country searching for he knew not what. He described himself as a "lost soul." He felt like a person who was on the road to self-destruction.

He said that he really wanted to be a White person. He hated being an 'Indian.' There seemed to be a feeling of emptiness in Morris that was as big as the world itself. He thought it could never be filled and he was destined to life of misery. As he reflected on that time in his life he added, "There's this thing about identity too.

There were several things that were going on at the same time. Like being an adolescent turning into a teenager, turning into a man. The whole idea about me being an Aboriginal person.” He said he tried hard as he could to fit in with the White people, by trying to imitate and join in activities, but always he found that he was dissatisfied and lonely. He felt that he could never fit in the way he wanted to.

He said he was feeling guilty and ashamed and without focus and control in his own life. He shared, “I knew that if I was under the influence of alcohol I got into trouble. I got into trouble with friends, people. I did things to hurt people, and people hurt me. So, that was it, and how I felt about things after I sobered up. Things like that after a week end of drinking the feeling of shame that I would hurt people.” He also saw his friends and neighbours being the same. He saw them accept the feelings of self-rejection, and it hurt him deeply. He had forgotten and ignored the good things that he had experienced in his life through his grandmother and his other relatives. He wanted the world to pay for his pain, but by trying to enact this he only caused more pain for himself and others. He felt like he was heading down a dark road with no hope for the future and without acceptance or understanding. He seemed to only have a vague sense that something was wrong. The inner realization of a possibility to heal and find happiness was yet to come.

One day by sheer coincidence he was with another Aboriginal man, who had sweet grass and other symbolic tokens with him in his car. This man was doing a winter street patrol in big city to try to keep people from freezing to death in the cold. He invited Morris to accompany him on his rounds. When Morris saw the sweet grass and other symbols he asked him what this was all about. The man replied that



this was his way of knowing who he is and what he values. Morris was struck by this and decided to make more inquiries about the 'traditional ways.' As this progressed he began to see himself in a different way. He started to connect with the way that stranger was seeing things and began to believe that he might be able to get something from this that would help him feel more fulfilled and happier. He wanted to stop hating himself and feel good about who he was and what he valued. The talks with this stranger, who really was his teacher at the time, began to open doors to possibilities for Morris that he had never really known before. After he had been away for a while, he met with a traditional healer who helped to interpret some of the things he saw. Morris started to accept who he was and saw who he wanted to become. He was striking out on the 'Red Road' even though he might not have identified it that way at the time.

While Morris told me about this experience he displayed a feeling of confidence and openness that felt very different than the feeling when he described his dark period. He was talking about some of the most meaningful things he had experienced in his life journey so far. He said that it awoke memories in him of his experience at the knee of his grandmother. She raised him as a child when his parents, gripped by their own life struggles, were unable to do so. He had deep emotions over these experiences and he held back his feelings more than once as we talked. But he was not always able to hold everything back and tears flowed as he described this part of his life. He assured me that these were not tears of pain, but rather tears of empowerment and peace. He was experiencing a deep feeling of grief over the lost opportunities of his life. He was also feeling good about the many

opportunities for redemption and forgiveness he sees around him. He rejoiced in the fact that he has had chances he believes the Creator has made available to him for correcting the wrongs of his life and renewing and recapturing things that appeared to be lost to him.

Morris was happy to have the opportunity to talk about his experiences in the world of traditional healing. He said he hoped it would help others to hear his story about the different events of his life that both hurt him and helped him. He talked very passionately about his life. His sensitivity toward others flowed from him like a river. He talked about the pain and the losses of his life in the context of what they taught him. And he talked about the healing he experienced in the manner of a man who was thirsty and came upon life sustaining water by accident. And because it was unlooked for, it was all the sweeter. Morris was a man who felt invisible and empty and has become a man filled with the healing spirit with great compassion, passion and warmth.

As he talked he expressed himself as though he seemed to doubt this, except when he spoke about his children, and how he wants them to have a better life than he had. He wants them to rejoice in being Aboriginal, not feel ashamed of it as he had done for so much of his life. He wants them to have focus and direction and vision. When he spoke of the love they show him, Morris broke down and cried. He was overwhelmed by the power of the love they feel for him and how much he owes to them for his healing.

One of the most touching moments in the talks with Morris was when he talked about his children. The depth of his love for them was clear and beautiful. He

talked about their healing influence in his life. It was as though they were the focus of his ability to feel love and caring. He said he should be thanking them for the gifts they bring to him in needing him and in wanting to be with him. He believes that it is their caring that makes it possible for him to bring the gifts of love and caring to them. He felt loved and needed, and he is mindful of these gifts.

Morris describes himself as walking on the road to becoming the kind of human being he wants to be. He says that he has faults that he still needs to deal with in his life. He says that he has a long way to go yet before he is where he wants to be. Despite this he has clearly already travelled a long distance in his healing and takes great pride in his accomplishments and his growth. He says he is who he is, but he is now more of who he wants to be than he ever has been in his life. Morris has a vision of the healing road and he sees himself on it for the rest of his life. He says that things can only get better. He added to his story by saying, "In terms of what my foundation is now, like no one can take that away from me. I'll die that way, because it's a part of me, and totally understanding of this is our way, this is. I can't go anyplace else to get it. This is it here." He pointed to his heart.

### Michelle

Michelle is an Aboriginal woman who works in a helping role and tries to be of service to others in the Aboriginal community, to help them pursue and realize their goals in life. She derives a great deal of satisfaction from her work and sees it as her calling, in a manner of speaking. Her life is now much different than it had been when she was young and dependent on others for her welfare and survival.

She has been through many traumas in her life but has been able to hold things together enough so that when the opportunity came for her to start on the healing path she was able to take advantage of it.

Like many Aboriginal people she was born into a family where poverty and discord were the rule rather than the exception. She and her siblings were neglected and even abused at times throughout their early childhoods. Michelle was like a mother to her younger siblings. Her parents were often overwhelmed by life's demands and their own lack of skills and strength to face them. As a child Michelle often found herself having to solve problems that one usually expects adults to deal with. She faced a serious case of role reversal between herself and her parents, which often left her feeling cheated and disillusioned. She began to experience deep anxiety and developed obsessive-compulsive symptoms that were very disturbing to her. She was saddened by these troubles and felt often that she wouldn't be able to cope with life. She found out later that her father was not the man she thought he was. He had caused great difficulties for others who were vulnerable. She began to hate her family and even herself. She wanted desperately to get away from her family.

She formed a relationship with a young man and got married. The marriage was not a good one, and she felt trapped. Her husband was abusive, and she was often left feeling like life was even worse outside her family than it was inside. She said that she was so used to abuse that she did not even recognize that she was abused until it got so bad that she couldn't lie to herself any longer. Her life seemed to be getting more and more unmanageable. She felt like she was sinking into a

never-ending abyss of abuse and loneliness. Her tears were her only companions a lot of the time. She knew that she had to make changes in her life or literally perish. She was at the end of her rope. She could back up no further. These were the darkest times in her life.

It was at this point, a position of moment of desperation and urgency, that she decided she was going to take charge of her life. There was no other option in her mind. It was do this or completely crumble under the weight of the loneliness and the abuse. It was as though she made a conscious decision to move beyond the reach of the abuse and the terror and make herself open to healing.

She ended her abusive marriage and started to try to make herself aware of the indicators of abuse. She started to try to avoid abusive people whenever she could. She was able to find help from the Aboriginal and non-Aboriginal community. She felt supported by people who had also been in very dark and difficult places. She met a man she cared for very much and they got married. He has proven himself to be a man who is worthy of her trust and love by nurturing and supporting her and her children. This is so different from her previous experiences with family and marriage that she sometimes finds it hard to believe that she is the same person she has always been. This new life has given her a sense of personal empowerment and effectiveness.

After a time she decided she would go back to school to see if she could finish her studies for a degree from a recognized university. She did this and found life to be more challenging in a positive way. She was starting to enjoy many things she had not been able or allowed to before. She still felt empty within herself and

still struggled with anxiety and obsessive-compulsive symptoms. She felt like she needed something else to make her feel well.

At this time she was presented with an opportunity to spend time with a number of traditional healers from the Aboriginal community. She explained that, "In the summer of 1997 I actually took a course. It was at a healing lodge and was a spirituality course. We took it for a full month and it was every day for three hours in the morning. And we had to drive out there. I guess that was the turning point in my life. My life has not been the same since." Michelle said she had been seeking this opportunity for a long time in her life and so had really had a kind of planned accident at this moment. She said she had been longing to do this in the past but because of her own anxiety and shyness and a lack of readiness she had never seized the moment before. Michelle saw her chance at this point and decided to take it. So, with the support and participation of her husband, she undertook the next phase of her healing journey.

Michelle found that the healing experience for was more intense than it ever had been. During our discussions she shared a number of interesting stories about her healing experience. One of these had to do with the use of visualization as a group exercise. She said that one of the healers at a particular event asked her and the others in the group to visualize that they were wolves and that they were penned up and trapped. They were to see themselves in this trap as being unable to escape from very dark circumstances of power and control from outside themselves. Outside the trap was a world of opportunity, growth and freedom. They were encouraged to ask themselves whether or not they wanted to stay this way or

escape. They had to decide. If they decided to escape, they had to plan how they would do it.

This exercise was intensely moving for Michelle. She said that she started to cry uncontrollably and realized that she had been living in a trap all her life and now had the chance to break these bonds of enslavement. As she told the story she was reliving the experience, and it was possible to see the emotion on her face. She said, "I was ready that day, and something about that teaching, and the feeling in that room. I just started crying my eyes out. I was kind of embarrassed because you know that's always been a personal thing for me. That just turned on the tap. Tears started coming and then I was able to open up, and I was able to start sharing more." The emotion she felt was overwhelming. She needed to be comforted in this and was able to get this from the healers and other group members. She said she had never had this kind of experience before. She said she had felt frightened and alone and sad but had not had such a deep inner reaction. This was a freeing moment for Michelle. She felt like she had broken the bonds and she was a wolf that was no longer penned up. She was making her escape. She used the future imperfect tense because she said that the experience of this was a work in progress. She still reminds herself of this story from time to time because she still finds it helps her to get a perspective on her emotional needs and how she meets them. This happened to Michelle years ago, but it is an ongoing growth experience that helps to keep her grounded and focused on the life work she feels she must do.

## Tammy

Tammy is an Aboriginal woman who lived in a rural Metis community for the early years of her life and moved with her mother to the city when she was a teenager. In her words, "I'm originally from a small Metis community. I moved to the city when I was fifteen." Tammy was very close to her mother and they were able to manage quite well in the city. Tammy's mother was a very resourceful and caring woman who kept the interests of the family in the forefront of her efforts. Tammy's father separated from the mother and the rest of the family when Tammy was very young. This was a difficult thing for Tammy as she felt that something was missing without a father on the scene.

Tammy said that she thought the world was pretty well organized when she lived in her rural Metis community. She felt confident and secure during those years. Even when she visited the city to see cousins and other relatives, she never felt that she was different or otherwise out of step with things. However, when she moved to the city to live, she began to get a different feeling about the whole thing. She said that she began to feel that she was meeting with obstacles, some of which came from outside of herself, and some that seemed to emerge from within. She commented, "And, I think when I moved to the city was when I really started to think about who I was. As an Aboriginal person back home when I was growing up I didn't realize I was any different than anybody. But in the city I felt different from other people." As she talked it became clear that she wasn't always able to recognize which obstacles were which. She also said about going to a non-Aboriginal community for school, "I mean, it was you know, like people didn't mix



with us, and we didn't mix with them. You know, like the other White kids at the school." Tammy felt different there to some extent, but it really hit home when she moved to the city.

As a young adult one of the central stabilizing forces in her life was her job. Tammy worked for an Aboriginal organization and felt very at home there. She felt like she really fit in and was accepted there. She felt she could pour herself into her work and feel that she was accomplishing something good for herself and other Aboriginal people. She met other Aboriginal people who had similar experiences to hers and who seemed to be dealing with it in a positive way. She also met an elder there that she felt very good about. She did not have a lot of contact with this elder, but she felt a certain kinship with her nonetheless. She was very happy in this job and with these people and felt that she could spend her time there for as long as was needed.

As she became more independent from her mother Tammy was more and more responsible for her own welfare. She married, but the relationship failed after a time, and she began to feel like she was starting to get a negative feeling growing inside her. She commented, "I think that when my marriage broke up, I think that's the way that I saw. You know, like to go to sweats, and to go to ceremonies. I think I felt that I could help myself to get over some of the hurt and the pain." The world did not seem as friendly to her as it had when she was younger, and going to the ceremonies helped her feel stronger and better equipped to deal with her sorrow. She seemed to take great comfort from this. Otherwise her hurt and her pain may have overwhelmed her.

As it happened, she was faced with two other situations that disrupted this feeling of contentment. One of these situations was an opportunity to change her place of employment. The other was her mother becoming ill and requiring medical attention. These put her world in a state of imbalance. She had felt very good about her life despite the obvious challenges in her life. However, these two things put a lot of extra pressure on her.

She did not look for help from anyone in regard to these. She was feeling lonely in dealing with them, but she thought she was doing fine. She forged ahead and decided to take the new job. It meant better pay and working conditions, but it also meant that she would be meeting new people in the workplace, and not all of them were Aboriginal. She felt very insecure about the change in her life that would come with the new job. She would be going from a small private agency, where she was very content, to a very large organization where only some people would be Aboriginal.

As the day of her departure from the old job approached she said she began to feel more like she didn't want to leave. People at the place she was leaving were wishing her well but this only made her feel more distant and alone. At one point, as her last day working there arrived the Elder approached her with a gift of medicines and some helpful advice. She was so touched by this that she found she could not contain her feelings any longer. In Tammy's words, "She gave me the medicines, you know to take along. And she gave me a gift. Knowing how difficult it was to leave there, that was helpful that she did that. I think it helped me to feel more strong, you know to leave and to go." As Tammy spoke about this experience she

began to fight back her tears. This act of kindness touched her and made her realize that she was vulnerable and needed support sometimes like everyone else.

She thought about this later and realized that she had only been fooling herself about her ability to deal with her stresses on her own. She realized that she needed to try to open herself to the traditional teachings and the advice of the Elders. She began to participate more in the ceremonies and connected more with the people who seemed to know something about these things. This provided her with comfort and direction. As she became more involved in her job she decided she wanted to get more training and embarked on a program of studies that would put her in a position of being able to provide more in-depth help to others than she had been able to before. Doors were opening for Tammy and she attributed much of this to her acceptance of the traditional ways and the kindness of the Elder.

Tammy was heartbroken when her mother died suddenly. She grieved deeply over her mother's death. However, she felt she was able to deal with it better than if she had not become involved in the world of traditional healing. She was able to reach out and connect with other people and be comfortable with her feelings. She said that she still grieves her mother's death, but she is able to see the positive side of life and the growth that has come from this.

This ability to cope and thrive emotionally and to deal with adversity in her life more positively and effectively seems to stem largely from the influence of the Elder who gave her the gifts, encouragement and advice as she prepared to leave her old job. What seemed to be a small token of support opened the door to a whole world of healing and personal growth. Tammy feels that perhaps this saved her from a life

that would have been much harder to deal with had it not been for the unexpected intervention of the Elder in her life. Tammy feels as contented with her work now as she did in the old job. She is dealing with her life without her mother by her side in the physical sense. However, Tammy feels that the presence of her mother stays with her in a spiritual sense, which gives her great comfort as time passes.

The traditional Aboriginal ways support this belief and encourage her to explore her spiritual self more openly and honestly so that she can be prepared for the challenges of life. At the end of our talks when she was commenting about the experience, the genuineness and feeling good, Tammy said, "You know, it all goes back to how you feel about yourself. Like, if you're able to connect on a genuine level. You know like, you know it helps you to feel good about who you are."

### Orvil

Orvil is an Aboriginal man who grew up in an urban Aboriginal environment. He lived in an Aboriginal ghetto with his mother, father and siblings. He has been through very difficult challenges in his life. He was witness to violence and poverty throughout his early years as a child. He and his siblings experienced physical and sexual abuse throughout their childhoods. Orvil has deep feelings of hatred over these experiences. He feels that he is sometimes overwhelmed by these emotions and barely hangs on to his sanity.

At an early age he found that he was beginning to sense a lot of anger growing in him that was making his life unhappy. He found he was taking more and more risks to get a kick out of life. All the while this was happening, he had a feeling

that his life shouldn't be this way. He was unable to put a stop to the risk taking and the violence he was engaging in with others. He was getting more and more distanced from the positive things in life. He said, "When I was in grade four a teacher used to come right into my face, two inches away. And she would talk loudly and say, 'Am I getting through to you? Are you hearing me?' It was in front of everybody and it made me feel humiliated, like a complete idiot and failure." He said that this is what has happened to a lot of kids. He said he would like to help them deal with this just as he has had to deal with it himself.

This feeling of anger and emotional distance grew in his life and he got more involved in the criminal world. He started dealing drugs and was connected to other illegal activities with gangs and hard-core adult criminals. His life was out of his control, and he knew he had to make changes. He knew that if he didn't make changes he would almost certainly die an early death at the hands of some violent person who was dealing in criminal activities or through a drug overdose or some other related circumstance.

One of the things that bothered Orvil the most in his life at that time was that he was dealing away other people's lives as well as his own. He was using others to make his own gains. He was putting other people at risk and leaving them when they were of no further use to him or his criminal associates. As time progressed he tried to change his life but was unable to do so. He formed relationships with women, but they always ended badly. He was feeling more and more that he would never be able to change his life. He said he was feeling increasingly forlorn and depressed. He said he was on the verge of suicide many times as he became more

and more depressed. He said he felt like he was nearly at the end of the line when he met a woman who made a big difference in his life. He said he had children with her and they were married. However, he was unable to sustain the marriage and it eventually succumbed to his and her inability to stop the conflict and the insecurity they felt with each other.

The marriage ended and Orvil began to run even faster from his problems. He said he did this in a figurative sense as well as in a practical sense. He began to feel best when he was in motion. He started to want to be moving all the time and felt very motivated to keep on doing this. He was involved in an accident that caused him serious physical injury. He was in hospital for an extended period of time. Part of this time he was in a comatose state. He drifted in and out of waking states during this time. This forced him to stop and take stock of his life one more time. He feels now that he probably had a death wish for himself. He feels that he was fortunate to have not died in the accident but still had a deep feeling of imbalance and hopelessness at times. He feels that his life was at its lowest ebb at this time because he felt more alone than he ever had before. He went from one counsellor to another. He saw psychiatrists and healers but none of them seemed to help with the things he faced. He said he was in a state of despair at times that made him wonder if life was really worth all the effort.

It was at this point that he started to feel that the only way he could get well was to start to rely on himself and to trust his own ability to heal from within. He said that he felt that the teachings the healers had given him were helpful, but they did not take on real meaning for him until he talked with one particular Elder who

seemed to recognize something in him that others had missed. He said that the Elder talked to him about the 'giant' who looks after people who are troubled. He said this coincided with a dream he kept having about a 'giant' who was telling him how to behave and how to respect himself and other people. He said that he began to feel better because he knew that this was really him learning to take care of himself and that it was his will to get better that was driving the healing forward. He needed someone to help him see this and encourage him to use it freely and openly so he could continue on the healing path.

Orvil was amazed by the growth he experienced after this. He says that he is still dealing with many demons from the past and the present, but he feels he can face them now much better than he had been before meeting with the Elder who recognized the power he had within himself to heal and get better.

Orvil went back to school to learn more about how to be in the world and to understand the plight of Aboriginal people in North America. He continues this work now and feels that he is continuing to make gains. He still finds that he needs to visit many counsellors and healers for support, but he says this is better than not having the supports that he needs. He wants to learn more about the traditional ways even though he has already been taking part in many ceremonies and teachings. He says that he feels that he is on a quest for knowledge so that he can help others know and understand the challenges of life and the special challenges associated with being Aboriginal. He tries very hard to help his family deal with the abuses they all faced. He says this is difficult but he will keep on trying. He said, during one of our talks, "When I see somebody else suffering I know exactly what

they're going through because, believe me, I've been through it all. Some of the grim sufferings... and now when I look out into the world of people I don't see through the same eyes. Prior to the accident I only thought of myself... After the accident and after the learning process I began to understand that there's other sufferings going on in the world and I could empathize with it. And I realized that I could help in some way just by recognizing other people's suffering and then try not to offer advice or anything...There just seems to be some kind of healing....". As Orvil made these comments he was swept up by his emotions and paused.

Orvil still feels like he is trying to cope with life rather than flourish in it. He is still struggling with depression and feelings of hopelessness about the future. He says that there are times when he feels so down that he still thinks about suicide. He denies he would ever do it, but he says life is still hard for him sometimes. He is still dealing with the effects of the past in his life. He feels mixtures of guilt and anger that often conflict in him. He says that he is seeking balance in his life, which he hopes will help him to overcome the bouts of depression he experiences at times.

One of the differences for Orvil now seems to be that he has people to rely on. He is particularly able to rely on the traditional teachings and the healers who provide them. He does not see himself as a particularly trusting person. He feels that he is still hiding from some things. He is not attached to any one healer. Rather he tries to be in contact with a number of them. He says that he believes that he can get the most out of this approach to healing. He says that he hopes one day to be able to trust enough to think about having a loving relationship in his life again and to be able to allow someone to get close enough to him to foster a lasting and loving



relationship. He keeps in contact with a number of healers and counsellors, but he keeps some emotional distance. He says that he is doing better than he ever has and wants to continue to make improvements in his life.

At the end of our session, he said he was happy to have had the chance to talk this way about his life and his quest for wellness. He said he didn't know what to expect, but he was really happy with the way it turned out. He said he would like to be able to do it again in the future. In Orvil's words, "I've got to move on to the next step, which is a sun dance. The Elder recognized that in me as well. Now that's a scary one. You know about that one? (Yes). But I learned my lesson well, and I think I'll be courageous enough to get past that."

## **A Personal Account**

### The Participant-Observer

In retrospect, it was a moving experience for me to talk with the healers and the clients about their personal experiences on the healing road. The healers all have interesting and moving experiences that brought them to be the helpers they are today. They shared their thoughts freely and in the most open way they could. The clients each have very touching stories to tell about their challenges, their pain, their triumphs, their joy and their pathways to healing. They were able to speak about their growth and personal improvement in ways that reflected the struggles and the pain. It was a real privilege to be allowed into the privacy of their lives in such a way as to know how they were hurt in life and to hear what helped them get over their pain. The healers talked about their work, which was often very

enlightening and helpful in understanding what they perceive as crucial elements in traditional healing that contribute to people's healing. The clients talked about the things that shaped them. They talked about overcoming adversity, sometimes on their own and sometimes with the help of others.

One of the most moving experiences with the participants was when they talked about what it meant to them to be cared for by someone in a way that they had only dreamed about being possible or that they only experienced through someone else's story or experience. It was moving because it said so much about them and it meant so much to them. The healing moments they experience in their lives seem to be the ones where they are loved and appreciated for their gifts and abilities. Nearly every time they talked about these moments they cried or fought back their tears. Nearly every time they said something about the things they value they seemed to move ahead in their understanding and insight. Whenever such a moment arrived, they would look away to stare at a wall or look out a window. What they saw seemed to be themselves in one of those healing moments. It seemed that there was a deep inner experience being relived. Perhaps they were being reacquainted with their healing path in a new and different way.

As we sat together and a moment of strong feeling emerged from the discussion, the person would need to stop and collect him or her self. I would try to give reassurance that the tears were natural and okay. After all, we were talking about things that were painful and were unfinished business from the past or something that was still alive in their life right now. They would invariably say something about the experience. They would say they hadn't expected to feel this

much emotion because they thought they had finished with it. Sometimes they would apologize for the tears or the emotion and we would process the feeling and the need to accept that the feelings were good and honest. One person said, after being unexpectedly emotionally overwhelmed, “ One day, I’m going to find out why I do that, and I hope it’s soon. I remember once when this happened to me during a counselling session the therapist asked me where all the pain comes from in me. I tried to tell her that it was not pain that caused my tears, but something else. I don’t think she believed me, but it’s true. Sometimes I cry because I’m amazed at where I’ve been compared to where I am now.” He may not have known exactly where those tears came from, but he was well on the way to knowing and our talk was assisting in the knowing. This person was not only talking about healing. He was living the wellness, and he knew it in some way.

It was hard at times to listen to the session tapes afterward, because they were filled with deeply expressed feelings that moved the listener to sympathy and admiration. Some aspects of the stories they told were painful and filled with vulnerability and sadness. Other parts were filled with courage and strength and resolve. It added a feeling to the process as that of being a living moment with its own spiritual reality. It gave a dimension to the discussions that went beyond the superficial level of facts and details. It is a reflection of the human beings who shared their experiences. It is a chronicle of the things that work in traditional healing. It’s possible that they added to and continued their healing journeys by talking about them the way they did for this project.

Talking with the clients was an opportunity to be touched by their experiences

in life. It was a chance for me to reflect on my own work as a helper, and as a person who has struggled with finding an identity, coping with loss, struggling with disappointment, resolving anger, facing fear and finding a way to survive as an Aboriginal family member.

## CHAPTER FOUR

### Results and Discussion

Below is a description of the various conditions that both the healers and clients indicated as either very significant and/or essential for traditional healing to take place. For discussion purposes, they have been divided into the different categories that incorporate the various clinical conditions the healers and the clients identified as important in the traditional healing process. It is hoped this will promote a clear understanding of the dynamic nature of the conditions and how they play an integrated role during the healing process.

Each of the conditions is presented in the following discussion separately. There are sixty-nine different sub-headings presented under the various clinical conditions. This separation of the conditions and sub-headings may create the impression that they are unrelated. However, it is of the utmost importance to point out that the whole process of traditional healing is interactive and holistic. It is a process whereby the healer and the client make a joint effort to achieve the goals of the healing work they have undertaken. This makes the whole process a collaborative one. It is a very fluid process, similar to the therapeutic relationship between a psychologist and his or her client. This fluidity applies equally in the group context of healing circles and other gatherings as well as the individual interactions between healers and clients.

It is important to understand the phenomenological context of traditional healing as it is expressed from the viewpoint of the Medicine Wheel structure and

the Sacred Tree. The traditional Medicine Wheel is comprised of four quadrants that relate to the four directions of the globe, the four great peoples of the world, the four parts of a person, etc. For purposes of visualization, this basic Medicine Wheel structure has been applied to the twelve major headings outlining the clinical conditions in this study. This Medicine Wheel has two layers. They are not necessarily hierarchically structured from one level to another, except that the middle of the wheel is made up of four 'core' clinical categories. These 'core' conditions are comprised of the four most important headings of the twelve. The core status of these four conditions was determined by two factors: the emphasis placed on the heading by the participants and how frequently they identified these headings. The four most important headings are a belief in a higher being (the Creator, Gichi-Manitou), ceremonies and rituals, the 'Teachings' and the healer-client relationship.

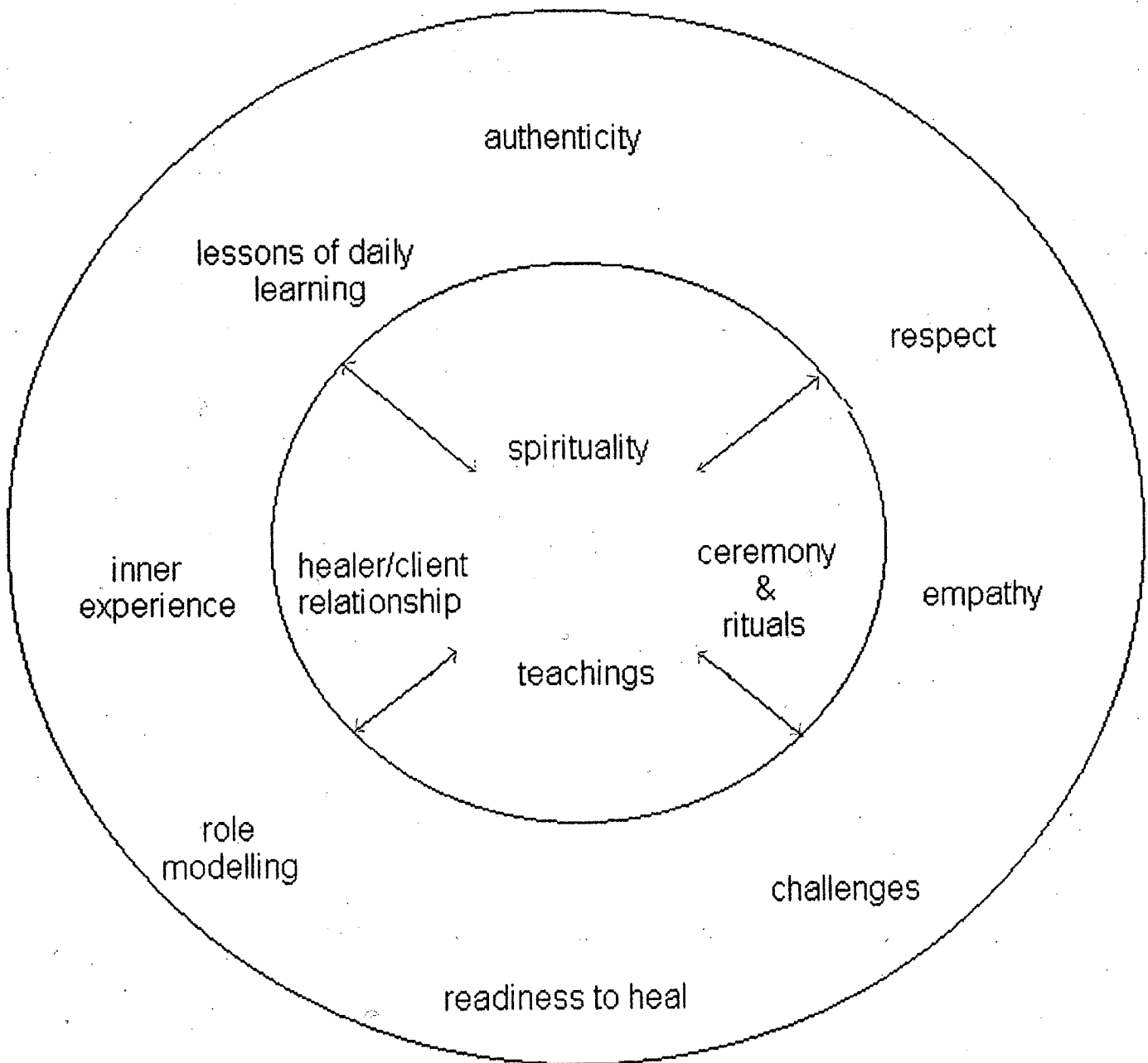
The second level of the Medicine Wheel consists of safety, respect and acceptance, understanding, role modelling, lessons from daily living, challenges to change, inner experience and readiness to change. Each of these categories is made up of indicators drawn from the information and stories shared by the participants. The third ring indicates the goals of traditional psychosocial healing, which are wellness, wholeness, companionship and happiness. This Medicine Wheel is made up of three rings in order to show that the application of the various clinical conditions results in the achievement of the goals. There are four arrows moving to and from the core to and from the outer ring to show the nature of the mobility of the process. In addition to this, the inner circle is divided into unclosed

quadrants to show the connectedness of the core conditions. The outer ring shows that the other eight conditions are integral to the core conditions, and the other eight headings are not separate from each other either. This structure indicates the four most important headings do not exist in isolation from the others depicted in the second stage of this Medicine Wheel. The core headings promote and make possible the other therapeutic categories and the goals of the outer ring.

As the Medicine Wheel diagram shows, there are no strict boundaries between the various clinical headings. This is to indicate they are not discrete, disconnected or separate, but interconnected and interactive. One condition is related to the others and each is best understood when seen as being parts of the same whole. The so-called 'core headings' have very understated boundaries to show they are perceived as essential to the existence of all the other healing conditions. Organizing the conditions in this way is intended to help readers who are unfamiliar with traditional healing ways to have a better grasp of the information presented.

In any effort two people undertake together, it is expected that each bring something to the situation in order to make it work. It is assumed that without each of them doing their part, the effort will have less likelihood of success. So it is with traditional healing. The healer and the client contribute elements to the healing process that are related but also different. According to the healers and the clients, as they travel on the healing path, they each contribute elements to the process that will interact to form a new and separate reality that is distinctive from the old one.

**Figure 1**





## The Words of the Participants

The healers who participated in this study come from diverse backgrounds in terms of their location, Aboriginal group, lifestyle, age and gender. This diversity is desirable in undertaking such a research project, adding to the potential for greater reliability and validity. It also provides a greater variation in views and perspectives.

As the clients began talking about their feelings and experiences in the world of traditional healing, they said that it was not easy to talk about this experience because it is not something that can always be pinpointed or described readily. They agreed it is both simple and complex. At times clients were with a healer when they got an insight into an aspect of their lives. At other times they were contemplating alone when they recollected something an elder said to them. And on other occasions, they were simply confronted with a feeling or thought that made them question what they were doing, or were about to do, or wanted to do. One client, while reflecting on the impact of some of his behaviours of the past said,

When I look back on how I treated my 'ex', I realize I was just being unreasonable. I wanted to make it impossible for her to see the kids. I would make her have to come and get them, or get up at unreasonable times to pick them up. I was just blind to what I was doing. It just came to me out of the blue. I don't know why, but I knew I had to be different.

Sometimes the client reported that the understanding came easily to them, or they would be moved to tears by something they heard or saw coincidentally, or they would have an unexpected feeling of inspiration. Sometimes a person who inspired healing was not formally regarded as a healer. Occasionally, it was just a casual or

fleeting interaction, which when later examined, had a far deeper impact. As will be demonstrated below, one of the important things the clients discussed was the ability to evaluate one's own behaviours, either alone or in conjunction with the healer.

Initially, clients often said they found it difficult to talk about their healing experiences, but before long they found their thoughts moving toward their early recollections of spending time with a healer. Then it seemed the floodgates opened and they would talk, often with great eloquence, about the things that moved them further along the healing path and how the healer contributed to their healing journey. From these recollections emerged an array of different therapeutic conditions related to their traditional healing experience. The clients perceived these conditions as very helpful in their quest for personal strength, growth and direction, and inner happiness and satisfaction.

The participants in this study offered their views as either recipients or providers of healing services. Sometimes the client-healer distinction was a division that was not always obvious. All the healers were at one time on the healing path themselves. They struggled with deep and meaningful issues in their lives in a manner similar to the clients. Often the client participants had traveled far in their own healing, which gave them wisdom and understanding. As they shared their experiences they talked about their gains and learning. As a result they all provided perspectives and perceptions that indicated important themes and contexts.

The therapeutic conditions appeared throughout the taped conversations with the clients and were interwoven into the fabric of their stories. Some important themes emerged from the analysis of the taped conversations with clients. They

were trust, safety, understanding, acceptance, authenticity, credibility, free will, spirituality, belief that the healer has a special connection to the Creator and the spirit world, a healing process, ceremony, respect, sharing, caring, teaching/learning and cultural integrity. All of these and more are, in one form or another, embedded amongst the clinical conditions described in this study. They seem to weave together like a fabric rather than hang like loose threads. They seem to show the sense of the participants' experiences as they journeyed down the healing road of spirituality.

As a group the participants are balanced in gender and come from an age range of more than 30 years. They have unique stories to tell about what finally brought them to the Medicine Path and what their traditional healing experience was like, either as a healer or as client. Their understanding of the meaning of their experiences seemed to grow as they told their stories, which seemed to support the idea that healing is not a momentary insight or event but rather a process, which includes many insights and discoveries and one that possibly will be life-long for those who pursue it.

### **The Therapeutic Conditions**

The various therapeutic conditions deemed by the participants as significant and/or essential for psychotherapeutic healing are organized to fit within twelve different headings. These separate categories are spirituality, ceremony and ritual, the traditional sacred teachings, genuineness, role modeling, lessons of daily living, safety, acceptance, understanding, challenges, inner experience and readiness to heal. Related and supporting points are gathered under each of these headings.

The headings are not placed in any particular order except in the case of the first four, which are spirituality, ceremony and rituals, the sacred teachings and the healer-client relationship. These four conditions were emphasized most frequently in the presentations by the healers and clients and were deemed by them to play a very central role in the healing process. The comments by the participants clearly indicate that these core conditions are very highly valued and that these four conditions are central and necessary. To a certain extent, the same level of significance is not attached to the other points the participants made about the healing conditions. Despite this, it is important to keep in mind that all the points made by the participants are considered to be very significant to the healing process and have a particular importance to the various participants that provided them. For this reason the remainder of the twelve conditions are considered relatively equal in importance.

There is a very important consideration to be made in the case of the healer-client relationship. As noted, it has a special place among the conditions discussed below. In fact, it is arguable that a number of the other conditions identified separately could, and perhaps should, be included under the healer-client relationship heading. These other headings would include genuineness, respect, empathy, role modeling and challenges. However, these conditions were identified distinctively and separately by the participants and given a significant level of importance. For this reason, it has been decided that they should be dealt with under separate headings, which would present them in a manner that reflects the way the participants discussed them. It is suggested that the reader remember that

they can easily be viewed as sub-headings to the healer-client relationship but also have identifiable separate roles to play in the traditional healing work of the client and the traditional healer. The diagram in Figure 1 will help clarify the integration and inter-dependence of all the conditions.

### Spirituality

The first item of discussion in this section is spirituality, which is designated by the participants as one of the major fundamental conditions of the traditional healing experience. McCormick (2000) asserts the definition of Aboriginal spirituality as being the ability to get beyond oneself. He says, "It is only through getting beyond the self that humans are able to connect with the rest of creation" (p. 26). Betty, one of the healers in this study, commented on the spiritual component in traditional healing by saying, "We have a connection to the universe, and that connection then connects us to the Creator. The one who creates all things. We knew that. We lived it". According to McCormick and Betty, to do healing work in the Aboriginal community outside of the concept of creation and spirituality may a futile effort. Aboriginal traditional healing is based on the premise that we have a spirit, and we are connected to life through the Gichi-Manitou (Johnston, 1995). Orvil, one of the client participants in this research, said about his experiences with a healer, "He didn't even finish teaching and I already knew what it was. In going through this process, I started to recognize where I really belonged as far as my spiritual journey was. Suddenly, I became very aware of the help that's available in this world to anybody". Orvil connects the journey of healing to the spiritual journey. Spiritual expression in Aboriginal traditional healing is supported by the work such

writers as LaDue (1994), Matheson (1996) and Ross (1995). Often the term traditional healing is used interchangeably with spiritual healing. Psychological wellness in the Aboriginal community is often perceived as spiritual wellness (Restoule, 1999). There was agreement amongst the participants in this study that any healing in a person's life was dependent on the presence of faith in a Creator or healing spirit. Wyrstok and Paulson (2000) point out that First Nations people do not differentiate spirituality from the healing experience. They say, "...the First Nation world-view does not separate healing from spirituality, but rather treats it as an integral part of the process" (p. 15). The establishment of a spiritual connection is an essential aspect of healing for Aboriginal people according to Wyrstok and Paulson, and healers interviewed in this study. Another psychological commentator, John McKenna, says that, "The idea of holding with reverence and awe a sense of connectedness to one's own life experiences. One's personal history, and indeed to all things-not in any abstract form, but rather as this particular life in this time and this universe-is integral to the notion of spirituality" (p. 260). This kind of view expressed by such psychologists as McKenna and Hillman may help to contribute to the idea that there is a unity of the spirit and the psyche.

Details about the role of spirituality varied slightly from one participant to another and from one group of participants to another. However, the fundamental thoughts and feelings that the healers and the clients expressed in this study were consistent from one person to another and across the two groups. The healing spirit was given a wide variety of names by the participants, but the most common ones were Creator, Gichi-Manitou, God, the Life Force, the Great Mystery and the Sacred

Spirit. Creator was the name most commonly used by the participants, with God being a close second. For this reason the names Creator and God are used interchangeably throughout this chapter. Gichi-Manitou is also used.

There are seven sub-headings listed under spirituality. They are a deep sense of purpose, the formation of linkages to the spirit world, the fact that all growth comes from the Creator, faith in the process, requests for divine intervention, the healer's calling to the role of traditional healer, and the view that the healer is a conduit for divine intervention.

#### A Sense of Purpose

All of the healers in this study said that they felt a deep sense of purpose in the work they do. They described this as being related to the client's need for a feeling of assurance that the healer knows what he/she is doing. They said their sense of purpose and meaning comes from the Creator. This feeling of purpose trickled down to the client through the healer. For example, a person asking for help may or may not have a specific complaint or problem. He/she might only have a vague sense of not feeling right, or feeling that life could be better. But, according to the participants, healers need to have confidence that the work they are doing on someone's behalf will have meaning for that person in the same way that it would to someone presenting a very specific problem. The healers said that the specific issue the person is dealing with may not be revealed to them at the outset of the intervention, but it will need to emerge at some point in the process. They indicated that the revelation of the specific focus of the work could come later, but the feeling

of purpose needs to appear early in the process. This may have something to do with a need to have a positive external influence for the client to hold on to until an inner positive feeling grows within the client.

### Called To Healing Work

Another point the healers emphasized as being highly relevant in spirituality is being called to the healer's path. The majority of traditional healers interviewed stressed that they were 'born into the role.' They told of being taught and groomed in preparation of taking on the role. In one instance, the traditional person pointed out that from his earliest recollections he saw his grandmother preparing him for the task of healer. In describing this point he said, "I would say it probably started, or I first got introduced to it, when I was around four years of age. When my grandmother, my grandmother you see was a very respected healer, as well as her mother. My great-great grandmother, as well, was also a very respected healer." He asserted he was steeped as a very young child in the ways of the healers and the healing path. He also expressed that his family has been recognized as producing healers for a number of generations. Although it does not seem to be a requirement of legitimacy as a traditional healer, many healers report that they have had a series of traditional healers in their families over a number of generations. Although two of the healers in this study mentioned that they had hereditary connections to healers of the past, the general consensus seemed to be that having the 'calling' to become a healer was just as important. One of the healers with hereditary connections when questioned about this said, "I used to help my aunty,



you know. She carried the water drum and she used it in different ceremonies. I learned it from her, and also from my Mom. She was with the Sun Dance. Ya, my grandfather was too. It goes way back". Another healer, who did not declare hereditary roots said, "I can only talk about my own situation. It was not something that I sought. I didn't say, 'I'm going to be an Elder, or I'm going to be a teacher of women's medicine. It just happened. I flowed into it. It was an experience that I didn't even recognize or realize". It seems that both the hereditary factor and the personal sense of 'calling' without the hereditary factor are present and acceptable in the world of traditional healing.

The paths to becoming a healer seem to be somewhat different in each person's case in this study. One of the other healers interviewed in this study said, "And I always wondered, you know. How come all these people come and they just open up, and they start telling me about their darkest secrets, and what they're going through? I could never figure that out. You know, I knew I was a nice guy, but not everyone wants to talk to anybody. And it wasn't until, you know, I learned from the Elder that it was my spirit that attracted people. After that I knew it. It made sense to me that I should be a healer." This particular traditional healer does not lay claim to any hereditary connections but does suggest that his disposition and spiritual presence are the key factors. He was introduced at a later age to the healer role and endorsed by an older more experienced healer. It appears that in addition to early introduction to traditional healing outside endorsement is an important condition for becoming recognized as a traditional healer. However, there are also healers who are self-proclaimed. External endorsement may not be essential to

become a traditional healer, but it seems to be considered highly significant by many as a source of credibility. The healers in this research project stressed that is a very important component in their feeling of confidence and comfort in their work.

### The Healer is a Conduit

The healers described themselves as conduits for the life-giving force of the Creator. One healer, Dan, described it by saying that, "A healer is simply a tool to the Creator, because the Spirit needs something physical to work through. The spiritual healer is essentially a tool. And we keep our bodies clean, so the spirit can work through us. Messages come through us. And those messages, we have no control over it. We sense it, feel it, and then you go with it." According to this healer he is a tool in the hands of the Creator. The Creator pours the life force into the hearts of the healers and from there into the hearts of those seeking help. Dan commented on his role as a healer by saying that, "The healer is more of a helper. I guess you could say we're an instrument that the healing goes through." The healers each went to great pains to emphasize that they are not the ones who do the healing. They see themselves only as the means by which the Creator speaks or reaches to the one seeking healing. They also emphasized that a complete and utter belief in the power of the Creator to cause healing was essential to any healing work that occurred for the client. If the healer were not sincere in this belief, his work would be empty of any potency for healing. Faith in the Creator is considered essential to healing. Without faith in the Creator, the healer would not be able to act as a conduit and would be doomed to failure in his/her efforts to help people

overcome their unhappiness, addictions, fears and inner conflicts. Such healers would, in fact would be considered dishonest and would lead to the undoing of any possibility of helping another person.

### Linkages to the Spirit World

The healers pointed out that one of the major tasks of the Aboriginal traditional healer is to try to create a linkage to the spirit world of the ancestors, to the ones who went before us, to share in their wisdom for guidance and direction. In the traditional world the Earth is believed to contain and embody the wisdom and the spirits of all the people who lived before us. Ancestral wisdom is perceived by traditional healers to reinforce the healing power of their work.

During the sweat lodge ceremony rocks are heated in a fire and then brought into the lodge. They become a source of intense heat in the lodge. Some liken this affect to a sauna, but it has a very different meaning in the sweat lodge. In a sauna the heat is used to help cleanse a person's body. In the sweat lodge it is to help purify a person's body and spirit. The rocks that are carried into the sweat lodge by the scaabe (scaabe is an Ojibwa word meaning 'helper with complete faith') are referred to as 'grandfathers' and 'grandmothers.' The Ojibwa words for grandfather and grandmother are mishomis and nokomis, respectively. The grandfathers and grandmothers are given a high status in the proceedings of the sweat lodge ceremony. The rocks are considered spiritual. Hence the lodge is spiritual and sacred. In the words of one healer, "(We are) creating the environment for the grandfathers. To say to the person that's coming for healing, all we do is create the

environment for those grandfathers to come. Like you prepare that person, give them a few teachings. That's the beauty of it. Is that you leave it in the hands of the Creator and the grandfathers." This healer puts a deep faith in the power of the healing spirits. It indicates this healer's commitment to a view of the world that operates on the belief that psychological healing comes, at least in part, from the creation of a nurturant environment and the power of the healing spirit. This traditional healer seems to believe that the healer's role is to prepare the nurturant environment, bring the troubled person to that place and let the spirit do its work. From this perspective, the role of the healer seems to be one where there is less direct intervention with the client's problems and more with the surrounding conditions that affect the existence of the problem.

#### Change Originates With the Creator

Healers in this study went to great lengths to indicate that changes in behaviour, thinking and emotions are the work of the Creator, not the healer. Their perception is that all true healing in the world begins and ends with the Creator. Betty commented on her feelings about being a healer by saying that, "So, my coming into my wisdom as an Aboriginal woman, it had to go through dreams and visions. I have never been a person who went to apprenticeship or go to learn from different Elders. That didn't happen to me in my life. The gifts that I carry came to me through visions and dreams and my own personal experiences". According to Betty, her wisdom and ability come from the Great Spirit directly, not from humans, who make mistakes. They are not open to revision. It seems they are what they

are. She refers to the fact that there are many teachings in the world today, not all of which she believes are from the 'true teachings.'

The central idea expressed by healers in this area was that without the presence of the Creator people are unable to recover from their psychological wounds. Jack, another healer, without any evidence of doubt or hesitation, said, "Well, of course, when we talk about the Creator, of course we mean the Great Spirit, or God. Of course, when you break it down, that's where everything comes from." The sentiment seems to be that they cannot heal because they cannot be complete. In other words, according to the participants, traditional healing depends on the application of the universal life force of the Creator. Healing requires completeness, which comes only from Gichi-Manitou.

The idea that traditional healers speak with the voice of God has been one area where concern has been expressed about the role of healers. This concern comes from the Aboriginal community and the non-Aboriginal community. First, there has been some concern about the notion that some healers claim to speak with the voice of God. Some people have questioned this type of claim due to its close similarity to claims by a variety of historical figures and some present-day religious leaders of various faiths and cults around the world. A second concern that has been expressed is that the Aboriginal community is vulnerable to false prophets and charlatans because of the deep wounds of past oppression and colonization. When people are faced with trauma, stress and hopelessness, they may become open to people with easy answers to long-term complex problems and promises of happiness.

For these reasons many traditional healers have expressed the requirement of allowing people to make their own decisions and not try to produce the feeling that they can find 'easy' or 'quick' fixes to their problems. In referring to the process of psychological healing, Dan said, "It's like putting the pieces of a puzzle together. You have the pieces, but you don't have the whole picture. So, you need to put those pieces together. You need to create that picture. And then, you know what you're dealing with." The implication of this statement is that there is a process involved in psychological healing. This particular traditional healer accepts the idea that truth comes from the Creator, but finding the path to wellness involves effort and time.

#### Faith in the Process

Participants in the study expressed an importance in having faith in the healing process. They described it as a belief that healing can and will take place, in the presence of the healing spirit, if one really honestly and diligently tries to change in a positive manner. From the spiritual view the person needs to have faith in the Creator, and on a practical level the person needs to have faith in the process of healing. This confidence in the ability to change and heal, with the assistance of the Creator and faith in the process, seems to be central to the view of the traditional healers and clients. The healers expressed it as being a necessary element for positive change to occur, and the clients expressed it as something that the healer brings to the process, especially in the early stages of the healing work. After a period of time the clients have to adopt the feeling of belief and confidence on their

own and try to maintain this as the process unfolds. The healer, however, may still need to give a boost from time to time to a client's confidence in the healing process. The client's feelings of confidence in his or her chances of improving may waver from time to time, depending on the stressors and the events in a person's life during the healing process. It is part of the healer's job to keep the client feeling confident and hopeful of the power to heal.

According to healers, doubt in the power to heal is a serious problem because without it the client has no way to justify or sustain his/her efforts. Clients will likely leave the healing path if they don't believe that there is any power to achieve the goals of healing. Healers cited examples of times when clients walked away from their healing path because they stopped believing. Faith in the Creator and the power to heal drives a healer to always act on the client's behalf. Even in the face of imminent death or when a person needs help, but will not pursue it, or is not able to pursue it on his or her own, a traditional healer will do something (Young, Ingram and Swartz, 1989). In the words of one of the healers in this study, "And that, my way that I deal with that person, is to try and help them at the capacity that I know I can. And that's by giving them, you know, support and suggestions. If they ask me, you know, what should I, what can I make a suggestion to them. I might. Most of all, I'm going to listen. And I'm going to really listen." The healer may simply burn sweet grass or tobacco, or say a prayer on a person's behalf. This encourages the client to persevere in his/her healing journey with some degree of optimism.

### Divine Intervention

The elders indicated that the healing work begins with a request from a person seeking help and the 'giving of tobacco,' but it really starts to take shape once the healer makes a request to the Creator for divine intervention. One healer said that the Creator is approached and called upon, "To provide us (healers) with the knowledge of what is required to assist a person that comes to us. They go, in turn, through a ritual of prayer and chanting, and what not." Healers indicated that virtually every session between a client and a healer begins with a prayer to the Creator. Healers ask for direction and focus for their efforts on behalf of their clients. This point is accentuated by the fact that the initial meeting between Elders and their potential clients are begun by a sacred ceremony, the 'giving of tobacco.' This is also true for healing circles, sweat lodge ceremonies, and so on.

### A Contrast Between Modern Psychology and Traditional Healing

The Aboriginal traditional spiritual view is a demonstration of a clear departure from the mainstream worldview of modern conventional psychological practice (Malone, 2000; McCormick, 1994,1997,2000). In the world of modern psychology, unless expressly and openly requested by the client, the therapist is expected to try to stay away from any references to religious or spiritual affiliation or activities (Miller, 2000). Spirituality has been virtually omitted from the lexicon of modern psychological activities, despite the efforts of even the American Psychological Association to support recent efforts towards addressing the issue of spirituality in psychology (Miller, 2000). The only times one might see the use of religion or



spirituality in modern psychological work is when a person seeks out a psychologist with such predilections and/or methods. It would likely be considered a violation of boundaries for a psychologist to mention religion or spirituality without first questioning clients as to their comfort or preference for this type of intervention. Even then a psychologist may run the risk of alienating a client by acting too hastily or not handling it with the utmost sensitivity. Most often, a psychologist or psychiatrist who uses a religious or faith-based technique would advertise this to the public before taking on clients. By contrast, in the Aboriginal traditional experience a healer is expected to invoke a spiritual presence in the treatment process and is expected to have faith in a divine being. A traditional Aboriginal healer tends to try to get the positive results that the modern psychologist looks for but always applies a spiritual component, where the psychologist may not.

Having said this, there are examples of faith-based treatment in the modern non-Aboriginal environment. Several of the participants in this study made reference to the role of Alcoholics Anonymous (AA) in their lives and the lives of Aboriginal people in general. The Alcoholics Anonymous twelve-step program is one form of treatment that advocates the role of a spiritual being in one's efforts to overcome the vagaries of alcohol abuse and addiction. In this case, people seeking help with alcohol addiction/dependency are required to accept the presence of a higher being or greater power. In the area of substance abuse treatment amongst Aboriginal people, Rod McCormick (2000) asserts that, "Successful programs stressed traditional values, spirituality and activities that enhanced self-esteem. Although most of the successful programs have been organized using First Nation values and

approaches, it has been recommended that these values and approaches could be enhanced by a fusion with mainstream psychological techniques” (p. 29).

McCormick points out that where the mainstream psychological approach may offer a spiritual or religious approach as an option, traditional Aboriginal healing views this aspect as being a basic cultural expression. Various programs aimed at recovery from drug and alcohol dependency and/or addiction have a basic requirement of accepting a higher force in the world than oneself. Participants in this research referred to the treatment approach used by Alcoholics Anonymous a number of times.

There are other forms of psychotherapy borne out of faith-based principles requiring belief in a higher power. An example of this is the work done by Viktor Frankl (1970). He pointed at oppression and suffering as being a source of discovery of the meaning of life. Frankl was detained in a concentration camp for three years during the Second World War. When he was released at the end of the war he learned that his entire family had perished. He was overwhelmed with grief and pain at his loss and, for a time, lost all faith in the meaning of life. Eventually he discovered in himself an emergent sense that his losses could be a source of rediscovering life's meaning. He said he explored his inner anguish and suffering. What he discovered was that he could use his pain to gain a new perspective on life, one of hope and understanding. He called his therapy 'logotherapy.' There are others who use theistic or religiously based therapies and assert that the road to psychological wellness comes from God. In many ways the struggle of the Aboriginal people parallels the experiences and views of Frankl. Suffering and

oppression turned into hope and meaning. As pointed out below, existential-based therapy may be less effective than some other forms of therapy, such as cognitive-behavioural therapy, but it seems that this may not supercede the need for the Aboriginal population to develop hope from despair and to be able to sense the possibility of improvement in the future. Lou Matheson (1996) points out that counselling is most advantageous with an Aboriginal client when, "The counselor recognizes the spiritual equality between him or herself and the client." (p. 55). James Hillman (1999), a significant psychological commentator, points out that there is a very important context in which one's soul is engaged in the overall development of the person. He says, "It helps to regard soul as an active intelligence, forming and plotting each person's fate." (p. 7). He also says, " That is why we need a sense of myth and knowledge of different myths to gain insight into our epic struggles, our misalliances and our tragedies." (p. 7). The presence and importance of the soul in the psychological development of people seem pretty clear to Hillman.

### Ceremony and Rituals

There are also seven sub-headings in this category. They are that ceremony and ritual are essential to the healing path, frequently performed ceremonies and rituals, the importance of attendance at ceremonies, the role of symbols in healing ceremonies, the application and place of medicines, the place of music in the ceremonies and rituals and an expressed concern. The various poignant views of the healers and participants are included in these sub-headings.

## Ceremony and Rituals are Essential

The healers who participated in this study all agreed that ceremony and ritual are essential in the healing process. They said they rely on the ceremonies and rituals associated with traditional healing in order to give a grounding and context to their teachings and other important aspects of healing work. In the words of one healer, "But that's what it's all about. Put them through the ceremony, and then, you know, your hopes are that the Grandfathers will reach them. And that goes back to the person's willingness too, and openness to it." This healer asserted the importance of the role of the ceremonies. It seems that ceremonies and rituals are seen by healers to be indispensable in the overall picture of belief and faith in the healing environment. One healer indicated she had a concern about ceremonies and rituals. This is discussed at greater length below.

### Attendance at Ceremonies (the teaching environment)

The most commonly used method for the client to learn the teachings is to attend the various ceremonies, which become more intense and varied as the client travels on the spiritual path. McCormick (1994) points out that participation in ceremonies is an important area for Aboriginal people in terms of its therapeutic role. Participants in this study pointed out that during the healing experience a people progress through a graduated system of ceremonies and rituals in a fashion somewhat akin to rights of passage toward higher levels of spirituality. For example, clients would be likely to attend healing circles before attending a sweat lodge and would attend sweat lodge ceremonies before engaging in sun dance celebrations.

Just as the healers emphasized the importance of the ceremonies and the rituals to the healing journey, all of the clients indicated that ceremonies and rituals are important to the healing work. They spoke about this with varying degrees of intensity and focus but agreed they must attend the ceremonies in order to promote healing. In the case of one client, the ceremonies and rituals were central to self-improvement because they were perceived by him to be crucial to getting in touch with the spirit world of the Creator and the ancestors. In his words, "When you look at the ceremonies, even from a psychological perspective, you can see how they have meaning to the individual and the community. The actual ceremony itself provides so much comfort in just actually going out and doing something. You don't just get over it, you actually do something about it." In the case of one of the other clients, ceremony and ritual seemed to be important because it provided a state of reverence and meditation. This made it possible for her to get in touch with her inner experience, which, in turn, helped her get in touch with her spiritual self. This coincides with the idea that we are spiritual beings and that Aboriginal traditional healing is guided by a belief in spirituality. As demonstrated earlier, this spirituality is one of the core components of our being. According to the clients and the healers, to omit our spiritual selves would be to omit the capacity to be healed altogether.

### The Most Commonly Used Ceremonies and Rituals

The healers and clients in this study cited the sweat lodge ceremony, the smudging ceremony, the pipe ceremony, the sharing circle, the water drum ceremony, the sun dance ceremony, the vision quest and the naming ceremony,

among others, as being essential to the healing path. These were most frequently cited as examples during our discussions. Each has a different purpose and procedure, but they are all linked by the pursuit of spiritual wellness. They also vary in details from one healer to the next, but the character of the ceremonies and rituals remains very consistent from one performance to the next. People who attend ceremonies will participate at different levels and in different ways. For example, a person can attend sun dance preparation ceremonies but participate as an observer. Another person could attend the same ceremony and be involved as a dancer.

In terms of the rituals, study participants identified various actions as essential on the healing road. They included the giving of tobacco, the burning of medicines, tending to the fire, the bringing of water, the inclusion of music, and the acknowledgement of the four directions. Certain procedural processes are associated with the use of spiritual and healing symbols. For example, one client said the use of any symbol, such as a rattle, a stone or a feather, etc. makes that item sacred. Therefore, everything used in a ceremony or a ritual takes on a sacred meaning and is to be respected for that quality. The client made this point in a very personal way. He described how he asked a university Anthropology instructor if she had a more meaningful name for a rattle she presented in class, a name that would capture the true and sacred meaning of the rattle. In the world of Aboriginal traditionalism, all ceremonies and rituals are considered sacred. By using sacredness, learning and discipline are brought to the healing process.

As one gets more deeply involved in the spiritual quest, one will become more acquainted with a wider variety of ceremonies. For example, those in the Midewiwin

(Spiritual Learning) Society will be more frequently and more deeply engaged in traditional ceremonies because they believe in the spiritual path more devoutly than many others who are not members of such a group.

### Symbols of Healing

Another important aspect of the healer's role is the use of symbols of healing and wellness. The main ones seem to be the medicines, the sacred pipe and the sacred drum. One of the healers, while talking about the medicines, said, "These are used liberally in various ceremonies and rituals that a person will partake of during their healing journey." One of the points noted above in a comment from one of the clients demonstrates that any object used in a healing ceremony becomes sacred and should be afforded a high level of respect. In sweats, pow-wows, sun dances, sharing circles, water drum ceremonies and so on, these symbols will have a significant presence. They might simply be on display for people to see and be reminded of their significance. At other times they will make up a central feature of the proceedings. Some times they will be used alone, while at other times they will be used together. This writer has been to sweat lodge ceremonies where the sacred pipe and the sacred drum have been used together. Music and medicines are almost always present at all of the ceremonies, including the sweat lodge ceremony. The sacred pipe is used only on some occasions in the sweat lodge experience. It is virtually always used at sun dance ceremonies and at times in communities when important decisions are being made. The pipe also has its own ceremony because of its central importance in the spirituality of Aboriginal people. Healers suggest that

in order to understand traditional healing more deeply, it is important to know and understand the path of the pipe and the drum.

### Medicines and Ceremonies

During an encounter with a client, a healer will do a variety of things that are designed to speak to the various components of a person's being. It seems the healer is always trying to reach the spirit of the person, along with the mind and the emotions. They express that reaching these parts of a person will be reflected in their physical self through tears and laughter and through verbal expression, and their posture. The relaxation component is also essential in helping a healer reach all aspects of a person's being. For example, the healer encourages a meditative state to help the person relax. This helps to reduce the physical symptoms of racing heart and shallow breathing, the emotional symptoms of feelings of anxiety, the mental symptoms of disturbing and catastrophic thoughts and, finally, what the traditional people identified as the spiritual symptoms of hopelessness and helplessness. The condition of relaxation and calm is also important in conventional psychology. The clinical psychologist will often try to put a person at ease at the beginning of a session in order to encourage a feeling of safety (Martin, 2000). It is hoped that the result of this will be a reduction of negative symptoms in all areas.

Another method healers will use during contact with their clients is to administer medicines. These may be in the form of burning certain herbs and spices, or giving various medicines to a person for internal or external application. Some might be for the purpose of calming the nerves, stopping the progress of a



malady or disease, or simply for maintaining health. Sometimes, as mentioned above, the medicines are for the symbolic invitation to the Creator to intervene on behalf of the client. Sometimes healers will use medicines on their own behalf. They may feel a need to use medicines for guidance and inspiration in their efforts to help others. In the words of one healer, "So, half of it is the medicines will work. The other half is you believing that it's going to work. Because it's not going to if you just take it, and say, oh, I need a miracle to happen." Medicines are a powerful part of the healing work, and are used very commonly by healers. Some healers suggest that a large part of the positive influence of the medicine is the belief that it will help. This is a clear demonstration of the placebo effect.

The 'placebo effect' has been studied extensively in recent years by psychologists and others (Myers, 2000). The actual belief that the remedy one applies to a given malady will be effective is sufficient to have some level of healing occur. In various psychological studies, it has been demonstrated that the belief in the effectiveness of a treatment is helpful in bringing about an altered impression about one's psychological functioning. According to the testimony of various healers and clients in this study, it appears that traditional healing also has a placebo component. One is most helped when he or she believes the remedy works.

Healers in this study asserted that ceremonies and medicines help to create a sense of independence and confidence. The clients, according to the healers, will start to believe in themselves and their empowerment. They assert that a dependent person rarely believes in his/her ability to act independently. One of the tasks the healer engages in is to help the dependent person start to believe in

his/her inner strengths and abilities. Psychologists also engage in the encouragement of personal efficacy and independence (Duran & Duran, 1995). Like the healers in this study, they believe that a person loses power and control of his/her life if a dependency develops, and they must then fight to regain that personal strength (Matheson, 1996).

It is also essential to avoid having the clinical intervention, whether provided by a traditional healer or some other professional, become an agent of oppression and control. Betty shared her thoughts on this occurrence in the Aboriginal community emphatically, and yet with feeling and sensitivity, "We are growing up in a world that created a sense of dependency. We know how many years this has been going. We have become dependent on everything else, and to everybody else. I am capable of doing anything for myself, you know." In this statement the Elder emphasizes that dependencies can develop, but an important part of the task is to apply the therapeutic relationship to promote the ability of a person to do things for oneself, thereby regaining control and independence. Betty went on to say, when referring to people who come to see her, that, "It's the sense of trying to make them believe in themselves. Because, if they do not believe in themselves, their life will continue to be chaotic." She asserts that a good life is a reflection of confidence and personal empowerment, and that part of the role of the traditional healer is to encourage these elements.

### Music and Ceremony

The healer tries to set up a positive atmosphere through the liberal use of

music (singing mostly). One of the prime examples of this in the healing process is the use of singing during the sweat lodge experience. The healer/guide will have a drum present, along with rattles and, perhaps, a wooden flute. Each time a 'door' is started there will be musical offerings by the healer/teacher. As the people engage in the various ceremonies and rituals, music will almost always figure prominently in the process. As songs are sung the participants are asked to join in and to use the rattles and drums. In the sweat lodge, participants will even be asked at time to offer songs of their own. For anyone who has ever attended such a ceremony, it will be clear how deeply moving this experience can be. In the words of one client participant who was deeply moved by music said, "I remember the first time I ever went to a pow-wow. I heard the drums and I just kind of felt like it was inside of me, and it woke something up. I realized that I should be a part of this." As one healer put it, "And then there's songs, different songs that they sing. And then the sharing and explaining what the song is, and what it's for." Songs are added for many reasons but are never included arbitrarily. They are always a meaningful part of the whole process. Each song has a meaning in terms of a teaching or a lesson or some other form of support and encouragement. The healers try to use music whenever possible to create the right feeling or atmosphere. Music helps to evoke emotions and thoughts for the client to explore and understand differently. The humanistic psychologist might see this as a way of helping a person connect with inner feelings and help to develop a perspective on important aspects of a person's life (Morrissette, 2003).

### A Concern Expressed

Only one Elder, while expressing the importance of ceremonies and rituals, articulated a concern. She asserted that the use of rituals and ceremonies could be dangerous in its extreme forms, because she feels it implies the potential for specialized, secretive knowledge and exclusivity. She argued that the churches of the Europeans were steeped in ceremony and rituals with many rules of inclusion and exclusion, which have hurt Aboriginal people. In order to shed light on the potential misuse of ceremonies and rituals in Aboriginal traditionalism, she cited examples of how she had been made to feel excluded during such ceremonies. She said, "I do ritual, I do ceremony myself, because there is a beauty in it. There is something that is beautiful about it. But I don't create a whole bunch of rules and regulations that govern that ceremony. I don't do that because I think that our people have had enough rules and regulations. My ceremonies are open to women. I don't care if they are on their moon time, or if they are not on their moon time. There's a whole bunch of controversy about that. And I don't believe because that has to do with power and control. I have experienced it my own self as a woman. I have been at ceremonies where I was scolded because I didn't sit right. I was scolded because I didn't walk right. That makes absolutely no sense to me." She said that this was very hurtful and was a negative influence in her personal healing. If a person is not prepared to take the step toward the rituals and the ceremonies the results could be very negative and turn a person off the traditional healing path. The message she seemed to want to give was that the use of such activities needed to be done with circumspection and wisdom. However, she also asserted that the

burning of medicines and the giving of tobacco are basic rituals that need to be honoured in the name of the Creator.

### The Group Therapy Context

As we have seen, ceremonies and rituals are very significant as a part of the traditional healing process. The symbols and procedures are enduring and meaningful. Some healers see some ceremonies, particularly the 'healing circle', as forms of group therapy (Malone, 2000). They suggest that Aboriginal people have typically used the communal approach to problem solving when they are in distress. Ceremonies and rituals, they argue, are ways of establishing these kinds of group supports and connections. In reference to a four day drum ceremony, Roberta, another of the healers in this study, explained the influence of this group ceremony on the participants by saying that, "It brings some closer to each other because they are hearing things that are said in there. They do or get emotional and hug somebody." She emphasized the importance of this for couples experiencing difficulties in their relationships. Although the rituals of smudging and burning tobacco or sweet grass are done with individuals, their application in a group setting affords them another level of meaning. The people who have sought out healer services have all been a part of a group of one type or another. The sharing circle, the sweat lodge, the sun dance and even the pow-wow are in some way definable as group therapy. The attributes of group therapy are included in the structure and proceedings of the various ceremonies. One client, when first becoming acquainted with the gathering of people for the purposes of personal sharing, commented that,

“At first the format of the class was a sharing circle. And we would have sharing circles for the first week, I guess. Everyone did a lot of healing. You know, lots of crying and laughing and sharing. And I was very stand offish about it at first. I didn’t feel like I could share, and I guess I was kind of numb about a lot of things.” The whole description about the sharing and the crying and laughing is indicative of the group or communal nature of the healing experience.

In the eyes of the healers and participants in this study the group is one of the main vehicles of positive growth and change for those who seek the healing road. It does not diminish the fact that a lot of healing takes place while the healer and the client are working as a duo, but rather shows the place of importance that the group healing experience has in the healing process. Heilbron and Guttman (2000) indicate that, “The healing circle emphasizes spiritual elements that encourage an open and honest encounter. The ceremony promotes not only a spiritual connection between the participants in the group but a physical and psychological link as well. In this ceremony, problems are addressed in a group.” (p. 7). This demonstrates an important point about balance between the individual and communal experience. The support of the group and the guidance of the healers seem to provide an atmosphere of safety and acceptance required by those on the healing path.

It was indicated above that the concreteness of cognitive-behavioural therapy is more amenable to Aboriginal needs than some other forms of therapy, such as those that emphasize insight or ego conflict analysis. Heilbron and Guttman (2000) assert that, “A concrete type of counselling such as cognitive therapy has been reported as preferable over a non-directive approach by First Nations clients.” (p. 5).

They suggest that the group healing circle approach promotes this type of encounter between the therapist and the members of the group. In addition to this, the healing circle provides the opportunity to have elements of the personal and the spiritual connections. Psychologists and healers may find some very solid ground together in this regard. There is a strong argument for, "The integration of Aboriginal healing practices with conventional cognitive therapy is considered an appropriate approach." (Heilbron and Guttman, 2000, p. 4). It appears that by using the integrated healing circle, it is possible to embrace both the spiritual components of Aboriginal traditional healing and the problem focused aspects of the emotional and cognitive perspective of the psychologist (Heilbron and Guttman, 2000).

### The Sacred Teachings

In Aboriginal culture there is an area related to spiritual lessons referred to as the "teachings." They come in different forms but the core of these is made up of what are called the sacred teachings. The Seven Sacred Teachings are included in Appendix C (Benton-Banai, 1988; Aboriginal Health and Wellness Centre of Winnipeg, 1998). The teachings of the Seven Sacred Fires are included in Appendix E (Benton-Binai, 1988). And the Twelve Teachings of the Sacred Tree are included in Appendix D (Bopp, et. al., 1984). These three groupings of Sacred Teachings are referred to in this section by both the healers and clients. The specific teachings are not included directly in the main text because they are best viewed as sets of teachings rather than as separate principles. However, as this section unfolds, references are made to specific teachings.

There are a total of eight points made by the healers and clients in this category. They are the giving of the teachings, learning the teachings, the most meaningful teachings, achieving balance, the four parts of a person, finding the path and the connection to culture.

### The Healers Give the Teachings

One of the things described by the client participants in this study as being very important in the wellness journey is that the healer provides the Sacred Teachings. Purely and simply, the healer provides 'teachings' about how people are supposed to live and remain true to the Creator's guidance and direction. These teachings can vary in presentation depending on the healer's approach and technique but the teachings are fundamentally the same in all situations. Teachings are seen as essential in all aspects of a person's and a community's life. They are especially important when a person is having great difficulty in knowing the difference between right and wrong, and good and bad. The teachings are related to morality and social harmony and comprise a set of ethical principles. According to the traditional healers and clients, the teachings are sourced directly from the Creator. One of the healers, while talking about the importance of the teachings said, "You see, the teachings are the mental aspect. Teaching is for your mind. To understand what the grandfathers are trying to teach." This seems to connect, once again, with the cognitive-behavioural approach discussed above. Clients in this study indicated they found the teachings reassuring and comforting. They saw the teachings as lessons about the value of life and felt encouraged to live life in the



best possible way. They said the teachings helped them to realize self-acceptance despite one's faults and mistakes and to connect with other people in meaningful relationships. When talking about the teachings, Orvil said, "I guess it was just sort of using logic at the time. It just seemed to, ah, you know. The pieces just seemed to fall together." When talking about a healer who gave him teachings, he also said, "This is going to be a process. You're going to learn from this. I think that the learning process is ongoing." The teachings appear to be a way of applying logic and common sense to problems that emerges as a part of a process.

Indicators from this study suggest that one of the most significant methods of intervention employed by a healer is that of giving the 'teachings.' The participants in this study specified individual teachings by weaving them into their own personal stories. Basically, the sacred teachings are about how to treat others and live a life of integrity, optimism and openness (Bopp, et. al., 1984). All the healers in this research project placed heavy emphasis on the meaning of the teachings. The teachings that were mentioned by the participants were derived from the Medicine Wheel philosophy (Bopp, 1985).

Several of the healers and clients interviewed for this study talked about the Seven Sacred Teachings. One of the clients said, when talking about the sacredness of the teachings, "A lot of the times there's a talk, or a teaching that's given, that may be about the pipe, and it may be about something else. And I listen to that, and see it puts a teaching of the pipe, and there's a particular teaching that is gotten about the pipe. And, the two main ones that I think about are honesty and kindness." These are two of the sacred teachings. Other life lessons seem to come

from this type of general sacred teaching.

### Learning the Teachings

Under the heading Ceremonies and Rituals it was mentioned that people learn the Sacred Teachings by attending ceremonies. Another method is through the individual encounters and activities of healers and clients. Orvil spoke about his talks with the healers and he emphasized the meaning of going to ceremonies in order to learn the teachings. He said, "And then there is the act of ceremony. The actual ceremony itself provides so much comfort in just actually going out and doing something. You have a problem, you're doing something about it, you know." The healer provides instruction and guidance to the person so that he or she can understand the teachings in a more spiritually meaningful and practical way. There are certainly other sources of information and support for learning the teachings such as books, articles, casual discussion, etc., but attending ceremonies and encounters with healers provide the ambiance necessary to bring the teachings to life.

### The Most Meaning

According to the participants in this study, the teaching(s) that a person learns first and remembers most clearly are the ones that have had the most meaning in his or her life. Clients interviewed in this study spoke with the greatest emotional intensity and focus about the teachings that touched them most deeply. While

emphasizing the meaning of teachings, Morris said, "Truth is truth. I understand that it stays the same. It doesn't change. It's there. So I understand that for myself, that for honesty, if I want to do that and I want to behave that way, then I act like that and be that way. Like the elder said, either you're honest or you're not. So, that has to be my belief. My belief in the way I think and see things needs to be close to whatever truth will get me to the truth." This comment captures the spirituality (getting beyond self) of the teachings and the practicality for a person on the healing path. In this case, the client has a very powerful need for healers and himself to be honest and truthful. He relies on his sense of the two sacred teachings he focuses on the most to help guide him in his assessment of healers and of life generally. He offered this comment as a description of how the teachings led him away from gullibility and self-deception. These teachings helped him gain wisdom to live a better life and still provide strength and clarity when he is confronted with difficult challenges. The sacred teachings are in the forefront of importance in traditional healing, according to the healers and clients interviewed in this research project, and particularly this client.

#### The Four Parts of a Person

This approach is based on the Medicine Wheel philosophy, which has been discussed above. In the traditional ways, a healer sees a person as being made up of four significant parts (Bopp, et. al., 1985). The clients of healers are encouraged to see themselves in this way. The four human dimensions of the Medicine Wheel are the spirit (the East direction, tobacco), emotions (the South direction, cedar), the

physical (the West direction, sage), and the mind (the North direction, sweet grass). All aspects of a person's life are perceived to come under the umbrella of these four components. These are perceived to work together as a unit, not separately from each other. They are believed to be inseparable. When one aspect of a person's life, for example the physical, is not going well then all the other parts are believed to be suffering too. One healer, Dan, put it very succinctly when he said, "Now, when all four parts are working in unison, then the person is in balance. Their life is in balance." So, when a healer tries to assist in addressing a person's personal emotional problems the healer must attend to the other three areas of a person's being (Young, Ingram and Swartz, 1989).

When traditional people speak of balance, they are referring to the ample and appropriate attention to the four components of the Medicine Wheel, which are spirit, emotions, body and mind. If any one or more of these is more prominent in a person's life there will be a resulting imbalance. A person needs to take action to restore the balance or the situation will continue to be troublesome or detrimental. However, it is recognized in Aboriginal traditionalism that in a person's life one aspect may be more prominent than the others. For example, a university student doing a major research paper will be using his or her mental powers more than the other components. But, while they are doing this, there will be a wish to return to the more balanced state. Over time it is anticipated that all of the components will have equal representation in a person's life.

As mentioned, the balances of life are seen by healers to be very important. When balance is achieved a person experiences greater feelings of wellness and

wholeness. Although this is an internal experience, its presence will be expressed in the person's external world as well. When responding to an inquiry about the meaning of balance for individuals or for families in daily life, one healer said, "I think it brings some of them closer to each other. Because there are things that are said in there (the sweat lodge) when they talk. I know a lot of men don't like to cry, but they do... they get emotional and hug somebody when they go home. And they can actually deal with it." The relationships that a well-balanced person develops and maintains will be more gratifying and more nurturing. The person will be more apt to assume responsibility for his or her life. This will result in more realistic goals in life, more satisfying experiences, more self-reliance and greater feelings of intimacy and independence.

### Achieving Balance

Traditional healers interviewed in this project stated that using the concept of balance in life as a way of helping a person to see that although he or she may have problems, there is always the possibility that positive change can occur and that emotional and cognitive stability can be achieved. This is an idea that is directly related to the Medicine Wheel because it implies that life is in cycles and it is ever changing (Bopp, 1985). The healer uses this to invoke an atmosphere of potential. One of the healers in this study, while emphasizing the power of balance said, "In the lodge, half of it belongs to the men and the other half belongs to the women. So that's how we sit. Men sit on the south side and women sit on the north side. And then come the children. So, when it is only men, one side of the lodge wouldn't be

able to stand up, and if there were only women, the other side wouldn't be able to stand up. There has to be a balance between the two. You have both men and women where you live so that you can have balance." When a troubled person expresses feelings that his/her situation is hopeless the healer will bring forward the idea that in a balanced world each person has their time and place. They assert that balance can be restored and that people benefit from this feeling of balance.

Healers in this study stated that the realization of balance in one's life is a major step forward. They consider it a significant part of the healer's task to assist in this process. Healers often put this goal in the context of issues that are perceived to be collectively experienced such as abuse, oppression and racism. In Betty's words, "Remember, your truth may not be her truth, or their truth (pointing). You have to know that because you are an individual human being with your own personal lessons and teachings to be learned. And that belongs to you and to nobody else." The same healer also said, "When we do ceremony, we say, 'All my relations,' and so that term tells me that I am indeed connected to every human being, to everything that is out there you see." This healer indicates that individuals will experience a sense of balance between their individual 'truth' and their feelings of connection to all other things when they have balance in their lives.

### The Correct Path

The healer, in the eyes of some of the clients, achieves this by providing lessons in life called 'teachings.' The elder is expected to use life teachings to help the client see the correct path in life. The teachings are born out of the traditional

use of what some have called the 'Survival Pact' (LaDue, 1994). The Survival Pact is described as a set of rules that were developed by Aboriginal people in order to survive in a harsh world and to blend with Mother Earth in a positive and mutually beneficial way. These rules were primarily made up of a code of ethics of behaviour that would ensure the success and longevity of the tribe. One of these is the principle of non-interference in the lives of others (Brant, 1990). Another of these is the idea that sharing was essential for people to survive. Also, there is the teaching of caring and honesty. One client, with a deep feeling expressed in tears, said, "To me I have a strong will. I make a lot of decisions. I'm going to do this and I'm going to do that. But I often find that walking this path (the healing path) is very humbling. I actually have a wolf name, so one of my teachings is to ask for humility. Not with any negative sort of connotation, but just for some humility. I find that my plans don't always come out the way that I planned them. They don't always end that way. A lot of times things happen and I've just learned to accept them." The idea here is that if a person follows the teachings of the healers he/she will be walking on the healing path. The person is considered to be following the footsteps of the healer to psychological wellness. Acceptance of one's life and the pursuit of humility sustain this person on the healing path.

### Connection to Culture

This point strikes at the heart of the issues of cultural interference and cultural oppression. One of the most salient points about antisocial behaviour among Aboriginal people is the lack of contact with their cultural roots and practices

(McSwain, 1997; Ross, 1996). The assertion seems to be that in the case of Aboriginal people, the less contact a person has with his or her culture the greater the chance for antisocial behaviour such as alcohol abuse (McSwain, 1997; Vick, Smith & Herrera, 1998). One of the best practical examples of this is the case of Morris, one of the participants in this study. He had been involved with violence and alcohol abuse, and he reported that his life changed when he began to get in touch with Aboriginal traditions and culture. This highlights the need to have cultural components in the healing process as symbols and/or active elements. Morris, after being introduced to some important cultural symbols, put the potential positive impact of contact with culture very clearly when he said, "Hey! This is Indian stuff. And I suddenly realized what that was and how it was a part of me. This is me! And it was one of the major, major things that happened in my life besides being born (laughter). Ya, it was super significant, anyway." The contact with cultural symbols changed this man's life from darkness to light, from loss to gain, in an instant. Morris also said, "I started messing around with booze and stuff when I was seventeen. Most other people had started when they were twelve or fourteen. Everybody else continued. There was actually two of us that broke away from the group and declared we're not boozers." The impact of his contact with Aboriginal culture was a major turning point in his life. At an earlier point in the conversation Morris had described himself as not realizing, "...that there was anything wrong with that way of doing it. Just drink, get drunk and fight." After connecting with the Aboriginal culture, he gradually left drunkenness and violence behind and embraced a life of learning and growth. Morris described the importance of the role of discovering his



culture when he said, "I was still left with the idea that I'm an Indian. I still needed to come to terms with that. I think that was really the true aspect of what I call my healing now." He also said, "It took me a while though before I really started to understand that the way I was raised by my Grandmother was actually the traditional way."

Healers also strongly emphasize the significance of cultural connection in their work. When talking about how he became a healer Dan said, "I found myself at a sun dance and then at a warrior dance. I found myself immersed in ceremony. That's when I really learned to deal with things in a positive way. You know, to go from being abused and being a victim to the point where you are starting to help other people is quite a transition. It's quite an experience." He asserts that he found the healing path by finding the cultural connection. When talking about the importance of traditions and culture, Jack said, "The teachings are very, very important. Because this is how we live our lives, according to the teachings. We apply these teachings to every aspect of our daily life, regardless of who we encounter. "

In the traditional world-view, the area of 'teachings' is considered to be in the realm of the 'mental' quadrant of the Medicine Wheel. The processes related to thinking, learning, problem solving, memory and so on are the realm of the mental in traditional terms. In the view of the modern psychologist these components fit with the cognitive psychological functioning (Pear, 1999). Cognitive-behavioural psychologists will try to help clients to use and understand information through instruction and concrete examples (Renfrey, 1992). The traditional healer gives

teachings to the client in order for them to learn something about being a social person. According to some healers, teachings are about perspective and perception but they also acknowledge their emotional impact. Cognitive psychologists also work from this perspective (Pear, 1997). A psychologist who applies cognitive psychotherapeutic methods will be concerned with how a person's perceptions, thoughts and memories will influence his or her feelings. According to Renfrey (1992) this is a method that may be most applicable to the Aboriginal needs and frame of reference culturally.

Although the basic principles of the use of teachings and learned information may be similar from the traditional healer to the cognitive psychologist, the methods and perhaps the purposes of applying them may be quite different, but there are similarities as well (Heilbron and Guttman, 2000; Renfrey, 1992). Wyrostok and Paulson (2000) point out that, "...in a cross-cultural study, Torrey (1986) found more similarities than differences between indigenous healers and modern psychotherapists." (p. 15). Renfrey (1992) suggests that, "...a congruence exists between the cognitive-behavioural approach to therapy and the needs and preferences of Native Americans." (p. 321). It seems that there is possibility that the concreteness of the cognitive-behavioural approach has some greater effectiveness with Aboriginal clients than either insight based or egocentric methods.

McCormick (2000) offers a more existential explanation regarding the teachings and Aboriginal needs for therapy. He suggests, along with Duran and Duran (1995) and Frankl (1970), that, "Values are the activities that provide meaning to families, communities, and whole cultures. A collectively oriented culture such as

Aboriginal culture is more likely to provide sources of meaning to its members through family, community, and cultural values than is an individually oriented culture. To be disconnected from those values is to be disconnected from potential sources of meaning.” (p. 27). He seems to assert that the teaching and incorporation of the traditional values associated with the sacred teachings is one of the methods available for helping Aboriginal clients to find meaning in their lives. From this frame of reference, the application of traditional values seems to have a positive connection with the needs and preferences of the Native community. The traditional teachings, as points to be taught and learned, may possibly coincide positively with the cognitive-behavioural psychological approach.

### The Healer-Client Relationship

This section refers to the condition of the client-therapist interactions in terms of the development and maintenance of a working relationship. The clients in this study indicated quite clearly that the feeling of a positive working client-healer relationship was one of the most important conditions that needed to be met in the traditional healing process. The importance of the therapeutic relationship is accepted extensively in the world of conventional psychology as well (Martin, 2000). Even in terms of therapists who practice rational-emotive therapy, wherein confrontation is considered to be central to a person’s improvement, the client-helper relationship is considered to play an important role in therapy (Scissons, 1993). It tends to suggest that safety and interaction have some importance. According to Scissons (1993), the counselor using rational-emotive techniques, “...should show

full acceptance of clients yet relentlessly confront their irrational beliefs.” (p. 11). The emphasis on, “... full acceptance of clients...”, is significant in this instance. It strongly implies the need for a safe and positive relationship between the client and the counselor. There are eleven sub-headings discussed under the healer-client relationship heading. They are a safe place, the path to healthfulness, kindness, direction and guidance, patience, the healthy use of tobacco and the safety of distance. Outside of the core conditions and along with role modeling, the relationship appears to be one of the most important therapeutic categories expressed by the participants in this study. As demonstrated below, the role of the therapeutic relationship is also a significant condition of some conventional psychological treatments.

### The Importance of the Healer- Client Relationship

The healer-client relationship is a hugely important condition of healing for the participants in this study. All of the participants in this study, in one way or another, talked about the healer-client relationship being of great value in the healing process. In some ways, the clients’ reference point for the relationship was the feeling of safety they felt when with the healer. They perceived this as being an important measuring tool for the existence of a relationship between him or herself and the healer. Although the relationship was emphasized less by the healers, they also expressed great meaning in the need to feel some kind of relational connection to their clients. In support of this, McCormick (1994) indicates that the establishment of a meaningful social connection in a person’s life is significant in assisting the

helping process. The comments of the participants in this research coincide with McCormick's assertion on the therapeutic nature of the healer-client relationship. According to the participants in this research, the social connection to the traditional healer is significant in assisting the healing process.

### Taking Care of the Relationship

Martin (2000) identifies the issue of immediacy in a therapeutic relationship as being the necessary part of dealing with the helper-helpee relationship. In a somewhat different way but in the same context, participants identified the need to work at the relationship. The participants in this study indicated that the connection between the client and a healer seemed best understood in the context of the 'spirit' of the relationship. In other words, it seems that clients felt a need for some kind of spiritual connection to the healer that shows itself in a positive relationship. The healers see the relationship as developing over the whole course of the healing work, but they also see it as something that needs to be developed relatively quickly and on an ongoing basis. The clients also seem to agree that a positive connection between the client and the healer is needed at the outset of the healing process. The clients in this study indicated that will not necessarily pursue the healing work very far if there is not a connection that develops in the early stages. This connection seems to be essential for the possibility of any ongoing work to be done by the client and the healer together.

One of the conditions that healers and clients alike pointed out about the healing process was the importance of the healer-client relationship. They talked

about it as though it was a type of contract between them; a contract that was the beginning of the process and the work they undertake together. Because of the importance of this relationship between the healer and the client, there has been a ritual built up to encourage its development and to clarify what the healer and the client are asking of each other and what the healer is going to provide for the client.

Nonetheless, there has been an interaction between the two people, and this implies some kind of relationship. One healer, denoting the gravity and significance of the client/healer relationship, described the scope of the initial transaction by saying, "So, in other words, a person will come to us with, say, a certain ailment. Then the healer says yes or no. Just because a person is a healer doesn't mean that they can deal with everything. They can't. Just like within medicine, there are different types of doctors, there are different types of healers. So, anyway, I guess you could say certain healers have their own specialties." In this manner, the healer reserves the right to decline any given request, if it seems they are not in a position to provide the necessary help. This information is generally provided at the first contact between the two people. This is close to the genuineness factor talked about earlier. This healer depicts the need to be genuine when taking on clients. This resonates with the person-centered approach to therapy, which asserts the importance of genuineness in the client-therapist relationship.

### A Safe Place

Another point the clients emphasized as being important is the feeling of safety they have with the healer. They said the issue is especially important because they have so frequently been abused in the past. Many Aboriginal people

who seek help with their life issues have experienced neglect and/or abuse of one type or another in their lives. Their feelings of safety with others, particularly those with potential power and control over them, are seriously compromised by the fact that they have been disappointed so deeply and dramatically in the past. One client, in a very heartfelt way, said, "Well, first of all, I think they've (the healers) given me a secure place to do my healing. I guess physically, or geographically, that's something I can put into words because I've been to their place, that is their place. And just being allowed that time and that ability to just cry or to talk about my feelings in a completely safe environment. Which I guess was one of the things that was holding me back from healing, for sure, was not having a place to do it."

The feeling of safety that a person experiences with a healer is very important for the clients whereas the healers themselves did not focus on that issue as directly. They viewed the feeling of client safety as being a given since the clients were in the presence of a healer. The clients, however, felt safety was an active and earned condition. They felt the healer must cause the client to feel safe. In cases where the feeling of safety is not achieved, or worse, where a feeling of risk or vulnerability develops, the therapeutic alliance is seriously compromised and sometimes destroyed. In the words of one client who was asked about the role of safety,

I'll be honest with you. After that learning was over we would go to our little lodge. But the teachers had a sort of a divorce between them. The teachers weren't getting along very well so they just sort of split up and they don't teach together any more. Some people went with one or the other and

some people still go to both. I don't know any other way to say this but I know there's negativity that exists... I just don't have a good feeling about one of those healers any more so I don't have that connection with her.

This person maintains that without the feeling of safety, much of the healing experience is wasted. Clients make a distinction between the teachings and the healer. They turn away from the healer but they will still honour and value the teachings.

Like traditional healers, counsellors who are trained in and practice person-centered techniques will place significant emphasis on the element of safety in therapy. They will want to create an environment that makes a client feel comfortable and safe. Scissons (1993), when discussing and describing person-centered therapy techniques, points out that, "Counsellors must create a climate of safety for their clients." (p. 14). Martin (2000) puts the issue of safety partly in the context of the value of immediacy. He asserts that, "One of the values of immediacy talk is that it can give the client a chance to come to terms with the way he relates to others in a non-threatening atmosphere, where the consequences of mistakes aren't devastating and words can be taken back." (p. 103). Scissons (1993) points out that the person-centered therapist should take steps to make sure the client can freely express and not worry about offending or shocking the counselor.

### The Path to Wellness

Another element that clients identified as being helpful was the sense that healers have knowledge of the best path to healthful living. It is perceived that this comes from their close interactions and connections with the spiritual world of the



ancestors and the Creator. There is a deep cultural belief amongst many in the Aboriginal community that the wisdom of the ages is contained in the spirits of the ancestors, who can provide messages and visions from the 'other side' (Benton-Banai, 1988; Bopp et. al., 1985). According to some of the clients, it is the healer's task to assist in discovering these messages and visions. In trying to understand the meaning of vision, Orvil said,

You know what I saw after the accident. I kept having this flash of a bear.

Everywhere I saw bears. Isn't it interesting to know, I was afraid to do that vision quest, and isn't it interesting that the bear teaches courage. In strange ways, it taught me to get past myself and go do that vision quest because there was something there for me. I didn't understand the importance of the vision quest until I actually did it, which was a part of the whole healing process. In order for me to understand my trauma, I had to fulfill the obligation of a vision quest.

Orvil identifies working with a healer in a common endeavour ceremony as contributing to his safety understanding. The healer uses these kinds of interactions as parts of the ceremonies and rituals to assist in the process of gaining understanding and a greater sense of insight and safety. The healer can use the healer-client relationship in a variety of ways including to offer encouragement to join in ceremonies if he or she feels that the client can benefit from one or more of them at a given point in time. The healer is able to use a positive relationship to encourage, interpret, persuade and so on. It can also be used to establish and reinforce the need for boundaries and limits in the helping relationship. The healers

assert that the formation and strength of a good therapeutic relationship and attendance and participation in ceremonies and rituals forms a sort of pathway to wellness. Jack said, "Again, you've got to be aware. You've got to have boundaries. The boundaries have to be okay, and you have to work at them. Like a doctor and patient. Same type of thing."

On a more mystical level than some of the other therapeutic conditions is the idea that the healer can demonstrate an awareness of the 'truth' in the ways of life. Roberta helped to demonstrate this by saying,

The little boy child would be sent to the Grandfathers and the uncles to begin his teachings about what it means to be a warrior. And the young women would be sent to the grandmothers and the aunties, and they would get all the teachings as to what it means to be a young Aboriginal woman.

The sacredness of your divine self would be brought with that. And you would be strong and you would know what life really means.

Roberta seems to suggest that life's truths are transferred to us from other people, particularly from adult to child. This may include traditional healers. She suggests the adult input for the children could be likened to the role a healer might play in preparing their clients to take on the mantle of adulthood.

It coincides with the view of some of the healers as well, that they see their role as being somewhat parental. This seems to foster a deeper understanding of the use of the title 'Elder.' The idea that an elder is a healer and teacher is also indicative of the parental role that this person plays in the healing process. In most instances, the clients reported that they, at least at first, wanted to find a healer who

could be that kind of person for them. They almost universally described their search for an Elder to help as being somehow related to the sense of an absence or a vacancy in their need for parental sustenance in their lives.

If this learning is not achieved in childhood, healers try to make it possible for such adults to recognize their inner child and make them open to these teachings. On the formation of the healer-client relationship, Dan offered that, "I went and spoke with the elder and everything he said really clicked inside. It was everything that he said was the same kind of feeling that I've always had as a kid. So, I made a real connection there, and he gave me the teachings. So, I kept on going back every night." Dan focuses on the connection he made with the healer he spoke of as being central in his going back for more contact. According to the healers, the helping relationship in conjunction with other elements can help to form a pathway to wellness.

Client participants in this study indicate that healers are expected to be more in tune with the universal life force than others. It is helpful to see the healer's knowledge of the true ways of life as a gift. This idea of the healer being 'gifted' is an important one in the overall perception that a healer has the ability to act as a conduit for the Creator to affect change in a person. Being gifted in this knowledge is central to the healer's work. Some healers refer to this as the way of wellness.

### Kindness

Client participants pointed out that one of the important conditions is the willingness and ability of the healer to be kind to the client. It seems that the client

has a more favourable experience with a healer if the healer treats the client with what is traditionally referred as respect. This, as pointed out above, is one of the sacred teachings. In terms of the client experience, the presence of kindness seems to correlate with the idea of respect and personal regard. Tammy, when commenting on the kindness of one healer, said, "She gave me medicines to take along and a gift. Knowing how difficult it was to leave there. That was helpful that she did that. I think it helped me to feel stronger. You know, to go to the new place." At this point Tammy was overcome with emotion, but she fought back the unexpected rush of feeling. The act of kindness toward her by the healer was unexpected and powerful. In this sense, the presence of the healer's kindness seems to almost take on a mentoring quality. Some clients suggested that this condition is almost grandmotherly. As noted, Jack was very connected to his grandmother in terms of the learning and development he experienced in his early life. It seems almost that the healer becomes like a grandparent, very nurturing, kind, patient and so on. It seems to become a replacement for the parental kindness that the person might have never had as a child growing up. The healer becomes a source of the nurturing qualities that seem to be necessary for the development of a healthy self-image.

An important point the healers and clients made was that putting a person at ease was one of the truly important things a healer must be able to do. The clients said this was very important because if they don't feel comfortable they are much less likely to stay connected to the healer long enough for progress to be made. One of the healers said the feeling of comfort and safety in clients was of the utmost

importance, so healers must try to achieve a deep sense of comfort for the people who see them. Roberta said she puts a very high emphasis on the greeting and the follow through as a way of trying to promote a feeling of safety in her clients. She said, "When I first meet people, I always smile at them. It's just the way I figure it. And then it's to just let them know that they don't have to be afraid. They know I'm not going to do anything. And I'll just be here. And then they see this is a safe place." This healer participant suggests that all healers must take clients' feelings of safety very seriously. By having a friendly, low-key approach, this healer feels she accomplishes a lot in the way of making the client feel safe.

#### Direction and Guidance

One client expressed the parental condition of traditional healing as, "A need for guidance and direction." This connotes a certain kind of relationship between the client and the healer, which is indicative of a parent/child context or an older sibling connecting with a younger, less experienced brother or sister. Related to this stated need for kindness that clients identified, there is a related need for healers to provide direction and guidance, which seems to have a parental quality. Some of the clients placed more emphasis on this condition than others, but they all seemed to feel that this was an important aspect of the potential for growth and improvement in their lives. One client, with a deep feeling of respect and admiration in her voice, said about one particular healer, "This woman, who has sort of, you know, they sort of adopted us. This has been for sure one of the most important things that influenced me, or, one of the important people that has influenced me. And I recognize things

about myself now. One of them was, I guess, is that I've always searched for a mother figure, and I have that now, and someone who nurtures." The expression on the client's face while she spoke these words was one of deep emotion, a kind of gratitude. She was reliving, in her mind, the emotional experience of that personal self-discovery and the feeling that came from the acceptance from the healer.

### Patience Helps

Another aspect that healers identified as being important to positive change and the healing process is the liberal application of patience. A person seeking help may have the insight to know they need help, but may not have the words or power to express him or herself. This will come in time, according to the beliefs and expectations of the healer, but it may take a long time. A person may not say anything for the first visits, or in the sweats, but eventually they will speak, according to the healer. The healer/Elder believes that if he/she tries to force the issue the person will be turned off the process and set back in his/her efforts to heal the wounds from which they feel pain. Even offering words or teachings needs to be done in the most sensitive fashion at first. As the person begins to talk and experience positive change the/she will become more confident, but that also takes time and energy. If the healer is not patient and sensitive to the timing of the process he/she will take the risk of having the person leave their fold and be slowed down in their healing.

## The Healthy Use of Tobacco

This ritual, that starts the client-healer relationship, is called the 'giving of tobacco.' It is the beginning of the arrangement to engage in healing work together. One client was very explicit about the role of tobacco in the healer-client relationship. He said,

I was given a teaching, and the teaching was that if you don't honour your obligations to that tobacco. That's a contract to us. Tobacco is the first teaching. If you don't honour it the grandfathers and the grandmothers are going to. They 're waiting for you to make the first move. But if you don't move then they'll come and move you. And that was what they told me.

Tobacco is considered in the traditional ways to be one of the sacred medicines. It is one of four plants that are used extensively in traditional ceremonies. The other three are sage, cedar and sweetgrass. Each is used alone or together for purposes of setting an atmosphere of relaxation and safety, as a smudge for participants in ceremonies and as symbols for healing and balance.

Tobacco is included in many of the herbal and medicinal mixtures in many of the ceremonies and rituals. As pointed out by the client who spoke above, the gift of tobacco to a healer is viewed as the establishment of the healing contract. When a person has a problem or request to present to the healer he or she will approach a healer for help. At this point the healer makes it known whether or not he or she is willing to address the issue with, or on behalf of the person. The person seeking help offers a gift of tobacco to the healer, who receives it in good faith. The healer agrees to hear the person's concern and reserves the right to take on the work or

not. At this point a very informal but significant contract has been struck between the healer and the client. The healer to the best of his or her ability will then address the request for support and/or advice, which was made by the prospective client. The healer may take on the task, and follow through accordingly, or he or she may decline getting involved in addressing the concern directly, due to a variety of reasons, including it being outside the area of expertise of the healer. Or, he or she may feel another person would be better equipped to deal with the particular request the person has made.

During a person's verbal offering some people may choose to make brief comments of encouragement. Helpful comments can be provided by the traditional healer and, if it's a group meeting, anyone else who's present. This might take the form of a verbal "yes," or an expression of support given in one of the Aboriginal languages. Sometimes, if the person is giving a particularly emotional sharing, the healer will offer medicines to the fire, or, in the case of the sweat lodge, ask the helper (the 'scaabe' in the Ojibwa language) to burn tobacco on the speaker's behalf. Burning tobacco is done to invoke the intervention of the Creator in the person's healing by giving the person strength and to offer comfort to those in the group who may be disturbed by the words of the person who is sharing their feelings and experience. Tobacco is a very important symbol in the healer-client relationship.

### The Safety of Distance

One of the healers made the observation that a feeling of safety was



reinforced by the absence of a connection between the healer and the client. This healer wasn't referring to emotional distance, but rather in the context of a traditional healer and client not being connected to each other closely socially or through family ties. She said that some people seemed to feel that if a healer was too close to a client, in some ways, it could result in emotional discomfort for the client and perhaps even for the healer. She spoke of this from first hand experience of her own, both as a healer and as a client. She explained that at one time in her life she needed to get some help with some questions and concerns she had. She thought about approaching a healer in her own community but decided against it. She felt that the healer she was thinking of talking to would know too much about her family and because of these connections would possibly have a vested interest in the outcomes related to the issues she wanted to discuss

In one instance, at least, she needed to reach out for help. She said that she was not comfortable talking with healers in her own community because she felt they knew her family, her and her life too well. She was worried that they would not be able to help as much as they could because of that circumstance. She said, "I went to see this man, a healer, I didn't know. I was like free to, you know, talk to him. It made me feel better." At this time of grief and loss she needed to talk with someone. She chose a person she didn't know to go to, rather than someone she did know. Being able to talk to him made her feel better. What is interesting in her comment is that she talked to him but makes no mention of any ceremonies. It seems that possibly this was a very personal and individual context of the help, which required sharing not ceremony or ritual. However, it can be assumed that she

offered tobacco, if the person she saw was a traditional healer. She added, "Well, when I first went, I went to him and I said, I need to speak to you. So, I could go to these other guys that are here, but I could go and talk to them, but because I know them I know I can't. I can't share those kinds of things with them. It was easier for me to talk to him, because like he wasn't...he wouldn't question why, or anything. Then, when I talked to him he just let me talk. He sat and he listened." The distance was a strong element in this exchange between her and the healer. They both used it to the advantage of the healing process.

In a manner, this view goes somewhat against the grain of the other comments of the healers in this study and also the comments regarding the role of the therapeutic relationship in the context of mainstream psychological treatments. Roberta asserts that at that particular moment, she felt she could be most helped by someone she didn't know. It seems that the person not knowing anything about her made it possible for her to believe there might be some level of objectivity that the healer would bring to the process. To some extent, in the Aboriginal experience and belief system, it is considered that the pursuit of objectivity is not important as an ideal (French, 1996; Peat, 1995; Smith 2000). This reference appears to be made in the context of both treatment and research. Despite this assertion, Roberta, a healer herself, says that the objectivity of the healer she spoke to was comforting to her and freed her to speak more openly. It would seem that, although objectivity is not believed to be an ideal of treatment or research, it is sometimes still important to accept as being helpful in the therapeutic relationship, since it may provide some safety and confidence.

In western psychology the behavioural, cognitive and psychodynamic therapists will be encouraged to maintain a certain level of objectivity. The main feature of behaviour therapy is exposure (Drummond, 1996), which does not necessarily require a strong relational bond between the counselor and the client. David Martin (2000) describes that some behaviour therapists are hostile to the idea that the therapeutic relationship has any meaningful bearing on the outcomes of therapy.

#### Healer-centered As Opposed To Client-centered

As noted above, client-centered therapy focuses very heavily on the relationship between the therapist and the client. In fact, it has been asserted that this is the central principle of client-centered work. To some extent, as we have also seen, the traditional healer also relies on the therapeutic relationship to achieve important goals of therapy. Duran and Duran (1995) point out an important factor to consider in drawing parallels between the two methods. They suggest that the traditional healer-client relationship is significant but perhaps in a different way than the conventional person-centered condition. They assert that where the person-centered psychologist places the emphasis of change on the shoulders of the client and focuses on his or her right to guide therapy (Martin, 2000), the traditional way is more likely to place the focus on the healer and the healer's right to guide therapy.

Duran and Duran (1995) state that,

According to Rogers, the therapist should be able and willing to enter the client's world: this act loosens the client's defense mechanisms to a point

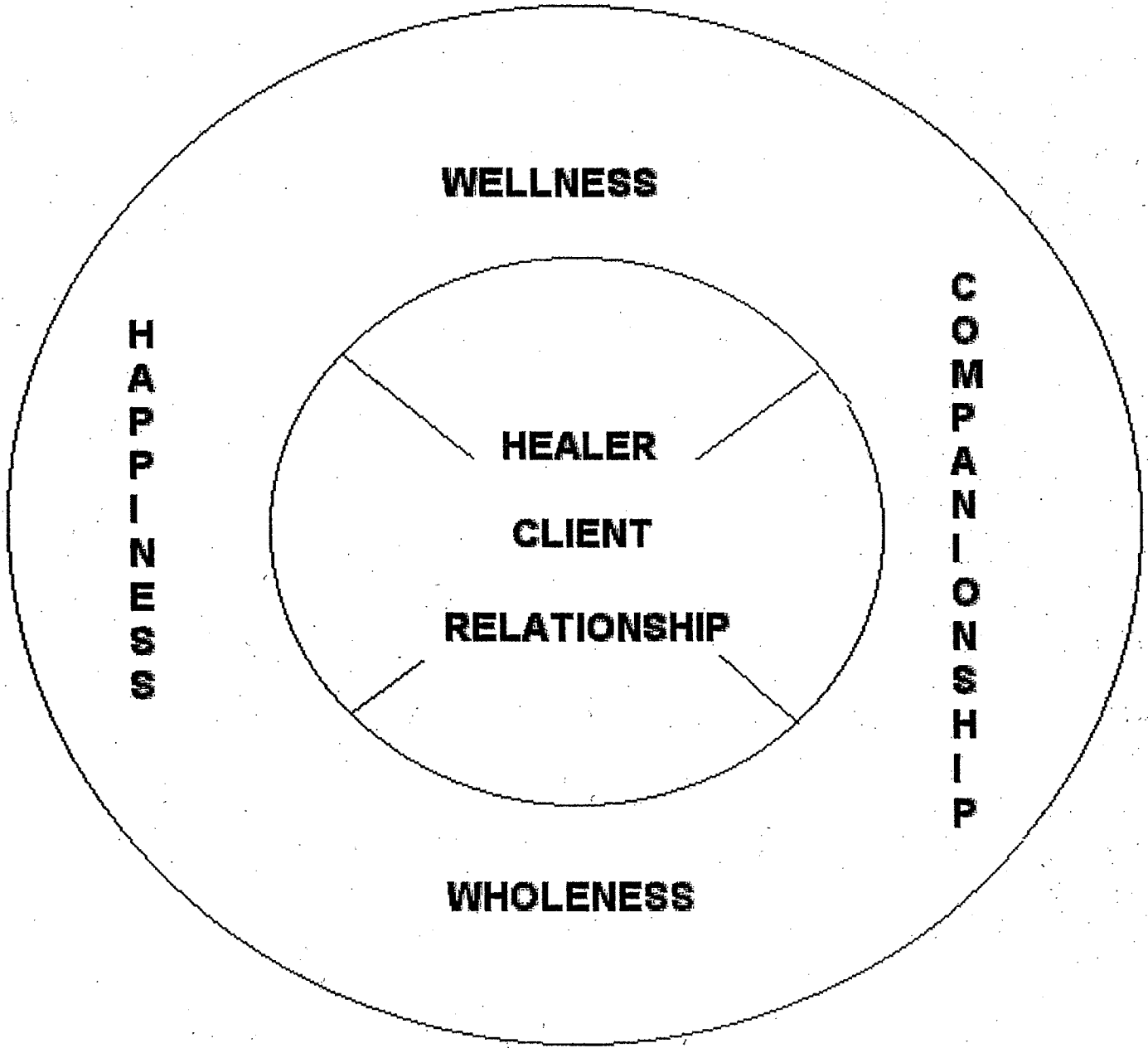
which will allow higher functioning.... A comparison and integration with shamanic approaches are attempted in order to yield an approach in which the therapist becomes more cognizant of his or her power and the responsibility in the use of such power. (p. 56).

They seem to feel that there is definitely a client-healer relationship, but they see it as one where the power of the therapist is more at the center of the process than is the case in client-centered Rogerian therapy.

### Create Hopefulness for the Future

The healers try to instill a very significant point about the gift of healing in their clients. This is a strong sense of hopefulness for the future. One healer said, "What I have to do in the work that I do is to make that person believe, and to understand that they have the wisdom to make the changes that they have to make. They have to follow their own divine nature of self. And that's all I can give them. I can't give them more than that. It's the sense of trying to believe in themselves, because if they do not believe in themselves, their lives will continue to be chaotic, no matter how much information I give them." This healer clearly indicates that she is trying to help clients develop a feeling of faith and confidence in themselves, as well as in the healing process itself. As noted above, part of the divine nature is for the healer and the client to tap into the Creator's power to heal all things. And the healer's ability to connect with this spiritual domain, to work as a vehicle for healing, is crucial in conveying the message of self-fulfilment to the client.

**Figure 2**



### Genuineness, Credibility and Legitimacy

Genuineness, credibility and legitimacy combine to form another of the clinical headings in the core conditions. Participants talked about the factors that assist in believing that a healer is genuine and how genuineness, credibility and legitimacy work together to make the healer more effective and helpful. Six points about how this is realized by healers are discussed in this section. They are the basic expectation that healers be real and not play roles or present facades, the need for healer openness and sincerity as ways to demonstrate authenticity, the perceived legitimacy of the traditional healer, a healer's faith in his or her ability to help others and the healer having 'drifted away from the community and the traditional ways.

#### The Healer Needs to Be Authentic

Client participants in this study placed a huge emphasis on this point. Clients asserted that healers must be genuine. In other words, they asserted that healers must not hide anything about themselves from the people they are intended to help. What this means is that the healer should not pretend to be something he or she is not. Without this kind of genuineness clients would have no confidence in the healer. When responding to an inquiry about credibility, Tammy said, "That's really important to see that in an elder. Because I think, you know, like, if you come across a person who is not like you know, on the up and up. Like, you know, I think that would scare people." Genuineness seemed to be a particularly important aspect of the healing work for Tammy. Healers have to be believable. Healers who present one way verbally and another way in their actions run a serious risk of alienating

clients. A lack of authenticity in a healer almost invariably results in a serious breach of confidence amongst clients. Clients who have experienced feelings of mistrust toward a healer because of incongruity between presentation and reality, or words and actions, are often more intensely aware of such things with the healers they meet afterwards.

As he talked about the need for congruity between words and actions Dan put it very humanely by saying, "I spend a lot of time looking at myself. It's been eleven years sober. For me to tell people, you shouldn't drink, you shouldn't do drugs, and you know go out and do it myself. It's ineffective. I actually make an effort to live by the laws and the teachings. We always make mistakes. We're human. We try to do the best we can." This healer is aware of the need for healer authenticity, but is also mindful of the fact that to be human means that people face temptation and will make mistakes. He realizes that no one is above temptation or error. This healer suggests that it is partly through vigilance and honest effort that one achieves some level of credibility.

### The Role of the Healer's Life Problems

Healers who have had to contend with serious life problems are considered by themselves and their clients to be more credible and more legitimate than those who have not. This takes on an added meaning if the problems they have experienced are similar to those troubles faced by their clients. McCormick (2000) points out that, "Many Aboriginal elders and healers believe that reconnection to culture, community and spirituality is healing for Aboriginal people." A person who

has 'drifted' away from the traditional beliefs and ways and then reconnected is seen to be in a greater position of understanding and effectiveness. Dan, one of the healers in this study said, "Well, it took me a while, but it finally dawned on me... that I was supposed to work with the young people, you know, adolescents. A lot of them come to me and they talk about the same things that I've been through, and I can totally relate to it. I understand and I know. I survived it." This healer feels that having had troubles in his life, moreover similar troubles to those of the young people he treats, makes a significantly positive difference in his effectiveness as a healer. Participants in this study believe that a person can be helped more effectively if the healer has had similar issues in his or her life and has found a way to reconnect with the culture and community. Healers believe this instills a sense of confidence for the client that the healer has a better understanding of what the client's life experience may have been like.

The possibility that a person lived a life of self-destruction prior to becoming a healer helps to solidify his or her position as a role model. If the healer seems to have been able to raise him or herself out of the quagmire and live a more productive and socially well adjusted way of life the healer's credibility with his or her clients is likely to be greater. The healers in this study emphasized that they sometimes have to talk to their clients about their personal journey of pain and sorrow and their reconnection to culture and community. As pointed out above, some healers believe they need to be 'transparent' to the client in order to achieve credibility. Jack, when commenting on the healer/client relationship and authenticity, said, "You just sit down with the person and explain to them what their role is and



what your role is. Because of the roles and who you are and who they are and why they are there, and that's all you are meant to provide, and that's it. " He added later that, "I listen to their story. It's touched me as it should, with their tears. I shared my tears with their tears." Clarity and openness are important aspects of the healing relationship, according to Jack. Healers are perceived to understand the problems of the clients better, to be less likely to judge their behaviours and have more acceptance and sensitivity toward the problems of others. Also, credibility comes partially from client-therapist similarity. History, background and experience play a role in healer credibility.

Conventional counselling practice has placed two important provisions in place in terms of this aspect of the helper's life experiences as a factor in therapy. Primarily, it is seen as a strength, just as it seems to be perceived in the traditional healing context, but the two provisions are important to consider. First, the therapist who uses his or her personal life problems as a tool in therapy must have worked through the problem(s) and have gained an understanding of their place in his or her life experience and healing. Second, it is necessary to know how and in what context to apply this information as a tool in therapy. These are applied as important principles for the inclusion of such a technique in therapy.

#### Legitimacy and Credentials Assist Perceived Authenticity

Healers feel it is important to give a very clear message to clients that their claim to being a traditional healer is legitimate. Since many healers are self-proclaimed, legitimacy may be achieved through a number of means. One of them

is working in a community and waiting for the recognition to come from the people within that community. L. A. French (1997) points out that in regard to referring clients to healers, "We must be aware of credentials before we make referrals. The best method is to check with the Indian client's tribe first." (p. 140). In other words, the people around the healer give him or her endorsements and the client is best protected if there is a person in his or her community who has legitimacy.

Participants identified other ways in which healers can gain legitimacy. Two of the healers interviewed in this study indicated they have historical family connections to traditional healing, which implies that legitimacy comes from hereditary connection (Courchene, personal communication, 2001). This involves receiving teachings from elders and also from a line of direct descent. Healers will often tell their clients that they have a hereditary claim to their role.

In the absence of a hereditary claim or a community endorsement to being a traditional healer, healers will need to find other means of acquiring it. According to participants in this study, one possible way for healers to build confidence and trust amongst clients is for the healer to sensitively promote an image of authenticity. In other words, they must be genuine. They must not wear masks or play roles. People will sense the dishonesty and not want to continue with such a person in their healing work.

One thing that is potentially very damaging to a healer's legitimacy is self-doubt. When asked about whether trust and doubt played a role in the healing process, Jack said, "Ya, and the acceptance of that gift (confidence), and the acknowledgement of that gift. Because there are a lot of people, you know, who in

my eyes and in a lot of other people's eyes, who would be very good healers, but because of their own self doubt they don't practice. It is unfortunate, you know."

According to Jack, if self-doubt creeps into a healer's mind, he or she perceives him or herself as much less powerful in the work they can do, and in what they are perceived by others to be able to achieve.

Healers must have confidence in their own abilities as well as faith in the Creator and the healing process. Just as their faith in the healing spirit must be indisputable, so must their confidence in themselves. When commenting on the role of self-confidence, Dan said, "I guess when I first started as a healer I used to wonder. I don't question now. There's a lot of acceptance of it now because of the understanding that I have now. When I do work, when I help people it's not me, it's the Creator. It's my trust in him and my trust in my ability, that I can facilitate that as well." According to the participants in this research, if a healer has doubt about his or her role it will be apparent to the client and foster feelings of doubt in him or her. The healing process is undermined by self-doubt, according to Dan. Other healers in this study pointed out that a healer's self-doubt is infectious. If the healer feels self-doubt his or her clients will also begin to feel that the healer is not genuine. Participants agreed that the most effective way for a healer to foster legitimacy is by creating a feeling of safety and confidence in the minds of his or her clientele.

### Honesty and Trust

This closely links to another element that the clients identified as being important in regard to authenticity, credibility and legitimacy. This element is

honesty. One of the Seven Sacred Teachings in the traditional way of life is honesty (Benton-Banai, 1988). If a healer is not being honest it would be perceived as a major falling away from the central traditional sacred teachings. The whole fabric of the healing work would be torn asunder by the lack of honesty. The presence of this level of honesty in a healer is central to the building up of trust. Without the honesty there is not likely to be any trust in the healer. Morris, while commenting on the value of honesty said, "There's the teachings, and then there's behaviour attached to the teachings. Some people are well versed in the teachings because they are put in that position. For some reason, they are not able to apply those teachings to themselves. Like there's leaders where it's about control, and I know why control needs to take place. But it was in the head person and his way of attempting to maintain control. I found it unhealthy, not right. I would say that I wouldn't use him as a role model...One of the reasons I had to stop attending those particular gatherings was because of him dictating to women." This client placed a lot of emphasis on the genuineness as being connected to the teachings and how that relates to the behaviours of a healer or leader. The focus is clearly on the authenticity condition. The most significant way for a healer to gain trust is to be authentic, according to the clients. Carl Rogers (1961) explains that psychologists, or any healer for that matter, must adhere to the basic core condition of genuineness in treatment. He said in "On Becoming A Person" that, "If therapy is to occur, it seems necessary that the therapist be, in the relationship, a unified, or integrated, or congruent person. What I mean is that within the relationship he is exactly what he is— not a façade, or a role, or a pretense." (p. 282).

Being who you are is one of the central expectations of the client in regard to the healer behaviour and demeanour. In other words, the healer would be dishonest by representing him or herself to the world as one thing but feeling something else in his or her heart. People on the healing path in this study placed significant emphasis on the condition of genuineness partly due to their awareness of their own vulnerabilities. When responding to an inquiry about believability and confidence, one client said, "I think that's really important to see that in an elder because I think that if you come across a person (a healer) who is not like an elder... you know, who's not on the up and up... I think that would scare people. You know it may be things that I've experienced in my life that are going to scare me and... so I kind of back off."

### A Two-way Street

The need for sincerity in traditional healing seems to be very much a two way process involving both the healer and the client. Healers seem to identify this as an important element for the client to bring. If clients are not sincere in their wish to heal and do the necessary work, they will not succeed in their quest, according to the healers. Jack said, "Basically, the healer himself or herself is not really the one that does the healing. In fact, healing comes from within a lot of the times." From this view, it seems that the client needs to be sincere in his/her wish to engage in the healing work or the usefulness of the healing work is seriously diminished.

At the same time, the clients expect healers to be sincere in their caring and interest in the welfare of the people they serve. One client said, "At least the elders

that I respect, like they don't set you up for a fall kind of thing. That's what I don't like about some of the people out pretending to be elders. I guess they're putting on a show. It's like they're setting people up too for some big crashes. Because they're making promises without explaining it's a process." The honesty/authenticity condition is important in so many ways to the clients. They are most likely to make progress when they are informed as well as nurtured, it seems. Clients feel that part of a healer's sincerity is embodied in his/her willingness to share information about the process of healing. Healers gain authenticity in the eyes of clients through their openness. For the client, the healer must be sincere in his or her beliefs and representations. Not only must the healer be genuine in words and actions, he or she must also be genuine in the wish to be of help to the client. In the view of the clients and the healers anything that lessens these conditions could threaten the whole healing relationship between the client and the healer.

The traditional healer, according to participants in this study, must believe that he or she can be in touch with the Creator in such a way as to be a tool in the Creator's work. Jack said, "The Creator provides us with the knowledge of what is required to assist a person that comes to us." As mentioned above, the presence of faith in the Creator, and one's role and readiness as an instrument for the Creator to use, is essential to achieving a suitable level of healing energy. Jack added, "I guess you could say that we're an instrument, that the healing goes through us, and then we in turn transfer or apply it to the people we work with." According to this, it sounds as though the energy comes from the universal life force of the Creator. The teacher/healer relies on this energy being connected to the Creator's life force to

make it possible to help the person who is seeking healing. Dan described the experience of receiving the healing energy by saying, "Now, just giving my life to the Creator and letting go of a lot of the issues that you're in control. It really opened my to a whole new world. So, I continued, you know, to commit." Betty, when talking about receiving the gifts of healing, said,

It was not something that I sought. I didn't say I'm going to be an elder or I'm going to be a teacher of women's medicine, it just happened. I flowed into it just like you flowed into it. It was an experience that I didn't even recognize or realize because I was concerned with my own strength and growing in my own wisdom. It just happened. And suddenly I began to have visions and dreams. Our ancestral grandmothers brought me many visions. I was guided by the grandmothers' love and wisdom in spirit.

Betty seems to be quite clear that the healing is a gift that comes from a process of letting go of controls and inviting the visions from the Creator through the Grandmother and Grandfather spirits.

As pointed out by Carl Rogers and others, genuineness is one of the foundational elements of humanistic/phenomenological theories of counselling and psychotherapy (Martin, 2000). Another word used to describe this condition is congruency, which Rogers (1961) said was to be found, "...when the psychotherapist is what he is, when in the relationship with his client he is genuine and without 'front' or façade, openly being the feelings and attitudes which at that moment are flowing in him." (p. 61). Genuineness is one of the three principles that Carl Rogers identified as being necessary and sufficient for therapeutic change to

occur. Although early in his work Rogers considered empathy to be the most important core condition of psychotherapy, he gives the suggestion that he began to consider genuineness as the most important as his work and wisdom progressed (1961).

Martin (2000) points out that of the core conditions described by Rogers, genuineness is the most difficult to define and measure. Other words that are used to describe genuineness are congruency, authenticity and being real. Person-centered therapists consider this to be one of the most important conditions of therapy (Martin, 2000). Rogers (1961) said, "I have found that the more I can be genuine in the relationship, the more helpful it will be." (p. 33).

Just as credibility is considered to be important in traditional healing work, it is considered to be equally important in the conventional psychological world. If a person believes that a person is trained and prepared to conduct counseling, there is a greater chance that the work done will be successful. In the conventional world of psychology, legitimacy is gained through the training the therapist has achieved in addition to the way the therapist conducts him or herself during therapy (Frank, 1996). Community endorsements are also a part of the credibility factor. In the person-centered methodology, genuineness is also perceived to assist therapists in gaining legitimacy in the eyes of their clients (Martin, 2000).

### Role Modelling

Role modeling is a very powerful therapeutic tool in the healing process for Aboriginal people. McCormick (1994) found that role modeling was a positive



feature in providing counselling services to Aboriginal people. LaDue (1994) points out that, "The potentially most harmful problem facing Native communities today is the loss of our elders." (p. 105). One of the major contributions of elders and healers in the Aboriginal community is to demonstrate to others through their lifestyles and attitudes that a good life is possible despite the difficulties and problems of the past (Kulchyski, McCaskill & Newhouse, 1999; LaDue, 1994). Participants in this study supported the belief that role modelling is a central clinical condition for traditional healers. In the Aboriginal community one of the major concerns about child development and behaviour is related to the lack of positive role models (Courchene, personal communication, 2001). Healers take on the work of being good role models for people -children and adults alike. This has become one of the major parts of the traditional healing experience.

Modern psychology also has much to offer on the place of role modeling as a teaching and therapeutic tool (Myers, 2000). Experiments by Albert Bandura regarding the reactions of children after observing adult violence were considered to be ground breaking when he did them (Myers, 2000). He asserted that one of the major forms of learning is through observation of others. This principle is also applied in other related forms of therapy, such as humanism. Scissons (1993) points out that the person-centered counselor will, "...serve as a model for the client struggling toward greater realness." (p. 15). Writers such as David Martin (2000) place a very great emphasis on the client-helper relationship, which includes role modeling by the therapist.

Role modeling in traditional healing is very closely linked to authenticity and

genuineness. Although some of the points discussed under this heading bear a resemblance to authenticity, they are clearly more closely related to the healer's capacity to be a role model for clients. The four sub-headings are the power of role modeling, the confidence building capacity of role modeling, role modeling as a pathway to healing and wellness and the influence of role modeling on the ability to modify one's behaviours.

### The Power of the Role Model

Clients and healers said that one of the most powerful elements is the ability of healers to act as role models for their clients. All of the healers seemed to agree with this. One healer punctuated this point when he said, "Because to be a leader, you know, you have to be an example. That's the most effective way of helping, is to lead by example." The opportunity to see a healer behave and act in a manner consistent with the teachings was identified by clients as one of the most influential clinical conditions. One client said,

I'm just kind of obsessive, and I like things done my way. And, if they aren't, I yell and I get loud. And I'll be really, you know, just loud. But she (the healer) doesn't handle things in that way ever. I've never heard her yell, so I think I can be like that, with a lot of work. So, it's something that I work on a lot, just to not get too excited about things. Because I've seen what I've been, and the affect it's had on my kids. They get stressed out when they know things are bothering me. Everybody just loves to be

around the healer, because she exudes beauty and calmness and love. So, I feel like that's what I want. That's what I want to be like too. She is a great role model.

It was powerful for this client to see the healer behave because it made it possible to believe that a person can be better than they have been.

### Confidence Builder

Participants indicated that healers' behaviours provided the basis for their initial confidence in the healer and the possibility that they could change and live better lives. They formed their impressions of the healers during their early interactions and by observing their behaviours. They also evaluated the healer on the basis of their perception of how well the healer lived up to his or her words and stated values. Morris said, "If I see a person that's carrying a pipe, and stuff like that, and he doesn't behave a certain way in carrying that pipe, then to me he's a 'bullshitter.' If I don't see these people measuring up to that, then I guess they have some work to do." Clearly this client is acutely aware of the need for an healer to live up to his or her particular philosophies and spoken words. By referring to a certain way of carrying the pipe, the client is talking about the physical carrying and also about the spiritual 'carrying.' Items like the pipe are not just things in the physical sense of being an artifact but, rather, are deeply meaningful symbols of the spiritual part of a person. The healer has to 'carry' the pipe in all senses of it. Clients will abandon and sever ties with a healer who is perceived as not being able to live the traditional values they espouse or up to the level of true honesty. In trying

to distinguish between the dishonest person and the honesty of the message in the spoken words, Morris also said, "I mean there are some people who taught me things. They were at one time very good teachers but they're not role models. I wouldn't want to be like them but some of the things they have in the teachings that they have are solid. I don't necessarily like their behaviour, but I like what they say." If an elder states a value as being important he or she, in the eyes of the clients, is expected to live by those values. To do otherwise is considered to be a breach of the basic trust necessary for the therapeutic relationship to continue. Another client said, in evaluating the behaviours of healers, "When you see an elder you see qualities that you like. To me, that's really important because I think about the integrity. I think because if you come from that, that you're being truthful to yourself. Like, you're being real to yourself."

If an elder fails in this aspect, he or she will not likely have much further opportunity to work with the disillusioned client. Statements made by clients on this matter are very clear that healers must be able to follow the standards they prescribe for others. If not, they face a significant possibility of damaging their reputation, not to mention that their clinical effectiveness will likely be seriously diminished. The net result of these losses is unwillingness on the part of clients to accept the healer as a role model.

The other points made above in the section on role modeling are also supported by psychological literature and practice. Scissons (1993), for example, points out that the confidence factor is very important in terms of the ability of the helper to facilitate this and for the client to benefit from it. LaDue (1994) points out

that the role of the medicine person goes well beyond that of the western professional because of the role the healer plays in terms of wisdom keeper and spiritual leader. So, where the western professional certainly plays a role in the healing process of his or her clients as a role model, that role does not appear to extend as greatly over the community and culture as the role modeling of the healer.

Another important point about the role of the healer is that clients assert that they will have their confidence in the healers and in themselves built through the role modeling of the healer. One of the important things that modern mental health practitioners assert is that the personal impact of the therapist is crucial to the outcomes of treatment (Frank, 1996). He asserts that, "...the personal impact of the therapist is crucial to psychotherapy." (p. 2). In the traditional view, the healer's task is to help restore inner harmony to the client. This is also the aim of the modern therapist (Frank, 1996).

### Role Modeling is a Pathway to Wellness

One of the elements that the healers agreed on was the use of role modeling as a pathway to being healed. All the healers interviewed for this study asserted that one of the truly important ways that a person learns life's lessons is through role modeling. We learn through the actions and behaviours and beliefs of others. Roberta indicated that role modeling was so important in the healing process that healing could only happen in a social context. She suggested that healing is achieved as a part of the social, communal world, not the individualized psychotherapeutic world. When commenting on Aboriginal peoples' search for role

models, Roberta said, "Well, it's just like when I started going to ceremonies. It was looking for something. Something to fill the void, or whatever you call it. That's what they're doing, trying to find themselves. A lot of them come back like I have. It's just finding yourself." She suggested that both have a role to play in the healing process, but that the communal experience cements and consolidates the healing experience. When commenting on role models, Morris said, "The other part of it is the role modeling stuff that seems to be really important for you. Seeing people under certain kinds of conditions, who saw things in certain ways, behaved in certain ways, which seemed to make sense to you. Like the guy with the braid of sweet grass on the dash of his car. He goes and does a community project to help to take care of the community. I mean you know the idea of let's do a check around and see how people are doing. They give a sense of challenge to you." For Morris seeing someone do caring things for others like taking an interest in their safety, caused him to think that he could do something like that too. He felt challenged to be like that person. In this way, the unsuspecting role model provided a pathway to healing for this client.

### Modifying Behaviour

Lynne Drummond (1996) defines behaviour therapy as, "...a collection of treatments which have the central hypothesis that psychological distress results from learned behaviour and that this behaviour can therefore be unlearned." (p. 137). This and the above discussion seem to suggest that the role model function is a form of cognitive behaviour therapy. It is one of the most significant means by which clients

will begin to feel motivated to modify or adjust their own behaviours and attitudes. As we have already seen, if healers behave according to the traditional teachings and values, the client is more likely to feel that the healer is able to help him or her. Clients stated that when they saw the healer behaving in a manner consistent with the Sacred Teachings, it was a powerful experience for them. It seemed to reinforce in them a feeling that the 'old' ways were worth trying to live.

When they saw the way the healer lived and treated other people, they were more likely to imitate the behaviour themselves. Morris said, "There's a kind of thing about being a human being, of being an Aboriginal human being, that this is sort of what we value. You need to go there. If you don't, well, maybe not today, but one day you will, if you ever want to be fulfilled. That to me is like an amazing kind of role. I mean it's like without being invasive in any way, or directive, or controlling, or whatever. It's kind of laid out like a gift." Tammy said,

They're in that position because they've earned it. I think that there are those that don't earn their position, and I think we have a sense of who those are. I think that for the healers who have earned that recognition, that the work they've done to earn that is another reason why we need to respect that.

You know, they're role models. I watch people, and I'm sure everybody does.

We think about the qualities that they have.

These comments make it very clear that the participants in this study believe that healers play an important role as models for healing. Tammy talked about how the healer earns the right to be a role model for others, and Morris talked about the way the healer simply lives the healing path and offers the opportunity to the client to

follow.

### Role Modelling and Cognitive Behavioural Therapy (CBT)

As pointed out above, some conventional therapists believe that cognitive behavioural therapy, because of its concreteness, is a useful form of conventional practice to apply to Aboriginal clients. As it happens, traditional healers and their clients appear to be engaged in a form of cognitive therapy through the role-modeling condition. Since cognitive therapy is one of the major schools of thought in modern psychology (Myers, 2000; Pear, 1997), it seems that this may provide additional evidence to support the idea that cognitive therapy methodology may form one of the more helpful conventional forms of intervention with Aboriginal clients (French, 1997; Renfrey, 1992). In keeping with this concept, role modeling may be one of the ways that the presence of concreteness in therapy is achieved, which is one of the major conditions that Renfrey and others point out as being useful in doing therapy with Native people. Cognitive treatment focuses on the perceptions people have of themselves and the world around them (Myers, 2000; Pear, 1999; Scissons, 1993; Stich, 1983). From this, the cognitive therapist tries to help clients to modify their belief systems to include a more positive outlook on life and, thereby, change their behaviours accordingly. Person-centered therapy holds the idea of self and world perceptions as an important precept (Martin, 2000; Pear, 1999; Scissons, 1993). Morris points out how these same principles also unfold in the work a traditional healer undertakes with his or her clients.

Role modeling as a means of reinforcing the healing process supports the point that there may be much in common between the traditional healer in the



Aboriginal community and the modern psychologist in the non-Aboriginal community (Frank, 1996). Frank further points out that, "Despite striking differences in their underlying world-views, religio-magical and empirical-scientific therapies have much in common." (p. 4). Despite Frank's somewhat demeaning terminology in describing traditional therapies, it seems that the traditional healer and the modern therapist share much in practical terms, including the powerful role the healer plays in psychological treatment outcomes.

### Acceptance and Respect

Although some may see this heading as being an aspect of the therapeutic relationship, it is separated here as a reflection of the kind of emphasis the participants placed on it and its importance in regard to the spiritual aspect. Respect is one of the Seven Sacred Teachings and is viewed in the context of traditional spirituality as much as it is in the context of the healer-client relationship. It is important to note that the participants tended to emphasize acceptance and respect in the context of both spirituality and the healer-client relationship. For purposes of addressing the spiritual context adequately, acceptance and respect are treated as a separate topic heading but is understood as meaningful in the healer-client relational context at the same time.

The acceptance/respect heading relates to the fact that there appears to a real need for the recipients of healer services to be accepted by the healer regardless of the mistakes of the past or their current lifestyle. Also, the clients seem to anticipate that they will be provided with something from a healer that is

akin to Rogers' unconditional acceptance by the healer. The participants in this study were clear that they had struggled with life issues and had experienced serious family dysfunction issues. The clients also seemed to perceive these difficulties as being compounded by ongoing social rejection and marginalization by the mainstream society. Acceptance was something that seemed foreign to them when they were young, and even in their adult years. Sometimes the participants would acknowledge that there were one or two significant people who helped them along the way. Often this was a grandmother or grandfather. Morris, Jack, Roberta and Dan all talked about the meaningful input of significant people from previous generations in their families. Dan said, "I grew up in a home where there was lots of love and respect and support. I honestly can say I don't have anything against my parents. Like, they've been just awesome parents." Roberta pointed out the role of her older relatives. She said, "I used to help my aunty. She carried the women's water drum. She used it in different ceremonies. Like, I learned from her and also from my Mom, because she was with the sun dance."

There are six points discussed below under the acceptance heading. They are the role of respect itself, the role of privacy and confidentiality in acceptance, the healer's recognition of client uniqueness as a reflection of acceptance, the client's acceptance of his or her own uniqueness (i.e. self-acceptance), equality and value as forms of acceptance and respect and dealing with rejection as a form of self-nurturance.

## Respect

One of the points made by the clients was that they needed to feel respected by the healer. This seems to mean that they find it to be a healing influence when they are perceived to be valuable in the eyes of the healer. This condition that the clients emphasized tends to put one in mind of Carl Rogers' unconditional acceptance (Martin, 2000; Scissons, 1996). The client participants in this study seemed to feel that the healer should give this level of regard, because this is what every human being should get from another human being. In other words, this acceptance seems to need to be unconditional. When talking about acceptance and respect, Dan said, "It's a combination. You know, your mentors are here, and what's going on in the spirit world. Uh, we are all connected, and it's all working together. And the door was open for you, and here you are kind of thing." The clients said that they felt that they needed to be able to stand in front of the healer and have a sense of not being judged for their failings, but rather cared for more because of them. With tears forming in her eyes, Michelle, when talking about the first healers she was strongly connected to, said,

They live out in the country. And where they live feels almost more like home than my own home. It's where you can go and no matter what you do. I know people make mistakes. I know this man who was going through a criminal trial, and had done all these horrible things. And some people started coming, getting on the bandwagon about it, and saying to the healer, I can't believe you did that. And she just got kind of, you know, that's my friend, and don't talk about my friend that way. And just saw such courage that I saw in her. To say that to the people that were sitting there, and were looking up to

her. And not judging of that person. Sure he made some mistakes, but he's still my friend, and I won't take away my friendship or my love.

Respect is one of the central teachings of the traditional healing path (Bopp, 1989), and with it seems to go the acceptance of a person without condition is important to the clients. Many of them have things in their past that they feel a need to be forgiven for. The healers seem to do this for them.

Some may perceive the meaning of respect, as defined in the traditional sense, to be different from the way it is defined by the humanistic psychologist. However, there seems to be near universal agreement that this is an essential element in the healing journey that the healer must bring to the process, just as the person-centered psychologist does to the therapeutic process in humanistic psychology. Every traditional healer that this writer has talked with, whether in regard to this research or not, has emphasized the need for respect in the healing experience. If a healer cannot provide this kind of regard, the healing experience seems to be less likely to happen for the client.

A related aspect of the healer's approach to helping that was helpful seemed to be the idea that a person could actually be encouraged to 'grow' one's inner strengths. It seemed to be perceived by the clients that if the healer encouraged the growth and nurturance of the 'inner strengths' of a person, that he or she was being very helpful in promoting positive change in a person. One client identified these inner strengths as being courage, fortitude, open mindedness and self-acceptance.

Another important point that the traditional people emphasized is that they must accept the feelings of the person. They say that they must do this because the

person has to accept his or her own feelings. They say that often people who are troubled are unable to be comfortable with their emotions so they bury them deep inside. They can come back to haunt them whenever something reminds them of their pain. They stressed that clients must be able to understand their own feelings before they can change and become better. One healer said, "Sometimes I see people, like, they are very afraid, or very shy. As we go on, we start to know them. They sort of open up, like. They're not afraid to show their feelings anymore. They laugh. They're not all scared or hiding something. They're more open people now." By accepting the feelings of the clients the healer gives a very positive message to help guide them to finding that way to knowing that what they feel is okay, and that they can process their feelings in a positive way. The healer is trying to set up a positive atmosphere where the expression of feelings is encouraged. In the very tender words of another healer, "I try to make them realize that, as they sit, as a human being, regardless of what has happened to them in their life, regardless of the trauma, and the pain, and the fears, regardless of the betrayals, and regardless of the hurt and the abuses that were brought to them, regardless of who they are and that path they have been walking on previously in their lives, regardless if they were an abuser, or a prostitute, makes no difference, or they abuse themselves, regardless of that, as they sit in front of me they are in the eyes of the Creator a perfect, gentle, loving human being." This is a powerful statement about the place of unconditional love and acceptance in the healing process.

In relation to the respect requirement in traditional healing, Scissons (1996) points out that the person-centered therapist is going to be highly concerned about

the respect and acceptance issue. He indicates that one of the important precepts of practice for a person-centered counselor is that, "Counselling should help clients to appreciate themselves more and to show more creativity and flexibility." (p. 14). He provides a qualifier on the unconditional respect by saying that the person-centered counselor should, "Assert an acceptance of the client's rights to have feelings without necessarily accepting all behaviour on the part of the client." (p. 16). Martin seems to support the idea and deals with it by saying that, "There are limits to what the effective therapist will accept on moral grounds, but those limits recognize that there are thousands of ways to live effectively..." (p. 108). Martin indicates that one shows respect by the attending and the understanding given to the client. This coincides with the view of the traditional healers in this study. Jack said that, "Before anything is done, you sit with the individual and you listen, and you listen. And also be very open to them as well, and also being attentive." Betty said, in reference to how she deals with people asking for help, "I'm going to really, really listen to that person. I'm going to really hear them."

### Privacy and Confidentiality

Non-invasion of privacy and personal space is one of the identified ethics of Aboriginal behaviour (Brant, 1990). In daily living people historically in Aboriginal communities did not invade the space of others. Nor did they reveal the information that was shared by another person, especially if it pertained in some way to the ongoing harmony within the group. The purpose of this approach, according to Brant, is to avoid conflict and survive in a hostile environment. It was also to focus

on and keep people true to the "Survival Pact" (LaDue, 1994). According to Brant and Ladue, Aboriginal people see adherence to the traditional non-interference strategies as important to the survival of the community itself. Non-intervention implies respect for personal and psychological space and for keeping information private (i.e. confidential). This still appears to be a priority for traditional healers. When talking about violations of the healer-client relationship such as breaches of confidentiality and the responsibilities of the healer, Jack said, "And unfortunately, as a result of that a lot of people continue to be sick and continue to be suffering. Because when they hear about that they begin to mistrust, and I can't blame them."

According to Brant, one of the requirements of the healing process is that a person has to request healing, not the other way around. This seems to be an expression of the privacy issue. A person must recognize the need to change, and need help to do so. Once the person has asked for help, it is possible for the healer to start to do things on that person's behalf, even if it is only to burn medicines or tobacco.

In conventional psychology, privacy and confidentiality are of the utmost importance (Scissons, 1996). The Canadian Psychological Association and the American psychological Association both consider these to be amongst the foremost principles of psychological practice. In terms of client-centered practice, Martin (2000) highly endorses this principle. He links confidentiality and privacy to the basic humanistic principle of respect and acceptance. He says, "Another way you offer respect to the client is through the confidentiality you promise. You imply that what the client has to say is important and personal and worthy of being taken

seriously.” (p. 97). In mainstream psychology, confidentiality and privacy are considered to central ethical considerations. Karasu (1996) says that. “In psychotherapy, the issue of privacy becomes particularly pertinent, not simply in regard to one’s person... Psychological problems pertain to some of the most secret and troubling thoughts and feelings about one’s private life.” (p. 327). Karasu also points out that, “The special sanctity of psychotherapy is therefore crucial because of the inherently intimate nature of patient communications, which can include innermost confessions about self-and others.” (p. 327).

McCormick (1998) puts a cautionary thought into dealing with confidentiality and privacy on a cross-cultural level. He says, “Lack of knowledge of First Nations values, belief systems, and world-view can, for example, lead to faulty assumptions...” (p. 288). Even in the area of confidentiality and privacy it is important for the therapist to acquire the necessary knowledge and information before trying to provide help to the Aboriginal client. Applying the principles of confidentiality and privacy, as perceived and applied in the mainstream context, *carte blanche* to Aboriginal experience may not necessarily be useful. He asserts that one needs to have the grounding of knowing something about the cultural experience of Aboriginal people.

### An Oppositional View

Heilbron and Guttman (2000) found that Brant’s principle of non-interference was not appropriate in terms of communities that are struggling with very important social issues such as child sexual abuse and violence towards women and children.



Although they agreed that the cultural point was very important in terms of historical group cohesion, it was not as useful in the modern experiences of communities and individuals that may be faced with the significant behavioural and emotional issues. It was considered that the welfare of women and children at risk was more important than the maintenance of a principle that may have less relevance today for Aboriginal people than it did years ago. The danger expressed by one woman in their study was that people in need would be ignored if the non-interference principle was followed to the letter.

#### The Healer Needs to Recognize the Client's Uniqueness

Clients and healers interviewed in this study indicated that they felt helped by the fact that the healer recognized their uniqueness in the world. Jack said, "It's part, I guess, of using one's, once again using that word, one's gifts. And of course, trust in oneself. That's the big one and belief in yourself." The healers and clients in this study said they were positively affected by the fact that healers were able to see this in them. The clients said that they felt they needed to have this so that they could feel valued by the healer. Orvil, while explaining his inability to see differences and uniqueness, commented, "I could only see black and white, and I couldn't see anything else. And then this accident occurred, which almost seemed a very necessary part of my growth. That, in being given my name, at a naming ceremony, it told me of the uniqueness, of who I really am." This coincided with the feeling of unconditional acceptance that the clients also identified as being helpful in their healing. Dan, while talking about what he got from being on his own healing journey

with a healer, said, "Inner peace. Ya, just no conflict. You discover who you are, what your purpose is. You discover your gifts, and with that you find happiness and no inner turmoil." It seems that, as a clients of healers, Orvil and Dan benefited from being reinforced in the thought that they possessed an innate goodness that the healer was able to see and to show to them in a non-threatening way.

Healer acceptance of client uniqueness seems to have a positive relationship to the world of the person-centered therapist. It seems that the person-centered therapist should be concerned about client growth that is achieved through sensing or experiencing his or her own uniqueness in the world (Martin, 2000). When talking about one person's personal growth, Martin (2000) said, "This particular client's growth comes out of experiencing the unique felt nuances of his or her own life. We do a disservice when we try to generalize the client's process to fit some principle like "Depression is aggression turned inwards" or "People catastrophize disapproval from others." (p. 82). Clearly, the traditional healer and the conventional person-centered psychologist wish to achieve the same goal of using their acceptance of client uniqueness as a positive influence in his or her growth.

#### Client Learns to Accept Their Own Uniqueness

Just as the traditional healer is interested applying and realizing an acceptance of a person's uniqueness, the clients seemed to feel even more helped when the healer would encourage them to accept their own uniqueness in the world. When talking about accepting his own uniqueness, Orvil said, "So, my thinking is different. My perspective is different. My experiences are different. There seems to

be a uniqueness there. I consider myself to be very connected with other people. But I don't run with any packs. Even with the gangs I didn't run with a specific gang. I was quite individual and considered myself to be very unique." It seemed that this worked in conjunction with the recognition and acceptance of the uniqueness by the healer. Orvil indicated that this feeling of accepting his own uniqueness was emphasized and encouraged by the traditional healer he worked with at the time. Orvil asserted that he felt helped by the healer because he was placing him in a position of trying to see and accept his unique experience and place in the world.

From a more conventional psychological view, McCormick (2000) points out that this inner acceptance noted above can be explained partially from an existential perspective. The sense of finding meaning in life, as noted in Frankl's logotherapy, is derived from a sense of connection to the activities that give them meaning (Frankl, 1970). McCormick points out that for the Aboriginal person, personal inner acceptance, and therefore meaning in life, is derived from cultural and spiritual revival. In addressing the issue of alcohol abuse in the Aboriginal community, McCormick (2000) says, "For Aboriginal people, the solution is based on cultural and spiritual revival. Cultural and spiritual revival has been the strategy used by the Aboriginal community of Alkali Lake located in Central British Columbia. This community employed traditional Aboriginal healers to help its members revive traditional dances, ceremonies and spiritual practices." (p. 28). Existential psychology and traditional healing seem to share a common ground in the context of the inner acceptance and meaning in life and the role of the traditional healer and cultural and spiritual revival.

## Equality and Value

One of the things identified by most of the clients interviewed in this study was the feeling of being on an equal par with the healer. One client, in commenting on the role of the client, said, "From what I know, every single person has the ability to help other people heal. We all have gifts that we've been given that facilitate that, and thank God that we all have different gifts. For example, I have the gift to work with my hands, because we (she and the healer) kind of say I have a healing kind of gift." This person said that it was encouraging and healing to be on an equal level with the healers and to be valued by the healer. There was a certain reverential attitude toward the role and the position of the healer, but clients were most helped when they were given the clear message that they were really equal in the eyes of the Creator. One female client participant said about the healers she sees, "But both of them have this youthful beauty. They are older women, and maybe that has something to do with it. They just have this quality about letting women be women without saying it. They just do it. They let women be women, and that's a beautiful thing. And I love that, because now I have this teaching where I'm a woman and can be confident in the teaching." It seemed to be important for the client to be given this teaching, this gift, through the interactions with the healer. And, perhaps even more importantly, the healer gave this impression through attitude and behaviour, as well as verbally. Even in this instance, the idea of the congruity or genuineness between the healer's words, behaviour and attitude was considered to be significant to the healing process. It gave added meaning to the acceptance

condition.

The application of equality and personal value are also highly regarded in conventional psychological practice, as well. Bloch (1996), when commenting on the usefulness of therapy, points out that one of the treatment aims of supportive therapy is, "...to bolster the client's self-esteem and self-confidence as much as possible by highlighting assets and achievements." (p. 297). There is a clear reference here to the importance of the client's sense of personal value as a way to help overcome the rigors of his or her psychological problems. Martin (2000) suggests that, "...expectancy effects, or self-fulfilling prophecies (Rosenthal, 1994), make it clear that we reinforce in others what we expect them to do." (p. 116). If a therapist wants a client to value things in a certain way or to behave in a certain way we are likely to give off messages of encouragement without even being aware that we are (Martin, 2000). One of the ways that traditional healers try to actualize equality and value in their work is to use validation. When she described how she helps people, Roberta said, "It's just like you have to have that balance. Everybody is okay. But you still have to be aware that there is the other. Like when I see people, they're looking for healing. Do you want healing? This is what you have to do. And if you don't do it, you won't get better." Roberta tries to put the emphasis of change on the shoulders of the client by subtly reinforcing his or her own value in the process and placing him or her in an equal role in the healing process. She validates the client by the subtle encouragement. This is done in conventional counselling as well. Scissons (1993) suggests that, "Validation is important whether the issues are clothed in clear and apparently unambiguous language or in confused

and perhaps misleading language.” (p. 157). Validation is a way of encouraging feelings of equality and value in the client, both in the conventional psychological world and in the traditional Aboriginal healing world.

### Dealing With Rejection

From this standpoint, it is understandable that clients of healers see the healers as being able to help them with rejection by others. The idea is to learn about one’s own ancestral background in order to understand and accept oneself. The healer, through instruction and information sharing, helps clients come to terms with their low self-esteem and the tendency to focus external events, where one has no control, toward one’s internal experience of self. One client expressed his feelings about self-hatred by saying, “There’s this thing about identity, too. It was the whole idea about me being an Aboriginal person, an Indian, in those days. They used the word ‘Indian’ then. That had a big play on how I saw my own world, and how I saw the other people, the other world. Because I’m Indian, and there is the white people out there somewhere or something like that. So, there was that thing going on too. And wishing that I wasn’t an Indian. Wishing that I was white, maybe, and you know, I could live happily ever after, if I was white.” How tragic that a man should feel that way about himself, and the privileged others, who haunted his dreams. The answer was to try to hurt and lash out at the very image of himself, the other Aboriginal people around him. He did this through drinking and hitting while he was drunk. The presence of self-loathing, according to the Elder/healer, is directly linked to the external forces of oppression and abuse. The way to combat against this is to use the culture as a centering force, as a healing force.

The Aboriginal person, according to many, experiences a sense of rejection all the time because of the generations of marginalization and social interference perpetrated by their colonizers (LaDue, 1994; McCormick, 1994,1998, 2000). The idea is that as Aboriginal social and family behaviours and values were interfered with, the less able the adults and leaders were able to carry out the tasks of cultural transfer to the next generation. As this occurred, there was less and less justification for the young people to follow the ancient ways of the ancestors. The healers and the clients of healers both emphasized the need to use cultural renewal and learning as away to fend off the internalized feelings of self-rejection, which, in turn, would cause a person to follow the path to self-destruction. To achieve this the healer is perceived by the clients as being most helpful when he or she was supportive and encouraging toward the client, regardless of his or her background or past. Betty illustrated this point when she said, "What I try to do is to teach, to convince, no to convince, to try to make them realize. That's what it is, to try to make them realize that as they sit they sit as a human being regardless of what has happened to them in their life, regardless of the trauma and the pain." She emphasizes that regardless of the past a person needs to still be able to accept oneself. She sees this as one of the ways a person returns from being self-rejecting.

From the conventional psychological view, there seems to be a strong cognitive aspect to this point (Renfrey, 1992). The idea of self-acceptance as a way of dealing with rejection seems to be a cognitive issue. In other words, what you think influences how you feel. If one thinks of oneself as being okay and acceptable he or she is less likely to see him or herself as unworthy of acceptance and love.

Renfrey asserts that this type of concreteness is better adapted to the Aboriginal view because of the practical application. He also asserts that this fits well with the healing traditions of Aboriginal people. He suggests that trying to gain insight into oneself to deal with feelings of rejection in an Aboriginal person will be ineffective because the issues faced by them are of a very practical nature. Some of the issues are economic disadvantage, acculturation and racism. He argues that these are true for inner-city populations and may also apply to the Aboriginal population.

### Understanding and Empathy

Empathy is considered by many to be one of the most powerful psychotherapeutic conditions, especially by those who adhere to the humanist school of therapy. The Aboriginal participants in this research indicated that they see the feeling of being understood as one of their central needs in traditional healing. There are five conditions included under the empathy banner. They are the healer's understanding, the integrated person, the intended message, two emotions and insight into the person's experience.

### The Healer Understands

Another of the elements that clients identified as being necessary for positive change to occur in their lives is the presence of empathy on the part of the healer. The healer is helpful when he/she understands how a person feels. This seems to be one of the essential elements of healing in the traditional sense. The client benefits from the feeling of being understood by the healer. One client said, "OK, well, it's a feeling that somehow you know this person (the healer) understands you."



And this person is there for you. It's an intervention. Some people would be moved to tears. Not tears of hopelessness or rage, but these were other tears. Of understanding, or being. Somehow something resonates, kind of vibrates the heart." This person indicated that the empathy from the healer went straight to her heart. Her words were, "...vibrates the heart."

One healer said that this was very important for the healing process. She said that she would try to make sure she was hearing the feelings that a person would express when they were in times of trouble and were reaching out for help. When explaining how she tried to be in touch with other people's feelings, this healer intimated that, "It's easier for me to follow, or just to close my eyes when somebody's talking. Then I sort of understand them. You could feel what they were saying." Clearly, this healer places a lot of importance on the ability to hear the intended messages when someone else is talking to her. Interestingly, all of the other healers participating in this study also alluded to sensing feelings as being important. They emphasized that somewhere in the healing process the healer would need to be able to understand the feelings of the client. At what point this happens, or how the healer expresses this understanding may vary, depending on approach and style, but the fact of the matter is that they all determined that it was important to the healing process.

This is the kind of experience that the clients of healers expressed as being important to their therapeutic progress. They said that this helped them to be in touch with their feelings in a new and different way than they had before. This, in their estimation, would then lead to knowing something about the role of emotions in

their lives. Some of the clients interviewed for this research project indicated that they felt a sense of connection between their immediate feelings and their changes of mood from time to time. For example, with an expression of positive surprise in his voice and facial expression, one client said, "There just seems to be some kind of healing in empathizing with somebody else, and sharing their pain with them. That's one of the greatest things I've had come out of that process." This clearly demonstrates the idea that having another person be able to sense one's feelings, and then communicate that understanding to the person, is a significant therapeutic factor in the traditional healing process, at least according to this person, who sees herself as being on the healing path. It describes the healer's role as being a dynamic one, where he or she assists the seeker of healing by actively engaging in processing emotions.

One of the things that clients identified about their empathic experience was that they felt feelings seem to be dynamic within them. They seemed to find that the process of working with their feelings was engaging to them. Their sense of a therapeutic alliance seemed to be enhanced by the ability of the healer to sense, understand and communicate the feelings of the client as they expressed them in that moment. They seemed to have their feelings of confidence and safety enhanced by the experience.

### The Integrated Way

Another factor that healers described as being essential to the healing process was to have a view of the person they are helping at any given time as an

integrated whole person (Connors, E., workshop presentation, 1998). Jack described this element as, "Well, the process is that you walk them through it (their emotional pain). Initially, before anything is done, you sit with the person and you listen. Also, being very open to them and attentive. So, we've got to find out what is the cause of the imbalance. The human being is made up of four parts. For example, you lose a spoke or one is bent, the wheel will still turn, but it won't be as smooth. And so with us, we function like that in the same way." The wheel analogy shows the idea that to function as an integrated unit is important to human wellness, just as the wheel works best when all the parts are in proper operational status. This healer clearly tries to avoid dealing with clients in a way that reduces them to a set of parts that are disconnected from each other. Healers suggested in their discussions with me that the best way to do this is to maintain a perspective on people as being made up of distinguishable parts that cannot be separated. The healer asserts that if the person is seen and dealt with from only one of the perspectives the healing will be seriously diminished, or perhaps not occur at all (Duran & Duran, 1995).

### The Intended Message

As the person starts to express his/her pain and aspirations, the healer is listening for the 'story.' He or she is listening for the bigger picture, or the intended message. The healer added, "The person generally lets you know, one way or another. And that's going back again, going back to that key part about listening. There are certain things that'll let you know. You can sit with a person for a long time, and maybe really nothing is relevant, but there may be one or two key words

that do it. But, if you're not listening, it can go by. So, you need to be open to that." This healer is talking about empathic understanding as a viable tool in the process of healing in a way that seems coincidental with the ways the clients talk about it. Most of the traditional healers that this writer talked to for purposes of this study expressed the belief that their task, at least in part, is to hear the story the person shares, because it is within that story that the secrets to change are buried. It is not in the details of the person's expression, but rather in the integrated and interconnected parts of the person's life story that the path to wellness is revealed.

### Two Emotions

During the discussions with the traditional healers they spoke of emotions as being very important to consider. However, they mostly spoke of two emotions. They talked about love and fear. When asked about what the most common issue was that he had to deal with in his work, one healer said, "Well, here at this place, most of my work is emotional and, I guess, mental. Ya, fear." Another healer commented on the most important thing that contributes to her work, she said, "I am indeed connected to every human being, to everything that is out there, you see. So, that's number one. I have to have a sense that I have a feeling for that. So, I'm connected by that simple term, love, compassion and caring." These healers identified many feelings they dealt with in their work. The ones that seem to stand out the most are these two feelings, love and fear. Traditionally, they seem to be the foundational emotions for the good and the bad that happens in peoples' lives. Fear brings on the other negative emotional derivatives, while love is seen as bringing on

the positive emotional derivatives. So, a person who is guided by fear and anxiety will have a lot of related negative feelings. He or she will be reluctant to take the risks of meaningful change. A person who is guided by love feels secure and confident and is willing to take the risks associated with change and progress.

### Insight Into the Person

One of the significant things that clients of healers described as being helpful is the ability of the healer to have insight into the person. This seemed to mean that the healer is helpful because he or she can see into the person in a deep and meaningful way. Tammy, with a respectful, almost reverential feeling, said, "Ya, I didn't expect to get this, like to get the gifts from the healer. But, you know when it did happen, when she came to see me, when she gave me the gifts, it was like reinforcement, that this thing was going to be a good thing. That it was the right thing to do." The healer apparently sensed the feelings of this person and responded in a way that touched at the heart of the matter. The empathic understanding was shown through the gifts rather than through words. This was a very powerful event for this person and made it possible for her to see hopefulness in a very difficult decision and resulting change. The client in this case seemed to get a positive feeling from the fact that the healer could identify the experience of the client even before he had been told about it. The idea here seems to be that the healer gains respect from having some type of extrasensory perception as a tool in his or her skill set. It's as though the healer is able to see into the unseen, which creates an atmosphere of reverence in the client. It's as though the healer gains

credibility in the eyes of the client when he or she identifies some phenomenon from the spirit world.

The points made above seem to stand in opposition to the view of Renfrey (1992) who suggests that insight and empathy are not appropriate for the Aboriginal population. Healers and clients in this study placed considerable emphasis on the role of empathy in the healing process. Renfrey admits, however, that the results of research and investigation in this area are inconclusive and even contradictory. He suggests that helper style and degree of directiveness may be the mitigating circumstances of the effectiveness of the help offered. It is important to point out that the issue may not be the concreteness of the application. Martin (2000) suggests that concreteness is crucial in therapeutic interventions. He groups it together with empathy, genuineness and acceptance as a core condition of therapeutic growth. Rice (1974) indicates that a truly empathic response is not vague or categorical but rather, "... particular, subjective and connotative." This sets up the argument that empathy and understanding may be more effective and appropriate than Renfrey might like to admit. Certainly the participants in this study agreed that it may be very difficult to sense the experience of another person, but seems to play a significant role for the traditional healer in his or her work. Perhaps the impact of cultural integration is at the root of the inconclusiveness of what may be the best approaches to use when doing psychological healing work in the Aboriginal community.

### Challenges

In this category the points are focused on the healer's willingness and tendency to put questions and show the inconsistencies of a person's behaviours

and thinking in front of him or her. The idea is that it will help to mobilize the client's rational side and cause him or her to reconsider decisions. The client is encouraged to look at him or herself and see if they like what they see. There are six sub-headings under the heading of challenges. They are the presentation of questions, healer's challenges, the evaluation of lifestyle, hope for the future, the analytic approach and the use of logic.

### Presents Questions

One of the ways that a healer/Elder will encourage a person to speak or to express something about him or herself is to present the person with a question, or a challenge. Of course, this also needs to be done in the context of the above-mentioned conditions, but it is believed that the presentation of a simple, straightforward question can help to stimulate the ability for the person to start talking and find greater openness within. A healer may be curious as to the answer, but he or she is obligated to wait for the person's response. As one healer put it, when talking about a person who is having difficulty seeing the right path, and stepping on to it, "You just give them a question, and let them answer it, because they have the answer. You just have to coax it out of them. You just carry them. Because they already know the answer, and you are just pulling answers out of them." The person may even decide not to answer the question if the time is perceived to not be right. However, sometimes, if the healer is on in his or her timing, and the person asking for help is able, the answer can be the beginning of a much more involved process of change and self-expression.

### Healer Challenges a Client to Change

Another of the things that the clients identified as being helpful was the tendency for the elder to challenge their thinking or beliefs. Sometimes the healer/elder uses a method of intervention that seems inconsistent with the above points of non-intervention, privacy, patience and timing. This is that healers also identify the presentation of challenges to the person asking for healing work to be done on their behalf. The traditional person will sometimes give a challenge to clients in order to have them move past their pain, and into a new way of thinking about their experience. One client, with tears welling-up in his eyes, said, "In the back of my mind, (pause) I kept hearing my Grandmother (pause). She was saying that I was growing up. I'd hear her talk about people who drank, and how that wasn't appropriate behaviour. Not in those words, but that was the gist of it. So, I think she played a big influence in that too. I had to do something to change." In this instance, the challenge didn't seem to feel aggressive or judgmental, but rather, gentle and nurturing. In this case, the healer was the man's Grandmother, but the influence is the same as if it had been a completely different person who was being the healer. The idea is that a healer can help to effect change in a person by challenging that person in terms of his her behaviours and beliefs.

### Self-Evaluation of One's Lifestyle

The person above noted that he was trying to make sense out of a chaotic situation. He was challenged, in a manner of speaking, by his grandmother's words



and lessons. He sensed the meaning of this in his life and took a closer look at his lifestyle and life choices. The healer is perceived as being helpful to the client by pointing out the issues so that the person could evaluate the relative pitfalls and drawbacks of the lifestyle they were going to live if they chose to stay on the dark, or self-destructive path of life. This is another example of the use the healers make of the cognitive abilities of a person to analyze their own behaviour and make appropriate decisions based on what they see.

#### Use an Analytic Approach

In order to facilitate the achievement of balance in a person's life, a healer may use an analytic approach. For example, a healer may ask a person to develop ideas about how he/she might be able to acquire a feeling of balance in his/her life. The healer may ask the person to make a statement about whether or not he/she feels that there is a good balance between the various areas of his/her components. The healer might ask the person to indicate where the most energy is placed in the imbalanced world, and where the least energy is exerted. Once the person responds to this he/she can start to reduce or increase the energy they spend in any one area until a balanced feeling is achieved. This is sometimes done in a very concrete way, such as with a paper and pencil, or in a very symbolic way by using one's 'sense' or impression of the balance or imbalance, as the case may be.

#### Logic Plays a Role

Clients also identified the healer as being helpful if he/she used logic in their

approach to handling a problem with a client. It seems that the idea of using one's intellect to solve problems is very important to the helping experience. As in the conventional cognitive approach in modern psychology, as popularized by Albert Ellis, living life logically and using reasonableness are perceived to be very important to successful counselling. It may be, as pointed out earlier, that the concreteness of the method plays a significant role in the personal improvement process. It is described by clients in this study as being very important to their sense of the healer's ability to help them with a personal problem or situation. From the Medicine Wheel philosophy point of view, this issue of logic places a focus on the mental part of a person. From this standpoint logic can be seen to act as a tool in a person's problem solving efforts. As an example of this, Orvil, when talking about traumas in his life and the resulting issues and cognitive distortions said,

I've always been, sort of, this kind of a thinker. I didn't understand what the big deal was. I continued to learn and I continued to think about the things that they (the healers) had told me. I liked that because they allowed me to think. They'd give me a question, send me away to think about it and then I'd have to come back and tell them what I thought. If I got it wrong, sometimes it would take weeks before you'd get it right, but they never told the right answer, and they'd just send you away to go and think some more.

This clearly shows that Orvil felt helped by the way the healer used the cognitive (mental) aspect of the client to help change the way he was approaching the problems he faced. In this case, the client identified the need to use his ability to

think and to use logic to solve problems on his own.

It is apparent that the way the healers in this study use challenges, self-evaluation, intellectual analysis and logic bears some similarity to the cognitive counselling methods employed by the modern psychologist. Just as the conventional cognitive therapist wants the client to see his or her illogical responses to situations, and to evaluate them accordingly, so does the Aboriginal traditional healers in this study. Also, the cognitive therapist is interested in getting a person to see the connection between his/her behaviour and mood, and the illogical and/or distorted thoughts and perceptions.

In some ways, the condition of challenging the client tends to resemble the rational-emotive therapy that Albert Ellis and Aaron Beck introduced in the 1960's (Myers, 2000; Persons, 1989). Ellis's method was to challenge the thinking of the clients who came to him for support. Healers, although in a perhaps gentler way, seem to attempt do the same thing. They place a challenge in front of a client to rethink their choices and find another more productive path. And, according to Orvil, at least, they try to allow the client to find the answers themselves.

### Lessons of Daily Living

This section is concerned with the role of teaching and learning in the healing process, but differently than in the case of the Sacred Teachings described above. This category relates more to everyday issues and how to deal with them. The Sacred Teachings are culturally and spiritually significant and therefore are presented in a more reverential context. The everyday context of the lessons of

daily living makes this category somewhat less grand, but important nonetheless. Clients and healers alike demonstrated that they placed a high value on these teachings. There are six points under this heading. They are the practical application of problem solving, the advent of productive behaviour, sensitivity and assertiveness, letting go of the 'bad ' stuff and learning about what self-care means. These sections are divided this way as a reflection of the way the participants in this study outlined these items. They indicated that these were areas that were dealt with as examples of learning from living life day-by-day.

#### The Practicality of Experience

In one instance, one of the healers talked about teachings that were very practically applied. She spoke of the teaching of the value of ceremonies and gatherings. She also spoke of the teaching of accepting reality in life. A third teaching she mentioned was that of learning to let go of things. She emphasized the teaching of self-control. She noted that another of the important teachings is of self-assertion. She talked about the teaching of honesty and genuineness. She included the teaching of openness with others. She asserted that these are things that come in the form of teachings, as well as in the form of achievements. When talking about the value of life experience one Betty said, "The kid falls down and hurts itself, and right away the mother is pouncing on the child and picks her up and says oh my poor baby, Mommy will kiss it better. And this is what we do. We try to protect our children from any pain. If you can imagine, your on the earth, and the child is running, and the child falls down and the mother doesn't run to pick the child

up because already the teachings begin...The mother might say you have to watch where you are walking or you're running. Watch very carefully what's in front of you before you take your next step. Be careful and watch where you are going." This is a beautiful metaphor for the path of life. A person has to watch out for the pitfalls and the holes in the road when they live life in the broadest sense, as well as when one literally walks on the road. This healer worked with the idea of the teachings being so integrated in the healing process that they were very hard to distinguish from the healing itself.

### Productive Behaviour

A client with a sense of the need for finding a way to achieve productive behaviour said, "So, that was the whole idea. First, it was finding myself. Like, I went to AA (Alcoholics Anonymous) programs and I heard people talking about that, and I said okay, that makes sense. But then there's this whole thing that I was then. I was this Indian person, and what the hell was that? And then this whole thing about 'Indianness' started to play a role. Like, AIM (American Indian Movement) I kind of didn't like those guys, wearing braids and upsetting people. They bugged me. But still it created a kind of curiosity for me. Then I had to question why am I afraid to say this. That's who I am." At this point this client was very touched by his own words of realization. It would seem that some Aboriginal people who seek healing are looking (whether they know it or not) for someone or some group who can help them form and adopt new, more productive behaviours. Any changes in behaviour that a person adopts are a reflection of the learning that comes from the

lessons of daily living. According to participants in this study, verbal instruction in daily living is important, but actions speak louder than words in the world of Aboriginal traditionalism. Clients indicate that the teachings and the information the healer shares are only as useful as the actions of the healer that come after the words have been spoken.

### Sensitivity and Assertiveness

The healers in this study indicated that they try to help with the lessons of daily living with a high degree of sensitivity, but also with some degree of assertiveness because the person may be seen as being 'stuck.' A healer, while addressing a question about the client-healer relationship, spoke about this by saying, "The teachings are very, very important, because this is how we live our life, according to the teachings. So, this is how we apply it. We apply these teachings too, in every aspect of our lives, regardless of who we encounter. Whether it's at home or play, or whatever. We have to live life according to those teachings...But you've also got to be able to recognize your humanness. You've got to be able to recognize that you're not perfect. That it's okay, because that's who you are." The assertiveness of this statement is very clear, but so is the sensitivity. He is firm and direct, yet caring about human frailty. If a client is believed by a healer to be 'stuck', the healer may use this type of input as a way of helping a person to get free from the energy that prevents positive change from occurring. The person may be held back by change related anxiety or a tendency to procrastinate or an unwillingness to give up the role he/she may be playing in maintaining, or even encouraging

destructive behaviours.

### Put the 'Bad' Aside

One healer indicated that clients should be instructed in when and how to let go of their pain and negative experiences, and also how to avoid picking them up again. She said these are very important teachings that are also very difficult to teach. Additionally, these lessons are often difficult to learn. A person who is seeking the healing path must be ready to accept them. In the healer's own words, "When I talk to them (clients)... like for me... for myself. A lot of things have happened in my life. Like, I've gotten rid of them (the negative experiences). They have teachers to do this. This is a time when it's time to let go, and just drop them, and leave it there. And don't ever pick it up again, because you are starting a new life." A healer must be ready and able to recognize the good from the bad and act accordingly, in order to help clients let go of their old ways and take up the new. This, she emphasized, is often best learned from those who model these behaviours by having been down the road of self-destruction themselves. In other words, if a healer has suffered from the same traumas, unhappiness and hopelessness as his/her clients the ability to help may be enhanced.

In a related fashion, the healer was perceived as being helpful when he/she would work directly with the client to move away from the life that is associated with the 'bad' road. In other words, the healer was seen as being helpful when the emphasis was placed on the person's ability to change from within, not only by the efforts of others but on their own behalf as well. The healers seemed quite prepared

to point out to the client that they need to make the effort to change or the work of the Elder, or any other helper for that matter, would be seriously diminished in its effectiveness. In order to do this the healer would need to point out the vagaries of the 'bad' road. A client tried to capture the meaning of this concept by saying, "I keep a journal, or I keep a sort of diary and I take it to all the ceremonies that I go to. And I keep it by my bedside at night and I write down dreams that I have. I feel that I have teachings that I am given. And so, a lot of times if I'm feeling like I'm veering off the path a little bit, I go back and read things and try to get back on track. It's really been a great thing that's happened to me. I think because I grew up in a dysfunctional family." It would seem that one of the tasks of the healer is to direct the client away from the 'bad' road and the task of the client is to learn, understand and renew the teachings and the experiences that have made life more positive and nurturing.

### Learning the Ways of Self Care

Despite the presence of differences that the elders/healers might have expressed, there was definite agreement on the fact that the people who come to see them for mental and emotional help are positively influenced by helping them learn how to be self-caring. This seems to be defined as an ability to do one's own nurturing and comforting. McCormick (1994) points out that a person with the ability to perform self-care activities is likely to experience personal improvement in his or her life. It seems that in this regard the healer is a surrogate parent figure for the client. Jack said, "Because, I mean, the thing is, if you can't take care of yourself,



you're not going to take care of anybody else. You're not going to be any good to anybody else." This would seem to suggest that the healer takes on a role akin to a replacement for the deficits created by the absence of parenting during the formative years. It seems that the healer reaches into the early developmental years of the client and helps to build some of the missing structures.

Clients identified another condition that is closely related to kindness and regard in the traditional healing process. This is the need for them to develop a sense of self-caring that is absent when they are on the 'dark road' of self-destruction. One client, who recalled traveling down the 'dark' road said, "They (the lost children in adult bodies) see themselves as not having the ability to make the right decisions because they have not acquired the ability to be kind to themselves and take care of their own wellness." This commentator suggests in this statement that acquiring the inner ability to be kind toward self results in making better decisions and choices. It also is considered to support feelings of positive self-esteem. The traditional healer is expected by the clients in this study to help with this acquisition. Other terms that participants used to describe the phenomenon of self-care are the development of self-respect and self-acceptance.

In a way, the clients seemed to see this as a skill development issue that is assisted by the elder. One of the healer's tasks is perceived by some of the users of their services to provide input that will encourage the development of these kinds of feelings in them. The healer must use a variety of means to do this. The clients identify the various ceremonies and interactions with the healers as being the sources of this growth. The healers, in the view of some of their clients, must

provide an atmosphere of hope and encouragement to achieve this end.

#### Lessons of Daily Living and Psychological Experience

As in the role modeling category, the teaching and learning in daily life in traditional healing appears to also be linked to the cognitive approach in modern psychology. In the traditional view the cognitive aspect of a person's psychological make-up is called the 'mental' part of the Medicine Wheel. The emphasis in this condition, which distinguishes it from the more formalized Sacred Teachings, is on learning from experiencing life on a daily basis and not looking for only the bigger, more sweeping lessons. The focus of this condition is learning about the value of motivation and self-will and the ability to make effective positive decisions in one's life (Bopp, 1985). As one's perceptions and beliefs about self and the environment of ones experience become more positive one's personal efficacy improves. The modern psychological view is that a person's life will improve as he or she becomes more adept at interpreting the accurate meaning of daily life events (Persons, 1989; Stich, 1983). In other words, one is concerned with cognitive distortions as expressed by incorrect assumptions and perceptions (Pear, 1999; Persons, 1989; Stich, 1983).

Like the modern psychologist, the traditional healer uses the approach by focusing on the lessons of daily living in his or her work as a means for the client to evaluate his or her assumptions and perceptions about events in the environment (Myers, 2000). Healers will sometimes ask their clients to evaluate their behaviours and rank the issues that they see in their lives according to how troublesome they are to them. Persons (1989) points out that a person will need to do this in order to

facilitate an order of changes in behaviour and perception. She also points out that this is foundational to cognitive therapy.

### The Inner and Unknown Self

According to some healers, there is an inner life of a person (sometimes unknown to the person) that is very germane to his or her existence and wellness (Duran & Duran, 1995). The healers in this study, and the clients, identified that there is much value in tapping into the inner experience of a person in order to find out what may be otherwise unknown to the client. McCormick (2000), as we have seen, outlines an existential view of how Aboriginal people have tended to drift toward alcoholism and drug abuse. Duran and Duran (1995) point out that they see the modern (the last 500 years or so) experience of Aboriginal people as being largely understandable in terms of inner conflict and unresolved emotional urges. They also assert, of course, that these issues are the result of colonization and acculturation. They say, "The last five hundred years have been devastating to our [Aboriginal] communities: the effects of this systematic genocide [colonization] are currently being felt by our people." (p. 6). According to Duran and Duran and some of the participants in this study, the sub-conscious is a place that seems to have relevance to traditional healing. There are three points made under this heading. They are the power of the unconscious world and suggestion, the human will and dreams and dream interpretation.

### The Power of the Unconscious World

Sigmund Freud (1986) said that, " The mind of the hysterical patient is full of

active yet unconscious ideas; all her symptoms proceed from such ideas." (p. 137).

The idea is that people's actions are, according to psycho-analytic theory, guided and manifest through the unconscious mind. Psycho-analysts over the past 100 or more years have operated under the assumption of the existence of an unconscious mind. This is another of the tools used by some healers. It is the power of the unconscious. Betty in describing the futile cycle of abuse said,

And that energy is about the self. It's about how we feel about ourselves.

Now that woman who was an abused woman, who, in her belief is all those things, like I'm an unworthy person and my life is just about taking care of other people. It doesn't matter what happens to me. And so there you go.

That's the energy she puts out, because that's her unconscious feeling. She is unconsciously feeling that about herself. She probably is not saying that, but that is the energy she puts out.

In this instance, Betty is pointing out that the person is unaware of the inner feelings of her unconscious experience, and she tries to plant the seed of self-improvement by suggesting at a later time to the client that the healing she seeks is attainable through her own effort. This seems to have a positive fit with some of the Jungian thinking about the unconscious. Duran and Duran believe that despite the obvious negative influence of colonization, "There are valuable ideas in the Western world: the authors believe that by integrating worldviews and psychological understanding, we can develop a model that will benefit Native Americans as well as others." (p. 19). They suggest that some of the ideas of Carl Jung are particularly salient in this regard. Duran and Duran go on to point out that, "A comparison of Western with

shamanism has yielded some interesting findings which illustrate that all of the effective components found in psychotherapy are also an integral part of shamanic healing.” (p. 59). They go on to say that, “Therapists and shamans use the method of suggestion as part of the therapeutic encounter. Both the therapist and the shaman behave in such a way as to suggest to the patient that their ‘medicine’ will help bring relief to the patient’s suffering.” (p. 59). Dan’s comments add meaning to this view. He said,

I remember sitting in classrooms, and I would be off in a different world. I was never focused on what the teachers were saying, and I was always thinking back, you know, to my ancestors and the way they lived. I always thought about being out in the bush hunting and living off the land. And for when I finally met up with my mentor, he talked about all those things. It’s because it’s my spirit. You know, my spirit lived that way a long time ago. I’ve always thought of myself as an Ojibwa.

Dan’s comments seem to resonate with Carl Jung’s views on the ‘collective unconscious’ and ‘cultural archetypes’. Dan suggests that within him were the seeds of the experiences of his ancestors that were planted by them generations ago.

### Free Will

This point seems to employ another method that the healers identified as being important to the feeling of being helped. The Medicine Wheel philosophy asserts that everyone has a free will. Jack pointed out that, “We all have a choice.

We do. That's one of the gifts the Creator gave us. It's that free will to choose. I firmly believe this. No one's born an alcoholic. No one's born abusive. No one's born a drug addict. You make the choice. But, what is responsible for you making the choice? So, traditionally, we see alcoholism, and drug abuse, and other things, as a symptom of a problem." Jack puts free will into the context of being a gift from the Creator that was given to people in order to be able to do the 'right things' in the world. Roberta, in a similar vein asserted in this research project that there was a valuable emphasis that could be placed on the idea that people would do better if they were convinced that the road to wellness was one that a person could choose to step onto or not. People can be motivated by an unconscious desire to find their center, to find their balance in life, in fact, to find themselves. She said, "Well, it's just like when I started going. It was looking for something, something to fill that void, or whatever you call it. That's what they're doing. They're trying to find themselves. It's just finding yourself." From this standpoint, a person can choose to stay in the negative ways or to step onto the healing path and make life better for him or herself. Even more, Roberts speaks to the issue of the inner self, driven to find inner peace and solace. This fits in some ways with the idea of having an inner vision in life that leads to making necessary changes that can help in one's personal growth and development, and it also reflects on the idea that an inner will exists that can be tapped into as a resource for healing.

### Dreams and Dream Interpretation

Some healers will use dreams as a way of trying to look into the imbalances

of a person's life. Jack said, "Because, you see when somebody comes to you, you know, irregardless of what the problem may be, we're dealing with somebody who at that point is unbalanced. So, we've got to find out, what is the cause, the root of the imbalance? Once you can find out the cause of that imbalance, you know where to go, what to do." Healers will ask their clients to tell them about the dreams they've had, and to keep track of them in terms of how they make them feel and what symbols they see in them. They will refer to the collective and iconic experience of the dream world. They may in some instances talk about the dream world as if it exists in the same sense of the way the person experiences the waking world. In the motion picture "The Black Robe," which is a story about the clash between the European and Aboriginal cultures, one of the characters is a priest attempting to convert the Aboriginal people to Christianity. He asks, "How can you work with people who believe the real world is a dream, and that their dreams are reality?" From a traditional Aboriginal view it is understandable to think of the dream world as being a reality in the same sense that we experience the waking world. Dreams and dream interpretation is one of the areas that healers will be asked to comment on by their clients. Some traditional healers use the idea of 'collective unconscious,' as in the theory of Carl Jung, to identify important icons and symbols in people's dreams (Duran & Duran, 1995). Some traditional people call this 'blood memory.'

Dan, when describing his own training and learning experiences, said that this was one of the areas that was most significant for him when consulting his mentor. He would go to his teacher for interpretations of his dreams. He would ask the teacher to help him understand something from a dream, so as to learn something

important about his own spiritual journey. When describing this, Dan said, “Interpreting dreams was the thing. I kept on going to him with my dreams.” In this case the dream interpretation played two roles. One was to help Dan gain insight through interpreting his dreams, and the other was to have him learn a skill for him to use in his own work.

Orvil spoke extensively about a recurring dream he had that he went to a healer about. Orvil described his dream in our interviews. He said,

Sometimes, I think it’s just because I closed my eyes, really. But, it seemed like I was in a dream, and I was overcome with tiredness, sleepiness -the great sleep I often call it. It was wonderful. That’s when I had this dream that I was coming up out of the ground, and there was no ground. It was all darkness all around, but I came up out of the ground. The first thing I did was look around. I could see off in the distance a group of people. And it seemed like these people were lit up from the inside. They looked just like you and me, and I got the feeling that that was everyone I had once known, and everyone that I was going to know. Like that was my people, that was my group, and I needed to get to them.

Orvil described this as part of what he perceived as a ‘near death experience’. He discussed this with a healer, who told him that he would be guided by a gentle giant spirit toward finding understanding in this world, and a way to move away from his pain.

Orvil, Dan and the other participants in this study give an experiential context for the idea that a person has memory from the experiences and lives of the past



generations from within one's own group of origin and possibly even beyond. This fits well with the idea of the ancestors being the source of wisdom and support. While discussing the consciousness of women, Betty made the comment, "I believe that we are at a time in our universe right now where the female energy has to take its rightful place in the family, in the community. It's only then, what I call the consciousness of humanity will change to the point where we are ever going to find balance." She makes the connection between the person's consciousness and the finding of balance. She also draws on the idea of the collective unconscious of women as a group, which must be recognized as holding the wisdom to bring balance and inner understanding.

Duran and Duran (1995) suggest that, "Since the unconscious and the manifestations of the unconscious are accessible to both traditional and orthodox Western approaches, it is reasonable to ascertain that dreams can be a vehicle to help in the healing and integration of world cosmologies." (p. 45). Duran and Duran say, "Dreams have had an important role to all peoples; perhaps this commonality can serve as the thread that we can use to sew the tear that has occurred in the psyche of both Western and non-Western peoples." (p. 45). The Aboriginal traditional view varies from the strict psychoanalytic view, but not seemingly from the basic principles of the concept dreams being a vehicle for understanding the inner person (Duran & Duran, 1995).

### Readiness for Healing

In this category the client's preparation and ability to change are explored. In

this area it is considered that a person seeking help for emotional or mental wellness has to be ready to do the tasks and to receive the change itself with open arms. The healers that were participants in this study asserted that a person will not experience change within if he or she is not ready to change. From mainstream research, it has been shown that some Aboriginal traditional healers will not accept clients, if they are not completely compliant with the treatment the healer prescribes (Kaufert & O'Neil, 1988). Kaufert and O'Neil found that, "...Native healers expect absolute compliance from their Native patients and often will not accept patients who do not bring this submissive attitude to the traditional healing encounter." (p. 57). Clearly, by the results found here and those of Kaufert and O'Neil, readiness to heal is a very significant condition for the traditional healers.

There are four sub-headings under the heading of readiness to change. They are willingness to share feelings, accept that one has problems, accept change and give up the self-destructive ways.

#### Willingness to Speak About One's Experience

Closely associated with the use of music as a way of setting an atmosphere of healing in the healer-client relationship is the encouragement of personal sharing. The healer asks a person to share his or her story, thoughts, feelings, impressions, and so on, because they believe that the client's willingness to share thoughts and feelings, which is considered essential to a successful healing experience. McCormick (1994) asserts that the expression of emotion is very important to successful counselling with Aboriginal people. Under any conditions where the

person may be open to public scrutiny, such as in a sweat lodge or a sharing circle, he or she is given the option of not responding to a request or opportunity to speak. However, healers and clients in this study indicated that in a setting where the healer and client are working privately there is an expectation that the person seeking help will be forthcoming about his or her problem(s). Jack offered, "The person generally lets you know, one way or another. And that's going back to the key part about listening. There are certain things that they'll let you know. You need to be open to that." In this study, some healers indicated that they have had situations where a person did not speak for considerable lengths of time during their sessions together. Healers believe it is important to have an implied presence of client empowerment by allowing clients the freedom to share of themselves or not. However, they seem also to feel that there is a responsibility for the client to offer something through verbal means to the process. The person is not meant to feel pressured, but is rather given the opportunity to offer their input. Healers expressed that even in one-on-one sessions the person asking for help is only encouraged, not obligated to speak. In a ceremony where there are a number of people all are given the opportunity to speak, but some may choose to 'pass' on their opportunity.

This is received in an atmosphere of acceptance and understanding. When a person shares his/her thoughts and feelings, the healer and, if there are others present, the group will be expected to receive the sharing with honour and respect. Roberta, with an atmosphere of respect and perhaps even wonderment, said, "Like, when they're talking, and there's no distractions, and there's nothing around bothering them, you could feel that love. Like the person that is talking, and the

other one is listening to them, you are able to kind of open yourself up more, and to feel the emotions.” This is a tender and potent statement about the power of emotional sharing, particularly of love and acceptance. When a person is doing true sharing there is a sense of love in that place that transforms the meaning of all the things that happen, according to this healer.

### Acceptance By the Client That Problems Exist

The acceptance and recognition by the client that they have problems, and that these problems must be resolved, is a significant factor in the healing process. Healers and clients alike suggested that people who don't recognize or accept they have problems would never take the steps to make the necessary changes for healing to begin. Jack, in commenting on this, said people on the healing path must, “That's very, very important. You've got to be able to recognize your humanness. You've got to be able to recognize that you're not perfect. You've got to be able to recognize your flaws and your faults. But that's okay, because that's who we are.”

One of the primary elements that a client is expected to bring to the process is the readiness to change, and acceptance of the need to do this. When talking about changing one's life, Dan said, “They actually have to want to. Like, you can do all kinds of big ceremonies. You can do all these things, but if they don't really honestly believe that it's going to change, it'll never change. They think, well, I went to many different medicine men. They went, but things didn't change.” Dan seems to be suggesting that without a willingness to believe and a readiness to change all the time spent with a healer will go for little gain. Orvil described a client's readiness

to change as being one of the responsibilities of the client, not the healer. He suggested that what helped him to change his life was the healer's emphasis on his being ready to change, but he had to do it within himself to make the concept a reality. Betty pointed this out in very graphic terms when she said,

The only way I can describe it is, for you to know, to follow that individual sense of what is good for you. And you might make a bad decision. And if you make a bad decision, and you go out there and you do something that hurts yourself again, and puts you in pain, then you have to understand that that is a part of your journey. And you might not have learned the lesson properly the first time. You know you were fighting it. You were challenging that part of yourself, you see. And you've got to face it again, and you've got to say, well, this is happening because I am not learning the truth.

Morris commented on this in a somewhat different way. He said,

I quit drinking. I stopped for one summer there. And that was the first taste of having the ability to make a decision not to do something that would be destructive to myself. That was an experience to realize that. I realize that what that thing did to me was it made me realize that I could make a decision. Because, I'm not going to drink this summer.

The overall message is the same, whether it comes from the healer or the client. In order to change for the better and improve one's life, you have to be ready to change by accepting the need for change and also creating an inner will to change.

### Learn and Trust the Teachings

Healers tended to see trust in the teachings and learning them, as something that the client should bring to the healing work and make it a part of the interaction. It would seem that the healer saw this as important, but presented it from the view of that the client is required to have faith in the existence of the process. This would then foster an understanding and faith in the fact that the knowledge of the process was present. One of the things that the healers seemed to indicate is that the client needs to have faith in the fact that the Creator will heal the person through the healer.

### Listen, Learn and Give Up the Self-Destruction

The healers and the clients indicated that there are two tasks that the client needs to take on in this regard. One of them is the willingness to listen to the teachings, in order to truly understand and accept the meaning of them. This means that the client is not supposed to question or reinterpret the teaching, but rather accept that it has meaning for the client in making life choices. Secondly, the task of the client is to actually learn the teaching. According to the clients interviewed here the learning of the teaching is the central part of the issue with the teachings. A person who asks for help but is unwilling, or otherwise unable to learn the teachings will have to keep working at the fundamentals of the healing process until they do learn them. In the case of one client, this aspect of the healing road was of central importance. He believed that without this he would have not been able to make the

leap to the wellness that he has achieved so far. The depth of this comment seems to demonstrate the degree to which he believes the teachings and his acceptance and the learning of them play a role in his healing.

The healers and clients assert that this is true for all people who pursue self-improvement, even though they may not be ready to admit this. Morris said, "I started messing around with booze and stuff when I was seventeen. Most people had already started when they were twelve or fourteen. I stopped it when I was twenty-one. I didn't realize that has anything to do with healing. I wasn't actually until four or five years into sobriety, I guess. I understood myself and things around me." This man was on a self-destructive path, but realized that his willingness, and readiness, to let go of those ways was a contributing factor in his healing, even though he didn't realize it until years later. Michelle, a participant, said, "When internal things become external like crying or laughing, those types of things, I feel like I've given away those things that needed to be given away. And they've been replaced with positivity and good energy. It's interesting because of all the kinds of metaphors I guess that I've heard that people use, like the fire inside, I feel like I can visualize that and I feel like I know exactly where it is inside me." Once again, this demonstrates the value placed on giving up the 'bad' and accepting the 'good' by the participants in this study. They seem to assert the power of letting go of negativity and allowing the positive forces to begin working.

Matthews and Roulette (1996), two Aboriginal researchers in language and healing, put an added spin on the idea of letting go of the negativity. They point out that an Aboriginal traditional healer will help a person to take ownership for wrongs

they have done and make recompense for them. They also prescribe that in addition to giving up negative behaviours the person needs to let go of their inner negative emotions. Betty seems to agree when she says, "And you might make a bad decision. If you make a bad decision, you go out there and you do something that hurts yourself again and puts you in pain, then you have to understand that that is also a part of your journey. You might not have learned the lessons properly in the first time. You were fighting it, and you've got to face it again. You've got to say, "Well, this is happening because I am not learning the truth". She suggests there is a need for people on the healing path to let go of the pain and anger, which leads them to want revenge and recompense and easy answers. Betty goes on to add, "They become their own healers. I cannot heal them. I do not have the power to do that. They have to believe in themselves, and have to understand themselves. They have to become their own psychologist, if that's what you want to call it. They have to open their hearts to the wisdom that they carry inside of them." According to Betty, when a person is helped, much of that helping is happening because the person is helping him or herself. According to Betty and Matthews and Roulette (1996), without giving up bad behaviour and negative emotions a person only experiences a partial healing, and will need to continue to work until they have achieved them. They assert that people who create negativity in the world must accept this as their responsibility and try to create positive energy.

There seems to be a sense amongst the participants in this study that the healing process necessarily includes that one has to give up counter-productive ways of behaving in favour of real behaviour change based on the traditional



teachings. It seems that the participants in this study believe that the acceptance and understanding of traditional healing leads a person toward being able to see him/her self as in a relatively powerful and meaningful person by embracing constructive behaviours and abandoning the destructive ways.

## CHAPTER FIVE

### Summary, Conclusions and Recommendations

This final chapter of the study contains a summary of the research questions, the methodology, the results and the limitations of the research. The conclusions emerging from the analysis of the data are discussed. Finally, some recommendations and implications for further study are discussed.

#### Summary

The purpose of this study was to investigate and analyze the significant and/or essential clinical conditions of Aboriginal traditional healing. The research questions considered important to this study were: When used in the pursuit of psychosocial wellness does traditional Aboriginal healing have identifiable clinical conditions and methods? Does traditional Aboriginal healing have a theoretical foundation that is comparable to those of conventional psychological treatment schools? Would Aboriginal traditional psychosocial healing interventions compare favourably to those of modern conventional psychological methods in terms of the clinical requirements for personal improvement? What are some of the similarities and differences between Aboriginal traditional psychosocial treatment methods and non-Aboriginal conventional psychological methods? Would healers and clients of healers be similar or different in their views on the subject of clinical conditions?

A review of the literature suggested that the answers to these questions are

largely yet to be determined through research and investigation. There is some literature on traditional healing that provides information about the actions and practices of traditional healers. There is literature related to the Sacred Teachings. And there is some literature on the use of the medicines and other symbols in traditional healing. There is also some information in the literature on the various traditional ceremonies and rituals of Aboriginal traditional healing. However, there was very little information available on the clinical conditions of Aboriginal traditional psychosocial healing and even less on the possibility of any commonality existing between the traditional Aboriginal methods and the western conventional methods of modern psychology.

There were two groups of individuals interviewed in this study. There was a group of four healers, and a group of four recipients of healer services (clients). There were two males and two females in each group. All of them identified themselves as Aboriginal with representation from urban and rural communities. Five of the eight participants had grown up on a reserve or in a rural Aboriginal community, while three grew up in an urban center.

This research was carried out using a qualitative phenomenological methodology. This was to respect the oral traditions of the traditional Aboriginal culture and the wish to try to stay in touch with the life stories and the integrated healing experiences of the participants. It was believed by the researcher that the people who would most likely know something about the answers to the research questions would be people most closely connected to the traditional healing experience, the healers and the clients of healers.

This research effort was based on a theory of how the data would relate to across and within groups and with the current non-Aboriginal psychological practices. Data was brought together under a set of twelve headings. The sixty-nine points that the participants made about the clinical conditions were connected to one of the twelve headings. These were then formulated to apply in a Medicine Wheel context.

The data collected in this research suggests that the answers to the first three research questions noted above are positive ones. Traditional Aboriginal healing seems to have very clear therapeutic conditions. There seems to be a very solid theoretical foundation to support the traditional healing approach. And, the clinical conditions of traditional Aboriginal psychosocial healing methods compare very positively to those of the non-Aboriginal methods. There are definite similarities and differences between the traditional Aboriginal methods and the non-Aboriginal conventional methods used by psychologists today. Finally, there appears to be a substantial amount of overlap and confluence in the views of healers and clients. They seem to differ in emphasis more than in specifics.

In addition to investigating and reporting the therapeutic conditions, an effort was made to capture the essence of the healing experiences of the various individuals that participated in the study by writing a separate chapter about their particular individual experiences as people on the healing path. This was done to try to connect the sixty-nine points in the data to the real experiences of living people. The emphasis in this section was on what took them to the healing road and what they experience while they're there.

The conclusions that are pointed out below are not intended to be exhaustive of what can be drawn from the above discussions. They are intended to give the sense of the scope and range of the conclusions that can be drawn. However, an attempt has been made to be as thorough as possible in this regard. An attempt has been made to place the conclusions in such a way as to show how they relate to each other, and flow from each other. It is hoped that this will create the sense of how the conclusions link together and emerge from the clinical conditions that the participants identified.

As much as possible there has been an attempt to put the conclusions in the context of the harmonious nature of the world of traditional healing and the whole perspective of the Aboriginal culture. Part of the significance of this study lies in the fact that it is based on the Aboriginal view of the confluence of three elements that are closely related to the healing process. They are spirituality, the relationship between all things and the will to be well (Bopp, et. al., 1984; Duran & Duran, 1994; Suzuki, 1997). These connect directly with the four clinical core conditions of traditional healing identified in this study.

### Conclusions

There are twelve conclusions discussed in this section. They are intended to be indicative of the results of the study. They are also intended to be representative of the points made by the participants, and the accounts that the participants provided of their personal experience. Finally, the conclusions are intended to be reflective of the way that the therapeutic conditions of traditional Aboriginal healing

denoted in this report emerged.

### Spirituality is the Driving Force

It is evident that spirituality is the primary driving force behind traditional healing. The whole process is based on the belief that a Creator sits at the center of the Universe. It is based on the Medicine Wheel teachings that have begun to be a focal point in many modern Aboriginal communities. The central idea is that the healing power of the Great Spirit will result in changes in self-perception, behaviour and attitude.

Despite the similarities between the conventional psychological methods and the traditional healing methods that were noted earlier, there are also significant differences. One of these differences is the fact that traditional Aboriginal healing relies heavily on spiritual beliefs, while modern psychology has tended to exclude religious and spiritual components. This is a fundamental difference that should not be taken lightly (McCormick, 1998). This is particularly true in terms of health and wellness treatment issues. As pointed out above, however, there are conventional mainstream practitioners that do rely on faith and spiritualism in their work.

Aboriginal traditionalism views spirituality from the standpoint of the interconnectedness of all things in one universal web and is applied as such to psychosocial healing (LaDue, 1994; Matheson, 1996; Vick, Smith & Herrera, 1998). Aboriginal people who follow the traditional ways believe they are connected to the spirit world of their ancestors and that all things, including the Earth, are alive and spiritual. This has fostered a belief amongst Aboriginal people that we are to live in total harmony with nature (Brant, 1990; LaDue, 1994; McCormick, 2000; Suzuki,

1997). This implies that, according to the Aboriginal traditional world-view, humans are meant to be in harmony with nature and that we cannot separate ourselves from it (Brant, 1990). This reinforces the spiritual aspect of the healing process. Healers argue that this is the reason that the healing works in the first place. Jack, for example, says quite emphatically that, "When we talk about the Creator, of course we mean the Great spirit or god. Of course, when you break it down that's where everything comes from. He gives the knowledge for the healer to be able to apply. I guess, within psychology and psychiatry there is some difficulty, because when you talk about spirits right away. You know...(Jack started to laugh)." Despite the light-hearted manner in which Jack presented his idea of how psychologists and psychiatrists might be inclined to view Aboriginal spiritualism, he points out an important concern. Modern mental health care conceptualizations have traveled so far away from the incorporation of a spiritual element in assessment and treatment that the mere mention of it causes practitioners to start thinking about the possible presence of a treatable illness. Traditional healers, like Jack for example, tend to believe that the absence of spirituality is the problem. Jack clearly sees that the application of spirituality and the presence of a spiritual element is perceived by the conventional psychologist or psychiatrist as being a symptom of mental illness. According to the participants in this study, take away the role of the spirit world and there would not be any healing taking place.

This conclusion is connected to the idea that healing is also dependent on a sense of confidence. This means the client will benefit most when he or she has confidence in the power of the Creator, the healer's ability to tap into the Creator's

healing energy, the healer's good will and the effectiveness of the traditional healing process. Also, the client will be most likely to benefit from the healing effort when the healer has confidence in the same set of conditions. In this context, the word confidence can be seen to imply a kind of optimism about the future once one engages in the healing process. To put it another way, faith or confidence as expressed by the healer and the client is perceived to be essential for using the Creator's positive and supportive energy to achieve the proper perspective on life, a balanced life and inner harmony. The healers and the clients in this study focused on the need to believe that healing can occur. From the viewpoint of traditional healing, this puts the emphasis on the Creator to cause changes in people to occur, but the healer and the client still must take responsibility for their parts in the process. The application of faith in healing in this context implies an active and dynamic process. As Jack put it, "The healer himself or herself is not really the one that actually does the healing. In fact, healing comes from within, but the healer is more of a helper. I guess you could say that we're an instrument that the healing goes through." In the traditional world, healing is believed to take place best when the healer and the client accept the belief that there is a need for a healing spirit in the world. In terms of conventional modern trends, James Hillman (1999) has given voice to an oppositional outlook that challenges the spirit/mind dualistic view of psychology and focuses on spirituality and its role in helping and psychological healing. This type of expression may help to lay a foundation for increased dialogue between Aboriginal healers and psychologists.



## Giftedness and Calling

An important point in regard to scope of practice and areas of expertise is the idea of 'giftedness.' The participants pointed out that they could only do what they do if they have a gift for it. Jack put it in a very clear way when he said, "Sometimes you have to turn down the job, or whatever. This is not the sort of thing I'm going to do, because I'm not able. I don't know exactly what to do, or that somehow there is going to be somebody who can do that better." The healer points out that he must be cognizant of his limits based on one's scope of experience and training and on one's gifts of healing. Another healer while pondering about his role as a traditional healer asked introspectively and seriously, "Am I really this spiritual healer? Do I really have these gifts, and finally, taking that plunge, and then realizing, ya. Why did I argue with myself?" It seems that it is the sense of one's giftedness that guides the way. There is a definite sense of preordination in the taking on of the role of traditional healer. Once a person sees and accepts their gift as a healer, they are aware of a sense of having always known they should do it. It is important to say that some of the participants made comments about the possibility of abuses of the title of healer and the presence of a calling and/or giftedness. Tammy and Morris certainly indicated that some healers have earned their title or have abused their role. There has been concern in the Aboriginal community about fakes, quacks and charlatans masquerading as true healers.

The Healer-Client Relationship is a Core Condition

One of the central conclusions that can be drawn from this study is that healers and clients are engaged in an interactive process, which is the therapeutic relationship. Psychotherapy is considered to be any interaction between two people that is designed to promote personal growth and healing in at least one of the people (McCormick, 1994). When the contract for healing is made through the giving of tobacco, the relationship has begun in earnest and the process is underway. Orvil was one of the more vocal contributors who described the importance of the giving of tobacco. He said at one point in our discussions, "There was different elders, but it was the elder, that I was. That I had passed tobacco to initially, that's the one that had helped me the most." This giving of tobacco to start the healing relationship was a very important concern to Orvil and other participants. How far it goes and what is achieved is dependent on a variety of factors and conditions, but once the tobacco is offered and accepted the healer and the client are each responsible for the inclusion of some clinical conditions in the process. This resembles what some would call the therapeutic contract or the collaborative working alliance (Duran & Duran, 1995; Martin, 2000; Scissons, 1996). It is clear from the data in this study that the participants consider the healer-client relationship to be a significant factor in the success of the healing work.

According to the healers and the clients they each play a more or less significant role or are considered essential in traditional healing. To assist in visualizing the relationship between the healer and the client please see the diagram above (Fig. 2) showing the healer/client relationship.

The healer and client process their relationship interactively in the traditional

healing work that they do together. Morris described a sense of the healing relationship when he said, "And I had certain notions about if you like or love somebody, this is how you treat them. You don't treat them differently. You just treat them with respect and stuff like that." This is consistent with the above discussions in chapter 4. For example as noted above, a healer is expected to bring certain conditions to the process. These would include, among others, credibility, basic attending skills, empathy, respect and genuineness. Another condition that clients expect healers to bring to the process is cultural and spiritual knowledge that can be shared with their clients. On the other hand, the client is expected to bring a willingness to work at the healing process. He or she is expected to engage in the tasks related to self-improvement such as exploring their feelings, trying new behaviours, trying new ways of thinking, trusting others and to exercise their self-will to achieve their goals. When talking about his own healing experience, Dan offered, "Sometimes it depends on how willing you are, and how open you are to it. For myself, things came really fast, but then I never denied it. I accepted the direction so things came quick." There will be a greatly improved possibility of success if the healers and clients provide their prescribed clinical conditions.

There are three notable contexts of the healing conditions that emerged from the overall comments of the healers and clients. The first of these is made up of the therapeutic conditions the healers and clients both identified as being the client's responsibility to bring to the healing process. This category relates primarily to the client's active role, beliefs and attitude toward the healing process. Another context is made up of conditions are the responsibility of the healer to bring to the process.

The third context constitutes the conditions of therapeutic change that the healers and clients agreed they both had to bring to the healing process or develop together during the healing work. Despite these distinctions it is important to remember that the healer and client are engaged in a relationship where there is a clear and obvious power differential. The healer is in a position of relative power, influence and persuasion. This places the onus of responsibility on the healer for the development, integrity, maintenance and application of the therapeutic relationship in the traditional healing process. This is particularly true when he or she is dealing with a person or people who are in relatively powerless positions in society in most other ways.

#### Same Points But Different Emphasis

Another conclusion that can be drawn from the above discussion is that different conditions were considered to be of different importance by the healers and clients in this study. Participants, for the most part, identified the same clinical conditions for healing to occur, but they sometimes placed different levels of importance on them. For example, healers tended to be very focused on the spirituality requirement and the ceremonies and rituals. They really emphasized that the whole process rested on this foundational component and tended to provide extensive descriptions of this part of the process. The clients also focused on this condition but placed less emphasis on it than the healers. The clients tended to be very focused on therapeutic components such as safety, empathy, genuineness, challenges and role modeling. Healers also placed importance on these conditions

but not to the same extent as the clients.

They placed a high degree of importance on many of the same things, despite their differences in emphasis. It would be natural for healers to focus on the spiritual aspect of healing, because they believe that their abilities and gifts come directly from the Creator. At the same time it would be natural for the clients to be more focused on the therapeutic elements because they are likely to be more acutely attuned to the inner experience of their healing.

As the healers and the clients progressed in their discussions about the essentials of effective intervention they had a surprising amount of commonality with each other in regard to the clinical conditions they signified. What was perhaps even more surprising was that it seemed that the client participants seemed to find it easier to describe their perceptions of the therapeutic conditions than the healers. The clients had very similar perspectives with each other while the healers had somewhat more variance in their views from one to the next. They did not vary significantly on the basic points but did notably in one of the significant points of discussion. As noted in Chapter 4, they varied to some extent on the role of ceremonies and rituals. One healer participant placed a huge importance on the ceremonies and rituals, two placed a significant degree of importance and the fourth provided cautionary input about the use of ceremonies and rituals. Nonetheless, healers were still very much alike in their views and opinions on virtually all of the clinical conditions.

This particular healer indicated that she does not have a positive feeling about ceremony and ritual that are based on rigid application of rules and

regulations because of the potential this creates for exclusivity and elitism. She commented in this context on the role of rituals and ceremonies by saying, "I think I do ritual. I do ceremony myself, because there's a beauty in it. But I don't create a whole bunch of rules and regulations that govern that ceremony. My ceremonies are open to women, and I don't care if they are on their moon time. I don't do ceremony if it has anything to do with power and control. I don't agree with it. I have experienced it (exclusivity) my own self, as a woman. I have been to ceremonies, where I was scolded because I didn't walk the right way. That made no sense to me. What that tells me is that somebody has an ego problem. And it's about power and control. And if we continue to treat each other that way, then we cannot for a moment fool ourselves, and say we are practising the seven sacred laws. Because if we are doing that, who are we fooling? You know, I don't believe in that kind of stuff, and I'm not afraid to say it. And I get judged for that, maybe, but it doesn't matter, you know." Other Elders interviewed in this study suggested without reservations or qualifiers that the ceremonies and rituals used are essential to the process and should not be excluded from the healing interventions. The healer giving the cautionary note seemed primarily in agreement with the others except on the point of the wrong and potentially damaging use of ceremonies and rituals.

Also, the clients were remarkably alike within their own group. They seemed to talk about the same things, despite the fact that they come from varied aboriginal backgrounds. This did not seem to impact on how they perceived the conditions for effective therapy to happen. This was especially true of the major conditions, such as empathy, unconditional acceptance, role modeling, the teachings and safety, to

name a few. In relation to the healers, the clients went even further in their assessment of the necessary conditions of effective traditional intervention.

As noted the healers and clients were very alike in their views on what the important conditions are for traditional healing to be effective. As well as having a high level of consistency across the two groups they were also very alike within their own group. As was described above, the healers only seemed to vary from each other on one point related to the use of ritual and ceremony. Other than this they were very alike. Any differences that they did describe were only variations on the theme. They were well within the same zone when it came to describing the necessary conditions for effective traditional healing to take place. There is a significant amount of similarity between the points that the healers and the clients made.

This considerable cross group and intra group similarity is significant for several reasons. First, it implies that the practical application of traditional healing techniques is likely to be applied very consistently from time to time, place to place and person to person. The people that participated in this study are diverse in background and location of origin, and, yet, they provided remarkably similar information. When one attends healing ceremonies and events in different locations, given by different healers and Elders, it is likely they will participate in remarkably similar procedures. There are certainly differences that one will see. For example, some traditional groups will start a sweat lodge from the South or West doors, while other groups invariably start theirs from the East door. These differences seem to be procedural differences based on significant group experience but the human and

experiential content are primarily consistent across such groups. The second reason that the similarity is significant is that healers and clients are likely to be in touch with each other's therapeutic expectations and needs. This common understanding may be foundational in terms of the relative success, to which healers and clients make claim.

Finally, this level of commonality suggests that there is the possibility that the apparent casual and informal nature of traditional healing is not as casual and informal as may be thought. The common ground in expectations and needs for effective healing to take place may appear that way only because the formalities are implied by the common understanding of what is needed by the healers and the clients alike, not stated.

### Spiritual Wellness Not Physical Illness

Another conclusion drawn from the data in this study is that traditional psychosocial healing intervention is based on a spiritual wellness approach rather than a physical illness model. Clients and healers tended to focus more on the road to wellness through problem-focused actions and beliefs rather than on diagnoses, naming illnesses or applying psychotropic medications. Conventional psychology sometimes connects closely to the medically based illness model for interpreting behaviours, thinking and emotional reaction (Brant, 1990; McSwain, 1997). However, there has been doubt expressed about the medical illness approach adopted by psychology and conventional medicine. Szasz (1961) questioned the validity of the mental illness model. He asserted that although mental illness as a



concept made good sense historically, it made no sense rationally. As noted above, Western mental health services have tended to view health and illness in dualistic terms (McSwain, 1997), which has tended to play out in terms of service organization and delivery. This implies certain conditions of assessment and treatment that are derived from what the practitioner perceives as being the root of the problem (Timpson, 1991). Only once during the interviews with the healers and the clients did a participant mention a problem she had as being a psychopathological disorder. Michelle mentioned having an obsessive-compulsive anxiety disorder. Other interviewees talked about being depressed and feeling anxious, or 'losing it', but not in the sense of it being a psychopathological disorder. The issues were presented in the context of being emotional problems for which a person had to find solutions. Healers and clients asserted that since traditional healing is wellness focused it doesn't require a formal diagnosis. The other important piece in this picture is that traditional healers and their clients perceive a person to be a fully integrated being, not pieces that can be separated from one another for the purposes of treatment. According to the participants in this research and other traditionalists the spirit, the body, the intellect and the emotions are one when it comes to healing.

The healers tended to place more emphasis on spiritual imbalance and the role of the Creator in the healing process than they did in terms of any illness. The clients also placed considerable emphasis on this item although not necessarily as frequently or as emphatically as the healers. As noted earlier, clients seemed to place more emphasis on the items that related to things like client safety, empathy,

unconditional acceptance, genuineness and role modeling. The role and place of ceremonies and rituals also connects to this. They were all interested in the role that these played in healing. They all seemed to feel that the ceremonies were of central importance to the healing process. Both the clients and the healers spoke at length about the ceremonies. Their emphasis seemed to be in terms of the overall impact of ceremonies rather than the details of the various ceremonies. This varied somewhat between the two groups, but the role of ceremonies and rituals of the seemed to be perceived relatively the same by all the participants.

#### Success Through Met Conditions

It can be concluded that traditional healing seems to work when the majority of the identified therapeutic healing conditions are met. When the clinical conditions are present traditional healing seems to have the desired impact on the people who seek it out to help solve personal and emotional problems and to generally improve their lives. The client participants interviewed in this study reported that they feel they have benefited from the work that they undertook with traditional healers, and traditional healers reported that they feel have success in their dealings with their clients. The assessment of feeling helped is a common form of evaluating the results of therapy.

The client participants in this study indicated there are certain things done by the healers that promote healing and certain things that do not support healing. For example, a healer who is accepting and understanding of the problems and behaviours of his or her client is more likely to get positive results than a healer who does not do these things. A healer who is not perceived to be genuine or authentic

will be likely to not get positive results from their work and possibly even alienate his or her clientele. Clients expect healers to be able to meet most if not all of the clinical conditions that they identified in this study. They would probably settle for a majority of the conditions. This majority would almost certainly have to include the four core conditions of traditional healing.

### Psychology and Traditional Healing Have Similarities

Aboriginal traditional healing and conventional psychological methodologies appear to have some of the same therapeutic conditions (Duran & Duran, 1995; French, 1993; Wyrostok & Paulson, 2000). Clients of psychologists in the non-Aboriginal community often report that they experience great improvements in their lives after receiving service. Some Aboriginal people who receive service from psychologists report that they too benefit from the experience. Aboriginal people who receive service from traditional healers often report that they benefit from the services they receive. Non-Aboriginal people who receive service from traditional healers also report that they benefit from the experience. Many of the conditions that people report as being important in their healing experiences with psychologists are the same or similar to the ones clients and healers in this study reported as being significant and/or essential in successful traditional healing.

There is some similarity between the traditional healing methods and some of the conventional psychological methodologies. For example, there seems to be a strong similarity between traditional healing and client-centred healing. Clients and healers noted the need to have empathy, genuineness and respect present in order

to have effective healing take place. These are considered to be the core conditions of therapy by client-centred therapists. Also, clients especially emphasized the value of the therapeutic relationship. Healers also noted it but to a lesser extent than the clients. This is a central feature of the client-centred methodology.

In addition to this, there is also some similarity to the cognitive-behavioural school of thought in psychology. For example, the healers in particular emphasized that a person needs to evaluate his or her thinking and problem-solving methods. This is a prime feature of the cognitive method of therapy. The healers and clients also noted the value of presenting challenges and questions to the client. This is also a feature of the cognitive school of thought. Similarly, clients are often encouraged by traditional healers to note the stimulus and response context of their behaviours for later analysis.

Some might be inclined to argue that the connection between the Aboriginal traditional and the modern cognitive approach is an expression of the grass roots approach to treatment united with the more scientific and concrete aspects of the modern psychological perspectives. Indeed, Stich is very taken with the idea of melding what he calls 'folk' psychology and cognitive psychology to form a new marriage of philosophy and psychology. He says, " In short, with the advent of cognitivism, both philosophers and psychologists have concluded that the scientific image of mind and the manifest image have been reunited. A thinly veiled conflict has been replaced by the prospect of active collaboration." (p. 7). The traditional Aboriginal approach is ages old and seems to show an interesting blend of the old and the new.

Data in this study supports the conclusion that a solid basis for psychologists and traditional healers to work together and to learn from each other may be possible to develop. We have seen how there are similarities between the two approaches although there are clearly differences in worldview. We have also seen that there are already efforts underway by some healers and psychologists to work together. Medical doctors, social workers and educators seem to be more advanced in this area than psychologists. The similarities between the two areas may lead to more energy being applied to the development of guidelines that can help give direction to non-Aboriginal professionals and traditional healers as they work cross-culturally together in the Aboriginal community. However, as pointed out by McCormick (1998), there is still a great need for caution and consideration in terms of psychologists and other mental health professionals working cross-culturally and inter-culturally. He indicates that, while there is greater awareness of the cross-cultural issues in psychological service and psychologically based research, there is still a tendency to try to apply methods of healing from the standpoint of mainstream cultural perspectives.

#### Cultural Content Essential to Healing

The generous infusion of culturally significant information, both in terms of content and process, along with spirituality and ceremonies is a very significant factor in the healing process and its success (Herring, 1990). It would appear from the comments by the participants in this study, that there is a strong possibility that the most significant factor applied in conjunction with spirituality and ceremonies is

information and encouragement around the application and learning of cultural practises, beliefs and attitudes. Morris really emphasized the importance of culture and traditions, as did other participants. When referring to traditions and culture at one point in our talks together, he said, "When I think about, are we getting out of whack with our traditions and stuff like that. What I do is I think about my grandmother and her behaviour. How did my grandmother live, and how did she do things?" To the traditional healer and their traditional clients, to look back is an essential element of the healing process. To do it together is a part of the healing relationship and the culture.

Each of the clients and the traditional healers interviewed in this study emphasized the importance of the teachings. The teachings are directly connected to cultural knowledge and behaviour. They are also very connected to spirituality, since they are believed to come directly from the Creator. The teachings carry significant moral weight and act as guidelines for behaviour for both the healer and the client (Brant, 1990; LaDue, 1994; Ross, 1995). It seems that the participants in this project feel very strongly that the traditional knowledge they gained was central to their healing and teaching. It seems to be connected to the discovery of identity. Morris offered some important information in this regard when he said,

It was being reborn. All these other things about the pipe and what it meant. Tobacco and realizing that, and that I'm educated about things too. All of a sudden things started coming together for me as I grew in that. As I learned more and more the drum things happened. Again after that, and now I'm into it. And we went to pick up our drum. And they came to get me. And that

drum opened up the door for so many in that community. I was thinking actually of maybe I might do my master's thing on that, on the effect of that drum coming home kind of thing. And doing something on that maybe, about the quality of the traditional experience.

Morris asserts the importance of the traditional experiences he had as he made progress on his healing path.

### Conventional Methods Less Effective With Aboriginal People

The fact that conventional psychology does not include Aboriginal cultural content or spirituality when responding to the needs for treatment in Aboriginal people it may not be as effective as it is with non-Aboriginal people. LaDue (1994), Darou (2000) and McCormick and Amundson (1997) all suggest that it is necessary to speak to the issue of the effectiveness of conventional psychological methods when applied to Aboriginal people. Several of the clients in this study mentioned that they had been to conventional sources of support with somewhat varying results. Orvil offered some of his experience on this matter when he said, "I had a counsellor who was counselling me. It was my first year at university. She was talking about traditional values, you know. I think it was in my interest in just letting her talk." There seems to be a hint of inter-cultural work going on the way Orvil described it. It seems to have had some benefit for Orvil. Also, despite the common ground and favourable comparisons between the traditional methods and the modern conventional methods, there seems to be significant difference between the two (Brant, 1990; LaDue, 1994; McCormick, 1994, 1997, 2000). An Aboriginal

person it seems may not benefit as much from conventional psychology as he or she would from traditional healing because of the lack of cultural suitability (McCormick, 2000; Renfrey, 1992).

The conventional psychological methods are inextricably born out of European and mainstream North American culture. The implication of this is crucial to the non-Aboriginal practitioner and the Aboriginal practitioner alike. As noted above, if they hope to be successful with Aboriginal clients, they will need to incorporate cultural knowledge, spirituality and ceremonies in their work. For the Aboriginal practitioner this may be a very viable possibility, whereas, for the non-Aboriginal practitioner this could be a real liability (Darou, 1999; LaDue, 1994; McCormick and Abraham, 2000) and next to impossible to do with authenticity.

#### Healers Are Holistic and Integrative

Traditional healers, by the account of the participants in this research, work in a holistic manner that views the person as being made up of a number of components. Each of these is considered to be significant in the healing process and therefore needs to be addressed accordingly. This holism is based on the Medicine Wheel philosophy, which postulates that a person is made up of a mind (cognitive processes), emotions, a spirit and a body. Following from this, the traditional healer uses methods of intervention that will respect and honour each of the four areas of a person's being. In this sense, the healer will not see boundaries between the areas but will rather see them as connected and related expressions of the same person. For this reason, a traditional healer will use intervention



techniques that address the inner experience of the mind, emotional imbalance, spiritual cohesiveness and physical symptoms.

From the view of the conventional psychologist the traditional healer would be seen as drawing on the four major areas of psychological theory: cognitive/behavioural psychology, humanistic psychology, behavioural psychology and psychodynamic theory. However, the traditional healer is likely to not see a difference between the methods of intervention any more than he or she would see the person as being reduced to various psychological components. From this standpoint, it is important to point out that the traditional healer has a methodology that incorporates a variety of mechanisms rather than being seen as a method that draws on the conventional psychological methods and uses them in an eclectic approach. The method is distinctive in its holism and its integrative nature. The methodology of the eclectic therapist of modern psychology seems to somewhat resemble the traditional healer methodology. The eclectic therapist uses interventions that seem to work rather than sticking to one discrete method or another. They seem to have more holistic view of a client's needs than therapists who are locked into one style of intervention.

#### Healers Work in Areas of Competence

Another conclusion that can be drawn from the data is that healers tend to work from what they perceive as their area of competence. This includes what the Elder/healer feels they have been trained to do as well as their belief in the range or scope of their influence as a healer. For example, one healer pointed out that she is

not capable of healing a person. She said, with seriousness and earnestness, "And I don't believe that anybody, I don't care who you are or what kind of medicine you carry, has the ability to change another human being. You don't. We can give them information. We can sit with them, and listen to them. We can cry with them. We can laugh with them. We can feel their pain. We can do all these things, but inevitably, we cannot change another human being." According to this healer the person must heal himself or herself. She can point out important concerns and information, she can empathize and be with the person among other things but in terms of the actually healing, it is up to the client to take the brunt of the responsibility for change.

This implies that traditional healing, although it is considered by some to be more art than science because of its apparent intuitive image, is fundamentally skill based. Effectiveness in traditional healing requires that the healers have skills and knowledge about the causes of life problems and the processes related to achieving personal improvement and internal harmony. As is the case with mainstream users of psychological services, the prognosis for improvement in Aboriginal traditional clients seems to be better if they believe that the process will be helpful and that the healer has competence.

### Traditional Healing Has Theoretical Foundations

Aboriginal traditional healing is based on a strong theoretical foundation. The participants in this study pointed out that there are certain theoretical elements in traditional healing that come from the Medicine Wheel philosophy. Traditional

healers use these theoretical foundational building blocks to plan, prepare and carry out their healing work.

The Medicine Wheel includes a theory of personality development. It is related to the Medicine Wheel theory about the nature of life and the place of humans within Nature. There appear to be two central components to this (Bopp, et. al., 1985). First, there is the idea that a healthy personality is based on the existence of balance. What this refers to is the balance between the mind, body, emotions and spirit. A well-balanced person is able to deal with his or her inner and external experience in a well-adjusted and happy manner. The second component is free will. This is the idea that people have the ability to make choices in life. People can choose to be on the road to addiction, dependency, etc., or they can choose a different path (Bopp, et. al., 1985; Cardinal, personal communications, 2002; Courchene, personal communications, 2002). This makes the individual responsible for their decisions and life-styles.

The Medicine Wheel also includes a theory of human development (Bopp, et. al., 1985). According to the Medicine Wheel philosophy people go through stages of development. They are infancy/childhood (the east door), teen/young adulthood (the South door), adulthood (the West door) and old age (the North door). In each of these stages a person is expected to achieve certain things and to be given certain gifts in life. If the gifts are received and the achievements are completed the person will have a satisfying life and, if not, life will be more difficult than it might otherwise be. Traditional spiritualism asserts that people need to be open to the guidance of the spirits of their ancestors. According to the traditional healer, if they are not they

will not know the proper path they are supposed to take in life. This will then lead to difficulties in a person's life.

These four aspects of growth based on the Medicine Wheel philosophy--- emotional development, cognitive development, physical development and spiritual development---that form the basis for a theory explaining how and why people will develop problems in life. These four aspects are believed by traditional Aboriginal people to be interconnected and inseparable. They believe that people who have not developed in balanced way in these four areas will develop maladjusted ways of being in the world and will not behave in a pro-social way. They will make bad choices and will not exercise their personal abilities in a way to contribute to the greater good of their families and society. In the eyes of Aboriginal traditionalists psychological wellness is largely, if not totally, an issue of imbalance in the relative roles of the four aspects of the Medicine Wheel.

### Recommendations

There are eight recommendations listed here that have emerged from the results and conclusions of this study. They also are intended to reflect the relationship between the various clinical conditions that arose. The recommendations made relate to the need for non-Aboriginal professionals to exercise caution when applying Aboriginal culture in their work, the need more research on psychologist/healers collaboration, the need for further study of the twelve clinical headings that arose from the data in this study, the need for research to be conducted in a de-colonizing spirit and the need for caution about co-opting Aboriginal methods and people into mainstream programs and professions.

### Caution Is Needed

One of the recommendations from this study is for non-Aboriginal practitioners to be wary about trying to incorporate traditional cultural methods into their practices (McCormick, 1994). LaDue (1994) points out that it is a dangerous thing to do because of the possibility of doing more damage than good. She tries to point out that some professionals in the non-Aboriginal community have tried to apply their limited knowledge and cross-cultural experience. Darou, Kurtness and Hum (1993; 2000) also points out that the possibility of adding to social oppression and identity confusion may be increased by providing services or doing research that are not culturally suitable for Aboriginal people. McCormick and Amundson (1997), out of concern for cultural integrity and suitability and the well being of Aboriginal people, have developed a method of doing career counselling with First Nation people. They have tried to respond to the newly emerging needs of Aboriginal people for a variety of social and psychological services, but with culture and social context in the forefront.

Too often non-Aboriginal practitioners go beyond their limits by using what they think is an adequate knowledge of Aboriginal culture but which is really a very superficial understanding of a few ideas or behaviours (Darou, Kurtness & Hum 2000; LaDue, 1994). LaDue indicates that there has been a significant wave of thievery of Aboriginal culture over the years since colonization. She suggests that this has worked to the detriment of Aboriginal people. She is fearful that the interest being shown in recent years by human service professionals from the non-Aboriginal community will result in more negative outcomes for the Aboriginal community. She

cites such practices in the non-Aboriginal community as using Aboriginal words and names for things like professional sports teams and other commodities, particularly automobiles. Real estate is certainly another of the commodities where Aboriginal names and titles have been used extensively. Just as important is the current practice of non-Aboriginals attending ceremonies such as sweat lodges and then behaving as though they know what Aboriginal culture is. Aboriginal people see understanding the spiritual and collective nature of Aboriginal culture as a way of life that is ingrained over a lifetime.

Reaching into Aboriginal culture for treatment ideas by human service professionals is almost epidemic. There is justifiably a strong interest in doing this to try to be more relevant for the Aboriginal person who seeks help. Social and health agencies in the non-Aboriginal community are trying to tap into Aboriginal culture to try to be more responsive and culturally suitable. This is an admirable goal but there is a need for collaboration, due respect and caution.

All too often people who do this only end up modifying or distorting the Aboriginal method to try to fit it into the non-Aboriginal mould. The cultural component lifted into the non-Aboriginal world is often watered down and/or distorted from its original meaning (Darou, Kurtness & Hum, 2000). According to LaDue, and others, it is important to have a very watchful eye on this activity.

#### Research Into Psychologist/Healer Collaboration

More research needs to be done on the viability of psychologists working together with traditional healers. This would help to gain an understanding of how to

work cross-culturally and to more clearly determine areas of commonality and difference. Although there has been some work of this nature done (LaDue, 1994; McCormick, 1997; Young, Swartz and Ingram, 1989), there is more work required to explore the possible range and scope of this type of collaboration. It would also highlight the needs for more effectiveness in psychotherapy and counselling with Aboriginal people. Aboriginal people are using psychological services at a rate higher than ever, which creates an increased need to focus on the issues of collaboration and cooperation between traditional healers and psychologists.

As noted, some Aboriginal writers have provided important guidelines for psychological assessment and intervention when a non-Aboriginal person is working with Aboriginal people (Brant, 1990; Darou, et. al, 2000; LaDue, 1994). Brant (1990) gives very valuable information about some of the ethics of Aboriginal behaviour. He points out the issues of cooperation and collectivism and the importance of maintaining accord within groups. Also, LaDue (1994) provides context for some of the things that a non-Aboriginal person needs to be aware of in terms of understanding the depth of the concepts and experience of Aboriginal traditionalism. She points out the traditional Survival Pact that dictates how people would need to deal with each other when dealing with the harsh climates of North America. These give a degree of information that is very helpful but there also needs to be much more work done on the viability of cross-cultural clinical interventions with Aboriginal people, before it can be done with any level of assurance that a person is actually helping, and not doing harm.

Further investigation into this by Aboriginal researchers, or non-Aboriginal

researchers working with Aboriginal researchers, could be helpful in this area. There is no doubt that non-Aboriginal people will be involved in helping with the problems that Aboriginal people face but the answer is not in more cultural copycatting or cultural thievery. The answer lies in autonomous program and service development and, where suitable, equal participation from the two communities in the development of methods and services that can be of benefit to both.

From personal experience in several settings this writer is aware that there has been this type of collaboration happening. Health Canada contracts with psychologists, psychiatrists and other mental health care professionals on a regular basis to go to various First Nation communities to provide assessment and counselling services. In a number of instances, the professionals have been connecting with Elders in the communities to discuss strategies for culturally appropriate interventions. In some cases, the collaborations have been short-run, and in others they have been ongoing. Some have involved only one person or family, while others have been in conjunction with a number of situations.

While working at the University of Manitoba this writer has worked closely with the Aboriginal Student Centre in providing psychological and traditional healing services for various Aboriginal students. Some of the collaboration there has been with the resident Elder at the centre. Additional collaborations have occurred between this writer and the general student advising staff of the Aboriginal Student Centre and the Access Programs. This effort has included cross referrals, assessments, consultations and ongoing interventions. The result so far has been



very encouraging. It seems possible for psychology professionals and traditional healers to work together toward improved and more complete service for people in need. However, it requires more equality-based investigation to see to what extent this might be possible, and under what conditions.

Also, this writer has had personal experience with the Aboriginal Health and Wellness Centre of Winnipeg as a founding board member and as a professional service provider. This has been an ongoing relationship between the writer and the Aboriginal Health and Wellness Centre that has fostered the formalized Men's Healing Program under the funding of the Aboriginal Healing Foundation. It has proven to be a very helpful resource for treatment and assessment of men in distress due to the various influences of the residential school system in Canada. At all times the emphasis is on working in the traditional ways. Several healers have been in consultation with me to work toward better and more varied service. The participants in the program report benefits from this approach.

There seems to be very strong evidence that further research into this area would be very helpful. The people asking for help would possibly benefit from even better service and support. This is not to imply that one or the other of these approaches is inadequate as a stand alone method, but rather that they each may be able to enhance the effectiveness of the other. Psychology as a discipline and a profession would likely benefit from the more culturally relevant approach and the traditional way would likely benefit from the wealth of knowledge amassed by psychologists and other mental health disciplines. The eclectic and integrative approach of the elders could be a major resource in assisting psychologists to do

meaningful work amongst Aboriginal people and non-Aboriginal people. And psychologists could be a major resource for elders when they encounter areas of deep imbalance with people and where they might feel a need to reach out for supportive consultation or referral. As this research project suggests, these two worlds may not be as far apart in their methods as some might have thought before. However, there are significant differences between the two that need to be recognized and respected. This can only be done in an atmosphere of cooperation, collaboration, mutual respect and trust. Further research into this would be helpful in establishing the strengths and weaknesses of a collaborative model.

#### Investigation Into the Twelve Clinical Areas

Another important recommendation is that there should be more investigation into the various headings and categories described in this report. The results of this study led to the description of twelve different clinical headings that include the various therapeutic conditions identified in the data. Each of these headings could serve as a topic area for further research and each of the included sub-headings could also serve as a basis for further research. It would also be useful to have research done that took more than one heading and made comparisons as to their relative importance in the traditional healing ways.

#### Healer Interventions and Levels of Dysfunction

Another recommendation from the above data is for an Aboriginal researcher to look at the perceived conditions and successes from the standpoint of varying

levels of client distress. For example, a researcher could look at the results of traditional interventions with people who have had a long-term psychological disability such as chronic depression, schizophrenia or anti-social personality disorder. This could be compared to the results associated with issues such as emotional distress due to relational break down, transitional life issues, career issues, etc.

#### Traditional Healing Influences On Cultural Development

Another area of interest for further study of Aboriginal traditional healing practices would be the role of the clinical conditions denoted in this project in relation to recapturing and reconstructing Aboriginal culture. The general consensus among Aboriginal people who are familiar with the traditional healing ways seems to be that the role of traditional healing is essential to the recovery of Aboriginal culture. It would be helpful to have more Aboriginal researchers look more closely at the role of the clinical conditions in order to see what role they may be playing in this area.

#### Clinical Conditions and Counselling

Another recommendation is that the research being conducted into traditional healing be extended to include satellite areas such as couple counselling, career counselling and personal growth. Work has already begun in this area (Darou, 2000; McCormick and Amundson, 1997). These have tended to advise on the matter of cultural suitability in the methods involved, but it would help to give more information on the effectiveness as it relates to the conditions of therapeutic change.

### Avoiding Absorption

It is recommended that further research be done into the issues related to the potential for co-opting Aboriginal traditional healers into mainstream medical and human services. Healers are being invited to non-Aboriginal workshops, seminars, conventions and other gatherings to talk about their work. It is possible that traditional healing and traditional healers may be at risk of being co-opted into the medical model of human illness and development. There are some people in the healing and medical fields who still find it difficult to distinguish between the two. There is the possibility that some people will have the same difficulty in seeing the differences between psychology and traditional healing. Authenticity is a very scarce resource in the troubled modern world. Often people are looking for panaceas and quick fixes. One of the dangers is that traditional healing may become a sub-component of the mainstream professions such as nursing, medicine and psychology. Other health care providers in the non-Aboriginal world have succumbed to this temptation or have been co-opted in the past.

Traditional healing may be at greater risk of this than many might think. In addition to the above points, about inviting the traditional healer into conventional medical professional gatherings, the medical professions have very aggressively recruited from the ranks of Aboriginal young people, which is a powerful step toward this possibility. The qualities and uniqueness of traditional healing methods is not immune or invincible to outside manipulations, and, therefore, needs to be nurtured, and monitored, just like any other culturally and socially significant indigenous

activity. One needs to only look at the warnings and cautions provided by people like Brant (1990), LaDue (1994) and McCormick (1997).

### Decolonizing Research

It is recommended that all further research into Aboriginal traditional healing, or any other aspect of Aboriginal life, be conducted from the standpoint of decolonization (LaDue, 1994; Smith, 2000). In other words, any research that is done into traditional healing should be done from the view of Aboriginal writers and researchers. There is certainly also room for collaborative research between Aboriginals and Whites. Smith (2000) has supplied a range of recommendations about how to conduct academic investigation so that it does not further the already extensive elements of colonization and its attending oppression. Attneave (1989) asserts that there are certain responsibilities that lie with the researcher to help resolve ethical issues in intercultural research. She also asserts that the community shares some responsibility for what goes on in research practice. The suggestion seems to be that there is a partnership that needs to develop in the encouragement of decolonizing and culturally sensitive research.

Also, Peat (1994) has given some very valuable information about indigenous science and how it was applied in the past. He also shows how indigenous formed the foundation for past research and investigation in the indigenous populations of long ago. Research done by people in ways that do not respect and enhance a culture could be an agent of further negative influence on indigenous cultures. It is recommended that any investigation that is done into this or any other areas of

indigenous practices should be done by using de-colonization methods and indigenous science (Peat, 1994; Smith, 2000). If this is done it will help to ensure that the work is useful to indigenous people wherever they are. Peat (1994) points out the variety of ways that Aboriginal North Americans developed and carried out scientific activities long before the Europeans arrived. It is only cultural arrogance that caused Europeans to believe that the indigenous population did not have a scientific approach to life (Peat, 1994). If the standard methods of research are used in future and current research there will be more negativity, misunderstandings and errors.

#### A Final Comment

Aboriginal traditional healing is still in a stage of reclamation and rebuilding. This makes it fragile and open to possible criticisms and distortions. It is important that healers recognize this as a part of the current reality, so that they can work in a manner that reinforces the teachings and the other theoretical building blocks of treatment and assessment in their psychosocial interventions. Clients in this research have made it clear that they prize the positive and genuine behaviours of healers. More broadly put, they see the role of the healer as not only being important to the individual client but also to the whole community. There is no room for quacks, charlatans and, as Morris so deftly and directly put it, 'bullshitters'. In conjunction with this, it is equally important for mainstream practitioners to refrain from trying to control, dominate, reshape or marginalize the work and efforts of Aboriginal people to develop and apply their own cultural and community realities to

their own healing process. Many Aboriginal writers have pointed this out in many ways over the last thirty or so years. This group, which includes Brant, McCormick, LaDue, Duran and Duran, Mehl-Madronna, and many others, has developed a very strong voice, which is gaining momentum daily. There are also writers from the mainstream, much to their credit, who have been giving voice and support to this important concern. They must continue to do so in an effort to head off possible disruptive and damaging influences to the emergence of an approach to psychological healing that may be a significant and leading contribution to the recapturing of all that is important in understanding the human mind and human emotions.

## Bibliography

- Aboriginal Languages of Manitoba, Inc. (2001). *Health and the Land: Elders Gathering*. ALM, Winnipeg
- Adams, H. (1995) *A Tortured People: The Politics of Colonization*. Theytus Books, Penticton
- Angel, M. (2002). *Preserving the Sacred: Historical Perspectives on the Ojibwa Midewiwin*. The University of Manitoba Press, Winnipeg
- Attneave, C. (1989). Who has the responsibility? An evolving model to resolve ethical problems in intercultural research, *American Indian and Alaska Native Mental Health Research*, 2(3), Spring
- Bancroft, J. and Graham, C. (1996). Crisis intervention. In Sydney Bloch (Ed.) *An Introduction to the Psychotherapies*. Oxford University Press, Oxford
- Beauvais, F. (1989). Limited notions of culture ensure research failure, *American Indian and Alaska Native Mental Health Research*, 2(3), Spring
- Benton-Banai, E. (1988). *The Mishomis Book: The voice of the Ojibwa*. Indian Country Communications, Inc., Hayward, Wisconsin
- Berg, B.L. (2001) 4th ed. *Qualitative Research Methods for the Social Sciences*. Allyn and Bacon, Toronto
- Bopp, J., Bopp, M., Brown, L. and Lane, P. (1985). *The Sacred Tree*. Four Worlds Development Press, Lethbridge
- Brant, C. (1990). Native ethics and rules of behaviour. *Canadian Journal of Psychiatry*, 35, 534-539



- Briere, J. (1996), 2<sup>nd</sup> ed. *Therapy for Adults Molested as Children: Beyond Survival*. Springer Publishing Co., New York
- Brown, D., (1990) *Bury My Heart At Wounded Knee*. Henry Holt and Co, New York
- Brown, J.S.E. and Brightman, R. (1990). *The Orders of the Dreamed: George Nelson on Cree and Northern Ojibwa Religion and Myth, 1823*. University of Manitoba Press, Winnipeg
- Bumsted, J.M. (1996). *The Red River Rebellion*. Watson-Dwyer Publishers, Winnipeg
- Claxton-Oldfield, S., & Keefe, S., (1999). Assessing stereotypes about the Innu of Davis Inlet, Labrador, *Canadian Journal of Behavioural Science*, 31:2
- Cockerham, W.C. (2000). *The Sociology of Mental Disorder*. Prentice-Hall, New Jersey
- Corrigan, S., and Barkwell, L. (Eds.) (1991) *The Struggle for Recognition: Canadian Justice and the Métis Nation*. Pemmican Publications, Inc., Winnipeg
- Darou, W., Kurtness, J. & Hum, A. (2000). The impact of conducting research with a First Nation, *Canadian Journal of Counselling*. Vol. 34:1
- DeGroot, H. (1988). Scientific inquiry in nursing: A model for a new age. *Advances in Nursing Science*, 10.
- Denzin, N.K. & Lincoln, Y. S. (2003). Introduction: The discipline and practice of qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds). *Collecting and Interpreting Qualitative Materials*, Sage Publications, Thousand Oaks

Dickason, O.P. (1997) *The Myth of the Savage: And the Beginnings of French Colonialism in the Americas*. University of Alberta Press, Edmonton

Drummond, L. (1996). Behavioural psychotherapy. In S. Bloch (Ed), *An Introduction to the Psychotherapies*, 3<sup>rd</sup> edition. Oxford University Press, Oxford.

Dufrene, P.M., & Coleman, V.D. (1994). Art therapy with Native American clients: Ethical and professional issues. *Art Therapy: Journal of the American Art Therapy Association*, 11, 191-193.

Duran, E. & Duran, B. (1995) *Native American Postcolonial Psychology*. State University of New York Press, New York

Fontana, A., & Frey, J. (2003). The interview: From structured questions to negotiated text. In N.K. Denzin & Y.S. Lincoln (Eds). *Collecting and Interpreting Qualitative Materials*, Sage Publications, Thousand Oaks

Frank, J. (1996). What is psychotherapy? In S. Bloch (Ed), *An Introduction to the Psychotherapies*, 3<sup>rd</sup> edition. Oxford University Press, Oxford.

Frankl, Viktor, (1970). *Man's Search for Meaning: An Introduction to Logotherapy*. Washington Square Press, New York

Freire, P. (1990). *Pedagogy of the Oppressed*. Continuum Press, New York.

French, L. A. (1997). *Counseling American Indians* University Press of America, Inc., Lanham

Frideres, J. S. (1998) *Aboriginal Peoples In Canada: Contemporary Conflicts*. 5<sup>th</sup> Ed., Prentice Hall Allyn and Bacon Canada, Scarborough

Freud, S. (1986). A note on the unconscious in psycho-analysis. In A. Freud, (Ed). *Sigmund Freud: The Essentials of Psychoanalysis*. Penguin Books, Middlesex

Goodchild, P. (1984). *Survival Skills of the North American Indians*. Chicago Review Press, Chicago

Heilbron, C. and Guttman, M. (2000). Traditional healing methods with First Nation women in group counseling. *Canadian Journal of Counselling*. 2000, Vol. 34:1

Herring, R. (1990). Understanding Native-American values: Process and content concerns for counselors. *Counseling and Values*, Vol. 34(2)

Hillman, James, (1999) *The Force of Character and the Lasting Life*. Random House, New York

Hoig, S. (1989) *The Cheyenne*. Chelsea House Publishers, New York

Holliday, A., (2002). *Doing and Writing Qualitative Research*, Sage Publications, Thousand Oaks

Jamieson, K. (1978) Indian Women and the Law in Canada: Citizens minus. *Advisory Council on the Status of Women and Indian Rights for Indian Women*, Ottawa

Johnson, D. & LaDue, R. (1992). The function of traditional healing: A cultural and community process, *Focus*, Winter

Johnston, B. (1995) *The Manitous: The Spiritual World of the Ojibways*. Key Porter Books, Toronto

- Karasu, T. (1996) Ethical issues in psychotherapy practice. In S. Bloch (Ed), *An Introduction to the Psychotherpies*, 3<sup>rd</sup> edition. Oxford University Press, Oxford
- Kaufert, J.M. & O'Neil, J.D., (1989). Biomedical rituals and informed consent: Native Canadians and the negotiation of clinical trust, *Social Science Perspectives on Medical Ethics*.
- Knudtson, P. and Suzuki, D. (1992) *Wisdom of the Elders*. Stoddart Publishers, Toronto
- Kulchyski, P., McCAskill, D. and Newhouse, D. (Eds.) (1999) *In the Words of Elders: Aboriginal Cultures in Transition*. University of Toronto Press, Toronto
- Locust, Carol, (1995) The impact of differing belief systems between Native Americans and their rehabilitation service providers, *Rehabilitation Education*, Vol. 9, No. 2
- Malone, J. (2000). Working with Aboriginal women: applying feminist therapy in a multicultural counseling context, *Canadian Journal of counseling*, vol. 34:1
- Martin, D. (2000). *Counselling and Therapy Skills*. 2nd Ed., Waveland Press, Prospect Heights, Il.
- Matheson, L. (1996). Valuing spirituality among Native American populations, *Counseling and Values*, vol. 41: 1, 51-58
- Matthews, M. and Roulette, R. (1996). Fair Winds Dream: Naamiwan Obaawajigewin. In J.S.H. Brown and E. Vibert *Reading Beyond Words: Contexts of Native History*. Broadview Press, Peterborough, Ont.

McLean, P.D. & Woody, S.R. (2001). *Anxiety Disorders in Adults: An evidence-based approach to psychological treatment*. Oxford University Press, Oxford

McCormick, R.M. (2000) Aboriginal traditions in the treatment of substance abuse, *Canadian Journal of Counseling*, Vol. 34:1

McCormick, R.M. (1998) Ethical considerations in First Nation counselling and research, *Canadian Journal of Counseling*, Vol. 32:4

McCormick, R.M. (1994). *The Facilitation of Healing for the First Nations People of British Columbia*. Thesis: University of British Columbia, Vancouver

McCormick, R.M. (1997). Healing through interdependence: The role of connecting in First Nations healing practices. *Canadian Journal of Counseling*, 31(3), 172-184.

McCormick, R.M. and Amundson, N.E. (1997). A career-life planning model for First Nations people, *Journal of Employment Counselling*, 34(4), 171-179

McKenna, John, (2000). On being at both center and circumference: the role of personal discipline and collective wisdom in the recovery of soul. In Miller, M. and West, A. (eds.), *Spirituality, Ethics, and Relationship in adulthood: Clinical and Theoretical Explorations*, Psychosocial Press, Madison, Conn.

McSwain, K. (1997). First Nations mental health connection. In Oakes, J. and Riewe, R. (eds). *Issues in the North*. Vol. 2

Mehl-Madrona, L. (1997) *Coyote Medicine: Lessons from Native American Healing*. Fireside, New York

Meadows, K. (1990) *The Medicine Way*. Element Publishers, Dorset

Menon, S.T., (1999). Psychological empowerment: Definition, measurement and validation, *Canadian Journal of Behavioural Science*, 31:3.

Miller, M., (2000). Introduction: new visions for adulthood in the postmodern era. In Miller, M. and West, A. (eds.), *Spirituality, Ethics, and Relationship in adulthood: Clinical and Theoretical Explorations*, Psychosocial Press, Madison, Conn.

Miles, M.B. & Huberman, A.M., (1994). *Qualitative data analysis: An expanded sourcebook (2nd Ed.)* Sage Publications, Thousand Oaks

Morrisette, P. (2003). First Nations and Aboriginal counsellor education. *Canadian Journal of Counselling*, Vol. 37:3

Morrison, B. & Wilson, C. (1995) *Native Peoples: The Canadian Experience*. (2nd Ed.) McClelland and Stewart, Inc., Toronto

Muller, R., Goh, H., Lemieux, K. and Fish, S. (2000). The social supports of high-risk, formerly maltreated adults. *Canadian Journal of Behavioural Science*, 32:1, 1-5

Myers, D. (2000) 6<sup>th</sup> ed. *Psychology*. Worth Publishing, New York

Ningewance, P.M., Roulette, R., Ironstand, G. and Mercredi, J. *Anishinaabemodaa: Becoming a Successful Ojibwa Eavesdropper*. Manitoba Association of Native Languages, Winnipeg

Oakes, J., Riewe, R., Kinew K. and Maloney, E. (1998) *Sacred Lands: Aboriginal World Views, Claims and Conflicts*. Canadian Circumpolar Institute and the University of Alberta Press, Edmonton

Pear, J. (1999). *Approaches to Psychological Science: Humanism*,

*Psychodynamics, Cognitivism and Behaviourism*, University of Manitoba, Winnipeg

Peat, F. (1994) *Lighting the Seventh Fire: The Spiritual Ways, Healing and Science of the Native American*. Birch Lane Press, New York

Persons, J. (1989). *Cognitive Therapy in Practice: A Case Formulation Approach*. W.W. Norton, and Co., London

Peterson, J. and Brown, J. eds. (1993) *The New Peoples: Being and Becoming Metis in North America*. The University of Manitoba Press, Winnipeg

Pettipas, K. (1994). *Severing the Ties that Bind: Government Repression of Indigenous Religious Ceremonies on the Prairies*. The University of Manitoba Press, Winnipeg

Renfrey, G. (1992). Cognitive-behavior therapy and the Native American client, *Behaviour Therapy*, 23, 321-340

Report on the Royal Commission on Aboriginal Peoples, (1996). *Gathering Strength* Vol. 3. Canada Communication Group Publishing, Ottawa

Report on the Royal Commission on Aboriginal Peoples, (1996). *Perspectives and Realities* Vol. 4. Canada Communications Group Publishing, Ottawa

Restoule, B. (1999) *Healing in Ojibwa first Nation communities: Investigating the relationship among acculturation, health and identity*. Unpublished doctorate thesis, Queen's University, Kingston, Ont.

Rogers, C. (1961). *On Becoming A Person*. Houghton Mifflin. Co., Boston

Roseau River Chapter, Three Fires Society, (1990). *The Creek Study: An Anishinabe Understanding of the Petroforms in the Whiteshell Provincial Park*.

Three Fires Society, Ginew, Manitoba

- Ross, R. (1992). *Dancing With A Ghost: Exploring Indian reality*. Octopus Books, Markham, Ont.
- Ross, R. (1996) *Returning to the Teachings: Exploring Aboriginal Justice*. Penguin Books, Toronto
- Ryan, G.W. and Bernard, H.R. (2003). Data management and analysis methods. In N.K. Denzin & Y.S. Lincoln (Eds). *Collecting and Interpreting Qualitative Materials*, Sage Publications, Thousand Oaks
- Scissons, (1993). *Counseling for Results: Principles and practices of helping*. Brooks/Cole Publishing, Pacific Grove, California
- Sealy, D.B. & Lussier, A.S. (1975). *The Metis: Canada's Forgotten People*. Pemmican Publications, Inc., Winnipeg
- Smith, L. T. (1999) *Decolonizing Methodologies: Research and Indigenous Peoples*. Zed Books, Ltd., London
- Stewart, J.B., (2002). Using the culture grid in culture-centered assessment, *Guidance and Counselling*, Vol. 18, No. 1
- Stich, S.P., (1983). *From Folk Psychology to Cognitive Science: the case against belief*. MIT Press, Cambridge Mass.
- Strauss, A. & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*, Sage, Newbury Park
- Suzuki, David (1997) *The Sacred Balance: Rediscovering Our Place in Nature*. Greystone Books, Toronto
- Szasz, T. (1961). *The Myth of Mental Illness: Foundations for a theory of personal conduct*. Harper & Row, Publishers, New York



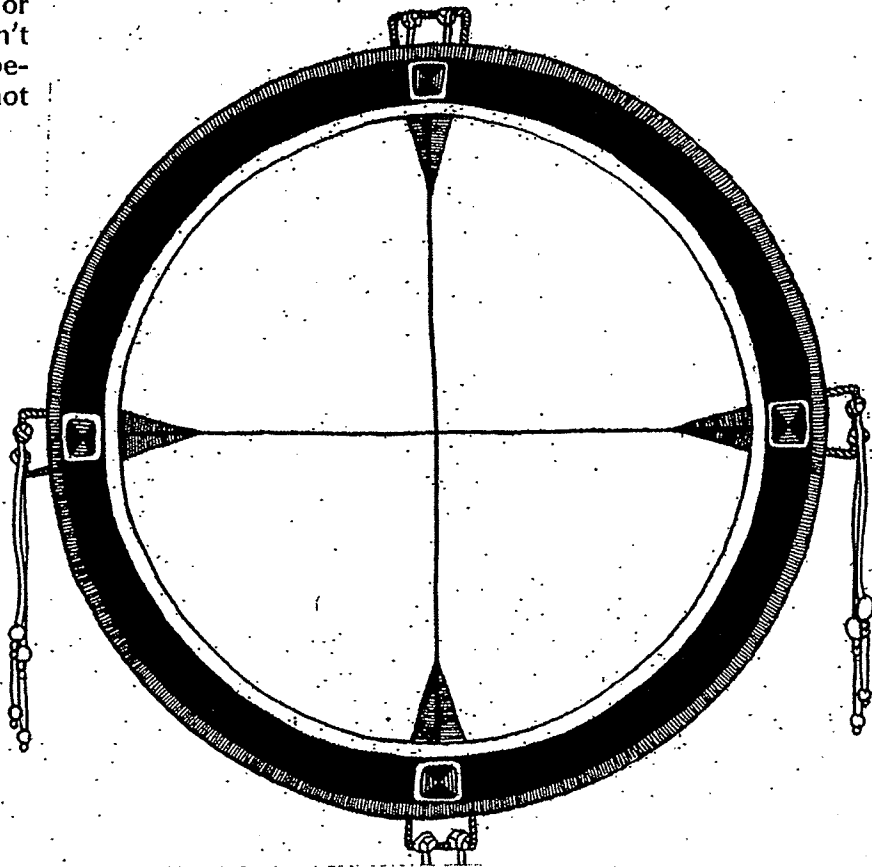
- Timpson, J. (1991). *Native Mental Health II: Prevention Programming and Community Intervention*. Union of Ontario Indians, Ottawa
- Waldram, J., Herring, D. and Young, T. (1995) *Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives*. University of Toronto Press, Toronto
- Ward, D. (1995). *The People*. Fifth House Publishers, Saskatoon
- Wyrostok, N., and Paulson, B. (2000) Traditional healing practices among First Nations students, *Canadian Journal of Counselling*, Vol. 34:1
- Yenne, B. and Garrat, S. (1992). *North American Indians*. Bison Group, London
- York, G. (1990). *The Dispossessed: Life and Death in Native Canada*. Little, Brown and Co., Toronto
- Young, D., Ingram, G. and Swartz, L. (1989) *Cry of the Eagle*. University of Toronto Press, Toronto

## **Appendices**

## Appendix A

## The Medicine Wheel

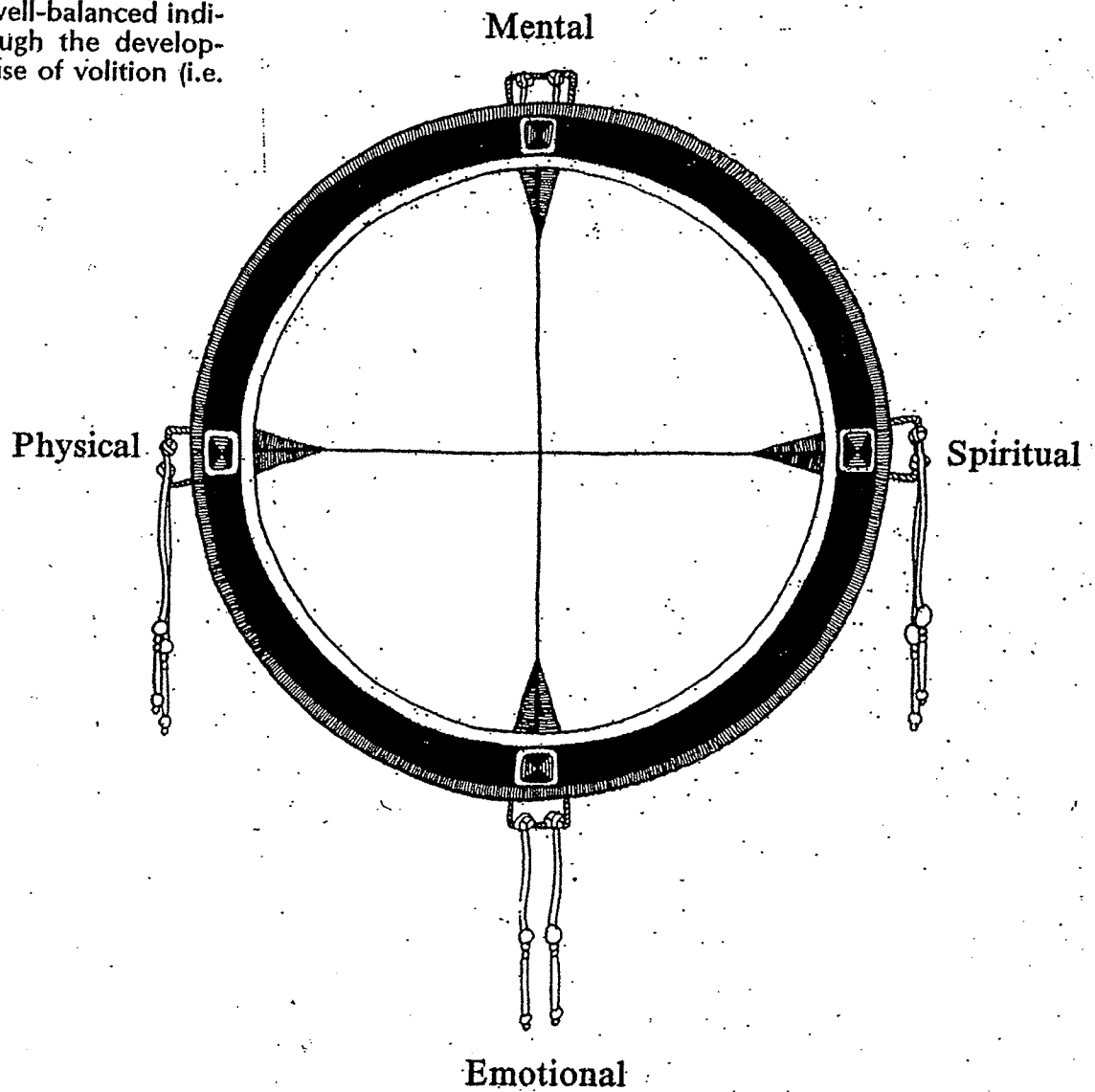
This is an ancient symbol used by almost all the Native people of North and South America. There are many different ways that this basic concept is expressed: the four grandfathers, the four winds, the four cardinal directions, and many other relationships that can be expressed in sets of four. Just like a mirror can be used to see things not normally visible (e.g. behind us or around a corner), the medicine wheel can be used to help us see or understand things we can't quite see or understand because they are ideas and not physical objects.



Reprinted from *The Sacred Tree* (1984) Four Worlds Development Press, Four Worlds Development Project, University of Lethbridge, Lethbridge

## The Medicine Wheel

**T**he medicine wheel teaches us that we have four aspects to our nature: the physical, the mental, the emotional, and the spiritual. Each of these aspects must be equally developed in a healthy, well-balanced individual through the development and use of volition (i.e. will).



Reprinted from *The Sacred Tree* (1984) Four Worlds Development Press, Four Worlds Development Project, University of Lethbridge, Lethbridge

## Appendix B

### The Sacred Tree

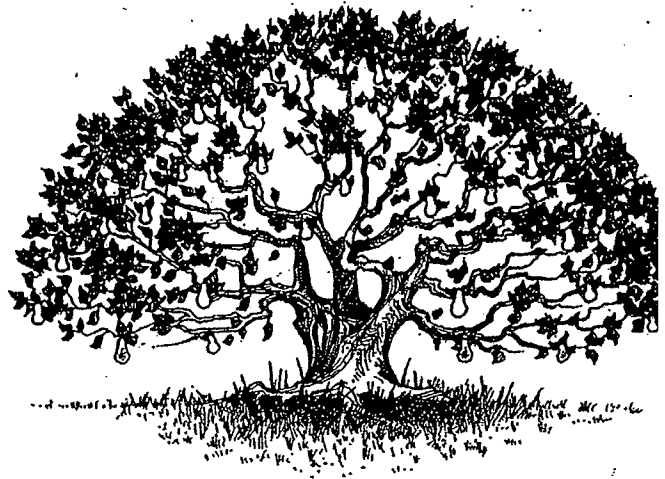
*"Then I was standing on the highest mountain of them all, and round about beneath me was the whole hoop of the world. And while I stood there I saw more than I can tell and I understood more than I saw; for I was seeing in a sacred manner the shapes of all things in the spirit, and the shape of all shapes as they must live together like one being. And I saw that the sacred hoop of my people was one of many hoops that made one circle, wide as daylight and as starlight, and in the center grew one mighty flowering tree to shelter all the children of one mother and one father. And I saw that it was holy."*

#### *Black Elk*

*(Black Elk Speaks, as told through John G. Neihardt, University of Nebraska Press, Lincoln, 1961)*

Reprinted from *The Sacred Tree* (1984) Four Worlds Development Press, Four Worlds Development Project, University of Lethbridge, Lethbridge

## THE STORY OF THE SACRED TREE



**F**or all the people of the earth, the Creator has planted a *Sacred Tree* under which they may gather, and there find healing, power, wisdom and security. The roots of this tree spread deep into the body of Mother Earth. Its branches reach upward like hands praying to Father Sky. The fruits of this tree are the good things the Creator has given to the people: teachings that show the path to love, compassion, generosity, patience, wisdom, justice, courage, respect, humility and many other wonderful gifts.

The ancient ones taught us that the life of the Tree is the life of the people. If the people wander far away from the protective shadow of the Tree, if they forget to seek the nourishment of its fruit, or if they should turn against the Tree and attempt to destroy it, great sorrow will fall upon the people. Many will become sick at heart. The people will lose their power. They will cease to dream dreams and see visions. They will begin to quarrel among themselves over worthless trifles. They will become unable to tell the truth and to

deal with each other honestly. They will forget how to survive in their own land. Their lives will become filled with anger and gloom. Little by little they will poison themselves and all they touch.

It was foretold that these things would come to pass, but that the Tree would never die. And as long as the Tree lives, the people live. It was also foretold that the day would come when the people would awaken as if from a long, drugged sleep; that they would begin, timidly at first but then with great urgency, to search again for the *Sacred Tree*.

The knowledge of its whereabouts, and of the fruits that adorn its branches have always been carefully guarded and preserved within the minds and hearts of our wise elders and leaders. These humble, loving and dedicated souls will guide anyone who honestly and sincerely seeks along the path leading to the protecting shadow of the *Sacred Tree*.

Reprinted from *The Sacred Tree* (1984) Four Worlds Development Press, Four Worlds Development Project, University of Lethbridge, Lethbridge

## Appendix C

### The Seven Sacred Teachings

#### 1. **Respect**

To have **respect** is to honour all Creation. The Buffalo is the animal spirit associated with the teaching of **respect**. The spirit medicine that is associated with **respect** is Sage.

#### 2. **Honesty**

To be **honest** is to face the world with genuineness. The spirit animal associated with **honesty** is Sabe/Big Foot. Sweet grass is the medicine associated with **honesty**.

#### 3. **Love**

To show **love** is to show caring for all things and to know that we are connected to all things. The spirit animal that is associated with love is the Eagle. The medicine that is associated with **love** is tobacco.

#### 4. **Truth**

To be **truthful** is to know and follow the Sacred Teachings. The spirit animal that is associated with **truth** is the Turtle. The spirit medicine that is connected to **truth** is cedar.

### 5. **Courage**

To be **courageous** is to face a foe with understanding of the Sacred Teachings.

The spirit animal that is associated with **courage** is the Bear.

### 6. **Humility**

To be **humble** is to know oneself as a part of Creation and to know that we are all equal in Creation. The spirit animal associated with **humility** is the Wolf.

### 7. **Wisdom**

To know **wisdom** is to know cherish and nurture knowledge. The spirit animal associated with **wisdom** is the Beaver.



## Appendix D

### The Twelve Teachings of the Sacred Tree

The Twelve Teachings of the Sacred Tree are derived from the book by P. Lane, J. Bopp and M. Bopp, called “The Sacred Tree: Reflections on Native American Spirituality”. They are to be thanked for their pioneering work in the recovery and sharing of traditional knowledge and beliefs.

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1. **Wholeness.** All things are interconnected. Everything in the universe is a part of a single whole. Everything is connected in some way to everything else. It is possible only to understand something if we can understand how it is connected to everything else.
2. **Change.** All of creation is in a state of constant change. Nothing stays the same except the presence of cycle upon cycle of change. One season falls upon the other. Human Beings are born, live their lives, die and enter the spirit world. There are two kinds of change. The coming together of things (development) and the coming apart of things (disintegration). Both kinds of change are necessary, and are always connected to each other.

3. **Change occurs in cycles or patterns.** They are not random or accidental. Sometimes it is difficult to see how a particular change is connected to everything else. This usually means that our viewpoint, the situation from which we are viewing the change, is limiting to our ability to see clearly.
  
4. **The Seen and the unseen.** The physical world is real. The spiritual world is real. These two are aspects of one reality. Yet, there are separate laws, which govern each of them. Violation of spiritual laws can affect the spiritual world. A balanced life is one that honours the laws of both of these dimensions of reality.
  
5. **Human Beings are spiritual as well as physical.**
  
6. **Human Beings can always acquire new gifts, but they must struggle to do so.** The timid may become courageous, the weak may become bold and strong, the insensitive may learn to care for the feelings of others and the materialistic person can acquire the capacity to look within and to listen to her inner voice. The process Human Beings use to develop new qualities may be called "true learning".
  
7. **There are four dimensions of true learning.** These four aspects of every person's nature are reflected in the four cardinal points of the Medicine Wheel. These four aspects of our being are developed through the use of our volition. It cannot be said that a person has totally learned in a whole and balanced manner

unless all four dimensions of her being have been involved in the learning process.

8. The spiritual dimension of human development may be understood in terms of **four related capacities**. First, the capacity to have and to respond to realities that exist in a non-material way, such as dreams, visions, ideals, spiritual teachings, goals and theories. Second, the capacity to accept those realities as a reflection “in the form of symbolic representation” of unknown or unrealized potential to do or be something more or something different than we are now. Third, the capacity to express these non-material realities using symbols such as speech, art or mathematics. Fourth, the capacity to use the symbolic expression to guide future action...action directed towards making what was only seen as a possibility into a living reality.

9. **Human Beings must be active participants** in the unfolding of their own potentialities.

10. The doorway through which all must pass if they wish to become more or different than they are now is the **doorway of the will (volition)**. A person must decide to take the journey. The path has infinite patience. It will always be there for those who decide to travel it.

11. **Anyone who sets out** (i.e., makes a commitment and then acts on that commitment) on a journey of self-development **will be aided**. There will be guides and teachers who will appear, and spiritual protectors to watch over the traveller. No

test will be given that the traveller does not have the strength to meet.

12. **The only source of failure** on a journey will be the traveller's own failure to follow the teachings of *The Sacred Tree*.

Reprinted from *The Sacred Tree* (1984) Four Worlds Development Press, Four Worlds Development Project, University of Lethbridge, Lethbridge

## Appendix E

### The Teachings of the Seven Sacred Fires

Many years ago seven neegawnnakayg (prophets) came to the Anishinabe and made seven predictions about the future of the people. This happened at a time when the Anishinabe were living a peaceful life.

1. In the time of the first fire the people will rise up and follow the Sacred Shell to the Midewiwin Lodge. This Lodge will serve as a rallying point for the people and the traditional ways will serve as a source of great strength.
2. The second prophet said that the people will be camped by a large body of water and during this time the direction of the Sacred Tree would be lost. The Midewiwin will diminish in strength.
3. The third prophet said that in the time of the third fire the Anishinabe will find the path to their chosen ground. This will be a land in the West where the food grows on the water.
4. The fourth prophet came as one but was really two prophets. They said that the Light-skinned race will arrive at this time. They will come in the name of brotherhood but will also wear the face of death. This will bring great suffering to the Anishinabe.

5. The fifth prophet said that there will come a time of great struggle in the fifth fire. The struggle of the fifth fire will be with the people for many generations. There will be one who comes with the promise of great hope but this will be a false promise.

6. In the sixth fire the teachings of the people were taken away and the children were separated from the ways of the elders. The people would start dying at an early age.

7. The prophet of the seventh fire was different than the others. He was young and had a strange light in his eyes. He said in the time of the seventh fire a New People would emerge and they will ask the elders to guide them on their quest to find the old path. At this time the New People will have to make a choice of one of two roads. Some say these two roads are the road of technology and the road of spiritualism. Some ask the question, are we the New People of the Seventh Fire?

The Teachings of the Seven Fires are derived from the "The Mishomis Book" written by Edward Benton-Binai (1988).

## Appendix F

### The Information and Consent Form

#### PhD Dissertation

**“A Study of Aboriginal Traditional Healing as a Clinical Intervention Model”**

**Researcher: Glen McCabe, Clinical Psychology PhD student**

**Principle Advisor: David Martin, Dept. of Psychology, University of Manitoba**

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This proposed research project is intended to be a qualitative study of Aboriginal psychosocial traditional healing practises. It is proposed that although Aboriginal traditional healing may differ from other forms of psychosocial interventions, it is nonetheless a legitimate school of thought and has all the supportive theoretical elements associated with other recognized psychological approaches. There are ten topic areas that the researcher wishes to study. They are: (in no particular order) methods of intervention, theoretical foundations, research practices, principles of practice, theory of personality development, theory of human development, criteria for assessment of prospective clients, criteria for

treatment planning, ethical guidelines for the practice of traditional healing and standards of measurement for the success of clinical efforts. This study will include researcher participation in traditional healing ceremonies and conversations with traditional healers and people who are recipients of traditional healer services.

Participants will be chosen based on their recognized work as healers or as recipients of traditional healer services. They will be invited to participate as a result of recommendations from others, spontaneous interest in the study and/or the researcher's knowledge of their experiences in traditional healing. There will be no risk to participants beyond normal living. All participation in the study is voluntary. Participants can withdraw from the study at any time without prejudice or penalty. And he/she may refrain from answering any question at any time during the study. Participants will have the opportunity to add, delete or modify their input at any time prior to the final written report submission. This study has been approved by the Psychology/Sociology Research Ethics Board. Complaints can be reported to the Head of Psychology at 474-93338.

Each participant will be asked to comment and reflect on the noted topic areas. Data will be recorded and gathered in a style in keeping with the traditions of Aboriginal culture. The researcher plans to use a dictaphone or other small tape recorder. Also, acting as a participant/observer the researcher will participate in various ceremonies and healing activities and provide comment on these experiences. Participant identity will be kept confidential. Data will be evaluated with the assistance of an independent co-rater and the researcher's academic advisors. Co-rater preparation and training will take place prior to the analysis of the



data. Participants will be able to review the data used in the report prior to any submission of the material to anyone other than the co-rater and the researcher's academic advisors. The purposes and processes of this research will be discussed by the researcher in greater detail verbally on an individual basis.

**The researcher is a member of the First Metis Nation and the Manitoba Metis Federation and, therefore, has personal experience and knowledge related to Aboriginal culture and values and the influences of colonization and acculturation on Aboriginal people.**

Mr. McCabe can be reached at \_\_\_\_\_ and Dr. Martin can be reached at (204) 474-9222 for consultations and information.

\_\_\_\_\_

Based on the above information, I \_\_\_\_\_, of \_\_\_\_\_, do hereby consent to be included as a participant in the above-noted study. I agree to allow Mr. McCabe to use the information I provide as a part of the database for his dissertation.

It is my understanding that Mr. McCabe will work in compliance with all of the relevant ethical and professional guidelines of the Canadian Psychological Association and the University of Manitoba. I also understand that Mr. McCabe will respect and honour the traditions, culture and ethics of behaviour of Aboriginal people to the best of his knowledge and abilities.

It is my understanding that privacy and confidentiality will be maintained throughout the study, including the written report. Mr. McCabe has offered me a copy of this signed and completed information and consent form.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

## Appendix G

### Informed Consent Supplement

As you are aware, you have participated with me, Glen McCabe, in individual and/or group counselling, prior to this request to be a research participant. This constitutes a previously existing therapeutic relationship, which is different and separate from the research project I am currently conducting in partial completion of my doctorate in Clinical Psychology, and in which I am asking you to participate. In response to this pre-existing counsellor/client relationship, it is important for me to inform you that there will not be any impact on that relationship (past, present, or future) due to any wish, or decision, you may make to participate or to not participate in this research project.

Based on the above statement and the accompanying informed consent document, I, \_\_\_\_\_, agree to participate in Glen McCabe's dissertation research project. I do this confident in the knowledge that any clinical relationship (past, present, or future) between myself and Mr. McCabe will not be affected in any way if I choose, at any time prior to its completion, to withdraw from, or express concern about, the research itself, or my participation in it.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_