Circle represents the moon, the grandmother, the extended family.
Fire represents the sun, center of a family, warmth of a family.
Graphics represent light from the fire.
Lines from the mouth represent communication.

NISHNAABE KINOOMAADWIN
NAADMAADWIN

SPECIAL EDITION

NATIVE SOCIAL WORK JOURNAL

Articulating Aboriginal Paradigms: Implications for Aboriginal Social Work Practice

NISHNAABE KINOOMAADWIN NAAMAADWIN

Prayer

Great Spirit, Creator of All

Please hear this prayer as it is meant to be
heard from our hearts and not our thoughts.

In our hours and days fear, pain or isolation,
allow gentleness and kindness to touch us and
guide us as we walk this journey. Help us to
be kind to others and ourselves as we
complete this circle and return to you.

Allow us to live our lives as a prayer in
honour to you and all of creation.

Ho.

Ann Charter
Musteke Mahingan Isquew

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Articles

NATIVE HUMAN SERVICES PROGRAMME

Established in 1988, the Native Human Services Programme utilized a regional consultation process involving 27 First nations within the Robinson-Huron Treaty area. The consultation formed the basis of the curriculum and distance education component of the programme.

The philosophy, content, techniques and strategies that characterize the curriculum model represent a specialization for obtaining the knowledge and skills necessary as a social work practitioner with Aboriginal peoples. The cultural content, practice, methods and specific competencies reflect distinct realities in self-determination, cultural preservation and community empowerment.

The primary method within the curriculum model utilizes an applied approach that focuses critical knowledge in exploring strengths derived from holistic healing approaches. Other curriculum areas include: community-based participatory research, Native child and welfare practices, sociocultural ecology theory in family and community systems and case management. A necessary component to the curriculum is the historic political legislative and policy relations, which have defined and continue to have impact upon current socio-economic and political rights of Aboriginal peoples.

Important and unique as a teaching and learning method is the incorporation of interaction activities with cultural relevance. Holistic healing practices expose students to the role worldview, values, beliefs and practices play in cultural-based strategies. Additional benefits to students are the insights provided by participating in a process that examines culturally-related perceptions of psychological growth and wellness. Finally, such experiential-based cultural practices create opportunities for students to explore their own self-cultural awareness. Particularly relevant to this process is that such cultural-based practices act as a positive reinforcement in the

development of cultural identity and serve to promote Aboriginal healing strategies as a source of interpretive balance, interpersonal renewal and community aspiration.

The main objectives of the programme's *field education* are to impart to its graduates the ability to apply professional social work methods and approaches in a manner that is culturally appropriate to Aboriginal people.

Field education involves the establishment of field placement opportunities in Native communities. A practicum setting provides the student an opportunity to apply the knowledge and skills learned in an actual practice setting. It is a planned and supervised learning experience for 3rd and 4th-year students. A Native Human Services Field Education Manual has been published to guide the student, the field instructor and the faculty consultants in the field practicum process. The manual is based on traditional Native teachings.

The *distance component* of the Native Human Services programme is offered through ENVISION (Laurentian University's Distance Education Programme) on a part-time basis. This means that a student will be able to take the first two years of the programme on a full-time basis. Part-time status begins when a student upper years of the program (3rd and 4th years). All NSWK courses are alternated each year and require professional year acceptance into the programme.

For specific information on the Native Human Services Programme, contact the Native Human Services Bachelor of Social Work Programme at:

(705)-675-1151, ext. 5082
or visit our website at: www.laurentian.ca/www/nhs

MESSAGE FROM THE EDITOR

Cheryle Partridge, M.S.W., R.S.W., Ph.D. (in-progress)
Naive Human Services Programme
LaurentianUniversiy

> Predetermined systematic activities of learning are viewed as ways to search for and find knowledge. All of nature has these inherent patterns of trajectories, "right paths," which reflect the unfolding of natural pathways through which it may be understood. "The Good Red Road," "Dream Time Path," "Earth Walk," and "Pipe Way" are some of the ways Native people have referred to the directed path in the quest for knowledge, meaning, and understanding (Cajete, 2000, p.71).

Boozhoo; Aanii; Sago; Wachiya; Tansi; Bonjour; Greetings. When a few people in Laurentian University's Native Human Services Program began talking about hosting a National Aboriginal Social Work Conference, it was an exciting and exhilarating dream. Once the idea was given voice, it took on a momentum of its own, and we knew that we were on the "right path." Our colleague, Sheila Hardy, thought that "Articulating Aboriginal Paradigms: Implications for Aboriginal Social Work Practice," would be a good theme for the conference. We formed a committee of dedicated and committed people. The committee was comprised of professors, students, alumnae, support staff and one of the founders of the N.H.S. program. Their names, in no particular order, are Freda Recollet, Julie Harper, Herb Nabigon, Sheila Hardy, Anne-Marie Mawhiney, Joanne Morassutti, Mark King, Susan Manitowabi and Cheryle Partridge.

The conference and its theme had much meaning as I reflected back on the positive movement that has transpired in Aboriginal social services during my lifetime. Traveling back to the fifties, our people were severely impacted by external forces, often feeling powerless and having little control or influence over our social and educational affairs. I am a second-

generation survivor of the residential school system. The sixties was a continuation of these forces in the form of the child welfare system and the "Sixties Scoop." However, it was also the beginning of the Seventh Generation. Seeds were sown.

In a short time, social services began to be delivered and controlled in our communities by Aboriginal people. Aboriginal paradigms within post-secondary programs were developed. For example, the Native Human Services (N.H.S.) Program came into being in the late 1980's after extensive consultation with Aboriginal communities and organizations. The need for this type of program was seen as essential for the well-being and holistic health of our First Nation communities. We needed workers who were culturally-sensitive and who would provide culturally-relevant services to our people. The program has had over a hundred graduates, which means that there are now many more Aboriginal people who have an Honours Bachelor of Social Work degree who are contributing to the future of their communities.

Aboriginal people planning and delivering social services through Aboriginal paradigms is now the norm. Aboriginal social work students, front-line workers, managers and professors from all across Turtle Island came together to share at this important conference. We are all on the "right path." Our inner fire burns brightly. We know that our challenges are many and we know that they will be met in a good way.

One of the dreams articulated at the conference was that of forming a First Nations Social Work Association. Imagine.

Miigwech to all who participated. In our "quest for knowledge, meaning, and understanding," our paths will once again become intertwined. I look forward to our next conference.

REFERENCE

Cajete, G. P. D. (2000). *Native science, natural laws of interdependence*. New Mexico: Clear Light Publishers.

FOREWORD

Sheila Hardy, M.S.W., Ph.D. (Candidate)
Associate Professor
Native Human Services
Laurentian University

There is an enormous effort being put forth by Aboriginal peoples in reclaiming history, languages, cultures and traditions, which are all inextricably rooted in the land and linked to Aboriginal identity. Part of that reclamation includes articulating Aboriginal ways of knowing, understanding, and doing. For Aboriginal peoples in Canada, the process of reclamation is very much about decolonization and can be described as a process of moving towards self-determination within political, economic, social and cultural spheres of being. As Aboriginal and Indigenous peoples resist continued colonial and imperial imposition, we also search to define practices, including those in social work that are counter-hegemonic and anti-colonial. Critical to this resistance and reclamation is ensuring Aboriginal epistemologies are maintained and continue to flourish. While Aboriginal epistemologies have not, in the past, been recognized as legitimate knowledges within the current systems, more recently courses in Aboriginal and Indigenous epistemologies are making their way into the academy. The shift to more inclusive education, including social work education, has also seen an increase in the number of Aboriginal social work programs across Canada as well as an increase in the number of social work programs offering significant Aboriginal social work content. However, part of the challenge in providing education from an Aboriginal social work perspective has been in articulating what Aboriginal social work practice is and what it encompasses. The need to articulate theory and methods of practices which are consistent with and reflective of Aboriginal and Indigenous ways of seeing, ways of understanding, and ways of doing are critical to laying the foundation for Aboriginal social work practice.

This edition of the Native Social Work Journal represents an exciting range of articles on topics including, but not limited to, child welfare, social work education, counselling approaches, and research. Specifically, each article presents a unique and significant contribution in the evolving articulation of Aboriginal paradigms in Aboriginal and Indigenous Social Work. I challenge you to work your way through the readings presented and 'hear' what is being articulated – Aboriginal social work practice.

To those who have shared their experiences, understandings, and wisdom I say Chi-Miigwech for your dedication and hard work.

Miigwech,

ACKNOWLEDGEMENTS

Joanne Morassutti, M.S.W., R.S.W.

The Native Human Services Program of Laurentian University would like to thank all of those who contributed to the success of the Native Social Work Conference. A conference of this magnitude would not have been possible without the vision of Professor Sheila Hardy. Professor Hardy was the key writer of the funding proposal that would eventually bring the conference to fruition in January, 2003.

There are so many people we wish to thank for making this conference, and the *Special Edition* of the Native Social Work journal which you are now reading, the success that it was.

A huge "Chi-Miigwetch" (Thank you!) goes out to the conference committee members: Prof. Cheryle Partridge, Prof. Herb Nabigon, Dr. Anne Marie Mahwinney, Freda Recollet, Susan Manitowabi and Mark King.

An integral aspect of Native culture is having our Elders present for guidance, insight and encouragement. *Chi Miigwetch* to our Elders for the conference: CarleenPartridge and Dosieum Nebnonionquit.

A heart-warming thanks is due, as well, to our keynote speaker, Michael Hart. Hart also donated generously to the Native students of the Native Human Services Program. A special contribution to the conference was the afternoon award-winning film showing of one of the Native Human Services Program alumnus -- Minnie Jean Trickey. *Chi Miigwetch* to Deputy Grand Chief Nelson Toulouse (Union of Ontario Indians) for taking the time to welcome all conference participants to the territory.

A special thank-you goes to Freda Recollet for dedicating countless hours to the success of the conference. Others who made things possible were the Science North staff, Angela

INTRODUCTION

Roger Spielmann, Ph.D.
University of Sudbury

The First Annual Native Social Work Conference was held at Laurentian University, home of the university's Native Human Services Program, from April 12-15, 2002. It was an historic occasion, to say the least – the first such conference of its kind – inspired, organized and directed by Aboriginal people associated with the Native Human Services Social Work Program (NHS) at Laurentian, students and faculty alike. Professor Sheila Hardy, Joanne Morassutti and Freda Recollet were the guiding lights for the success of the conference, although as you can see in the *Acknowledgements*, many enthusiastic and capable volunteers shared the spotlight. The result? A conference which was the first of its kind in Canada and, judging by the quality of the presenters and their presentations, certainly not to be the last.

It is with a great sense of honour and enthisiasm that I write this introduction to this Special Edition of the Native Social Work Journal. I was really touched when asked by the Editor of the *Native Social Work Journal*, Prof. Cheryle Partridge, to be the Editor for this Special Edition. While I've had the wonderful privilege of being able to "hang out" with Aboriginal people for more than two decades, my own learning about Aboriginal issues, concerns, and culture-specific ways of thinking and doing things continues to grow, and the experience gained editing this *Special Edition* of the journal reflects how I am still a "learner." The conference, and now this *Special Edition* of the journal containing selected papers presented at the conference, attest to that ongoing sense of "shock and awe" in relation to learning about Aboriginal people, grounded in the ongoing attempt to regain control from "foreign" (Canadian) systems and ways of doing things and letting Canadians know that, as Aboriginal people, "We can manage our own affairs in our own

communities." What this conference and these papers are saying to the Canadian mainstream social workers and social work agencies, then, is, in effect: "Thanks for your offer to 'help' us, but we can do it for ourselves and by ourselves." In other words, thanks but no thanks.

Twenty years ago, very few Canadian colleges or universities offered courses in social work from distinctly Aboriginal perspectives, and at this writing the B.S.W. in Native Human Services, established in 1988 at Laurentian University, is the only accredited program of which I am aware which offers such a degree and which is taught almost exclusively by Aborigjnal professors steeped in social work theory and practice. Today, a good number of degree programs in both the humanities and social sciences require at least a modicum of Native content, which I believe is essential for those intent on establishing careers in these arenas. Let's face it, most, if not all, professional social workers in Canada will have significant contact with Aboriginal people, and making decisions which impact on Aboriginal families and communities without a sound foundation in Native Studies or an understanding of Aboriginal-specific ways of thinking and doing things merely perpetuates the tension, stereotypes and misunderstanding between social workers and Aboriginal clients. Without such a foundation, more damage than good seems to be the end result. I remember one Native woman, a friend of mine and a social worker, bemoaning the damage that is so often done out of "good intentions" by non-Native social workers ignorant of culture-specific ways of doing things in Native communities and the deeply-entrenched values which underlie them. She commented to me on how she wished non-Natives in positions of authority over Aboriginal people would at least be required to take some courses in Native Studies (or some equivalent training) before being put in decision-making positions vis-à-vis Aboriginal families and communities. Sadly, most agencies still do not require their employees to educate themselves in relation to Aboriginal ways of thinking and doing things. Thus the damaging consequences continue.

This collection will be of most benefit, I believe, to Aboriginal social workers working in communities which are regaining (or have regained) control over social services. Still, it is also a

"must" read for non-Aboriginal social workers, both front-line workers and administrators, anyone who has a voice in decision-making which affects Aboriginal families and communities.

OVERVIEW OF THE VOLUME

This *Special Edition* includes 18 selected papers from the conference and sheds light on a variety of issues facing Aboriginal families and communities, both practical and theoretical. This collection makes a strong methodological contribution to the field, as can be clearly seen with a mere cursory glance at the *Table of Contents*. In this section I would like to give the reader a brief overview of the 18 papers presented herein, mostly drawn directly from the authors' abstracts in order to preserve author-specific perspectives on what they wrote.

In "A Pathway to Restoration: From Child Protection to Community Wellness," by Gerard Bellefeuille and Frances Ricks, the authors contend that administrative devolution of provincial child welfare jurisdiction to Aboriginal authorities, dating back to the early 1980s, has resulted in a number of improvements for Aboriginal families. The larger political objective, however, of Aboriginal peoples to govern and self-determine their own culturally distinct, integrative and holistic community healing approach to social wellness and tackling the pressing concerns of child maltreatment, family break-down, and vanishing sense of community, has failed to come about under the prevailing deficit oriented child *protection* paradigm. They claim that the realization of the Aboriginal vision for an alternative child welfare model is untenable under the force of the imposing *protection* paradigm. In sharing their thoughts about the devolution process, the traditional *protection* paradigm under which Aboriginal agencies are required to operate, and their experience in helping to shape the alternative paradigm, they conclude that revolutionary shifts only occur when the dominating paradigm fails to solve the problems it was designed to address, and that paradigm shifts are not easily made.

In the paper by Gus Hill and Nick Coady, "Comparing Euro-Western Counselling and Aboriginal Healing Methods: An Argument for the Effectiveness of Aboriginal Approaches to Healing," the authors attempt to provide an overview of an Aboriginal-specific approach to healing and to establish the theoretical grounds for its effectiveness. Toward this end, their paper considers a number of issues, from the similarities and differences between various Euro-Western theories of counselling to psychotherapy and Aboriginal approaches to healing. They also present an overview of major cumulative findings from research on psychotherapy, establishing major curative factors that are common across various therapy approaches. Finally, a traditional (Ojibwe) approach to healing and associated healing methods are discussed. The theoretical arguments for the effectiveness of Aboriginal healing methods are summarized and implications for Euro-Western helping approaches are considered.

In Barbara Harris' first contribution to this *Special Edition* of *the Native Social Work Journal*, "Urban Native Women in Recovery from Addictions: An Argument for the Holistic Integration of Treatment and Aftercare Services," five urban Native women, in recovery from addiction, share experiences that indicate a failure to meet their after-care (post-treatment) needs. This qualitative study, conducted in Vancouver, British Columbia, provides significant insight into the lives of urban Native women with 8-12 years of recovery from various addictions, in addition to providing a critique of services currently available to this group. Overall, the daily challenges these women face relate to relationships, identity, education, oppression, culture and service provision. These challenges lead to ongoing internal conflicts regarding fear, connecting with self and others, grief and loss, self-concept, depression and anger, and safety and comfort. These factors indicate a vulnerability to recidivism, which is perpetuated by the failure to provide even adequate after-care services. Fundamentally, services must be both holistic and integrated; addiction treatment services must be integrated with aftercare (post-treatment) services and with services that address the oppression faced by this population. Additionally, structural changes to the delivery of services, that are inclusive of family and community, and involve appropriate

and meaningful participation of the wider society, are paramount.

In the paper by Brian Rice, "Using a Jungian Model of the Psyche to Explain Traditional Aboriginal Approaches to mental Health," the author takes us on a journey of discovery by inviting us to put on a different pair of analytical "glasses," so to speak, in looking at mental health. Rice claims that the effects of Post-Traumatic Stress Disorder associated with cognitive imperialism have resulted in serious mental health problems for many Aboriginal people by casting doubt on the viability of their own traditions as a part of the healing process. The underlying effect of this is endemic suicides among the young who question the place of their traditions in contemporary society, leaving doubts about their own identities. Even some Elders are unsure that their traditions have a place in the contemporary context. He comes to the conclusion that traditional teachings have an important role to play in the healing process.

Julie Harper, in "Divided We Fall, United We Stand: Internalized Oppression and Its Affects on Community Development Within Aboriginal Communities," claims that community development must begin with community healing. This is not a new idea, but one that needs to be urgently grasped in order for Native and non-Native communities to peacefully co-exist within this country now known as "Canada." In order to develop new initiatives in a community, that particular community must be *ready* for new initiatives to be implemented. Harper contends that some communities are not at that level because of factors related to alcohol and drug abuse. Some communities are not yet capable of fully understanding the concepts of "community development" and "community healing." Many people, both Native and non-Native, ask these questions: "Why can't things change in Canada for Native people? Why can't 'they' (meaning Native people) get anything done within their communities? Harper's article explores these questions. There are theories explaining how people can heal and come together to work towards one common purpose. The ones that Harper focuses on here are Empowerment Theory, Aboriginal Theory, Community Development Theory and the National Coalition Building

Institute Theory. These theories have their strengths and weaknesses when it comes to community development, but how they deal with the internalized oppression that holds people back from their full potential as human beings is a common theme in all of them.

Raven Sinclair, in "Indigenous Research in Social Work: The Challenge of Operationalizing Worldview," describes the challenges of incorporating Indigenous worldview into a qualitative research project. The author embarked upon a doctoral project to learn, through a qualitative research study, how Indigenous researchers incorporate Indigenous worldview protocols and practices in their research methods. The investigator wanted to honour the protocols and practices of her Indigenous worldview while engaging in a research project with its concomitant 'western' research requirements. The research process uncovered several challenges during the design and implementation of the project. These challenges were mirrored in the preliminary findings of the research project, and the findings offer recommendations for dealing with these challenges. The preliminary findings allude to important considerations for future Indigenous researchers.

In "A Case Study in Progress: The Role of Memorial University's School of Social Work in the Context of Aboriginal Self-Government in Newfoundland and Labrador," by Gail Baikie and and Gillian Decker, the authors explore how Newfoundland and Labrador, like other regions in Canada, are in a period of social transformation due to a number of processes to resolve outstanding political and socio-economic issues with the province's Aboriginal peoples. Major initiatives in the region, such as the Davis Inlet relocation and the development of the Voisey's Bay nickel deposit, pose significant social risks as well as opportunities. Greater political autonomy and self-determination for the Aboriginal governments also create obligation and responsibility for the social welfare of their citizens. What is the place for the social work profession, Aboriginal social workers and for Memorial University of Newfoundland's School of Social Work during this era of profound social change? This article explores the concurrent journeys of the Aboriginal peoples of the province, the School of Social Work, and an Aboriginal social work student as each

grapple for meaning and relevance in building a new, more socially just, reality.

Nancy Stevens and Janice St. Germaine, in "Using the Gifts of the Trickster: Balancing 'Self' in the Helping Field," provide the reader with not only a thought-provoking look at the Trickster, but make a unique methodological contribution by incorporating a back-and-forth "conversational" technique. In this unique paper, the authors show how The Trickster reminds us to walk our life path in balance, to not take ourselves too seriously, to recognize that with the light there is dark, where there is laughter there can be tears, and where there is strength there can be weakness. As helpers, it is important to maintain balance and harmony in our relationships. By connecting with the Trickster in ourselves we are able to see the other side of a person and their story. We see the strengths, gifts, the teachings and our roles in a helping relationship. The use of the Trickster connects us to our past, our culture and provides a context for grounding ourselves.

Cyndy Baskin, in her article "Within the Outsider: Challenges of an Indigenous Pedagogue," takes us on a personal journey of discovery. She shares with us how she was always the only one who was "different" while in school: an isolated, persecuted, sad, student. And yet, she learned how to read and write in these places and this became her escape from the hurt. No matter what was done to her, it could not stifle her desire to learn. The harder schooling became, she tells us, the more she delved into her studies. The more she heard that she would not make it to university, the more determined she grew to do exactly that. Great damage was done. Some of it has been repaired while some of it never will be. It is a part of who she is. There were many downs, drop-outs and changes of direction, but education is clearly Baskin's calling. Her story is a familiar one for many Aboriginal people. Education has more often than not been regarded as an "enemy" – a major tool of colonialism. For Cyndy Baskin, this is a lived reality. Being in the academy and becoming an educator, then, is one of the most powerful acts of resistance and anti-colonial activity.

In Barbara Harris' second contribution to this collection, "A Community-Based Approach to the Development of a First

Nations B.S.W. Program: Community Needs Assessment and Proposed Model," research into First Nations Social Work education in the past few years has led to the development of a new model for a First Nations Bachelor of Social Work program. This program, to be delivered off-campus, would act as a satellite program that could move to different locations. Conducted in a series of stages and with input from the community, a review of Native social work education in Canada over the last 30 years, as well as a community needs assessment, led to the development of the new model. Fundamentally, key features of the proposed model include: community and Elder involvement, integrated and holistic learning, and an evolving and dynamic program through ongoing evaluation.

The article by Paula Du Hamel, "Aboriginal Youth: Risk and Resilience," following the recommendations of the Royal Commission of Aboriginal Peoples (1996), discusses the need for role models, mentorship, community programs and family support of Aboriginal youth. Many Aboriginal communities, both urban and rural, identify psycho-social factors within their adult populations that produce capability issues in relation to coping within the family environment. By investigating various psycho-social, economic, educational and environmental factors and the impact they have on the socialization experiences of Aboriginal youth, Du Hamel claims that a strategy for resiliency could be implemented in both urban and rural Aboriginal youth contexts. Her emphasis is on the socialization experiences of Aboriginal youth. There is a definite lack of published research on Aboriginal youth risk and resilience in Canada. The author believes that it is time we consider more than individual areas of Aboriginal youth risk and embrace this circle in its entirety. Specifically, Du Hamel seeks to investigate where the risk areas are now, how they can be addressed and how they contribute to success or personal resiliency in the transition to adulthood.

In "A Search for Understanding: A Proposal for Researching Native Homelessness in Northern Manitoba," Greg Fidler provides us with some ideas for finding out more about Native homelessness in northern Manitoba. Fidler claims that the shift towards regional center status has resulted in an in-migration of northern people seeking services, educational and work

opportunities, as well as new living arrangements. Although Thompson's population has stabilized in recent years, the percentage of Aboriginal residents continues to increase and now represents approximately 50 to 60% of the total population. Many have come directly from the outlying First Nations communities to secure employment or take part in educational opportunities. Others visit Thompson for the shopping, recreation, and social venues, as well as to utilize health and social services. A third group find it impossible to stay in their home communities and gravitate to Thompson in hopes of seeking out a better life. In most cases, those who come to Thompson are successful in their tasks. For a small number this is not the case. They find themselves unable to secure adequate resources to meet their basic needs or to get back home. The result of this trend is an increasing number of visible homeless people on the streets of Thompson, roaming the streets and back alleys of the downtown core, panhandling, drinking and doing whatever becomes necessary to stay alive from one day to the next. This proposal provides a forum for people involved in the issue of homelessness, as well as those actually living it, to tell their own stories in order that, together, we can better understand and work toward viable solutions.

In the paper by Margo Greenwood and Monty Palmantier, "'Honouring Community': Development of a First Nations Stream in Social Work," the authors discuss how the Social Work Program at the University of Northern British Columbia is in the process of developing a First Nations stream. Their paper outlines the steps taken in the development of this project. A consistent focus throughout the process has been input and direction from the Aboriginal communities in the regions that the university serves. This has included input from 'front-line' human service providers employed at the community level. In addition, practicing Aboriginal social workers identified knowledge and skills seen to be important inclusions in the course content. The project has resulted in the development of four new courses in UNBC's Social Work Program. The B.S.W. First Nations specialization courses are consistent in their approach, each beginning with an Aboriginal perspective. Another unique feature of these courses is that the curriculum is written such that the content of each course can be

tailored to the diverse Aboriginal populations that the university serves.

Michael Hart and Yvonne Pompana, in "Establishing the Aboriginal Social Work Associations: Sharing the Manitoba Experience," describe how The Aboriginal Professional Helpers Society Inc. has its roots in a vision that started in northern Manitoba in the mid 1990s. It was envisioned that Aboriginal social workers would be brought together to discuss and establish an association. This association would not only provide peer support, but establish a voice on matters pertinent to the association specifically and Aboriginal Peoples generally. Hart and Pompana reflect on their own experiences in the development of their Aboriginal social work association, the Aboriginal Professional Helpers Society, Inc., and highlight the challenges in its development as well as the benefits and potentials they envisioned through this association. Emphasizing the importance of this type of an association, they provide several recommendations to support others in their endeavors to create associations relevant to Aboriginal peoples in other areas of Canada.

In the paper by William Thomas, "The Social Determinants of Aboriginal Health: A Literature Review," the author makes the claim that lack of self-empowerment has had (and continues to have) a devastating impact on Aboriginal health. Poor self-esteem originates from the external environment and it influences one's actions, society's attitudes and social status. It also has a direct impact on one's sense of well-being. Thomas claims that there is much work to be done in efforts to reach this goal, as there are many factors that one must take into consideration when examining Aboriginal health from a holistic perspective. There is a striking consistency in the distribution between mortality, morbidity and social groups. Thomas concludes that the advantaged groups in Canada have higher income, social class, and education and tend to have better health than First Nations people. And why is that?

Professor Herb Nabigon, *Anishnaabe* healer and pipe-carrier, takes us on a journey of discovery with his vision of Aboriginal self-determination within the context of the Medicine Wheel in his article "Inclusivity and Diversity at the Macro Level:

Aboriginal Self-Government." In the past few years, Elders and Chiefs from across Canada have started to promote community-based healing, using traditional ceremonies, as a way for communities to start taking over their own responsibilities in the areas that each determines are important. According to Nabigon, healing via traditional Native methods builds stronger individuals, families, and communities so that the existing high levels of social problems can be decreased and new forms of social, economic, and political development can occur without federal government control. By its very definition, self-government is community-driven, whereby each community decides for itself the level of self-government it requires. The transition from colonization to nationhood will take time, Nabigon writes, but only if the spiritual foundation is strengthened and maintained can nationhood be realized in the manner in which it was given, as a gift from the Creator.

Agnes Mandamin, in "Being a Native Researcher in Your Own Community," demonstrates from personal experience that a fundamentally important goal of any Aboriginal researcher is to obtain community permission and ensure that research in the community is truly particpatory. What needs to be addressed from the outset may include western ethics of "doing" research but not to the neglect of community and culture-specific ways of "finding out things." An effective and culture-based approach to research ought to be grounded in a holistic methodology. Personal attributes of the researcher also ought to be taken into consideration. Allocation of time and place is another important aspect of consideration when it comes time for interviews. Mandamin's paper is designed to encourage people to think carefully about what they're doing when engaging in research in a Native community.

Finally, Michael Hart presents the essence of his keynote address from the conference in "Am I a Modern Day Missionary?: Reflections of a Cree Social Worker." Hart describes the current effort to modify social work so that it applies more broadly to Indigenous people. Hart claims that, while there are Indigenous individuals who welcome European-based social work practices, just as there many converts to the missionaries' worldviews, we cannot continue to oppress the many other Indigenous persons and peoples who want to stand

with their Indigenousness.   Hart concludes that we need to change social work by expanding the spectrum of social work practice, approaches, theories, and philosophies. We need to strongly recognize and build on the many helping practices that are Indigenous-based. He claims that we can build on the type of helping practices that are Indigenous-based and cross-culturally appropriate for work with many Indigenous peoples, and possibly to non-Indigenous peoples. These type of helping practices are based upon the commonalities and generalizations between Indigenous peoples while acknowledging the differences between Indigenous and European-based worldviews and practices.

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This history-making conference, and the resulting *Special Edition* of the Native Social Work Journal, act as a strong reminder of the resilience of the *Anishnaabe* spirit. After all, Aboriginal people in North America have outlasted a few hundred years of assault on their cultures, languages and traditions.   Aboriginal people in North America have self-designated themselves by using variations of the term "the People" for millennia. The European practice of lumping all people indigenous to North America as "Indians," thereby glossing over the tremendous diversity of Aboriginal experience, languages, forms of worship, patterns of governance and culture-specific ways of thinking and doing things, continues to this day. This *Special Edition* of the Native Social Work Journal, along with other publications like it, teach us that Aboriginal social workers and educators are on the cutting edge of practice and theory.

All Aboriginal people are asking for are the same privileges, respect and responsibilities that are taken-for-granted by the majority of Canadians: the right to manage one's own affairs in one's own community and territory and to have a strong say in the destiny of their respective nations. Ethnicity and a sense of identity, "Who we are," come through the doorway of cultural self-definition and collective epistemologies and histories. And perhaps the best way to come to truly understand these epistemologies and histories is to listen carefully to how

Aboriginal people *talk* about them. This *Special Edition* is designed to honour the Elders, and those to become Elders. May we learn to listen to their voices.

A PATHWAY TO RESTORATION: FROM CHILD PROTECTION TO COMMUNITY WELLNESS

Gerard Bellefeuille, (Ph.D. Candidate)
University of Northern British Columbia

Frances Ricks. Ph.D.
University of Victoria

INTRODUCTION

The administrative devolution of provincial child welfare jurisdiction to Aboriginal authorities, dating back to the early 1980s, has resulted in a number of improvements for Aboriginal families that experience child protection services (Bellefeuille, Ricks and Garrioch, 1997; Hamilton, 2001). The larger political objective, however, of Aboriginal Peoples to govern and self-determine their own culturally distinct, integrative and holistic community healing approach to social wellness and tackling the pressing concerns of child maltreatment, family break down, and vanishing sense of community, has failed to come about under the prevailing deficit oriented child *protection* paradigm.[1]

Our experiences for over thirty years as a front line social work practitioner and past director of the largest First Nation child welfare agency in the country, and as a researcher, academic, and organizational consultant to several First Nation agencies leads us to conclude that the realization of the Aboriginal vision for an alternative child welfare model is untenable under the force of the imposing *protection* paradigm.

In this article, we share both our thoughts about the devolution process, the traditional *protection* paradigm under which Aboriginal agencies are required to operate, and our experience in helping to shape the alternative paradigm which we believe must be built upon new themes that emphasize "community"and"wellness."

THE PROTECTION PARADIGM

Founded upon the traditions of Western Eurocentric reason intent on creating a rational social world, the *protection* paradigm is entrenched within the traditional Western scientific notion of an objective universe. As such, the *protection* paradigm is based upon scientifically constructed risk identification and assessment frameworks, highly structured investigative processes, a case management model that constructs decision making as a series of prescribed steps, and a practice orientation based on individual deficit. The incongruity of the *protection* paradigm is profound in light of the holistic nature of the Aboriginal world-view (Cross, 1997; Fournier and Crey, 1997; Bourgeois, 1998; Hart, 2001).

The Power-Over Paradigm

The Aboriginal leadership painfully conscious of the oppressive and racist nature of the provincial child protection system, is justifiably ambivalent over their decision to assume control of a model that has caused so much damage to Aboriginal families and communities Nonetheless, for over two decades, Aboriginal leadership has cautiously taken on the responsibility of establishing Aboriginal child welfare agencies as an interim step to gain some measure of control over the decision making processes, intervention options, and fiscal resources that come with the administrative control of the provincial mandate.

In spite of the many innovative developments resulting from the devolution process, the present scenario is all to familiar (Bellefeuille, Ricks and Garrioch, 1997; Hamilton, 2001; Warf, 2002). Despite the fact that most First Nations fall under the jurisdiction and authority of an Aboriginal agency: (a) the removal of Aboriginal children from their homes and communities has not decreased, (b) Aboriginal staff are increasingly frustrated by their inability to respond differently are burning out and choosing to leave child welfare practice, and (c) the community is becoming less tolerant, as the protection emphasis embraced by many of the Aboriginal agencies is utilizing the failed paternalistic approach exhibited by the non-Aboriginal agencies over the past half century.

The search for answers does not rest, as many senior policy analysts believe, in compliance reviews. The assumption that by maintaining a high level of compliance with the provincial policies, practice standards, and operational procedures all would work better, fails to recognize the cultural, socio-economic, and political context in which Aboriginal agencies operate. Rather, it involves an appreciation of the impacts oppressive structures have on a subordinate group, this case, Aboriginal people.

Among critical theorists, oppression is typically identified as an expression of domination of a subordinate group by a dominant group in society (Freire, 1994; Mullaly, 1997; Gil, 1998). It entails political, economical, social, cultural, educational, and religious forms of domination and the structural arrangements of these institutions in favour of the dominant group (Lerner, 1986; Carniol, 1992). As explained by Mullaly (2002), however, oppressive forms do not necessarily embrace "evil" intent on the part of the dominant group, but rather can be integrated into society's institutional structures.

For the purpose of this article, consider for instance the notion of "best interest," the main guiding principle found in every Canadian statute governing child welfare services of the day. The term is linked to the legal concept of "parens patriae" which in Latin literally means "father of the country or government as parent" and refers to a rule, derived from the English common law, empowering the monarch to act as guardian and protector of persons. Under the authority of this legal doctrine the court has the power to act as a substitute benevolent parent on behalf of the state. And, as such has the right, in the "best interest" of the child and for the child's protection, to remove some authority from the parents through its legislative and court systems and to establish services on behalf of children in need of state intervention (Wharf, 1993).

The values and assumptions on which the "best interest" principle is based, namely the assumption that culture is less important than bonding,[2] and its historical application in child

welfare proceedings, has been injurious to Aboriginal Peoples. The principle is largely responsible for the abnormally high removal rate of Aboriginal children from their families and communities to be raised in non-Aboriginal foster homes or placed for adopted (Manitoba, 1991; Wharf, 1993; Canada, 1996).

Over the past decade, children of Aboriginal ancestry constitute, on averaging between 70 to 80 per cent of the total number of children in the care of provincial child welfare jurisdictions (British Columbia, 2000, Manitoba, 2000; Alberta, 2002). Notwithstanding the need to protect children from sexual, physical, and emotional abuse, the "best interest" principle also provided questionable justification for the removal of Aboriginal children on the grounds of "neglect." This occurs without consideration of the structural disadvantage and poverty that many Aboriginal families experience.

A recent example of the oppressive and racist overtones of the "best interest principle can be seen in the February 17, 1999, the Supreme Court of Canada (SCC) decision citing the "best interest" principle in awarding the custody of an Aboriginal child to his white adoptive grandparents. The decision was based upon the argument that the child had bonded with his white adoptive grandparents and this bonding superseded the importance of culture, the wishes of his Aboriginal mother, and the fact the child was living with his Aboriginal grandfather in Canada at the time. The SCC held that the transfer of the child was to be done in an orderly fashion in the "best interest" of the child.

At the time, Viola Thomas President of the British Columbia United Native Nations asserted that the "best interest" principle is best suited for white, middle class notions of what is in tile best interest of a child:

How does the best interest deal with our culture? It does not. There is no way to incorporate our traditions and customs, our stories, songs and dances that honour our children. There is no way to incorporate extended family roles and the community, especially considering that poverty remains rampant in our communities.[3]

THE POWER OF THE DOMINANT CULTURE

It is our view that the child welfare devolution process is only an administrative transfer of authority to maintain the dominant social policy and practice of child welfare. The provincial child welfare system seems unaware of its use of oppressive measures in its effort to protect children from harm. To fully understand this, we turn to Bishop (1994) who details a number of myths created in response to what she explains as the "rationalization of oppression" by the dominant society. Specifically, she reports on the "myth of objective information," which takes as fact by the dominant group's perception of reality, thus placing the dominant group in the position of authoritative knower.

The myth of objective information points out that under the devolution process, the privilege of constructing the rules in the form of legislation, operational policies, and practice standards, as well as compliance enforcement through its quality assurance mechanisms is a dominant group privilege. In other words, the creation of how things will be fails to recognize the hierarchal dominant-subordinate relationship inherent within the devolution process.

The fact that devolution transfers administrative control over child welfare services to Aboriginal authorities does not mean that the practice orientation will change, as it is still guided by the dominant *protection* paradigm. While some agreements contain a small degree of recognition of the importance of culturally appropriate services, any serious effort to overcome the devastating impacts of the traditional child welfare system clearly needs to address the oppressive, racist, and destructive nature of the dominant *protection* paradigm. This is the point made in the following Royal Commission on Aboriginal Peoples (RCAP) statement:

The process by which Aboriginal peoples were systematically dispossessed of their lands and their livelihood, their cultures and languages, and their social and political institutions. ... [T]his was done through government policies based on the false assumptions that Aboriginal ways of life were at a primitive level of evolutionary development, and that the high point of

human development was to be achieved by adopting the culture of European colonists (Canada 1996b, p.2).

INSTITUTIONAL RACISM AND THE MODERN DAY CHILD WELFARE SYSTEM

In 1997, the Minister of Justice of Canada asked the Law Commission of Canada to examine the institutional abuse of children in government operated, funded and sponsored institutions. The Commission looked at cases of abuse that occurred in residential schools for Aboriginal children, special needs schools for children with disabilities, child welfare facilities and youth detention facilities (Law Commission of Canada, 2000). In a preliminary discussion paper, the Commission asserted:

In attempting to understand the effects of abuse suffered in institutions, it is equally important to consider as a preliminary issue who are the children most likely to find themselves in institutions, and most vulnerable to abuse in those institutions. This raises questions about attitudes to race, class, ability and gender in our society. It is against this backdrop that the impact of the abuse itself must be assessed (Law Commission of Canada, 1998).

The Commission's study panel concluded that the institutionalization of children subjected them to the following conditions in varying degrees: disconnection, powerlessness, and degradation. Although the policy of institutionalizing children in care is no longer followed, these conditions arguably still exist for the Aboriginal child in the present child welfare system. Consider for instance, the disconnection of being placed in a non-Aboriginal foster home or the sense of powerlessness that emerges as decisions are made by judges and social workers who operate from a Eurocentric world view, and last but not least the degradation of having one's culture devalued by not sharing in the language and traditions.

On the surface, the child welfare system may seem non-institutional. However, the oppressive power of institutions can be experienced in institutions without walls (Foucault, 1965). For many Aboriginal people the current child welfare system is viewed as the modern day residential school system, less the

brick and mortar. As Dorothy Smith (1990) explains in *The Conceptual Practices of Power*, power is socially organized through institutions that she refers to as the "ruling apparatus," which are taken for granted and seen as "normal" by society, thereby becoming invisible. Foster care may not appear in large institutions, but the underlying premise of protection is similar and no less damaging in its effects.

Our central premise of the article is that it is not enough to devolve the current child *protection* model and expect better results. While it is one thing to extend administrative control over the existing system, it is quite another to generate alternatives. It is important to distinguish between reforms within the current residual child welfare policy framework and real transformational change. In the words of Mother Sister Marie Claire of the Sisters of the Love of God, an Anglican Order in England:

We live in a time when things are unraveling. And if you know anything about weaving you know things which are unraveled cannot be patched. Our task, in this period of unraveling, is not to patch the old patterns but to build the loom on which the new patterns will be woven (Recounted by David Dodson in Pew Partnership for Civic Change, 1996).

THE REDEFINITION OF CHILD WELFARE

In our opinion the lack of progress being made by Aboriginal agencies is not a question of commitment and effort, but rather a matter of intention. The devolution process can be understood as a structural reform initiative designed to relocate administrative authority over to a parallel system operated by Aboriginal Peoples, or it can be viewed as a transformational process extending beyond the current notion of protection.

We submit that a shift from the prevailing deeply-rooted protection focus to an emphasis on healing and wellness, requires a critical discussion of paradigms. Our belief is that we are currently conceptually trapped, both by the poverty of our imagination and by the culturally well-honed ideas of "best interest" and "child protection," within a Westernized world-view: a view that is not necessarily shared by other cultures or

alternative world-views, or may be simply out of date for any culture.

THE COMMUNITY WELLNESS PARADIGM

In *Science, Research and Social Work*, Karger (1983) writes:

Those who define the questions to be asked define the parameters of the answers, and it is the parameters of the questions and the ensuing answers that function as the lens by which people view reality (p.203).

Karger cleverly reminds us that by claiming the privilege of knowing, we fail to see the limitations of our current world-views. One of the most influential social constructionist books of the century is Thomas Kuhn's *The Structure of Scientific Revolutions* (1962). Kuhn suggests that our propositions about the world are in fact deeply embedded within paradigms which constitute our mental blueprint of the world. The intent here is to shift this discussion to an examination of dominant paradigms which are open to question.

Child protection like any other dominant idea can be understood as a paradigm. As American psychologist Donald Campbell (1969) pointed out some forty years ago, whatever is, is not necessarily right, and is not inevitable; evolution is, or ought to be, continuous. A more contemporary view is expressed by McGilly (1998) in his explanation of the power of institutional frameworks in limiting our collective ability to think outside the "box":

Members of a society operate within its institutional framework much as fishes swim in water-----barely aware that it is there, but unlikely to survive if pulled out of it. Our social institutions lead us to take for granted certain things as relevant, and certain things as good. It is important for the student of social affairs to challenge the conventional wisdom as to both relevance and goodness. Real understanding requires that one step back and take a careful look at the standards of right and wrong, of important and unimportant, that underpin the society in which one has grown up. Some will see the need for such change, some for little. What matters is that one exercise the responsibility to look critically (p. 28).

The child welfare *protection* paradigm, like other paradigms, is tied to the education and socialization of child protection workers and becomes integrated in practice consciousness as a general truth. In *The Paradigm Conspiracy*, Bretton and Largent (1996) explain how paradigms typically follow two kinds of developments, within and outside of the existing paradigm's framework. Bretton and Largent point out that revolutionary shifts only occur when the dominating paradigm fails to solve the problems it was designed to address, but also state that paradigm shifts are not easily made:

The more the paradigm fails to do its job, the more old-paradigm scientist try to make it work. The paradigm is ripe for a revolution, but because they've forgotten that they even have a paradigm, scientist conclude that their world is falling apart. Solutions----alternatives ways of doing science-----don't exist......they're too paradigm bound to notice that they're stumbling over the limits of their own models (p.7).

Breton and Largent's point is that as long as a paradigm remains invisible, we essentially remain stuck within the existing paradigm. Thus, the biggest mistake child welfare authorities can make is to view devolution as a process within the prevailing child protection paradigm. Even though the Aboriginal leadership clearly expressed what they wanted in relation to the devolution process, their wishes have not been taken seriously and, at best, have been ignored completely.

This critique of the traditional *protection* paradigm was undertaken to help demonstrate the different assumptions and world-view underpinning the Nisichawayasihk Cree Nation (CNC) Family and Community Wellness Centre.

A PATHWAY TO RESTORATION

In 1983, Nisichawayasihk Cree Nation was one of twenty-five First Nation communities that agreed to form the Awasis Agency of Northern Manitoba, a fully mandated First Nation child welfare agency. Awasis Agency, like other First Nation agencies in Manitoba, endured several turbulent years as it struggled to operate within the provincial framework. Beset with escalating demands for services, critical shortages of

resources and high public dissatisfaction, the agency set out in 1991 to construct an approach more in line with the original vision upon which it was founded.

Beginning with the premise that the provincial child welfare approach and its central *protection* paradigm was responsible for the agency's lack of success to date, Awasis Agency embraced a totally new governance model framed as the Awasis Learning Model of Governance (Bellefeuille, Ricks and Garrioch, 1997). This approach represented everything that traditional patriarchal systems of thought were not, including; decentralized community-based services, a policy orientation of difference[4] where policies were formulated according to the unique needs and experiences of each community; inter-sectoral integrated of community-based services; a health promotion policy approach to decision-making; a capacity building perspective on leadership development; and the integration of practice and theory.

Figure 1.1 presents the broader governance framework that guided the Awasis transformation following 1991. It illustrates the implicit assumptions inherent within the different 'mental models' (Senge, 1990) or 'worldviews' that underpin the traditional Western bureaucratic system of governance and alternative learning governance paradigm. It also shows how governance structures, (i.e., centralized versus decentralized community-based structures) and practice orientations (i.e., crisis need-based versus health promotion early intervention approaches) emerge from the dominant mental models and worldviews in which the governance paradigm is founded upon.

Figure 1.1Learning Governance Paradigm Shift[1]

Traditional Administrative Bureaucratic Governance Paradigm	Learning Governance Paradigm
Mental Models or World-Views	**Mental Models or World-Views**
Reductionist (one objective reality)	Holistic (multiple realities)
Competitive	Partnership
Rule-Based Decision Making	Value-Based Decision Making
Hierarchical systems of domination	Hierarchical systems of actualization
Independence	Interdependence
Power-Over	Power-With
Adaptive Learning (what you need to know)	Generative Learning (what we need to understand)
Individualism	Relationships
Structures	**Structures**
Centralization	Decentralization
Bureaucratic Departmentalization	Learning Organization
Fragmented	Integrated
Strategic Planning (within current paradigm)	Strategic Visioning (outside current paradigm)
Management (control oriented)	Leadership (empowerment oriented)
Dichotomy of Theory and Practice	Integration of Theory and Practice
Practice Orientation	**Practice Orientation**
Crisis Oriented (needs-based)	Health Promotion Focus (capacity building)
Child Focus	Child, Family, and Community Focused
Rationality (a bureaucratic principle of governance that remove all claims of difference)	Participatory Consciousness (recognition of cultural diversity and expression of difference)
Protection Focus	Community Wellness Focus
Organizationally-Based	Community-Based
System Accountability	Consumer accountability

In 1991, Awasis' maintenance budget exceeded 9 million dollars.[6] The per capita and overall maintenance expenditures dropped dramatically over four years due to the shift from a protection focus to an emphasis on community wellness.

There are many factors that can be attributed to the reduction of children in care during this period of time. However, the number of children in care and related maintenance cost progressively increased in each of the previous years prior to 1991.

THE NICHIWAYASIHK CREE NATION FAMILY AND COMMUNITY WELLNESS CENTRE

Building upon the achievements and developments of Awasis Agency, on November 13, 1998, Nichiwayasihk Cree Nation (NCN) passed a Band Council Resolution setting in motion the further decentralization of child welfare services by seeking local jurisdiction through the establishment of a single Band-based child welfare agency. Rather than engage in a planning process that would result in a standard single mandated First Nation child welfare agency under the traditional child protection paradigm, NCN broke with tradition by authorizing the creation of a single Family and Community Wellness Centre.

The central objective of the Centre entailed the bringing together of all of the community's human services and expanding child welfare jurisdiction under one community-based governance structure with a shared health promotion perspective. Never before did the child welfare devolution process involve the integration of all community-based human services into one combined *community wellness* mandate.

In June of 1999, following a six month strategic visioning process to map out the organizational structure and integrated service delivery model of the newly proposed combined mandate, a community wellness strategic implementation plan was completed (*A Pathway to Restoration*, NCH, 1999). A central

strategy of the plan involved the construction of a thirteen thousand square foot Wellness Centre to strengthen the integration of existing services, to support the development of new health promotion services, and to create a central focal point of services to enhance community participation. In his public address to the community upon the opening of the Centre, Chief Jerry Primrose asserted that:

Managing the transition to greater self-government presents many challenges and opportunities that cannot be addressed by simply adjusting existing policies and procedures. New innovative approaches are required to meet the needs of our community that are more integrated and holistic in nature and acknowledge the value of community responsibility and self-determination. Adopting this new pathway will pose many challenges. Traditional government programming historically has been designed around the resolution of problems or specific issues, rather than focussing on building individual and community health and wellness. Shifting to a more holistic "wellness orientation" will require a change in the mind-sets of our existing local organizations[7].

The NCN Family and Community Wellness Centre's health promotion emphasis resulted in the radical restructuring of the existing array of services into a cultural adaptation of the life span service model. Components of the new service design as illustrated in Figure 1.3 include:

Figure 1.3 Nisichawayasihk Cree Nation Family and Community Wellness Centre
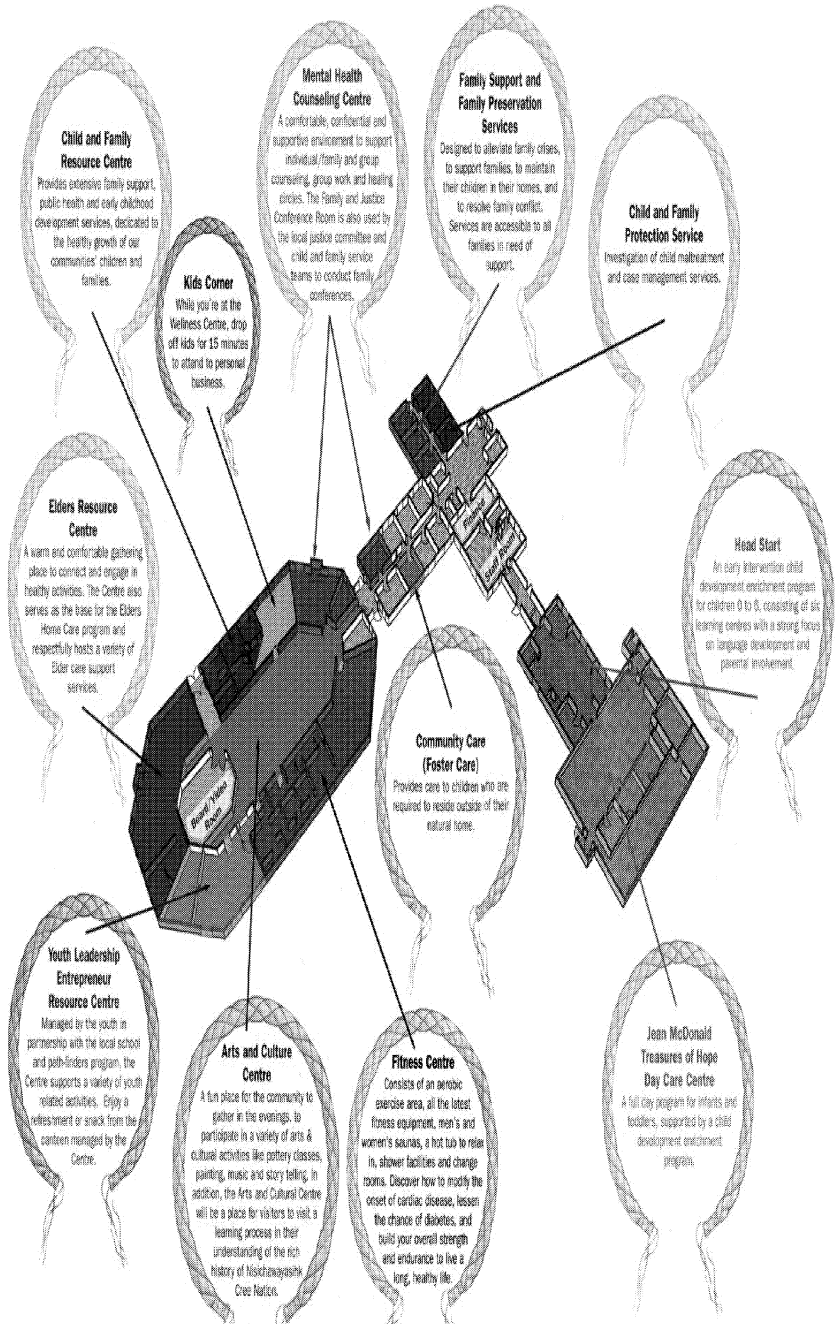
- *A Family and Justice Conferencing Centre*: The Family and Justice Conferencing Centre was designed to provide an environment in which both child and family services and the community justice program can have a supportive setting to conduct family and justice related conferences. The circular room has a large fireplace and log furniture intended to establish a relax atmosphere and to build trust by reducing the professional barriers that exist in very formalized environments.

- *A Child and Family Resource Centre*: Prior to the development of the Wellness Centre, there were several separately funded early intervention and maternal health related programs such as Brighter Futures (child development), Building Healthier Communities (substance abuse prevention), Public Health (prenatal/postnatal support and child development education), and Child Welfare (family support services) all operating from separate locations throughout the community. The Child and Family Resource Centre brought these resources together under one integrated program setting resulting in a more effective early intervention program.

- *An Arts and Cultural Centre:* One of the more innovative additions of the new services continuum, the Arts and Cultural Centre was realized through the pooling of financial resources from all of the services under the Wellness Centre's mandate. Taking into consideration that healthy societies protect and nurture their cultural heritage, the Arts and Cultural Centre was established to promote the restoration of traditional languages and cultural ways of life by offering a range of interactive programs in the evenings and weekends. It also serves as a central hosting center for community visitors, as the walls of the Center our covered with historical photographs.

- *Elder Centre:* The continuity of Aboriginal culture including language retention is grounded in the traditions of family and community life. These traditions are passed-on from generation to generation by the community's Elders possessing the greatest command of the culture. The Elder Centre provides a gathering place for Elders to maintain social connections and engage in a variety of healthy activities. In light of the integrative nature of the Wellness Centre, the Elder Centre has a large teaching kitchen that is used to support the community's prenatal program. Young expecting mothers assemble weekly at the

Elder Centre and are taught proper nutrition and cooking skills by the community's Elders.

- *Youth Leadership Centre*: By providing youth with a place at the Wellness Centre, a critical link is forged between the youth, adults, and Elders of the community. The Centre's activities are governed by the youth.

- *Health and Fitness Centre*: Consist of a large exercise room equipped with all the contemporary fitness equipment including therapeutic hot tubs and saunas. Once again the integrative nature of the Wellness Centre allows the other program components to enhance their services by making use of the Health and Fitness Centre.

- *Video Room:* A multi-media room used for workshop presentations, meetings, and the showing of videos.

- *Day Care Centre/Head Start Program:* A modern day care center connected to the community's head start program. By working together resources are shared strengthening both programs.

- *Mental Health/Child and Family Services Program:* The centre also houses the community's mental health program and child and family services program. However, by integrating these traditional services within the Wellness Centre, they become less threatening and can interact with their clientele in a less crisis oriented manner.

THE VALUES UNDERLYING THE COMMUNITY WELLNESS PARADIGM

Although the *community wellness* paradigm in child welfare is not yet as clearly defined as the traditional *protection* paradigm, based on our experience, we believe that there are at least three basic values that underpin the community wellness paradigm: (a) the capacity of communities to identify their own needs, practice community governance, and construct unique community-based interventions, (b) the capacity of individuals for self-care, and change, and (c) the focus on health versus need.

A *community wellness* approach involves challenging the assumptions that underlie existing child protection practice. In contrast to the individual needs-based child *protection* approach, the *community wellness* paradigm implies a need to broaden traditional child protection policy to respond to the well-being of children generally, not just to those children at immediate "risk," but rather a health promotion approach[8]. Acknowledging the institutional oppression of Aboriginal Peoples involves recognizing that it is the very structure of society and our institutions that makes Aboriginal children vulnerable. From this perspective, all problems and causes are held as a problem of the larger social structures.

Reconceptualizing child welfare in a way that takes into account the oppressive nature of society, requires developing community empowering health promotion strategies that acknowledge and reinforce the capacity of communities for self-care and change. As such, child protection practice would be about joining with community to increase their capacity to transform the social and political structures that impact their wellness. They can be changed. People can make those changes.

As practitioners and academics we have witness several waves of reform over the past three decades, unfortunately all within the prevailing child *protection* paradigm. Much of our work today is based on the promising developments we experience over this past decade with Awasis Agency and Nisichawayasihk Cree Nation. As we have come to understand it, the community wellness paradigm is built upon a politic of hope. It is built upon an understanding and recognition that people have the capacity, changes can be made, and that empowerment and hope is more relevant than protection for true reform.

FOOTNOTES

[1]   For the purpose of this article, the term "Aboriginal authority" is used to describe both urban and First Nation entities (including single Band-based mandates and mandated agencies serving multiple First Nation communities).

[2] The protection paradigm views abuse and neglect in terms of individual pathology and is primarily an investigation driven system that offers very little in terms of prevention and remediation resources (Wharf, 1993).

[3] The colonialist and assimilist attitudes of the "Sixties Scoop" (the RCAP (1996),   Manitoba Aboriginal justice Inquiry (1991)and Kimelman Report (1985)   on adoptions and placements of First Nations and Métis children from Manitoba) that saw thousands of Canadian Aboriginal children put into the child welfare system - with many shipped south to the United States.

[4] Unknown source, retrieved from personal notes concerning the restructuring of Manitoba's child welfare system.

[5] Critical theorist and feminist Iris Marion Young (1990) in *Justice and the Politics of Difference* rejects as illusory the notion of the current welfare state as a construct designed to benefit all members of society. According to Young, if the recognition of cultural diversity is to be achieved, the institutional order of social welfare must furnish space for the expression of difference.

[6]   Adapted from Breaking the Rules: Transforming Governance in Social Services (Bellefeuille, Garrioch, and Ricks, 1997).

[7]   Source of information: 1991 and 1997 annual reports.

[8]   Speaking notes of the Opening Ceremony, delivered by Chief Jerry Primrose.

[9]   "Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the

environment. Health is therefore, seen as a resource for everyday life, not the objective of living. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being"(Ottawa, 1986) .

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COMPARING EURO-WESTERN COUNSELLING AND ABORIGINAL HEALING METHODS: AN ARGUMENT FOR THE EFFECTIVENESS OF ABORIGINAL APPROACHES TO HEALING

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INTRODUCTION

The purpose of this paper is to provide an overview of an Aboriginal approach to healing and to establish the theoretical grounds for its effectiveness. Toward this end, this paper considers a number of issues. First, the similarities and differences between various Euro-Western theories of counselling or psychotherapy[1] and Aboriginal approaches to healing are examined. Second, an overview of major cumulative findings from research on psychotherapy is presented toward establishing major curative factors that are common across various therapy approaches. Third, related to these psychotherapy research findings, Jerome Frank's (1961, 1982, 1991) theory of common factors is reviewed toward establishing parallels between psychotherapy and traditional healing approaches. Fourth, a traditional (Ojibwe) approach to healing and associated healing methods are discussed. Finally, the theoretical arguments for the effectiveness of Aboriginal healing methods are summarized and implications for Euro-Western helping approaches are considered.

The main reason for advancing theoretical versus empirical arguments for the effectiveness of Aboriginal approaches to healing, and doing so by comparing these methods to Euro-Western counselling theories and considering the outcome of psychotherapy research, is because there is a scarcity of research on Aboriginal healing methods. Although Lane, Bopp, and Norris

(2002) have noted that Athere is considerable anecdotal evidence that traditional healing practices have profound effects" (Lane, Bopp, and Norris, 2002, p. 22), they acknowledge the necessity of developing tools and processes to document the outcomes of Aboriginal healing. This is a laudable long-term goal; however, in the meantime, we believe that it is useful to develop theoretical arguments for the likelihood that Aboriginal healing methods will prove to be at least as effective as Euro-Western counselling, particularly for Aboriginal people.

SIMILARITIES AND DIFFERENCES BETWEEN EURO-WESTERN COUNSELLING THEORIES AND ABORIGINAL APPROACHES TO HEALING

In an effort to examine similarities and differences between the various Euro-Western approaches to counselling and Aboriginal healing methods, Coady and Lehmann (2001a) that presented the distinguishing characteristics of various classes of clinical theory (psychodynamic, cognitive-behavioural, humanistic, feminist, and postmodern) and modified it to include an Aboriginal classification along the continuum of theory. Beyond the inclusion of Aboriginal practice, this new construction includes the additional characteristics that are pertinent to comparing psychotherapy to Aboriginal healing: (a) specific models of helping (within each class of theory); (b) role of helper; (c) degree of importance placed on the therapeutic relationship; (d) degree of importance placed on holistic health; (e) aspect of holism underattended to; and (f) primary methods of healing.

It should be emphasized that the characterization of the various classes of theory presented in this paper are very general and do not do justice to the complexities of how theories are translated into practice. The broad characterizations are meant to describe the primary emphases in the different theories. Thus, to say that the major focus in cognitive-behavioural theories with regard to time is the present is not to say that these theories never consider the past. Similarly, to say that humanistic theories focus primarily on affect is not to say that they never focus on cognition or behaviour. Another caution is that overgeneralization tends to mask differences within classes of theory (e.g., although most psychodynamic theories are expert-oriented, attachment theory is

more collaborative) and to exaggerate differences across groups of theory (e.g., although psychodynamic and feminist theories seem quite antithetical in some respects, the fact that many workers have integrated them in practice speaks to the fact that they can be compatible). It is beyond the scope of this paper to discuss any of the Euro-Western theories in more depth (see Coady, 2001 for an overview of these categories of theories); however, the reader is referred to the discussion of an Aboriginal approach to healing later in this paper.

A consideration of the above shows that one of the most striking differences between Euro-Western counselling theories and Aboriginal methods of healing relates to the degree to which a holistic focus is achieved. One of the hallmarks of an Aboriginal approach to healing is the focus on holism, specifically a consideration of the spiritual, mental, physical, and emotional aspects of the person. This consideration points to the fact that Euro-Western psychotherapies as a group have a much more circumscribed focus than an Aboriginal approach to healing in many different regards. This overall difference is elaborated upon, below.

It is clear that each of the five categories of Euro-Western counselling theory are less holistic in scope than an Aboriginal approach to healing. Psychodynamic approaches focus primarily on the mental/cognitive aspect of the person. Although psychodynamic approaches talk about the importance of working through emotional issues and about insight being both emotional and cognitive, the process of therapy is primarily cognitive. This leaves the emotional aspects of life underattended to, as well as the spiritual and physical aspects of holistic health unattended. Cognitive-behavioural theories focus primarily on cognition and behaviour, leaving the spiritual, emotional, and physical aspects of the person relatively neglected. Feminist approaches have a more integrated focus on cognition, behaviour, and, to a lesser extent, affect (emotions), but this still leaves the physical and spiritual aspects of the person relatively unaddressed (although some feminist approaches attend to spirituality). Humanistic theories have more focus on affect (emotions) than other psychotherapies, and pay some attention to cognition (mental processes), and, in some body therapies, the physical, but they lack focus on behavioural and spiritual aspects of existence.

Postmodern approaches address primarily the cognitive (mental), and to a lesser extent, the affective (emotional) aspects of the person, leaving spiritual and physical aspects of holism unattended.

Our contention that emotion is one of the aspects of existence that Euro-Western psychotherapies tend to ignore may be somewhat surprising. Although many psychotherapies acknowledge the role and importance of emotion theoretically, we believe that very few translate this into practice. Although some feminist and humanistic approaches include a focus on emotional discharge, the majority of Euro-Western approaches to counselling shy away from catharsis. This lack of attention to emotional expression in therapeutic situations may come partially from the focus of the model, and partially from the therapists' reluctance to evoke strong emotions in clients (Binder and Strupp, 1997; Frank and Frank, 1991). Therapists may feel uncomfortable with emotional displays by clients because they lack comfort in staying in the moment and lack the ability to improvise and work through situational emotion with clients (Binder and Strupp, 1997; Frank and Frank, 1991).

There is little doubt that Euro-Western psychotherapies pay inadequate attention to the physical and spiritual aspects of existence. Although some humanistic approaches (e.g., bioenergetics; Lowen, cited in Frank and Frank, 1991) focus on the connection between mind and body and incorporate elements of body therapy, these approaches are often considered on the "fringe." Similar to how physical health has been seen by psychotherapists as the purview of the medical doctor, spiritual issues have been seen as the purview of religion. Some authors (Canda, 1988, 1998, 2001; Carroll, 1998) have argued for the need of Euro-Western counselling approaches to integrate consideration of spirituality; however, it has been largely neglected.

There are two other ways in which Aboriginal approaches to healing are more holistic than Euro-Western approaches. First, with respect to the time dimension, whereas Euro-Western psychotherapies tend to focus on the present and relatively recent past, in an Aboriginal world-view "...time extends from far in the past to far into the future" (Nelson, Kelley, and McPherson, 1985, p. 237). Second, in contrast to the Euro-Western focus on the

individual, Aboriginal healing is viewed as a process that "...restores the person, community, and nation to wholeness, connectedness, and balance" (Regnier, cited in Hart, 1999, p. 95).

In addition to having a more holistic focus, there are a number of other characteristics that differentiate Aboriginal approaches from most Euro-Western psychotherapies. Another major difference between Euro-western and Aboriginal methods of healing is the degree of reliance on talk-therapy. In Euro-western psychotherapy, there is no process without talking; whereas in Aboriginal methods of healing, the process is not dependent on a high degree of verbal communication, and, in fact, the process of healing can be impaired by too much talking. This de-emphasis on verbal communication is reflective of Aboriginal culture, which places emphasis on connection, sharing, being together, and movement. Relatedly, Aboriginal approaches to healing are much less structured and directive than Euro-Western approaches.

Although there are clear differences between Aboriginal and Euro-Western approaches to healing, it should be noted that the former has more similarities to some categories of the latter than others. The egalitarian stance of the helper in feminist, humanistic, and postmodern theories fits better with an Aboriginal helping role than the more expert-oriented helping role in psychodynamic and cognitive-behavioural theories. Relatedly, the same similarities hold for the importance placed on the therapeutic alliance. Although the concept of the therapeutic alliance originated in psychodynamic theory and its importance has been embraced by both psychodynamic and cognitive-behavioural theories, the degree of warmth and mutuality, and the person-to-person (versus therapist to client) nature of interaction, is more similar in feminist, humanistic, postmodern, and aboriginal helping approaches. There are also similarities between the emphasis on narrative reconstruction in postmodern approaches and the use of storytelling in Aboriginal helping, and the emphasis on emotional discharge in Aboriginal healing and some humanistic approaches.

CUMULATIVE FINDINGS OF PSYCHOTHERAPY RESEARCH AND IMPLICATIONS FOR PRACTICE

We believe that there are three major cumulative findings that can be culled from decades of psychotherapy research and that, considered together, have significant implications for the theory and practice of helping of all kinds. First, "...there is little doubt that psychological treatments are, overall and in general, beneficial" (Lambert and Bergin, 1994, p. 144). Furthermore, the beneficial effects of a wide range of therapies have proven to be "...not only statistically significant but also clinically meaningful" (Lambert and Bergin, 1994, p. 180).

Second, research has failed to demonstrate differences in outcome across the wide variety of therapeutic approaches (Lambert and Bergin, 1994; Wampold, Mondin, Moody, Stich, Benson, and Ahn, 1997). Decades of research that sought to determine which of the "competing schools" of psychotherapy was most effective has resulted in what is commonly referred to as the "equal outcomes" or "Dodo bird" (from Alice in Wonderland) effect; namely, that "Everybody has won and all must have prizes" (Carroll, cited in Wampold et al., 1997).

Third, cumulative research on the client-centered conditions of empathy, warmth, and genuineness and the more general concept of the therapeutic alliance has established that relationship factors are the best predictors of client outcome (Horvath and Symonds, 1991; Orlinsky, Grawe, and Parks, 1994). "A strong association between therapeutic alliance and outcome has been found with clinical problems that range from substance abuse, to depression, to anxiety disorders, and interpersonal problems" (Binder and Strupp, 1997, p.121). Research has demonstrated that a good helping relationship characterized commonly by mutual trust, liking, respect, and collaboration is necessary for good client outcome regardless of the approach to therapy.

Together, the latter two major cumulative findings from psychotherapy research discussed above have lent support to the longstanding "common factors" hypothesis (Rosenzweig, 1936; Frank, 1961) that "factors specific to the various therapies (i.e.,

distinctive theory and techniques) had less impact on outcomes than factors that were common across therapies, "particularly relationship factors" (Coady and Lehmann, 2001b, p. 11). In their review of psychotherapy research, Lambert and Bergin (1994) conclude that "Factors common across treatments are accounting for a substantial amount of improvement, and common factors may even account for most of the gains that result from psychological intervention" (p. 163). Together with this empirical support for the importance of common factors in psychotherapy outcome, the cumulative research finding about the overall effectiveness of psychotherapy leads to the suggestion that any approach to healing that incorporates important common factors is likely to be effective. This is, in fact, a central argument in Jerome Frank's (1961, 1982, 1991) theory of common factors, which helps to further the comparison of Euro-Western and Aboriginal approaches to healing.

COMMON FACTORS THEORY

The term common factors refers to the effective aspects of treatment shared by diverse approaches to helping (Weinberger, 1993). Jerome Frank's classic book APersuasion and Healing" (1961), with a later edition co-authored with his daughter (Frank and Frank, 1991), has been seminal in promoting the theory of common factors. Frank's thesis, supported by extensive references to a wide range of research, is that not only do diverse types of psychotherapy share the same effective features, but also that they share these features with other forms of healing, from traditional approaches to healing in nonindustrialized societies to faith healing in modern religions and cults. He contends that "...all psychotherapeutic methods are elaborations and variations of age-old procedures of psychological healing" (Frank, 1982, p. 9).

Frank and Frank (1991) contend that all forms of healing help people to overcome a state of "demoralization" through the instillation of "hope." They describe four common factors that are shared by all approaches to healing and that work to instill hope and overcome demoralization. The first and most important factor is "...an emotionally charged, confiding relationship with a helping person" (Frank and Frank, 1991, p. 40). To achieve this, helpers must possess the ability to inspire people's confidence in them as

competent and as concerned with their welfare. The therapeutic alliance implies the helper's "...acceptance of the sufferer, if not for what he or she is, then for what he or she can become" (p. 40).

The second common factor is a healing setting that heightens the sufferer's perception of the helper as competent and socially sanctioned and that creates a feeling of safety. The healing setting provides a sense of safety so that sufferers can freely express feelings, dare to reveal aspects of themselves that they have concealed from others, and do whatever else the therapy prescribes" (Frank and Frank, 1991, p. 41).

The third common factor across all types of effective helping is a rationale that explains the person's difficulties and suggests a method for resolving them. It is important to note Frank and Frank's (1991) contention that in order to be plausible and to inspire hope, a therapeutic rationale (as well as therapeutic procedures) must be linked to the world-view of a sufferer's culture.

The fourth and last common factor is a set of prescribed treatments or rituals for alleviating the problem. The participation and collaboration of both sufferer and helper in such rituals enhances expectations of relief because something is actually being done about the problems. Frank and Frank (1991) cite research to support their contention that such rituals will be effective to the extent that they arouse emotions and provide experiences of mastery.

Frank and Frank (1991), although both psychiatrists, are critical of Euro-Western psychotherapy on a number of counts. First, they are critical of the tendency of Euro-Western psychotherapy to presume to be "scientific," to corner the market on "truth," and to denigrate alternate forms of healing. They argue that psychotherapy is better understood as a form of rhetoric than a behavioural science (hence the title of their book, "Persuasion and Healing"). In their review of what they refer to as "religiomagical healing" in nonindustrialized, traditional societies, they go so far as to suggest that "...curative forces may exist that cannot be conceptually incorporated into the secular cosmology that dominates Western scientific thinking" and that it is possible that Asome healers serve as a kind of conduit for a healing power

in the universe" (p. 111). This raises the neglect of the spiritual dimension in Euro-Western psychotherapies.

Two other related critiques of Euro-Western psychotherapy by Frank and Frank (1991) also relate to the earlier critique of these therapies not being holistic. They are critical of the tendency of secular therapies to avoid arousing intense emotions and cite evidence to suggest that doing so "could enhance the overall effectiveness of psychotherapy" (p. 69). Relatedly, they are critical of the mind-body split that is prevalent in Euro-Western thinking and cite evidence to suggest that body manipulations and exercises can help to "release bottled-up emotions" and "induce healing states of consciousness" (p. 130).

Although there is much that remains speculative in Frank and Frank's (1991) theory of common factors, there is empirical support for many of its ideas. The general thesis that it is the features shared by all forms of helping that make them effective is supported by the "equal outcomes" phenomenon in psychotherapy research. The contention that the most important common factor is an emotionally close, confiding relationship is now generally accepted by virtue of the large body of research that documents the importance of relationship factors to client outcome. The research on relationship factors also lends indirect support to the ideas that a central impact of any helping process is to instill hope and overcome demoralization and that a setting that provides a feeling of safety can be important toward these ends. There is also considerable research to support the ideas that treatments or rituals that involve emotional arousal and release, as well as experiences of mastery, are effective (Orlinsky et al., 1994). Finally, although there is little research on the issue, there is intuitive appeal to the argument that "therapeutic rationales and procedures acquire plausibility through their links to the dominant world-view of their particular culture" (Frank and Frank, 1991, p. 42). Relatedly, the openness of Frank's theory to the effectiveness of alternative approaches to healing speaks to the reality that all cultures in all times have found effective ways to minister to people's suffering. With these ideas in mind, we now turn our attention to a consideration of aboriginal methods of healing.
Aboriginal Methods of Healing

The specific Aboriginal methods of healing that are discussed in this paper are from traditional Ojibwe culture and have been passed down through the oral tradition. It needs mention that these oral traditions rarely appear in literature due to the fear felt by knowledge keepers and trusted elders that Euro-Western individuals may abuse or disrespect the oratories. This fear and mistrust stems from, and has been nurtured by, the lengthy history of betrayal and abuse toward Aboriginal people. The first author of this paper followed the traditional process of elder consultation and the respectful request for permission to discuss traditions in such a forum. Although permission was received, there is a limit to the extent of sharing contained within this paper. Hopefully, with the continued building of trust, in time contemporary Aboriginal social workers will be able to share more completely the methods of healing that have served Aboriginal people so well for so long.

There is no clearly defined Aboriginal theory of healing. This is due, in part, to the oral tradition and evolving nature of indigenous cultures. The principal model of healing that Aboriginal people use is the Medicine Wheel (see Nabigon and Mawhiney, 1996). The Medicine Wheel is a conceptual worldview, and the cultural doctrine for Aboriginal people. It is an ancient symbol for the unity of all things in the universe, and reflects interrelated concepts such as "wholeness, balance, connectedness or relationships, harmony, growth, and healing" (Hart, 1999, p. 92). The Medicine Wheel will not be discussed in this paper; however, all of the aspects of healing discussed form part of the Medicine Wheel.

Before discussing some of the specific traditional methods of healing, it is important to review the principles, values, and beliefs that underlie these healing methods, as well as the general approach to helping within Aboriginal communities. As discussed previously, one of the core principles associated with the Aboriginal holistic world-view is that effective healing requires an integrated attention to the physical, mental, emotional, and spiritual aspects of the person. It is held that health represents balanced attention to all four of these aspects of humanness, as well as balance (i.e., peace and harmony) with other people and with the natural world, "Aimbalance is considered the source of a person's disease or problems" (Hart, 1999, p. 93). Related to this

holistic focus is the idea that the individual's well-being is linked to that of the community: Aan individual's healing is not only necessary for that individual, but it is also important for all people around that person since they are all interconnected" (Hart, 1999, p. 95).

With regard to values, the Seven Grandfathers' Teachings of humility, respect, love, truth, honesty, bravery, and wisdom underlie all aspects of holistic healing. These are traits or ways of being to which one should aspire. These values are reflected in a helping process that is gentle, supportive, and non-coercive. They are also reflected in a view of the ideal helper as one who listens and supports, and who is respectful, patient, and humble. For aboriginal people, a helper's "...personal and spiritual attributes are more important than his or her absolute knowledge or skills" (Nelson et al., 1985, p. 238). Being a good Aboriginal helper involves "...expunging the expert role, maintaining humility, demonstrating centeredness, listening, being patient, using silence, and speaking from the heart" (Hart, 1999, p. 105).

More specifically, with regard to beliefs about activities that promote healing, seven natural ways of healing are proposed. These include (a) voice (yelling, talking, hollering, singing, screaming, moaning, and weeping); (b) shaking, which prepares us for confrontation and is a manifestation of nervousness; (c) crying, which is cleansing, and a way to flush out anger and pain; (d) laughing, which releases tension, and is good for the heart; (e) sweating, which purifies the soul; (f) kicking; and (g) hitting--which, along with kicking, if done in a constructive manner, allows for a physical release of pain and anger. Although not all healing methods focus on all seven of these ways of healing, they do attend to the four aspects of the person in a holistic manner and they aim to promote the seven Grandfathers' Teachings.

One of the important and most intense methods of healing for Aboriginal people is the Sweat Lodge. The Sweat Lodge entails intense physical healing through sweating in a forum of emotional, mental, and spiritual exploration and healing. The Sweat Lodge is symbolic of the womb where safety and security are paramount and it provides emotionally intense, supportive relationships, with an elder and/or fire keeper, and other people in the lodge. Participants are given teachings beforehand and the

setting of the Sweat Lodge and the rituals performed within can enable the person to attain a spiritual state of transcendentalism. In terms of common factors theory, the Sweat Lodge provides a culturally sanctioned setting of safety; an intense, emotionally charged confiding relationship (with an elder and/or firekeeper); a rationale for or way of understanding one's situation (the teachings); and a set a rituals that arouse emotions and inspire the expectation of help.

Another traditional healing method for Aboriginal people is the Healing Circle. The circle is symbolic of the cycle of life and the interrelatedness of all beings (Stevenson, 1999). A male and female Circle Keeper open the Circle with a ceremony called Smudging, which involves burning a traditional medicine (e.g., sweetgrass) and bringing the smoke over one's body in order to cleanse oneself of negativity. After a prayer, an explanation of the protocol of the circle, and brief introductions, an object (e.g., Eagle Feather) is passed around the circle in turn. When one is holding the object, one may talk about anything he or she wants with no time limit and others respect this with silent listening. The emphasis is on talking about painful events or issues and letting go of emotions (through talking, crying, laughing, yelling, etc.). Expressing one's emotions in a supportive environment leads to understanding and acceptance. The circle closes with a prayer and hugs or hand shakes (Stevenson, 1999). Again, in terms of common factors theory, the Healing Circle provides a safe setting; supportive, emotionally charged relationships with others in the Circle; a general rationale for one's difficulties (negative emotions that have arisen from hurtful events); and a set of rituals that arouse emotions and provide support.

There are many other traditional Aboriginal healing methods (e.g., the healing lodge, the cedar bath, the pow wow, fasting and feasting). Most of these ceremonies are holistic in that they address all aspects of the person and they incorporate the four common factors. Beyond such specific traditional healing methods, there are more general, but important Aboriginal approaches to healing.

One general approach to healing involves following the traditional teaching about the four aspects of physical healing, which are diet, breathing, water, and movement/exercise. The diet is extensive and involves eating foods that are native to one's land

(e.g., in Northern Ontario, game meats, wild rice, sweet potatoes, maple syrup products, etc.). The attention paid to breathing is premised on the belief that when people are unhealthy they tend to breath shallowly, and this affects the entire body because there is not enough oxygen being transmitted throughout the person. People often need to re-learn breathing techniques in order to achieve optimal holistic health. With regard to water, attention is paid to the common problems of drinking too much or too little water. Exercise is the last component of holistic physical health. Exercise can take any form, including walking, running, sports, stretching, and more detailed fitness programs. The focus is not so much on exercise as it is on movement.

Another more general approach to healing involves reconnection with mother earth. There is a spiritual connection between Aboriginal people and mother nature. A walk in the bush, for example, provides a natural, stimulating, healthy, pure, and peaceful environment free from hustle and bustle, judgement, and chaos. The spirit of the bush is strong, and this strengthens the spirit of the individual. Many helpers and healers start a helping relationship with a simple walk in the bush. This can build a foundation for trust, respect, honesty, and sharing, which are the cornerstones of a helping relationship.

Just as Aboriginal helping incorporates a wide range of activities, there are a wide range of helpers. Elders fulfill many roles, including conductors of ceremonies, spiritual guides, counsellors, and role models (Hart, 1999). There are many professional indigenous human service workers in fields such as child welfare, alcohol and drug services, and mental health. There are informal helpers who carry "bundles" (a highly personal "tool kit" of spiritual healing medicines and items relevant to Aboriginal teachings) and who follow traditional ways of healing. There are also many informal leaders in Aboriginal communities who function as counsellors and role models. What is common across these types of helpers is a natural, casual, and informal style of helping that embodies acceptance and respect; that focuses on a flexible, non-imposing provision of support (Nelson et al., 1985); and that incorporates a holistic focus on the physical, mental, spiritual, and emotional aspects of the person.

AN ARGUMENT FOR THE EFFECTIVENESS OF ABORIGINAL APPROACHES TO HEALING

There are strong theoretical arguments, as well as indirect empirical evidence, to suggest the effectiveness of Aboriginal approaches to healing. With regard to indirect empirical support, it is evident that Aboriginal approaches to healing incorporate common factors that research has established as having an association with positive outcomes in psychotherapy.

The first and foremost of these important common factors is a good helping relationship. The ideal Aboriginal helping relationship mirrors the type of therapeutic alliance that has been found to be the best predictor of psychotherapy outcome. There is general acceptance within psychotherapy that a relationship characterized by warmth, acceptance, mutual liking, empathy, and collaboration is necessary for good client outcome. Although there is debate about whether or not this type of relationship is also sufficient for therapeutic change, other bodies of research suggest that this is often the case. Research on the effectiveness of paraprofessionals suggests that client outcomes for non-professional helpers with minimal training are often as good as or better than those for highly trained and experienced professional therapists (Christensen and Jacobson, 1994; Lambert and Bergin, 1994). Furthermore, social support research shows that having an emotionally close, supportive, confiding relationship is associated with psychological health across various life-stress situations (Wills, 1985). Thus, there is a persuasive argument for the effectiveness of any helping approach, professional, paraprofessional, or non-professional, that features a good relationship between two people. Clearly, Aboriginal approaches to healing place a very high emphasis on building the type of relationship that research has found to have strong associations with good helping outcomes.

A second common factor inherent to Aboriginal approaches to healing that has received empirical support in psychotherapy research is emotional arousal and discharge (Frank and Frank, 1991; Orlinsky et al., 1994). The seven ways of Aboriginal healing include a strong focus on the therapeutic value of emotional discharge and emotional arousal is clearly central to traditional

healing methods such as the Healing Circle, Healing Lodge, and Sweat Lodge.

Beyond the indirect empirical support cited above, there are strong theoretical reasons to suggest the effectiveness of Aboriginal approaches to healing. First and foremost is the fact that Aboriginal helping has a more holistic focus than psychotherapy. There is much intuitive appeal to, as well as some empirical support for, a holistic focus. In addition to the empirical support for focussing on emotions, Frank and Frank (1991) cite clinical and epidemiological studies to support the argument that physical and psychological processes are interdependent and interact in complex ways. They argue that Euro-Western psychotherapy has ignored the mind-body connection and has overlooked the potential value of such things as body manipulations and exercises. Aboriginal approaches incorporate a strong focus on the physical aspect of experience through general attention to diet and movement, as well as through rituals such as fasting and the Sweat Lodge that have a profound physical impact.

Furthermore, Frank and Frank also suggest that attention to the spiritual dimension of existence, which is clearly evident in Aboriginal healing, can be very helpful. They argue persuasively that spiritual healing approaches "...share the ability to arouse the patient's hope, bolster self-esteem, stir emotion, and strengthen the patient's ties with a supportive group" (p. 112). If Euro-Western psychotherapy has proven effective even with its rather narrow focus on cognition, and to a lesser extent, emotions, then Aboriginal approaches that include attention to the physical and spiritual aspects of experience, as well as heightened attention to emotions, should prove to be at least as effective. Given the range of human problems and the range of individual preferences for attention to one aspect of experience over another, it makes sense that a more holistic focus holds a greater likelihood for successful helping. One additional aspect of holism in Aboriginal approaches to helping that also heightens the likelihood of their success is frequent integration of personal and community healing. "Aboriginal communities and the Aboriginal >healing movement' have long argued that healing and community development are inseparable" (Lane et al., 2002, p. 29). Simultaneous focus and work on the individual and community level, as well as a

recognition of the inherent interconnectedness among mind, body, spirit, and emotion, just makes good sense.

The effectiveness of Aboriginal healing methods is also suggested by Frank and Frank's (1991) theory of common factors, which they have buttressed with references to a wide variety of research. Aboriginal healing methods encompass the four factors that Frank and Frank purport are common to all types of effective helping. We have already reviewed how the therapeutic relationship (the first common factor) in Aboriginal helping meets empirical and theoretical criteria for being effective. Descriptions of the Sweat Lodge and Healing Circle, as well as the more general use of nature as a therapeutic setting, demonstrate how Aboriginal methods create a healing setting (the second common factor) that is safe and that has symbolic power. It is also clear that the well-developed holistic worldview within which Aboriginal approaches to helping are embedded and the traditional practices that are part of this meet the criteria for the last two common factors: a rationale for problems and rituals or procedures for overcoming them.

Frank and Frank (1991) argue persuasively that an important part of the power of therapeutic rationales and procedures, as well as of the therapeutic relationship and the healing setting, stem from their being a part of the sufferer's worldview or culture:

> In the Middle Ages, therapeutic symbols drew their power from their association with Christian belief. Indigenous healing rituals in non-Western societies inevitably draw upon the cosmology of their particular group. . . In the contemporary United States, faith in science still seems to provide the predominant source of symbolic healing power (p. 42).

The point is that to maximize the likelihood of effectiveness, the approach to helping should be consistent with the person's culture. This reinforces the likelihood that Aboriginal approaches to helping are likely to be proven effective for Aboriginal people, at least for those who ascribe to an Aboriginal belief system or worldview.

Research on the effectiveness of Aboriginal approaches to helping needs to be a priority (Lane et al., 2002); however, in the meantime it is important to acknowledge the likelihood of the effectiveness of Aboriginal methods of healing for Aboriginal people, and in fact for any person who is open to embracing Aboriginal beliefs. All too often helping approaches that are different from Euro-Western models and that do not meet "scientific" criteria are viewed skeptically or dismissed. It is hoped that our review of Aboriginal methods and the indirect empirical support and theoretical arguments for their effectiveness contributes to a recognition of their legitimacy. It is also our hope that Euro-Western approaches to helping might learn from the integrated attention to all aspects of experience (physical, mental, spiritual, and emotional) that is the hallmark of Aboriginal healing.

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Footnote

[1]We use the terms psychotherapy and counselling interchangeably in this paper, and these terms are meant to subsume clinical social work. The Euro-Western theories that are reviewed in this paper are those that are commonly used by clinical social workers and the research on psychotherapy that is reviewed has commonly included social workers. We chose not to include a consideration of social work as an approach distinct from other Euro-Western clinical approaches because it uses the same theory base and it does not have a large empirical base separate from counselling/psychotherapy. We acknowledge that social work may differ from other counselling approaches in the degree that it includes a person-in-environment perspective and a consideration of issues of diversity and oppression; however, we believe that overall our discussion of counselling/psychotherapy applies to clinical social work.

A COMMUNITY BASED APPROACH TO THE DEVELOPMENT OF A FIRST NATIONS BSW PROGRAM: COMMUNITY NEEDS ASSESSMENT AND PROPOSED MODEL

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INTRODUCTION

Over the last 2 years, UBC's School of Social Work and Family Studies has, in collaboration with the Squamish Nation, provided funds and resources for the development of a First Nations BSW program to be delivered off-campus. The project is both interesting and exciting because of the nature of the process. This paper constitutes a 3 stage process of research conducted over the last 2 years, and focuses on the findings of a) my initial research into Native social work education over the last 30 years, b) a community needs assessment, and c) a proposed model for curriculum and program delivery.

Critical to this project are the years of relationship building between Dr. Richard Vedan, the project manager, and Squamish Nation, in addition to his unwavering and ongoing support throughout this work. As well, the support of the Director of the UBC School of Social Work and Family Studies, Graham Riches, has also been significant in ensuring resources are available to facilitate the process.

What has made this project both interesting and exciting is that the project has been a community-based effort, and that the project also involved the use of a grounded theory approach to analysis of the information gathered in each step. The culmination of this research led to what is referred to in Creswell (1998) as "presenting a visual model or theory" (p.149). In fact, the new model for the delivery of an off-campus BSW program are delineated visually within the framework of a Medicine Wheel, as this was the only way I could make sense of all the research leading up to the final curriculum proposal.

As regards community participation, the UBC First Nations Advisory Committee and Squamish Nation have been involved

every step of the way, in terms of decision making relevant to the process. In the first stage, a literature review and interviews with key informants during site visits to relevant programs across Canada allowed for the identification and development of theme areas significant to the development of a new First Nations Bachelor of Social Work program to be delivered through UBC.

The second stage consisted of a community needs assessment involving 3 one-day focus groups, in which a clear articulation of concerns and needs were identified. In the 3rd stage, based on the results of the first 2 stages, a curriculum development workshop was held. In this stage, the needs assessment, as well as the curriculum from seven relevant programs was compiled into a curriculum package which provided the background for developing a curriculum proposal to the UBC School of Social Work and Family Studies.

Then, a one-day workshop was held with First Nations educators, as well as First Nations graduates from UBC's Social Work program. Again, as with the previous steps, grounded theory analysis of the data allowed for the development of a curriculum proposal...a new model for the delivery of a BSW to First Nations in BC.

Ultimately, the model that was developed includes a philosophy, or cardinal values which must serve as the foundation for the program. Specifically, the program must include:

- a community vision for the program;
- elder involvement in all aspects of the program a strong community advisory board;
- protocol agreements;
- an evolving and dynamic model based on ongoing evaluation and formal mechanisms to address concerns; contextualized learning;
- a holisitc approach to learning, which includes a healing component;
- and, an integrated model which ensures the ability to walk/work in either world – First Nations or mainstream.

Each stage of the research will be presented based on the form of analysis used. Thus, given the grounded theory approach used to integrate the materials, at each stage, references used in the initial stage will follow the discourse on this research, versus being found within the text.

STAGE 1: THE INITIAL RESEARCH AND INTERVIEWS WITH KEY INFORMANTS

In November, 2000, The Ministry for Children and Families, Squamish Nation and the Dean of Arts at the University of British Columbia (UBC) conjointly funded research on First Nations social work education. The decision was based on three factors:

- a request from Squamish Nation to provide such a program.
- the TREK 2000 goals to increase enrolment of First Nations at UBC,
- the academic plan of the UBC School of Social Work and Family Studies, which includes the development of a satellite BSW program for First Nations.

Of concern to UBC, the School of Social Work and Family Studies, and the First Nations community, is the overall situation of Native people in Canadian society. While Native people in Canada are over-represented in the health, social service and justice systems, they are under-represented in the areas of education and employment. Frideres (1998) points out that in the ten years between 1981 and 1991, there was an increase from 2% to 3% in the percentage of Aboriginal people obtaining a university degree. During that same period, all other Canadians experienced an increase from 8% to 11%. Meanwhile, in B.C., the delegation of child welfare and health authority to First Nations agencies and communities commands that efforts to meet the needs of these communities be addressed.

As such, this project is a response to the request from Squamish Nation for social work education, and to the current needs of the community. As well, given the overall goals of TREK 2000 and the academic plan for the School of Social Work and Family Studies, this research project represents the first formal steps in the development of a First Nations BSW program.

In order to develop such a program, research into First Nations social work education, would provide insight on how the program could be designed and delivered. Universities across Canada have been involved in First Nations social work education for up to thirty years, providing a wealth of experience. Alternatively, a community needs assessment

would facilitate the ability to provide a relevant Native BSW program. Thus, consultation with the First Nations community was required to identify their needs. Furthermore, the culmination of the previous steps would provide the necessary background for the development of a curriculum proposal, and a new model for Native social work education to be delivered by UBC.

The literature review led to the development of a timeline of significant events related to First Nations social work across Canada over the last thirty years. As early as the 1970's, Bachelor of Social Work (BSW) program delivery to Native people was developing in a number of areas. Included are:

Dalhousie University –decentralized BSW,
Laurentian University-BSW to northern regions,
Saskatchewan Indian Federated College-Bachelor of Indian Social Work,
University of Calgary – BSW at Blue Quills,
University of Victoria –decentralized programs in rural areas.

In addition to researching the history of First Nations social work education in Canada, a review of other First Nations Bachelor of Social Work (FNBSW) programs was necessary, in order to learn how such programs are being delivered to First Nations people across Canada. During the literature search, common themes regarding the delivery of such programs became evident. These themes were used as a guide to conduct semi-structured interviews with key informants from other First Nations social work programs. The interviews provided insights relevant to the development of a similar program. Included were issues related to:

- Partnerships between Schools of Social Work and Aboriginal people – as it relates to accountability, autonomy, commitment, academic and bureaucratic levels of partnership and overall vision of the program. Universities must have a deep commitment (at all levels) to First Nations social work education, and be willing to fuel that commitment by collaborating with the community in the delivery of a FNBSW program.

- Advisory boards –roles and responsibilities. The Aboriginal community should have a formal method for input into program delivery and curriculum. However, their roles needs to be clear, as do the avenues for ensuring their needs are being met.

- <u>Admissions</u> – re: requirements for entry, transfer of courses, flexibility of admissions dates. Admissions policy need to provide more flexibility for acceptance to the program, and involve community members on admissions committees.

- <u>Recruitment</u> – outreach. Efforts to recruit First Nations students must be expanded, and include recruitment of Aboriginal youth at the High School level.

- <u>Retention and support</u> –Fundamental is the need to be committed to anti-racist First Nations social work education and to improve supports to students in order to facilitate successful completion of the program

- <u>Curriculum</u> – the program design must attend to community needs, be of relevance to First Nations people, be able to address styles of learning, be culturally sensitive and include an adult learning approach to education. Community involvement with curriculum committees is also needed.

- <u>Field placements</u> should include both mainstream and Aboriginal agencies, in addition to addressing issues related to supervision, and paid and block placements.

- <u>Prior learning assessment</u> should be implemented to foster recognition for the experience of service providers working in Aboriginal agencies and communities. Many people have a wealth of experience before entering the program.

- <u>First Nations faculty and staff</u> – Efforts for recruitment and retention, must take into account the tremendous demands placed on Aboriginal educators by Schools of Social Work, community, and family. As well, the community should be involved on hiring committees.

- <u>Policy</u> – There was general consensus regarding the desire for an accredited and portable degree, in addition to the need to address institutional racism as it relates to curriculum and policies.

  These issues were discussed with identified First Nations social work educators across Canada. Field notes during interviews with educators from the various programs were later transcribed, analyzed and used to elaborate on the aforementioned themes.

Programs reviewed include:

- Carleton University's off-campus delivery of BSW
- Laurentian University's Honours BSW
- Winnipeg Education Centre's Inner City Social Work Program
- University of Manitoba's satellite or distance education BSW programs
- Saskatchewan Indian Federated Colleges Bachelor of Indian Social Work
- Nicola Valley Institute of Technology's BSW program
- University of Victoria's Native Child Welfare Specialization

Fundamental, and vital, to the success of FNBSW programs is the commitment of Universities to work with the community to ensure that they are providing programs that will maximize the benefits to Aboriginal people. These service providers are faced with very challenging positions, as will become evident from the focus groups, in the community. Additionally, policies that limit access to a BSW program, or to the support needed for successful completion of a BSW program, need to be addressed.

STAGE 2: COMMUNITY NEEDS ASSESSMENT

Once the literature search and program reviews were completed, the process of determining the needs of the First Nations community, in terms of social work education, involved three focus groups. Two of these were conducted on the Squamish Reserve, and one was conducted in the Downtown Eastside (DES) of Vancouver. Participants from Squamish Reserve and the local community, as well as service providers –primarily Aboriginal - from all over the Lower mainland attended the all-day focus groups. Twenty-six people attended the on-reserve focus groups and 15 of 40 people invited to the DES attended.

Three general questions were asked. What are their general concerns in the community? How could the program address those concerns? How should the BSW program be delivered? Responses were recorded on flip charts, and were later transcribed and analyzed, also using a grounded theory approach.

Through the needs assessment process, it was determined that further efforts and activities need to occur before such a program could address the needs of the urban Native

community, based on the results of the focus group in the DES. Evident during the focus group in the DES, was the lack of trust felt among the participants, indicating a need for further relationship building within the urban Native community. However, the relationship building that has occurred between the University's School of Social Work and Family Studies and Squamish Nation constitute the focus here. The on-reserve focus groups gave clear directions as to how the program could best meet their needs.

RESULTS OF SQUAMISH NATION FOCUS GROUPS

The data from the on-reserve focus groups involved seven themes: history and reconciliation, resources, social services, culture, health, and family and community issues. Clear direction regarding program delivery was also provided by participants.

1. HISTORY AND RECONCILIATION

- Pre and post contact- from a First Nations and not a John Wayne perspective
- Connecting history with the now - Recognizing historical changes to family unit and the relation to policy eg. History and impact of residential schools and multigenerational trauma. Example 2, multigenerational welfare families and dependency and impact of being in care.
- Introduction of alcohol to Native people
- History of service delivery – how fragmentation of services still impacts community
- Acknowledge the impact of religion

2. RESOURCES

A) General concerns regarding availability and barriers
- Advocacy
- Assessment
- Counselling
- Family therapy
- Art therapy
- Outreach
- Cultural workers

B) Child and Family Services

- Family meetings, facilitation and intervention

- Daycares, after school programs, breakfast and lunch programs
- Child welfare, child care workers, access supervision and the court systems
- Crisis intervention and emergency response teams.
- Part of resource team in schools and agencies – teaching awareness in schools
- Family respite
- Women's shelters and transition houses
- Youth programs
- Elder's programs – transportation to appointments
- Women, babies, youth and men's clinics
- CMHC and social housing and renovations of homes

C) Education and Support for Family and Community

- Parenting, pre/post natal, infant development, healthy babies and childhood development, and speech and language
- Education re: mental illness
- Sex education – Gay and lesbian sexuality/ STDs, AIDS awareness, family planning and teen pregnancy
- Nutrition
- Victimization - Identifying stages of abuses/ kinds of abuse e.g. spousal/overt/covert/physical/systems/spiritual and intergenerational physical, emotional and sexual abuse

D) Developing Healthy Lifestyles

- Experience mastery – a sense of belonging and a sense of pride
- Self care- finding balance, being able to prioritize
- Healing - regaining integrity, overcoming the effects of residential school shame, developing self-esteem, help with anger management and addictions
- Communication and relationship building

3. SOCIAL SERVICES

General Concerns, Skills, Characteristics and Knowledge, and Social Workers as Educators

A) Concerns for First Nations social service workers

- Organizational structure and knowing where one fits in
- Dealing with burn out, stress, criticism
- Adequate supervision and support - emotional non-judgementalism, EAP, mentorship and role models

- Physical safety
- Personal development – ongoing and follow-up
- Dealing with inter – agency and multi disciplinary agencies
- Knowing protocol

B) General skill set

- Time management
- Conflict resolution, mediation, negotiation
- Counselling, advocacy, family therapy
- Assessment
- Practical intervention strategies
- Able to connect knowledge and skills, and can address history
- Ability to critique and understand underlying ideologies and values
- Able to conduct needs assessment, group facilitation and workshops
- Able to find resources – funding, space and time
- Organizational skills – being well-prepared

C) Personal qualities

- Respect for other cultures
- Being non-judgemental
- Self care – walk your talk
- Reliability
- Flexibility
- Healthy boundaries
- Role modeling
- Establishing trust
- Empathy
- Leadership
- Being committed
- Cooperative, team player

D) General knowledge

- Knowing the history impact of policies/ politics; Indian Act, MCF, MHR, DIA, Income assistance and Federal, provincial and municipal governments.
- Knowledge of resources
- Addictions training
- Knowledge of philosophy and theories eg. developmental psychology, family dynamics
- Residential schools affect

- Knowledge of legal system and jurisdiction
- Knowledge of cultural ways

E) Policy issues

- **Knowledge and understanding of policies** – implementation, development, flexibility, benefits of policy, inter-ministerial policy (eg. different levels of policy making in Bands, Governments and Agencies)
- **How to be pro-active** (advocate) re: policy – may mean going against policy or working within legislation while still meeting the needs of the community
- **Dealing with repercussi**on of policy implementation
- **Challenges of working in two systems** – foreign government system
- re: policies
- **Accessibility** of policy for all – with attention to language use

F) Social workers as educators

- Balance between First Nation's material and mainstream material
- Acknowledging skills, experience and wisdom in community. Eg. Elder involvement
- Reciprocal learning, information sharing - cross cultural and other aboriginal groups

G) Organizational and Management Skills

i) Human resources

- Supervision, coordination, and giving good direction
- Staff recruitment - suitability – qualifications – criminal records checks
- staff retention – support and training
- Staff grievances and labour standards
- Team work – team building – development

ii)   Programming - Standards and expectations

- Program development from a First Nations perspective; implementation; evaluation

iii)   Administration

- Management structures and organizational charts

- Infrastructure
- Governance
- Knowledge of legalities
- Funding management - developing and implementing budgets, proposal writing
- Computer technology, communications and data management

iv)   Politics as they relate to Native people

- **Band politics and control** - code of silence and secrecy, nepotism, role of Band council, influencing Band council
- **Conflict of interest**
- **Power struggles** - political interference
- **Land claims, treaties and self-government**
- **Repatriation**

v)   Quality of Service Delivery

- **Accessibility, continuity**
- **Accountability** – insuring mandate carried out, appraisal/ evaluation of staff and programs, having qualified staff
- **Overlap of programs**
- **Ethics and code of conduct** re: confidentiality, due process
- **Understanding liability**
- **Geographic boundaries and barriers**

4. CULTURE

A) Issues

- **Cultural healing**
- **Knowledge of cultural history and importance of cultural identity**
- **Cultural and language teachers** - culture is changing, derive strength from culture, language – hub of culture, fundamental to culture, need for mentors
- **Respect for various roles** Roles and responsibilities re: cooks, story tellers, dancers and singers Respect for and inclusion of Elders as advisors and educators
- **Environmental concerns** -energy use (determining priorities), land use (diversity), use of water and land in traditional ways re: healing
- **Spirituality and religion**

B) Objectives

- Developing association to culture, respect and non-judgmental attitude
- How to keep culture in the urban environment
- Protocol and culture at all levels- remaining firm in the promotion of tradition values and observing cultural ways and activities
- Pride in cultural identity -taking ownership and responsibility of language and culture
- Vision of own culture
- Information sharing
- Education – understanding role of ceremonies, family songs and long house
- Culturally aware teachers and trainers - Knowledge of the medicine wheel

C) Activities to meet objectives

- Sweats
- Drumming
- Singing
- Smudge
- Traditional teachings
- Long house
- Story telling
- Oral tradition
- Protocol
- Honouring babies 2000
- Teaching in a circle
- Healing circles

5. HEALTH

A) Accessibility and knowledge

- Medical services knowledge re: uninsured health, hospitalization and other treatment
- Understanding diagnosis
- Wheel chair accessibility
- Alternative traditional medicine
- Home and community care and follow up
- Discharge planning – early discharge and community care
- Palliative care
- Rehabilitation – physical and A&D

B) General health concerns

- Substance abuse
- AID/HIV
- Diabetes
- Eating disorders
- Obesity
- Developmentally disadvantaged
- Suicide
- Pre/post natal health
- FAS/FAE/NAE
- Youth and Elder healing and dealing with the alienation of youth

C) Health- intervention/ prevention/ promotion/

- STD , HIV and tobacco reduction
- Family intervention
- Education
- Housing
- Recovery beyond sobriety

D) Mental health

- Addictions – substance, solvent, and gambling
- Depression
- ADHD
- PDST
- Stress management
- Loss and grief
- Impotent toxic rage

6. FAMILY AND COMMUNITY ISSUES

- Training/employment/ housing
- Victimization and safety, bullying, drug dealing, gangs and youth violence, sex trade recruitment, elder and child abuse
- Children' education re: impact of history and language
- Racism and discrimination and discrimination in family groups
- Addictions
- Importance of families/ family history – need to deal with family violence, breakdown, separation anxiety, blended families, latch key families, foster parents
- Community development from an aboriginal perspective
- Relationship building on all levels

- Multicultural recognition and importance
- Impact of community resources – schools, transition houses, safe houses, and professionals (medical)

7. RACISM AND PREJUDICE

A) Beliefs and attitudes

- Church ignorant of traditional ways
- Acceptance lacking
- Being non-judgemental lacking
- Prejudice against cultural activities
- Labelling categories eg. Status and non-status
- Lack of tolerance and acceptance eg. You are Bill C-31

B) Concerns

- ASSIMILATION
- Alienation
- Internalized oppression
- Internalized racism
- Laws and traditions are missing
- Shame associated with cultural ways
- Lack of trust and respect

C) Need for anti racist education and more inclusive environment/activities

- How to deal with discrimination
- How to deal with overt, covert, systemic institutionalized racism
- How to deal with criticisms, barriers, stereotypes and superstition
- Protocol and culture at all levels

PROGRAM DELIVERY

In summary, the focus groups at Squamish Nation Recreation Center felt that the program should be equal to any accredited BSW program, that there should be a balance between First Nations and mainstream literature, that mentoring is important and that

a) the program should be *available*

- through distance education, correspondence, internet, or a satellite program
- on Squamish Reserve or on the North Shore
- full-time, part-time, and have classes each week, bi-weekly, or one week per month (block training) or on weeknights, and weekends
- in a format that includes cultural activities such as smudges, classes taught in a circle, having opening and closing prayer
  b) *admission* should be based on
- accountability
- motivation
- experience and training
- cultural practices
- criminal records check – offenders may be considered depending on how they have reconciled the offense
  c) *practicums* options should include both mainstream and Aboriginal agencies/services and paid practicums
  d) *faculty* should be First Nations
  e) *prior learning assessment* (challenging courses for credit) should be a part of the program
  f) *concerns* and possible *barriers* regarding attending the program include childcare; accomodation; financial support and support from employers, band council, community.

STAGE 3: PROPOSED MODEL FOR THE FIRST NATIONS BSW – CURRICULUM WORKSHOP RECOMMENDATIONS

The curriculum workshop was preceded by the development of a curriculum package that was issued to the participants in advance, and included the results of the community needs assessment, as well as a documentation of the curriculum from seven relevant university programs. Participants at the curriculum workshop felt that there were issues that needed to be discussed prior to making any recommendations specific to the curriculum itself. Thus, what will be presented is the initial discussion, the culmination of which led to identification of the philosophical and cardinal values that should underscore the development of the program. Additionally, the specific curriculum recommendations are presented, through the charting of key components, as delineated through the use of a terms of reference.

In trying to prepare this aspect of the research, I decided to try and present the material in a way that would be indicative of

the essence of the discussion during the workshop. Inherent in the discussion was the interconnectedness of all of the issues. Further, I am often challenged to think outside the box, and as such, I have taken the liberty, here, to use the Medicine Wheel to frame the discourse regarding the philosophy and cardinal values discussed in the curriculum workshop. The use of a holistic conceptualization of the discourse is certainly appropriate to any Aboriginal culture, a fact that lends added weight to the application of this approach.

Although not all cultures use the Medicine Wheel, it is common among Native people from the Plains, of which I am one. While there are many ways in which the Medicine Wheel can be used, this representation of the Medicine Wheel is my own interpretation, but is based on teachings passed on to me from many different sources.

GENERAL DISCUSSION

These comments are the result of the preliminary round table discussion that occurred at the workshop. The discussion initially focused on the need to consider the intent of the program...within the context of other programs that are becoming more accessible to the community, as well as the long range perspective of this program.

The issue of the philosophical approach was also discussed in terms of the university's willingness to partner in the journey towards self-determination, versus just doing training. Highlighted in the discussion were the guiding social work values regarding social change, empowerment and self-determination. Of concern is that with shrinking resources, the government may not want to support self determination, and that alternatively, how can self-determination be developed without recolonizing or traumatizing the community? Further, the pressures to mirror mainstream bureaucracy/programs are a manifestation of federal/provincial interests, which do not allow First Nations to meet their own unique needs. Ultimately, the philosophy of the School, versus the philosophy for the FNBSW, need reconciliation. As well, there needs to be autonomy in terms of meeting educational objectives without interference.

Having a strong connection to community and culture are viewed as critical. Pertinent is the loss of culture through assimilation and policy implementation, urbanization, suicide

and early deaths. Another issue is the high turnover of workers who come to community, develop their skills to work in community and either burn out or move on. This high turnover reflects specific challenges in bringing the community and the child protection system together. The connection to community is also relevant in terms of content and context. Policy, theory, local history and the struggles of working with band administration, and 3 levels of government policy and bureaucracy need to be addressed. Also important is the capacity of community to ensure their needs are being met.

As well, child welfare needs to be framed within a family and community context, as well as within a cultural context that reflects an Aboriginal philosophy or world view. Rather than just designing a curriculum that narrowly fits with the current child welfare system, developing the skills to become community problem solvers is relevant to child welfare as a vehicle in the move towards self-determination. The issue of delegation needs to be seriously considered, given the possible ramifications. Thus the program would incorporate the integration of skill development and education for self-determination.

In terms of skills, however, the participants felt that fundamental features of the program should include a focus on community development. Additionally relationships between individuals, families, and the community, as well with municipal, provincial and federal governments were identified as relevant to skill development. While the community voiced their desire for all the advantages of the mainstream program, it was also mentioned that skill development within a Native context is required. Specific highlights included a focus on crisis intervention, ethics of working with one's own family, assessment from clinical, community and professional perspectives, racism and prejudice, conflict resolution, and approaches to practice. Ultimately, graduates must develop skills that will allow them to work comfortably and competently in both worlds.

In terms of content, the need for a balance between mainstream and First Nations content, for knowledge of "real history," - an appropriate historical context, and for relevant knowledge of culture, social policy, jurisdiction, legal issues and band management/politics were mentioned. Essentially, it is important to have a First Nations perspective and relevant reading lists, as well as an integration with community context.

PHILOSOPHY/CARDINAL VALUES

In the east is a time of new beginnings, of the dawn, and of spring time. It is the physical realm, but is also the place of the eagle.   The program will be physically located in the community, and must have the physical presence of the community, through the elders. The eagle has powerful vision, and, from great heights, can see fish beneath the ice in a stream. The program must have a vision that is created by the community; a long range vision indicative of the eventual direction of the community: empowerment, self-government and self-determination.

Another important recommendation is that an advisory board of community members be established to assist in ensuring that the program is/will meet the community's needs. Concrete mechanisms for addressing concerns must also be in place, through the development of a protocol agreement or contract. This will allow the program to be dynamic and to evolve,   and   will   include   both   formative   and substantive/summative evaluation mechanisms.

As we head towards the south, we move into the realm of summer, and of learning. The south is the place of the mouse, a very inquisitive creature. We must think about context. We are required to think about the past, the present and the future as these relate to history, culture and traditions. As well, the appropriate knowledge and skills required to fulfill the community's own vision must be taught. There must be a balance between the big picture and the practical attainment of knowledge and skills.

We also need to think about learning as healing, about process and content. The distinction between process and content relate to the fact that process learning provides context. Significantly, cultural disconnection and historical trauma are triggered by new knowledge.

In fact, the program must be integrated, and "be an exemplar of contextualized learning..[in which]   skills [taught are] appropriate to Squamish Nation community, clients, culture, class and background," without invalidating or ignoring process.

Thus we are lead to the west, to the fall and the evening time; the place of the bear. This is the place of emotions and of the

need for care. Here we are faced with the need to nurture the elders, the students and the faculty. Students need mentoring, and a supportive and cooperative (versus competitive) environment. Importantly, very strong culturally based student support services are required, with instructors actively involved. Relationships between students and faculty need to be genuine and non-adversarial, with faculty being willing to participate in community activities. Faculty must have curriculum and instructional support, and have mechanisms for facilitating the integration of curriculum.Commitment and advocacy provide a supportive milieu within which the program can thrive. Thus, a strong commitment from UBC is critical.

As we move to the north, we find the raven, the darkness of night and the place of spirituality. This is also the time of winter. The winter snow reflects the light of gleaming stars as culture begins to shine among the original peoples of Turtle Island. Thus, a strong connection to First Nations agencies and associations is desirable, as is the goal of attaining First Nations faculty. Practicums in the First Nations community will be important. Additionally, the program must be holistic, and rooted in Squamish Nation culture and activities.

Central to these recommendations is the place of elders, in the centre of the Medicine Wheel. The elders will play a critical role in many aspects of this program, be it as advisors, teachers, mentors, or support people. The elders represent the community, and can provide context, as well as providing support and a cultural foundation. Importantly, the elders, too, will require support as they provide that foundation. Certainly, their involvement must be real and meaningful.
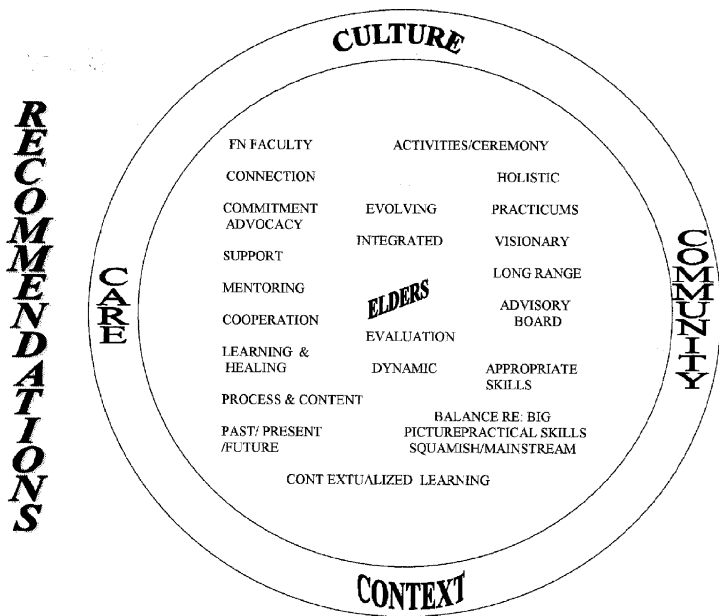
Terms of Reference re: course-specific recommendations

1. Elders and Community: Squamish Nation Elders and Community members provide support to students and instructors, and to curriculum and instructional development and delivery in terms of Squamish cult

2. ure and community needs.

3. History and Reconciliation: Squamish specific, "real history," important to address the intergenerational trauma associated with the history. Reconciliation of historical and contemporary First Nations and non-First Nations social, economic and political differences.

4. Values: Squamish traditional values: rights and responsibilities of individuals and larger collectives. Squamish worldview, including individual, family, clan, community and nation.

5. Cultural Protocol: cultural protocol appropriate to Squamish Nation.

6. Traditional Healing and Theory: inclusive of Squamish traditional healing, health and helping, and Squamish

traditional belief/theory on human and group development, behaviour, and change.

7. Band Politics: dynamics of Band politics and the intersection with social work.

8. Self-Governance: Empowerment through self-government and self-determination – the skills and knowledge needed to address the various issues related to decision-making, preparation, implications, and developing self-governance structures (politically, administratively, etc.).

9. Professional Skills/Knowledge: Legislation and policy and the impacts on dependency and fragmentation of services and resources; professional and administrative skills and knowledge (personnel policy). Must include social work skills appropriate to the Squamish Nation (crisis intervention, capacity building, conflict resolution, community development, and child and family practice, self-care and health promotion – developing healthy lifestyles in family, community, agency).

10. Family and Community Development: program fundamentally based on family and community practice.

11. Integration Theory/Practice, First Nations/non-First Nations: Integrating theoretical knowledge and practice. Integrating Squamish history and culturally-based social work approaches and perspectives with mainstream social work.

12. Decolonizing methods/approach to research, theory and practice.

These terms of reference constitutes the culmination of the curriculum specific recommendations flowing from the initial discussion which occurred during the workshop. Each of these features are to be integrated into the curriculum based on the recommendations of the curriculum workshop participants, and are delineated in the following chart, as a guide. Ideally, the terms of reference indicates how each program component can better reflect existing educational needs. Community input on how these recommendations are to be implemented will be an ongoing developmental process, which is viewed as critical to the development of a contextually and culturally appropriate program.

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USING A JUNGIAN MODEL OF THE PSYCHE TO EXPLAIN TRADITIONAL ABORIGINAL APPROACHES TO MENTAL HEALTH

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INTRODUCTION

When we use the term "psychology," we are using a Euro-western term about how the mind works that has no equivalency in Aboriginal understandings concerning healing. However, there are areas in both Aboriginal and Euro-western practices of healing where we may draw some parallels concerning mental health. This paper will attempt to address some of the similarities and differences between the two with an emphasis on Aboriginal understandings of healing in mental health using a model of the psyche developed by Dr. Carl Jung.

According to Jungian psychology as espoused by Dr. Carl Jung, there are three levels to the psyche; in other words, there are three levels on which the mind works. These are the ego conscious, the personal unconscious, and the collective unconscious. Jung (1989) believed that a person's ancestral past was locked up in the collective unconscious. Like Jung, Dr. A.C. Ross, a Lacota educator and psychologist, in his book *Mitakuye Oyasin*: "We are all related," relates his understanding of Jungian psychology.

Dr. Jung declared that the mind could be divided into three levels… The top part of the psyche, or the mind, Dr. Jung called the conscious, also known as the ego. This is the active thinking part of the mind, the part you use when you are awake. Below that level he called the personal unconscious where all the memories since birth are…This area of the mind is repressed or suppressed. The lower level of the mind Dr. Jung called the collective unconscious. He felt that latent memory traces from your ancestral past are stored in this area (Ross 1989, p.12)

Jung believed in the interpretation of symbols with deep-seated meanings to them that were held within the collective unconscious and passed into the personal unconscious of a person through dreams. Through dream interpretation and understanding the symbols, Jung believed a person suffering from psychosomatic illnesses could be cured. For most Aboriginal healers, the symbols generally held even greater understandings than Jung recognized. Often they were considered to be archetypal spirits of the past who when called for helped in a particular situation. They would appear as symbols because between the collective unconscious and personal unconscious there was no direct channel, although all three levels of the psyche were tied to one another. In turn, they had to be deciphered much like a code does through the ego conscious. By dream interpretation, Aboriginal healers could bring a person's ego, personal unconscious, and collective unconscious into balance by clearing the channel of any obstructions that might be inhibiting a person's mental well being.

Both points of view, Jung's and those of Aboriginal people, agree on the fundamental point that, through interpretation of dreams, healing of distressed persons can transpire. This sometimes occurred through what Jung called psychodrama and therapy. One such form of an Aboriginal psychodrama is the Ojibwe medicine dance. Jim Dumont (1989), a traditional leader of the Midewiwin Lodge, explains that, through this dance, a person can be healed in body, mind, and spirit. The dance is a means by which someone can tap the collective unconscious and find a sense of peace by dancing oneself back into balance and good health.

The Ojibwe also believe that healing knowledge could be learned through the dream state where lies the doorway between the personal unconscious and collective unconscious. Jung would have referred to this as "tapping into the collective unconscious," wherein everything has an archetype. Archetypes are the primal forms of things after which similar things are patterned. For example, the archetype of a pine tree existed before pine trees ever existed on earth. As well, the archetype of a pine tree is where all other pine trees derive their nature. Jung believed that people possessed within themselves cultural archetypes or ancestral memory.

Aboriginal people such as the Innu of Labrador professed a strong belief in archetypes. They called the archetype of man *Mistapeo* meaning the great soul where direction could be sought and found. If a person knew how to be in touch with *Mistapeo*, he or she could be aided in matters of maintaining health, finding game to eat, and even lost persons (Speck, 1963). The Innu believed that all things first existed in the dream world. Noted anthropologist Frank Speck asked the Innu about this idea. Specifically, he posed to the Innu the following question: if this is the case, why have the Innu not advanced quickly in the area of technology like the white man? The Innu answered that it was not their way to need more than what they had and they were satisfied with it (Speck, 1963).

Like the Innu, the Ojibwe and Cree also believe that everything, including the sun, stars, plants, humans, and animals, has an archetype that can be tapped into. Moreover, certain trained people can be more in touch with archetypes tan others. Some of these archetypes, like the sun, benefit people while others, like ice, may do harm if conjured by the wrong person. The archetype of man is called *Wiskejack* by the Cree or *Nanabush* by the Ojibwe and is considered benevolent. An evil counterpart also exists and could seduce a weak person to do wrong. Even mentioning his name in Ojibwe could result in bad luck. Importantly, through the dream state, one could acquire knowledge, for instance, about medicines from the archetype of plant life. While traveling through Ojibwe country during the early nineteenth century, fur trader George Nelson wrote:

As with other spirits, communication with the head of the plant world was approached through fasting, dreaming and concentration. When they want to dream of these things, they must fast and lay down to sleep, keeping their minds free as possible from any thoughts whatever, and wholly bent and employed on that particular one alone (Brown and Brightman, 1990 p. 56).

Nelson goes on to explain that, once greeted by the guardian of the plant world, the dreamer is admitted through a door positioned in the midst of twenty rivers. Among the rivers is a mountain where doctors from every culture in the world are found. Inside a cave close by are other medicinal items, including bones and shells. Outside the cavern are medicinal

plants of every kind and the dreamer learns of their uses. Specifically, the dreamer learns about the medicines themselves, how they are used and prepared, how they are collected, and what songs go with them. Either the spirit of the plants or one's own guardian spirit give the person this medicinal knowledge (Brown and Brightman, 1990).

The *Rotinonshonni*, or "Iroquois," have medicine societies that participate in dream dances and dream interpretation. Such dances take place if a person, for example, has had a disturbing dream that manifests itself from the collective unconscious into the personal unconscious in a dream, such as a character who can bring misfortune. In Iroquois society, this character is called *Gagohsa*. If this is the case, the members of the medicine society, sometimes referred to as the false faces, enter a lodge and dance two dances: the rite of the common faces and the doorkeeper dance (Fenton, 1987). In early Iroquois lore, the false faces were given the gift to be protectors and healers. They acted as buffers between whatever psychological forces were affecting an ailing person as a result of something out of balance within them selves. Often the society's very presence offered comfort to them and contributed to healing.

Traditionally, during the five-day period of Midwinter festival, the Seneca people, a member nation of the Rotinonshonni confederacy, were immersed completely in dream therapy. During this period they would play out the roles from their dreams, looking as deeply as they could into their inner being, touching upon the very depths of their collective unconscious. After dreaming the night before, they would play a guessing game with another person as to what had been dreamed. At the same time, they would act out the dream that had filtered into their personal unconscious. This play-acting would fulfill the needs of the ego conscious of a person, resulting in good mental health if someone was able to guess what the dream meant. This process of interpretation would alleviate fears that had not been dealt with and that lingered within the personal unconscious of a person (Wallace, 1969). If the dream therapy did not take place, the person could be susceptible to illness as both the personal and collective unconscious of a person remained in a state of imbalance, thus affecting the ego conscious and resulting in sickness.

The Ojibwe and Cree have specialized persons involved in dream therapy. The Ojibwe refer to their dream therapists as *Jeeskewin* while the Cree refer to them as *Miteo*. The Ojibwe *Jeeskeewin* and Cree *Miteo* therapists enter a small lodge where they place themselves into an awakened-dream state. Upon placing them selves in a trance, they enter the abode of the collective unconscious where they will be in touch with the archetypal spirits who appear as more than symbols. They focus on the cosmic tree, which appears at the center of the lodge and creates an opening between the ego conscious physical worlds and the personal and collective unconscious dream worlds. From here they will be in touch with the ancestral archetypes of the universe. Within the Midewiwin tradition there are eight realms, four above and four below, of which a *Jeeskewin* can tap into within the collective unconscious.

According to James Sa'kej Henderson (1992), the Mi'kmag emphasizes six realms: the world beneath the earth, the world beneath the water, the earth lodge, the ghost world, the sky world and the world beyond the stars. The earth lodge is situated at the center of the others. It is within the realms beneath the earth lodge where dreamers find many of the medicines used in healing and are at the deepest levels of the collective unconscious.

Dreams are also a way for someone to establish identity and relationships with other beings. It is while they are in between a dreaming and an awakened state that elders say communication occurs between the dreamer and the ancestral archetypes. The process for this to happen requires fasting without food or water for prolonged periods of time or what is known as going on a vision quest. It is while fasting that a person is able to enter into the altered state that Dr. A.C. Ross and Dr. Carl Jung refer to as the collective unconscious. It is in between the personal and collective unconscious that a door opens allowing individuals and ancestral archetypes to discourse and make alliances with one another and where persons can tap into the healing energies that exist within oneself.

These ancestral archetypes within the dream world are referred too by the Ojibwe and Cree as *Atisokanak*, and sometimes as Puwaganak or Manito. The *Atisokanak* can help a person avert a crisis in life and have the ability to heal illnesses that have resulted from the mind. The Iroquois refer to the

ancestral archetypes as *Oai:ron*. Like the *Atisokanak*, the *Oai:ron* have healing properties within them referred to as *Oren:ta*, which is an energy situated both inside and outside both the mind and body. The *Oai:ron* and *Atisokanak* are malleable and transmutative, allowing them to take different forms in the personal unconscious dream world of a person. When the energy from them is applied to someone who is sick, they are able too be healed.

Dreams are also used for acquiring spiritual names that can create a bridge between the ego, personal and collective unconscious of a person. For example, an individual will ask someone who is experienced in dream interpretation to help them find a name. The person whose advice is sought is usually an elder or someone knowledgeable in the healing methods of the culture. It may take several years before an Elder is informed in a dream by an *Atisokanak* of a suitable name for the person they are to name. Being named serves as an identity marker for the person, establishing the individual in a relationship with the ancestral archetypes and allowing the person to tap into its essence for guidance. This is fundamental to Aboriginal psychology, wherein everything is based on relationships within and without.

It is important to understand that when dealing with ancestral archetypes within the collective unconscious, a person with bad intentions will receive benefits for only a short time. These ancestral archetypes will eventually rebound against the personal unconscious of the person if not put to good use and can result in sickness or even death. In the Ojibwe understanding of life, everything comes full circle eventually. This is why advocates of the Midewiwin society are so stringent in their conduct. They know that one must have strong moral convictions when forming relationships with ancestral archetypes. This is why they emphasize the seven moral teachings: honesty, respect, kindness, bravery, wisdom, love, and humility. When a person is living up to his or her potential by practicing these values, the person can then be a practitioner in the healing knowledge of the society.

Over the years, Aboriginal people have lost some of the skills that their ancestors knew for bringing the mind into balance and good health. For instance, the Iroquois, Ojibwe, Innu and Cree had in the past elaborate communal ceremonies that dealt with

mental anguish and grieving. The loss of various forms of traditional healing methods has affected Aboriginal people in their recovery from colonization with serious implications for their well-being. Forced education, Christian missionizing, and misunderstanding have occurred at the expense of traditional forms of healing methods and have eroded the balance needed for good mental health.

Mi'kmaq educator and scholar Marie Baptiste comments on how the Western educational system has affected the psychology of Aboriginal people and, in particular, Aboriginal youth. She refers to this phenomenon as cognitive imperialism, "This educational process is called cognitive imperialism, the last stage of imperialism wherein the imperialist seeks to whitewash the tribal mind and soul to create doubt" (Barman, Hebert and McCaskell, 1989:37).

Baptiste is referring to the effects of residential schools and the western education system on the psyche of Aboriginal people and the doubt ingrained in many Aboriginal youth today about their identity. This unfortunate situation is due in part to the fact that some members of traditional societies have come to believe the versions of culture and history set down by Europeans. This is most evident when it comes to Aboriginal understandings of healing, as in the overemphasis put on bad medicine over that of good medicine in some Aboriginal communties. Certainly there is overwhelming evidence to suggest that Aboriginal children have suffered from the social modeling they received in residential schools and the colonial education forced upon them. Often the price has been fear and an internalized hate for anything that reminds them of their Aboriginal identity. This has resulted in a closing off of the collective unconscious wherein lies ancestral memory, from the ego and personal unconscious of the person, resulting in a state of mental instability.

Add to these unfortunate realities death through disease as well as loss of lands, traditions, language, and children. The result is severe mental trauma among many Aboriginal people in the Americas.

According to psychologists Eduardo and Bonnie Duran (1994), there are four stages of Post-Traumatic Stress Disorder as experienced by Aboriginal people today that affect their mental

well-being. These stages are indicated below (which I have further elaborated on):

1) Impact or shock: The first phase starts at the moment a community and its people are traumatized. This is where the ego splits in a person in order to avoid complete dissociation from his/her natural surroundings. There is a partial or complete regression, which allows the complex to develop a life of its own in the personal subconscious. He/she begins to shut out from the collective unconscious, wherein lies ancestral memory which ties one to the archetypes of the past. This results in symptoms beginning to manifest themselves in the personal subconscious, which are then acted out in the ego conscious. A lack of a resolution to the colonial structures being imposed on them result in symptoms that require some type of medication. The fact that the colonial structures remain is a continual source of aggravation, which cannot be expressed and therefore become repressed. The repressed feelings of loss and rage develop a life of their own in the personal unconscious or in the 'black world' and continue to haunt the person due to the need for these feelings to become resolved and thus allow the person to regain harmony within. Add to this, if the person does not medicate themselves, then the only defense left in the light of pain is complete disassociation between the ego conscious and collective unconscious where ancestral memory is retained. The person no longer has an awareness of who they are, thus rendering them feeling as if they are nonexistent. Complete disassociation from oneself as an Aboriginal person is the end result for some and can result in mental illness.

2) Withdrawal and Repression (Warrior Regression): At this point, a person may survive psychologically in the only way available to them. One of the quickest ways is to withdraw emotionally and literally shut down emotions so as to avoid the pain of what has occurred. Many of our grandparents who went through the residential school experience suffered from this and then passed it down to our parents. The traditional understanding of provider has been withdrawn from the world, leaving an emptiness or emotional hole in the life of the person, family and community. Attempts at being a provider and defender are plagued with problems, which for the most part are expressed in non-constructive ways. Aboriginal men often try to regain the role as protector and provider by joining the military. In fact they have a high enlistment rate serving in a "beyond the call of

duty" manner. By serving as a soldier, the traditional role as protector has found some expression once again, except that the man is serving as a soldier protecting the way of life of those who have destroyed his traditional way of life. Serving in the colonial army can only contribute to the dissonance and splitting away from their identity as an Aboriginal person.

3) Acceptance/Repression (Magical thinking): This phase is characterized by denial; the person attempts to believe that they are getting things under control and things are not as bad as they see or that they will get better through some miraculous intervention. There have been many instances in the history of the colonization process where Aboriginal people believed that if they had the right medicine that their way of life would be magically restored. The Code of Handsome Lake of the Iroquois is one example and the Ghost Dance of the Lakota is another of the magical thinking complex that by following a certain belief the world will be restored to its natural order. That ideology persists even to this day. Others turn completely away from Aboriginal belief systems and join fundamentalist Christian organizations that take control over the decisions in their lives, thus rendering them completely disassociated from their collective unconscious resulting in further illness within themselves. The cohesion of an ancestral-based community is what gives medicine its effectiveness. Without that cohesion the medicine loses its power.

4) Compliance and Anger (decompensation): The person at this point realizes that things are going to continue to be bad and optimism is unrealistic. This can create a sense of uncontrollable anger. The person cannot control the rage and does not know to whom the rage is targeted or where to target the rage. In many instances the anger is targeted against members of one's own family and other members of one's own Nation. This can result in those who have disagreements about tradition releasing their anger against one another. This is the point at which the internalized hate for their situation can result in hate for others who may not be in agreement with their own ideology. This is also a result of the colonial divisive process that has been internalized. The appropriate target for the hate is not realized and instead of the anger exploding outside it implodes inward upon one another as they struggle in trying to restore their fractured identity (Duran and Duran, 1994:40).

The effects of Post-Traumatic Stress Disorder associated with cognitive imperialism have resulted in serious mental health problems for many Aboriginal people by casting doubt on the viability of their own traditions as a part of the healing process. The underlying effect of this is endemic suicides among the young who question the place of their traditions in contemporary society, leaving doubts about their own identities. Even some elders are unsure that their traditions have a place in a contemporary world (Barman, Hebert and McCaskill, 1989). Significantly, there is one last stage that exists, and it is a positive one.

5) Trauma Mastery (healing): This is the stage at which the person must arrive in order to be healed. By understanding the dynamics of the trauma, the person becomes open to the truth of the situation and anger and frustration become pointed at appropriate targets. Understanding the collective circumstances of one's people allows the individual to understand that he or she is a victim of something that occurred years before and that is continuing to play out negatively in Aboriginal communities even today. It is this stage that the person progresses to true healing. For Aboriginal people, this may combine Euro-western and Aboriginal forms of healing. For some it may mean visiting a Western psychologist or joining a self-help group or using traditional practices with an Elder. Others may combine all three options or choose one form or another. However, to be truly healed, there must be a cultural element. In most cases when someone has reached this level, they are able to make clear-minded decisions about life and are not susceptible to the negative influences of others. They are then ready to take responsibility for past negative behaviors. Until the person does so, no healing takes place. At that time the passage way to ancestral memory and the ancestral archetypes is once again cleared of any obstructions and the end result is good mental health (Duran, Duran, 1994:41)

Traditional fasting or dream-questing is one form of traditional therapy that can mend the rift that has occurred through cognitive imperialism between the ego conscious, personal and collective unconscious of a person, bringing balance back to the mind, resulting in good mental health. It is through traditional fasting whereby elders/therapists have traditionally mended the splits that have occurred within the different levels of the mind of a person.

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"DIVIDED WE FALL, UNITED WE STAND": INTERNALIZED OPPRESSION AND ITS AFFECTS ON COMMUNITY DEVELOPMENT WITH ABORIGINAL COMMUNITIES

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"For an idea to change the world, it must first of all change the life of a person bearing it. It must be transformed into an example" (Camus, 1966).

INTRODUCTION

Community development starts with community healing. This is not a new idea, but one that is needed in order for Native and non-Native communities to peacefully co-exist within Canada. In order to initiate developing new initiatives in a community, that particular community must be *ready* for new initiatives to be developed. Some communities are not at that level because of factors related to alcohol and drug abuse. Some communities are not yet capable of fully understanding the concepts of "community development" and "community healing." Many people, both Native and non-Native, ask these questions: "Why can't things change in Canada for Native people? Why can't 'they' (meaning Natives) get anything done within their communities? This paper explores these questions. The hypothesis is that, in order to get anything done, whether it is political, social, economical or personal, within this country, Aboriginal people need to stand together as a nation, not just merely independent communities, reserves or cultures. There are theories explaining how people can heal and come together to work towards one common purpose. The ones that will be discussed here are Empowerment Theory, Aboriginal Theory, Community Development Theory and the National Coalition Building Institute Theory. These theories have their strengths and weaknesses when it comes to community development, but

how they deal with the internalized oppression that holds people back from their full potential as human beings is a common theme in all of them.

DIVIDED WE FALL...

What needs to be realized here is that Aboriginal people are just as diverse and multi-cultural as those from immigrant ancestry who now reside in Canada. Not only are Aboriginal people culturally diverse, they also have different social and economic issues that separate them. As Peter Erasmus and Geneva Ensign claim in their book, *A Practical Framework for Community Liason work in Native Communities* (1991), "Natives also do things differently among themselves…There are many differences from community to community or from Reserve to Reserve…To describe all of them would involve a whole book in itself…That is not my field, and it would be wrong for me to pass judgment, saying "this" or "that" is cultural or not cultural."(Erasmus & Ensign, 48). From coast to coast to coast, there are tremendous differences between Aboriginal nations. There are three main groups that are recognized within the term "Aboriginal," at least as it is defined by the Canadian Constitution. They are Indian, Inuit, and Metis. There are numerous "nations-without-states" in this country now known as "Canada," which all have their own diverse cultures, traditions, and languages. There are on-reserve people, the diversity within this group is that there are reserves that are closer to southern urban areas and remote reserves that are much farther away; then there are the urban or off-reserve group of people including those who may have lived on a reserve at one point in their life but no longer do, as well as those who never have lived on a reserve but are registered and hold status with a First Nation.

Which, brings us to the next set of differences. Some Native people are registered as Indians and hold status cards that give them treaty rights. However, there are also those who have Bill C-31 status, which means that the status was given back to them because they lost it at some point. Then there are those who do not have status at all, but whose parents or grandparents have status. Due to the laws and policies that were forced upon Aboriginal people, such as the residential school system and the 60's scoop, many Aboriginal people were adopted into non-

Native homes where, in some cases, they lost their status and their identities as Native people.

Another difference between Aboriginal people is their spirituality or religious beliefs. Some people were brought up and raised in the milieu of traditional spiritual practices such as the "sweat lodge ceremony" or the "sun dance ceremony," while others were brought up with Christianity. Some were brought up Christian and are now going back to the traditional spirituality that their ancestors practiced. These are a few differences that exist between Aboriginal people living in Canada. Other disparities may include class, socio-economic conditions and education. These differences and categories are described humourusly by Native Author and Playwright Drew Hayden Taylor in his book, *Oh, Just Call me an Indian* (1992):

> We'll start with the basics: status, non-status, Metis. So far, painless. I guess next would come the already mentioned Indian, followed by native, aboriginal, indigenous and First Nations. Pay attention, there's going to be a test afterward. From there we can go to "on-reserve," "off-reserve," urban, treaty. Got a headache yet? How about the enfranchised Indians, the Bill C-31 or reinstated people, the traditional Indians, the assimilated Indian? I'm not finished yet. There are the wannabe's (the white variety), the apples (the red variety), the half-breeds, mixed bloods and of course, the ever popular full-bloods. My personal favorites are what I call the Descartes Indians. "I think Indian, therefore I am Indian." Get the picture? Right—There are a couple dozen separate names for our people. Where does it all stop? I want to know just who keeps changing all the rules (Taylor, p.18).

In Wayne Warry's book *Unfinished Dreams: Community Healing and the reality of Aboriginal Self-Government* (1998), one elder comments:

> They say none of us belong here. There is resentment. There is always jealousy here and so it is hard to get things done. At the band meetings there is friction. Also there is religion. Some people

go to church. When you go you can feel people looking at you with resentment. Also our resources are depleting. There isn't enough houses. Sometimes you are promised a house and someone else gets it. That causes resentment. I don't go around visiting people anymore…I don't know why. There is jealousy. People say that you're no good and stuff like that. It's hard to get along. It wasn't like that before (Warry, p.215).

Warry describes this as a "...brief snapshot of colonial history only to suggest that today, community life is overlain with claims of history, cultural status, language and religious belief…In sum, First Nations are internally divided and complex."(Warry, p.215). This could also encompass other Aboriginal communities, such as urban centres, organizations or political bodies. The discrepancies that exist between Aboriginal people are drawing them apart due to the internalized oppression that colonialism has left behind. The struggle between these various groups of people will continue unless Aboriginal people begin to look at their own racism and discrimination they harbor against one another. Teaching and creating awareness towards people about their own internalized oppression is, I believe, the foundation of community development. Community development can not happen unless community healing is implemented as an integral part of development. So, in order to develop communities economically, politically and socially, there needs to be acknowledgement of internalized oppression and how it affects community development.

Creating an awareness of the internalized oppression that people carry around is essential for true community development. It is important to educate Aboriginal people of their own internalized oppression so that they will abandon oppressing each other. Dealing with internalization of past oppression is a way to build up an individuals self-esteem, and addressing internalized oppression will strengthen the Community of Aboriginal people regardless of their culture, race, class, gender, geographic location, economic condition, or education. It is hoped that Aboriginal people will begin to see each other as "All for one and One for All."

Racism, discrimination and prejudice have existed within this country since colonization. Aboriginal people have had to deal with racism within every sector of Canadian society. Racism, as discussed by Warry (1998), is defined as "...an attitude; discrimination is an action that results in marginalization...racism, whether resting on self-interest or a belief in the superiority of European culture, continues to promote assimilation ((Warry, p.30). The assorted places that Aboriginal people have had to deal with racism are systemic, meaning that racism has been built into the institutions and organizations that operate within this country. Examples of these institutions include universities, laws, policies, as well as school textbooks that Canadian children learn history from which, "contain negative images of Indians" That impact Aboriginal students because, "...racism can color educational experiences and lead to low self- and cultural esteem" (Warry, p.31). Racism and discrimination towards Aboriginal people is alive and well today in Canada. An example of this is the poverty that exists within Aboriginal communities which is "...directly attributable to their marginalization within the economic structure of Canadian society, as well as the direct impact of racism and discrimination"(Warry, p.83). However, "The effects of systemic racism and discrimination are often subtle, and for many Canadians easily deniable" (Warry, p.31). Racism against Aboriginal people in Canada is holding them back from reaching their goals, politically, socially and economically as described by Warry:

> Racism prevents understanding of the viability and integrity of Aboriginal cultural ways and inhibits governments' abilities to respond reasonably and justly to First Nations initiatives. Belief in the superiority of Western ways is revealed when government fails to recognize the pragmatic wisdom of Native people or fails to understand Native political processes that are intrinsic to community control over services. Adherence to belief in the superiority of Western institutions exists even in the face of evidence that the impact of these institutions has been destructive, or that other, potentially more viable

and culturally appropriate alternative would better service communities (Warry, p.31) .

It is quite evident that there is systemic racism built into the very fibre of Canada. There is also overt racism that has affected many Aboriginal people in an assortment of ways. For example, Aboriginal people in Ontario who hold status cards may tell you how they get hassled whenever they present their tax-exempt status cards to store clerks. Few would argue that Aboriginal people have had to deal with an enormous amount of racism within this country, both systemically and overtly, but the question here is: how has it affected them and how will the effects of this racism affect community development? Erasmus and Ensign (1991) describe the awareness that needs to be understood when an outside person wants to go into an Aboriginal community and do community work, especially when they are faced by people who have internalized oppression, "If you are non-Native, you probably will have to prove yourself before trust and respect can be reciprocal. Remember, sometimes you are dealing with the results of years of prejudice and discrimination"(Erasmus and Ensign, 42).

There are countless theories on community development and how to address the effect that oppression and racism has had and continues to have on community development. There is the Empowerment theory that is both a process as well as an outcome. There is the Aboriginal theory that is holistic. There is the Community Change/Development theory which happens when communities change out of a 'rebellious spark'. The main theory that will be discussed and analyzed as part of community development will be the theory that is used by the National Coalition Building Coalition, which is based on re-evaluative counseling.

EMPOWERMENT THEORY

The Empowerment process is a widely used as a community development theory within Aboriginal communities in Canada. This process is a means as well as an end. According to Judith Lee (1996), there was a need for an approach that "...addresses both personal and political empowerment in working with oppressed groups"(Lee, 218). Empowerment deals with the oppression that various groups experience. It focus on the

"goodness of fit" that individuals lose when they are oppressed. To get people to the "goodness of fit" level, "people must examine the forces of oppression, name them, face them, and join together to challenge them as they have been internalized and encountered in external political structures"(Lee, 220).

There is a conceptual aspect to the empowerment process that embodies five perspectives called, 'Fifocal Vision'. They are as follows: 1) A historical perspective: learning a group's history of oppression, including a critical historical analysis of related social policy. 2) An ecological perspective, including a stress-coping paradigm and other concepts related to coping (a transactional view of ego functioning that takes oppression into account, problem-solving, and cognitive restructuring of the false beliefs engendered with internalized oppression). 3) Ethno-class perspective: which appreciates the ceilings and lowering floors imposed by class and race and gender. 4) the Feminist perspective: the concept that power may be developed and the unity of the personal and political. 5) A critical perspective: analyzing the status quo (Lee, 220). The acknowledgement of internalized oppression is a pivotal part of the vision because,

> Oppression is a structurally based phenomenon with far-reaching effects on human individuals and communities. These effects range from physical death (infant or child mortality and the death of adolescents and young adults from gang violence, drugs, other forms of homicide, and suicide) to incarceration and the death of hope. Hopelessness leads to destruction of self and others, despair, apathy, internalized rage, and false beliefs about the worth of self.(Harris, 1993). When the efforts of oppression become internalized, the maintenance of oppression may become a transactional phenomenon. Two societal institutions militate against the individual's succumbing to or internalizing the oppressor's view of the self: a strong family unit and a strong community. Hence, strong support networks and good human relatedness and connections are essential to developing a positive sense of identity and self-direction (Lee, 228).

When we as Aboriginal people learn about the historical oppression that has affected us, it may give us an understanding of how our families and communities and ourselves have fallen into certain social, political and economic conditions. When the history of the events that happened in residential schools and the 60's scoop are understood, people may begin to heal from past abuses or addictions that have left them haunted and suffering. The above effects mentioned as a result of internalized oppression appear within countless Aboriginal communities across this country. Since residential schools and the 60's scoop have sabotaged Aboriginal families and communities, the building of 'positive self-identities' and 'self-direction,' has been affected. It is no wonder that Aboriginal people are afflicted with an identity crisis. The empowerment process lies within the client, not within the worker. According to Lee (1996), there are three interlocking processes of empowerment: 1) Development of a positive and potent sense of self; 2) construction of knowledge and capacity for critical comprehension of social and political realities of one's environment; 3) cultivation of resources and strategies, or more functional competence, for attainment of personal and collective social goals. The healing effects of the empowerment theory may be seen as more mental. When people learn about the injustice and oppression of their own families and communities they may form a critical consciousness, "Knowledge of oppression is power…Power also comes from healthy personality development in the face of oppression, which fuels the ability to influence others…this includes self-esteem/identity; self-direction; and competence and relatedness"(Lee, 225). This theory helps clients to see how oppression has affected their group, and how they can work to end oppression that still exists.

Learning about the past and the injustice that has happened towards Aboriginal people is *education*. Universities with Native Studies programs are a prime example of this. These programs are empowering Aboriginal people all across the country. Lee (1996) claims that "...building pride in peoplehood and community is both a preventative and remedial measure. However, the problems caused by oppression almost always necessitate a dual focus on changing the environment and changing the self" (Lee, 229). Within Empowerment Theory, the clients themselves are the people who work to change the

society around them. The social workers help. As Lee (1996) states, "It was not we, a handful of social workers, against a sea of human misery. It was humanity itself building dikes, and we were helping in our own peculiar way. Empowered people themselves are the builders. We are fellow workers, and neighbors with special expertise in the struggle for social living and social justice"(Lee, 223). This is one of the strengths of Empowerment Theory in that it lets clients build themselves up by building or re-building their communities. This process of empowerment helps individuals and families and communities learn about oppression and how it has affected them. It does not deal with the true internalization of oppression that lies beneath the skin of those who have endured racism and discrimination throughout the majority of their lives.

ABORIGINAL THEORY

This theory has been pivotal in helping Aboriginal people across the nation of Canada deal with the effects of colonialism and how it has affected them, their families and communities. Aboriginal theory, as discussed by Herb Nabigon and Anne-Marie Mawhiney (1996), is based on harmony and balance within four aspects: mental, emotional, spiritual and physical. They describe how "...spiritual knowledge helps to diminish racism…"(Nabigon and Mawhiney, 20). The Medicine Wheel is a circular way of understanding how events and issues affect our external and internal beings. At the center of the wheel is listening, which is imperative to any healing work. According to Nabigon and Mawhiney, "Cree ways of helping offer us ways to balance our inner selves by listening to ourselves, our surroundings and others…when we listen to our inner self we get in touch with our inner fire"(p. 21). The principle therapeutic goal of the Cree medicine wheel is "...to promote balance and harmony within individuals and groups of people, including communities, and to assist in taking action to relieve pain in the communities and nations of the world"(Nabigon and Mawhiney, 28).

The Cree medicine wheel theory is comprised of four aspects. A different color is represented in each aspect. The colors represent seasons as well as the various colors of the human races on this earth. Red is in the east; it is where springtime appears as well as a person's *feelings* and, "Aboriginal people

are represented in the east"(Nabigon and Mawhiney, 28). Yellow represents the west; summertime and *relationships* and Asian people, "Oriental people, represented in the south bring the gifts of time, patience, and relationships because these are so highly valued in their culture"(Nabigon and Mawhiney, 30). In the west part of the medicine wheel we find autumn, black people and *respect*. "Black in the fall also reminds us of the Black people, who understand humility"(Nabigon and Mawhiney, 30). The fourth aspect of the medicine wheel is the north which holds a place for wintertime, white people and *caring*. "White also symbolizes the white race. Caring is being moved. Have you noticed how the white race has moved, or spread all over the world? When caring was not considered during their movement, many people of other races were displaced"(Nabigon and Mawhiney, 31). This structure of the Cree medicine wheel is informative in that it speaks of the four different colors of people on the earth, and how they have to be in balance with each other. What is interesting here is that the white race is described as moving and spreading all over the world, which speaks to colonization. That is the closest that this theory gets to speaking of racism, discrimination, and prejudice that oppressed communities are faced with. It does not go far enough into *why* there is so much hurt and anger stemming from internalized oppression.

Aboriginal theory deals with balancing a person so that they are "in-tune" with listening to their inner self. The basis of this theory has appeared within individual and community healing structures. There has been much work done around the spiritual and emotional aspect of healing; people are learning about their culture and expressing their feelings more clearly through ceremonies and Elders, but there doesn't seem to be the same effect on the physical aspect of healing. Diabetes and obesity rates are at epidemic proportions in Aboriginal communities. Another aspect of the Medicine wheel theory that has to do with the internalized oppression of a person, is the mental aspect, However, there seems to be more emphasis on the spiritual and emotional nourishment of one's self. There is no specific mention of how internalized oppression affects the psyche of an Aboriginal person. It simply specifies that healing and balancing of the mental aspect of a person needs to occur in order for that person to be happy and healthy.

COMMUNITY CHANGE/DEVELOPMENT THEORY

Community Development and Planned Change have a basic theory that incorporates an ideal similar to empowerment but it is more radical. In his book *Community Development: Theory and Method of Planned Change,* Don Chekki (1979) states that community development "...provides the possibility of altering, by democratic means, the inhuman, at times anti-human directions of technology, urbanization, etc. towards more human ends"(Chekki, 7). He also quotes Camus' idea that when a people are suffering from misery and degradation that has been imposed upon them, and when they can no longer tolerate it they will rebel. "In a certain way, man confronts an order of things which oppresses him with the insistence of a kind of right not to be oppressed beyond the limit he can tolerate...I rebel-therefore we exist"(Chekki, 1979:6). The crisis that happened between the town of Oka and Kanehsatake is an example of this type of community change/development theory that has a more so-called 'radical' flavour.

A more contemporary theory of community development is offered in the book *Community Development Around the World: Practice, Theory, Research, Training* (Chekki, 1978). Within this recent theory there is a principle that underlies the practice of community development: "Those who are marginalized, excluded or oppressed should be given the essential tools that will enable them to critically analyse and become conscious of their situation in structural terms, so that they can envisage possibilities for change" (Campfens, 1997:24). It is apparent that Empowerment Theory has had an influence on the community change/development theory. This recent paradigm includes the importance of cultural respect when working on developing or changing communities. This is important not only for non-Aboriginal people to respect but for Aboriginal people to respect, due to the great cultural diversity among First Nations. If cultural differences are not accepted and respected within development, it could be catastrophic. "One word long associated with the Canadian government's policy in regard to native people is *assimilation*. This notion of progress and civilization, which is intertwined with the North American dream of the melting-pot, is flawed in a major way: it denies an opportunity for people to be enriched by learning about another culture" (Campfens, 120). The term "melting pot" is oppressive in itself. North American countries should be considered "salad

bowl," since a melting pot is where everyone is melted together and original cultures of people are cast aside in order to build a collective culture. However, if one thinks of a salad bowl, they can see that there are differences in culture, but when put together, there exists something full of diversity and uniqueness.

Recognizing and respecting cultural differences is an element of community change/development theory. However, it does not address the effects that internalized oppression has had on the members of that community who will be facilitating the community development. The awareness and healing of these mental and emotional scars of internalized oppression are a key factor in any community development process, especially for those communities which have suffered extensively at the hands of a racist and discriminatory colonial government (including policies and laws), population (systemic and overt), and society. Aboriginal people have experienced and are experiencing racism, discrimination and colonialism on a daily basis in this country. Community change and development theory does not address the effects of internalized oppression to make it a viable way to change Aboriginal communities. Community development as a process is imperative within Aboriginal communities; it acts as a healing tool to speak to internalized oppression. In order to have community development occur as a process within a community (with regards to economics, jobs, and resource development), the people within the community have to tackle their own internalized oppression.

RE-EVALUATIVE COUNSELLING THEORY

Re-evaluation Counseling is a theory that helps people off all ages, races, and backgrounds learn how to exchange effective help with one another in order to free themselves from the effects of past oppressive experiences (www.rc.org). This theory "...assumes that everyone is born with tremendous intellectual potential, natural zest, and lovingness, but that these qualities have become blocked and obscured in adults as the result of accumulated distress experiences (fear, hurt, loss, pain, anger, embarrassment, etc.) which begin early in peoples' lives. When adequate emotional discharge can take place, the person is freed from the rigid pattern of behavior and feeling left by the hurt.

The basic loving, cooperative, intelligent, and zestful nature is then free to operate."(www.rc.org). When a person participates in re-evaluative counseling they can be more effective in "...looking out for his or her own interests and the interests of others, and will be more capable of acting successfully against injustice" (www.rc.org). This theory describes how a person deals with their own internalized oppression and how it can have a positive effect on a person in their dealings with themselves and the oppression that they are faced with. Re-evaluative counselling focuses on eradicating the negative feelings that transpire with an individual when they are faced with years of shame from the wickedness of oppression. It is about the rebuilding of a person's pride in their race, culture, background, etc. The simple definition of re-evaluative counseling is "...the uncovering of reality from the confusions which have been placed upon it by misinformation, oppression, and the operation of distress patterns"(www.rc.org). Re-evaluative counseling as a process for community development could prove to be effective. It could open up the communication lines between the diverse nations of Aboriginal people. People would address their own internalized oppression, which would help them to quit oppressing each other, because they could learn the destructiveness of their oppressive behavior.

National Coalition Building Institute: Prejudice Reduction Workshop

A prime example of where re-evaluative counseling is taking place is with an international organization called the *National Coalition Building Institute*. The *National Coalition Building Institute (NCBI)* is a nonprofit leadership training organization based in Washington, D.C. Since 1984, NCBI has been working to solve inter-group conflict and prejudice in communities throughout the world. NCBI's proactive approach begins with a group of community leaders who are taught effective bridge-building skills to combat intergroup conflicts. Within the *National Coalition Building Institute: Prejudice Reduction Model* there are group exercises that deal with conflict and resolution regarding racism, discrimination, and so on. Taken from the actual prejudice reduction model, the basic theory of the prejudice reduction workshop is as follows:

1) Guilt is the glue that holds prejudice in place
2) Every issue counts

3) To shift attitudes…hear stories.
4) Skill training leads to empowerment.
5) End leadership oppression.
6) Teams are necessary for institutional change (NCBI, 12).

The NCBI Prejudice Reduction Workshop consists of a series of incremental, experiential activities that help participants to celebrate their similarities and differences, to recognize the misinformation they have learned about various groups, to identify and heal from internalized oppression (the discrimination members of an oppressed group target at themselves and each other), to claim pride in group identity, to understand the personal impact of discrimination through the telling of stories, and to learn hands on tools for dealing effectively with bigoted comments and negative behavior. The overview of the workshop which includes the five skills that are hoped to be learned and understood by the participants, consists of: 1) Identifying the information and misinformation we learned about other groups; 2) Identifying and expressing pride in the group to which we belong; 3) Learning how groups, other than our own, experience mistreatment; 4) Learning the personal impact of specific incidents of discrimination; and 5) Learning how to interrupt prejudicial jokes, remarks and slurs (NCBI, 5). This one-day workshop is an eye-opener for most people. Many people do no think that they are racist or carry internalized oppression around until they attend a workshop. Community development happens as a direct result of the NCBI workshop because community healing often happens within these workshops. This workshop is re-evaluative counseling at its finest. It builds bridges between the individuals of a community, as well as communities to communities.

…UNITED WE STAND

It is evident that there is healing that needs to take place around the subject of internalized oppression within Aboriginal communities within the context of community development. Community healing is the central part of developing a community and people to their full potential, where they can interact and co-operate within their families and communities. In order to initiate the process of change within communities, change must take place within individuals. This can be done by

combining aspects of the presented theories into a viable community development plan. This notion is better discussed by Warry (1998). He writes:

> Community healing starts with the individual and then radiates out into community and when other people see that it spreads…I've got three words. Ownership of self. You have to arrive at that. You can't do that through comments from others. Some people may come out and say how they see you. But the person has to pick it up themselves. We are getting stronger and people are going on their healing journeys. The more this happens the more we will heal. People must realize we need this healing and it has to begin on the individual level. Our families are like mobiles. When one makes a different move it affects the whole family. So if I start healing it will spread"(Warry, 208).

Empowerment Theory is beneficial in that it addresses the importance of learning about the history of oppression on a group of people in order to heal and build up a community. It addresses the importance of strengthening self-identity through family relationships and how the result of that is a better awareness of how oppression has affected those very same individuals. Various healing strategies and community development approaches are based on the medicine wheel formula. This traditional theory has "worked" in the sense that is has connected individuals, families and communities back to their cultures, traditions, languages and worldviews. It respects that there are four distinct races that live upon Mother Earth, but it fails in naming oppression and internalized oppression as a source of problems within Aboriginal communities. However, in rebuilding the self-identity and pride of Aboriginal people the medicine wheel approach and other 'traditional teachings' are desperately needed. Learning about their own cultures and histories, and putting into everyday practice what is learned, is what makes Aboriginal people distinct and proud. The community change/development theory is rooted in a 'radical' movement. However, the more contemporary theory has a correlation to empowerment theory. It focuses much-needed attention on cultural differences and how respecting cultural differences is an important aspect to community development and change. This theory mentions that people who are

oppressed will no longer tolerate mistreatment and will revolt. This is true, but in order for this theory to be turned into a successful practice there has to be more of a holistic focus that includes the recognition of internalized oppression and the effects it has on people. Re-evaluative counseling would be extremely effective in that such an approach deals specifically with the internalized oppression that individuals harbor with their minds, hearts and souls. The National Coalition Building Institute has had international success with the Prejudice Reduction Workshop. If this workshop were to be implemented in communities with the important points of the other theories, I believe that people would begin to heal from internalized oppression.

CONCLUSION

A successful community development plan would include aspects of each theory. It would include the part in empowerment theory that recognizes how oppression affects a group of people and learning about it will help to improve communities. It would include the traditional teachings of the medicine wheel theory, particularly with reference to the importance of balance and harmony within oneself. The re-evaluative counseling theory would contribute largely to healing the internalized oppression that countless Aboriginal people are carrying around. The community development change theory would encompass all of the strong points of each theory to make up a community development plan. To take certain parts of these theories and develop them into a community development plan would work well to heal the hearts of individuals, families and communities, not just locally but nationally.

Participation amongst individuals could conceivably have a ripple effect within communities in relation to this community development plan. Linking up with Friendship Centres and implementing the NCBI: Prejudice Reduction Workshop as a monthly offered program would educate Aboriginal people about their own internalized oppression, and help them heal from it. This NCBI model and workshop would multiply into various ways, as long as Aboriginal people were trained to facilitate workshops. If a caucus of Aboriginal people was formed within the National Coalition Building Institute at a

National level, this would increase participation as well as promote future development of NCBI workshops within communities. Warry states:

> It is virtually impossible to separate individual and community healing. At almost every turn we are cautioned that for structural change to occur, people need to change many basic behaviors and values. First and foremost, people need to 'end the denial' about problems that exist in their communities and that, to a great extent, are the product of colonial history. People also need to establish constructive communitication processes that will faster strong and positive interpersonal relationships. By fostering a positive environment for self-expression, communities can promote greater participation in community affairs" (Warry, 207).

There is a substantial need for this type of healing around internalized oppression to occur within every corner of this country. Aboriginal people need to come together in their own communities before they can even attempt to work together as nations. There is an atrocious amount of internalized oppression that individuals are concealing. This internalized oppression needs to be addressed and ended, first on an individual level then on a community level, and then on a national level.

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APPENDIX

COMMUNITY DEVELOPMENT STARTS WITH COMMUNITY HEALING

OUTLINE

In-depth analysis of racism, colonialism, discrimination, prejudice and how it affects individuals, families and communities, and community development.

1) Background information on issue/ include within the social, political influences
·   Pre-contact societies
·   Contact/Colonialism
·   Present situation within Nation

2) How to make changes occur?

- Individuals
- Families
- Communities
- Nation

3) Why is this a community development area?

How personal development of allies will be addressed?
How will members deal with opposing interests among community groups/members/

4) Evaluation of your plan for change including how the vision for change was developed
· Who would participate and how would you encourage community participation?
· How would you deal with various group dynamics?
· How would you ensure that the initiative would continue and results be monitored?
· Where does the community go from here?

INDIGENOUS RESEARCH IN SOCIAL WORK: THE CHALLENGE OF OPERATIONALIZING WORLDVIEW

Raven Pelletier Sinclair

INTRODUCTION

This paper arises out of a research project that was designed to gather information about how Indigenous researchers incorporate their worldview beliefs, practices, and protocols with western research methodologies and methods. The focus of this paper is to describe the challenges I experienced as I embarked upon a 'western' research project while trying to incorporate my nascent understanding of Indigenous worldview.

The research project was designed to identify the specific descriptions and explications of how indigenous scholars have reconciled worldview issues and integrated these unique ways of perceiving the world within their research methodologies. As a Ph.D. student cognizant of the western standards required in dissertation research, I wanted to find a way to honour my Indigenous roots, and my "Indigenist" ideological stance. An Indigenist stance, according to Churchill (1996), means that one actively strives to hold the rights of Indigenous people as his or her primary political goal, while incorporating his or her traditions in their work. Hence, the need to incorporate Indigenous practices and protocols into a western qualitative research paradigm was the premise upon which the project was designed. The challenges were evident in considering the design of the research, in attempts to weave ceremony and protocol into the various phases of the project, and in considering how to record these elements into the final report. The preliminary findings verified the challenges I faced.

LITERATURE

In the last two decades, Indigenous scholars have become vocal in commenting on the continued researching of Indigenous people and Indigenous issues by governments, educational institutions, and other agencies. These scholars have made recommendations for making research more relevant and applicable to Indigenous people (Gilchrist, 1997; Barden and Boyer, 1993; Deloria, 1991). These critiques have been a catalyst for change in the research milieu. Research was something that was imposed upon native people, but this has changed to being something that is designed by and implemented for native people (Sinclair, 2003). The change is in response to a research history that has been harmful to Native people in many ways, including the intrusiveness and over-researching of Native people, the dissemination of incorrect information, the questionable purposes of research, and questions of the ethics applied in research findings.

Historically, Indigenous people have perceived research as an intrusive endeavour carried out by Western researchers who, consequently, were viewed as intruders and predators (Wax, 1991; Trimble, 1977; Maynard, 1974). Much of indigenous culture and history, recounted by researchers and anthropologists, is a history of Native-White contact and non-Native perceptions of Native people and culture (Peacock, 1996).

Most research about Indigenous people has been implemented from a Western research paradigm with little Indigenous input in study design, implementation, or analysis. It has led to results that are not useful to indigenous communities (Trimble and Medicine, 1976). It appears that researchers have been the primary beneficiaries of research on indigenous people, while bearing little responsibility for the way that findings were used (Swisher, 1993; Deloria, Jr., 1991; Wax, 1991). Indeed, a great deal of research about Indigenous people has taken a perspective of deficiency whereby only debilitating social issues have been the focus of inquiry. From this perspective, the people and their way of life are pathologized (Sue and Sue, 1990; Peacock, 1996; Poupart, Martinez, Red Horse, and Scharnberg, 2000; Sinclair, 2003). Perhaps the most serious consequence of these skewed

representations is that this information is disseminated widely and is taken for truth. Poupart et al (2000) claim that, "A combination of inaccurate research, inadequate education, slanted media coverage, and dehumanizing stereotypes make even the most 'educated' professional grossly uninformed about American Indian life and culture" (Poupart, Martinez, Red Horse, and Scharnberg, 2000:15).

Beginning in the 1970s, bands and tribes began to actively resist research and some prohibited research without council consent (Trimble, 1977; ICPB, n.d). Passive resistance has long taken the form of providing fictitious or deliberately incorrect information to researchers (Trimble, 1977; Stoller and Oakes, 1987; Peacock, 1996; Sinclair, 2003). Active resistance has led to a movement towards favouring "insider" research where the researcher is a member of the researched group (Swisher, 1993), and a movement towards research that meets several criteria: Native involvement, usefulness to the community, and cultural relevance (Peacock, 1996; Deloria, Jr. 1991; Barden and Boyer, 1993). Michell (1999) describes these as necessary elements for academic freedom of Indigenous scholars. To engage in research with Native communities in any other way is to perpetuate the "colonizing propensities"[1] of the last century of research, which would resemble the history of research where Native people are the passive recipients of research activities. The findings are not validated or ratified by the people, and the data is used without their consideration or consent for purposes that not only do not benefit the people, but also may lead to greater harm (Sinclair, 2003).

In academic circles, we see support for the complaints about research on Native people reflected in contemporary research theory. Research is moving towards inclusivity of "voice," worldview, and culture, and is taking a serious look at issues of representation, the "other," and other "ways of knowing" in research (Denzin and Lincoln, 2002). Academic institutions are initiating the development of some outstanding guidelines to ensure adherence to cultural protocols in the application of Western research paradigms to Indigenous populations (Kowalski, Thurston, Verhoef and Rutherford., 1996; U Vic, 2001; Henderson, Simmons, Bourke and Muir., 2002). It is becoming less politic to barge onto First Nations, notebook in hand, operating under the assumption that Indigenous people are prime subjects for any given research project.

On the heels of this new movement, Indigenous scholars are taking advantage of the opportunity to explore the theoretical intersections of Indigenous ontology and epistemology with research methodologies in an attempt to create research that is useful for the people and respects Indigenous ways of knowing in research (Smith, 2000; Peacock, 1996; Michell, 1999; Martin, n.d.). The value of this approach towards research is articulately outlined in *Decolonizing Methodologies* (Smith, 1999) as research that challenges the hegemony of Western research through a grassroots approach that comes from the community and empowers the community. This new body of research literature often contains words of advice for culturally-relevant research (Trimble, 1977; Deloria, Jr., 1991; Peacock, 1993). For example, Red Horse (1993) believes "It is important to be grounded in American Indian knowledge, attitudes and beliefs" (p. 19). Barden and Boyer (1993) outline several criteria to which Indigenous researchers ought to adhere.

The intricacies and specifics of practically integrating and applying the practices and protocols of an Indigenous worldview with western research methodologies have yet to be synthesized into clearly articulated formats. We can surmise through the outstanding and creative work of Graveline (2000), that the circle as a methodology is effective, honours Indigenous ontology, and can be adapted to data gathering. We can comprehend, through the work of Nabigon, Hagey, Webster and MacKay (1999), the concept of 'trickster' as one aspect of worldview that will come into play in research endeavours. They explain how we can honour that the element of healing will occur when we use the circle as a methodology -- a significant and vital aspect of coming together for the purpose of research in postcolonial environment. Colorado, in a pioneering work (1988), explains that, from an Indigenous perspective, Indian 'science' or Indigenous epistemology accounts for both theory and method in knowledge gathering (research). These authors cleverly articulate, on a primarily theoretical level, the challenge of juxtaposing Indigenous cultural values and traditions with western research methodology and western ways of approaching knowledge gathering, taking these articulations to the method level required of a project designed to elicit the explicit ways and means that scholars have used to honour their worldviews and their academic standards.

INDIGENOUS METHODOLOGY DESIGN
AND CHALLENGES

The challenges of incorporating Indigenous worldview practices and protocols with western research were several. There are no guidelines telling the researcher when to incorporate ceremony, how and when to present offerings and gifts, how to honour "spirit," or how to include these aspects into the writing piece of the research. The investigator followed intuition and considered her spiritual teachings as she embarked upon each stage of the research. The first step was to participate in ceremony.

Ceremony

Adhering to my *Nehiyaw* teachings, augmented by several written worksI came to understand that research from an Indigenous perspective ought to be viewed as developing a relationship with other human beings premised upon respect (Colorado, 1988; Michell, 1999; Smith, 1999a). The process of taking time out of someone's life, and recording their stories, knowledge, and wisdom for the researcher's benefit, ought to be accorded a certain amount of respect. In addition, if the ancestors were to participate and be present in the interviews, and assist in guiding the project throughout, then a ceremony needed to be undertaken to make these specific requests. The investigator conducted a tobacco offering ceremony and made her requests to spirit.[2]

The preliminary findings of the research support the inclusion of ceremony and protocol, and offer recommendations for how to approach them; namely, that the choices of ceremony and protocol that one uses is a personal decision. "There is no way you can create a standard protocol… every teacher has a different way of teaching and a different kind of expectation of you…"(WW).

All of the participants spoke of engaging in research in the "proper" way. In the context of Indigenous research, "proper" refers to respecting, honouring, and attending to the spiritual and cultural practices and protocols.

So I would look at it from the beginning of the ceremony and pray and say this is why I'm here. I would give my tobacco and my cloth and ask the grandfathers and ask the Kohkums [grandmothers] and the Mosoms [grandfathers] that if this is for me to do, that I do it and I do it properly (YH).

Location

Until recently, "I" has been anathema to the objectivity of the positivist research paradigm. As research moves to including models that stretch the limits of objectivity to honouring the subjectivity inherent in approaches such as feminism and transpersonal research, there exists opportunity to further expand the boundaries of this new acceptance by including the principle of 'location' from an Indigenous perspective. Martin (2002), Smith (1999), and Acoose (2000), among other Indigenous scholars, have reintroduced, in written form, the traditional method of sharing the self with others through identification of kinship and community ties, and the sharing of significant personal experiences and events. This is referred to in the contemporary context as 'locating' oneself in the research or writing. Traditionally, this might be referred to as showing honour and respect to others by sharing who one is with respect to relations and history, thereby claiming one's genealogy and ancestry (Martin, 2001). It means revealing our identity to others; who we are, where we come from, our experiences that have shaped those things, and our intentions for the work we plan to do. Hence, 'location' in Indigenous research, as in life, is a critical starting point. In this project, the challenge became where to put this section in a research report. As a critical starting point, the investigator decided that it ought to go after the abstract and before the literature review. A brief introduction of the concept outlined above provided the prelude.

My location

I am a Nehiyaw iskwew, daughter of Ruth Pelletier of George Gordon's (Kanewonuskatew) First Nation and Raymond Sinclair of Kawacatoose' First Nation, relation to Cyrs, Favels, Brass', Birds, McDonalds, and Pratts of Treaty 4 in what is now southern Saskatchewan. My ways of knowing and being in this world are informed by my transracial adoption

into a white Anglo-Saxon protestant family at the age of five, and my subsequent choice to re-acculturate to my Cree/Assinniboine and Saulteaux roots. My familiarity with viewing my world from a midpoint between these divergent worldview platforms, depending upon the company I keep and the context in which I find myself (perhaps a sweat lodge or a graduate classroom), informs and fuels my desire to articulate bridges; ontological, epistemological, theoretical, and methodological. I rely up on the guidance and wisdom of all my relations to lead me in the right directions and to enable me to honour them and benefit the people through my work.

STUDY DESIGN

An eclectic design evolved as the most appropriate approach to this particular research and careful consideration had to be given to the methodologies and methods that would most appropriately serve the intentions of the project and honour the participants. An interpretive inquiry was selected as the most appropriate method for engaging in a study of Indigenous research methodology. The inductive approach to the research that seeks to glean findings from the research rather than starting with hypotheses about this issue was, I believe, appropriate. The study was guided by an ethnographic approach to the data collection, which emphasizes a focus on subjective experience of participants, and seeks to understand their perspective of the world (Maxwell, 1998). This method seemed particularly relevant for Indigenous scholars whose subjective experiences in their research endeavours are not widely known My intention to integrate my nascent understanding of indigenous practices and protocols in the research design demanded parameters that were flexible to methodological or method changes during the project, hence the opportunity to draw upon methodologies and methods that fit best was taken. The flexibility afforded by an eclectic design was the primary consideration for research design in terms of worldview application.

An important example is the necessary option to include ceremony at random. At several stages in the project, I experienced frustration at a perceived lack of progress. I engaged in ceremonial activity for guidance as a last minute inclusion to my methodology. This approach is not alluded to in

any western models, and the parameters of some approaches may preclude the flexibility desired in Indigenous research. Grounded theory, for example, is not considered "pure" unless very specific design, data collection, and data analysis techniques and procedures are used (Glaser, 1992).

DATA COLLECTION

The data collection phase presented the considerations of where and when to incorporate ceremony and protocol, and how to deal with the fact that the interview guide approach was, in this project, quite inappropriate.

Ceremony and Prayer

The data collection phase of the research project was initiated with a small tobacco offering ceremony and prayer. I placed an offering of tobacco at the base of a tree and requested spiritual guidance and the support of the ancestors in my research of this particular issue. Although some logistical activities associated with the research project had occurred at the time of the offering, this ceremony represented the actual start of the project.

Protocol

Adhering to *Nehiyaw* protocol, interviewees were presented with an offering of tobacco at the start of the interview and a small gift of appreciation at the end of the interview. The tobacco offering "…reinforces the ethic of reciprocity in a cosmological understanding of interdependence, balance, and harmony" (Michell, 1999). The offering symbolizes gratitude and respect as one enters into an interaction with another. It also represents accountability and commitment on the part of the giver as well as the receiver. The simple act of offering tobacco is multidimensional and complex[3]. Gifts, too, are highly significant in indigenous culture and symbolize the philosophy of interconnectedness through generosity and the sharing of material wealth[4]. For participants who live at a distance, these exchanges took place by mail.

Interviews

In the design of the project, topical interviews, which seek specific "explanation of events and descriptions of processes" through exploring "detailed factual information", were selected as the most appropriate way to get the specific information about how Indigenous scholars approach their particular research methodologies (Rubin and Rubin, 1995, p. 29). The interviews were taped and transcribed, and notes were taken during the interviews to highlight important points. A semi-structured interview guide was used.

I quickly discovered that the interview guide did not work. Participants were very much storytellers and narrated their experiences and events. Honouring traditional teachings of listening respectfully, I did not interrupt or ask another question until the narration was complete. This had significant implications for time management, and the need to end one of the interviews that extended far beyond the two-hour estimate was extremely hard to do. I struggled with feeling disrespectful for doing so. Further, because many of the stories were extensive, several of the interview guide questions were covered in one response. The advantage of the storytelling mode of narrative is that a wealth of information arose out of this form and provided a broad picture of the participants' experiences, and a broad picture of their knowledge of the subject areas. One participant described how Indigenous people live "storied lives" (Anonymous). This was abundantly clear in the course of the project.

To honour that form of narrative, the interview guide was scrapped. I reevaluated the questions and concluded that two questions could be used as mental guideline in subsequent interviews: 1. What is the difference between western research and Indigenous research? And, 2. How do you incorporate your worldview protocol into the research you do? These questions also resulted in many stories, and I asked questions based on these two 'grand themes' in various ways.

In future research, I will be prepared for storytelling as the form of narrative, and may use one or two 'grand theme' questions as the guide for data gathering.

DATA ANALYSIS

The data analysis chosen for the project combined thematic analysis and Kirby and McKenna's (1989) analytical schema. Inspiration cognitive mapping software was used as a tool of analysis. The selection of these approaches was due to an intuition that locating themes and categories through thematic analysis would most readily honour the concept of letting the participants' words and intentions emerge as intact as possible. The transcriptions were reviewed line by line and any significant data was underlined and summarized in point form in the margin. This information was entered into the computer with the software program and assembling the small bits of information under theme headings, and then category headings completed the thematic analysis.

The biggest challenge for me in the analysis stage was a growing awareness of the domination of my own western research training. Initially it seemed logical for me to categorize the findings under the headings common in the western research paradigm: "theory" and "methodology". However, it quickly became evident that these categories were insufficient for the information shared. The main reason was that much of the information could have been categorized under either or both headings. For example, the concept of "spiritual" in Indigenous ontology is a concept and a tool. Spirituality is a philosophical or 'theoretical' concept that has practical applications by way of ceremony, and protocol. All protocol has extensive 'theoretical' premises embedded in worldview, and yet they are easily classified under 'methodological' tools.

This dilemma presented itself repeatedly in the thematic analysis. A review of cutting-edge Indigenist research writings out of Australia led to an article by K. Martin (2001) titled, "Ways of Knowing, Ways of Being and Ways of Doing: Developing a Theoretical Framework and Methods for Indigenous Research and Indigenist Research." This gem of an article solved the dilemma. The data fit perfectly into the borrowed categories and with some adaptation, the theory/method rift evaporated. Ultimately, blending Martin's three categories into two best represented the data: 1) Ways of knowing, and 2) Ways of Being and Doing.

Ways of knowing, according to Martin (2001), are specific to Indigenous ontology and epistemology; it refers to ways knowledge is learned retained, expressed, expanded and contracted according to Indigenous contexts – for example, connection to land is one medium through which we engage in Indigenous ways of knowing. Ways of knowing occur at personal, social, political, and historical levels (Martin, 2001). Ways of knowing might be equated with "theoretical orientation" because mores, norms, and social and philosophical tenets rest within this category.

There was too much ambiguity with respect to "being" and "doing" as separate categories. For example, "behaviour expectations" under "Approach" can be viewed as an individual's way of being in the world. Then again, it can be viewed as a way to do things. Combining these two categories alleviated this conflict to a large degree. It remained that several themes are categorized under more than one category. This appears to be the nature of Indigenous research.

The themes that emerged from the information shared by the participants illustrate a blending of Indigenous theory and cultural method that Indigenous researchers have incorporated into their research endeavours.

CONFIDENTIALITY AND OTHER PROBLEMATICS

Considerations of the trustworthiness of this project led to the inclusion of several elements such as member checking to ensure accurate reflection of participant data, maintaining an audit trail for transparency, and providing thick description of each stage (McCracken, 1989). Several conflicts between Indigenous protocol and western research trustworthiness elements arose. These included issues of confidentiality, the concept of being an expert in research, and taking credit for the research work.

Confidentiality, in western academic research, is paramount and must be incorporated into the design as well as guaranteed in writing by the researcher and participants alike. However, this ultimately conflicts with several tenets of Indigenous worldview. As an Indigenous researcher, one gathers the

words, knowledge, and wisdom of others and has tremendous obligations to reflect those meanings in a respectful and accurate way (Sinclair, 2003). Acquiring knowledge as a part of nature falls under the ethic of reciprocity whereby one must return something to nature. We do not presume to own a part of nature. Honouring the ethic of reciprocity, therefore, is done through tobacco offerings and gift-giving. Because knowledge is part of nature, as researchers we become caretakers of the words and knowledge carried by others (Sinclair, 2003); taking credit alone for such work is profane. In this regard, western academic confidentiality rules and regulations stand in direct contravention of crucial Indigenous worldview tenets.

Similarly, a primary tenet of Indigenous approach to knowledge is the concept that we are all students. Even the wisest Elder will recount that they know little; they too, are students. Hence, the concept of a research 'expert' is anathema to Indigenous knowledge and translates into very specific ways of being and attitudes in approaching research. This tenet, in particular, demands a sense of humility in the researcher, which translates into seeking ways and means of honouring the fact that the knowledge arising out the research does not belong to the researcher. The knowledge comes through the participants, who ought to be named if they consent to it. In this project, an amendment to the standard consent form was made whereby the participants consented, in writing, to being identified and cited in written reports.

PRELIMINARY FINDINGS

Although this paper is about the challenges encountered in the process of engaging in research about Indigenous research methodology and method, the preliminary findings are significant and merit a brief discussion, particularly because they allude to a promising future for Indigenous research.

According to the data, Indigenous research is premised on natural law, which encompasses a range of codes of conducts, canons of behaviours. The premise of natural law as underpinning research, indeed all knowledge, highlights concomitant values, beliefs, practices, protocols, behaviour, and responsibilities to self, family, and community. The protocols and behaviours also serve as research methods. Martin (2001)

articulates that they serve as a way of "framing and structuring how we think about those ideas and practices" (citing Smith, 1999a). Smith (1999a) describes these principles in her aboriginal language as "Tikanga Maori." These, she explains, are customary practices, obligations, and behaviours or principles that govern social practices" (p.10). In terms of research, the canons and doctrines of natural law create significant responsibilities and considerations for which the researcher must account, and to which the researcher is accountable. These responsibilities span spiritual, cultural, and practical realms.

As aboriginal scholars we have a tremendous responsibility that goes way beyond that which is expected of mainstream because we are mediators, we are interpreters, we are translators, we are advocates. We play far more roles in terms of our scholarship than the mainstream (WW).

The commitment to community as a theme emerges consistently. Commitment to community is "a long-term investment" because "relationships do not end just because a research project ends" (WW). In separate studies, Hanson and Hampton (2000) and van Uchelen, Davidson, Quresset, Brasfield, and Demerais (1997), as cited in Hanson and Hampton (2000), discovered themes that parallel to this study, albeit in different contexts. They found that "the cultural traditions of Native peoples hold within them the spirit of community" and that "aspects of community are strength in native cultures and are present in relationships, dialogues, and community gathering" (Hanson and Hampton, 2000, 138).

The research suggests that Indigenous ontology and epistemology readily provide frameworks for research theory, methodology, and methods. They direct the researcher to the proper means for initiating and implementing research, as well as to the purpose of research. In the contemporary Indigenous context, this means adhering to ceremony and protocol, and taking into account social and historical realities facing indigenous people (Sinclair, 2003). Research has historically drawn "...upon frameworks, processes and practices of colonial, western worldviews and the inherent knowledges, methods, morals and beliefs" (Martin, 2001, p.2). To challenge research hegemony resembles understanding colonial history, and ensuring that research has practical applications that empower and liberate the people through practical and ameliorative

results (Sinclair, 2003). We see this dynamic unfolding in other Indigenous realms:

The emerging model of Aboriginal social work practice can be distinguished from conventional approaches because of its use of cultural teachings and practices and the integration of principles based on an understanding of colonialism and empowerment" (Morrissette, McKenzie and Morrissette, 1993:101).

Like critical theorists, Indigenous scholars understand that the "epistemological is the political" (Denzin and Lincoln, 2001, 1062). Indigenous research is one way of redressing debilitating social consequences of colonialism.

> …research can be so significant…but we have to make sure that we're doing these things in the right way and involving communities right from the planning stages to the implementation to the delivery to the evaluation parts of a research project. …It's about improving the quality of life in the communities (Anonymous).

Research from an indigenous perspective thus "is undeniably political, emancipatory and confirming in its aim to control research on aboriginal lands and regarding aboriginal people" (Martin, 2001, p.2). Implementing Indigenous research presents methodological challenges for the researcher, confirmed by the process of this project. However, all the participants found creative ways to incorporate their worldview beliefs, protocols, and practices into their research endeavours despite the challenges.

THE BIG SECRET

Perhaps the most significant finding that is emerging out of this research project is that Indigenous researchers have been "operationalizing worldview" all along. Much like the resistance to the outlawing of cultural practices in this country at the turn of the century that manifested in the continued, albeit underground, ceremonial activities, Indigenous researchers have, despite the restrictions of the western research paradigm, creatively applied and integrated cultural practices

and protocols into their work. Every participant in this study spoke of attending to spirit through dreams, prayer and ceremony, conducting ceremony before, during and after projects, and engaging in appropriate protocol throughout their projects. Significantly, all of the participants recounted *not* sharing this information with their research supervisors, research committees, or funding agencies.

> My great great Grandfather's answers formed the foundation of that thesis that reads like any old academic prose with tons of footnotes related to the archives. Nobody would know, and I didn't, I don't know if I've ever told that [story] in print. I don't think so. But I have told people the story about how do you footnote a dream, huh? And one day I will write about it when I'm old enough, I'm grey-haired and not too many people will argue with me, you know.

> I think there's the challenge of dealing with academia and funding sources and things like that that don't value this way of doing things. And so I end up telling them half the story because they're not going to understand the full story or why I'm doing what I'm doing.

> I couldn't share the spiritual aspect of it because they wouldn't understand. I've talked to other practicum or Master's students who are doing their studies and some first nation individuals who told me, oh I took this idea to my supervisor and I just didn't have any support.

For one participant who did share protocol information, the result was disastrous.

> I wanted to do it in a way that was culturally sensitive and appropriate and to use the protocol of offering tobacco to my research participants. And so I had submitted my ethics proposal and it was rejected right off the bat because first of all they didn't sanction the use of tobacco in research.

Another participant described the refusal to honour Indigenous ways of approaching research as disrespectful and mean; an insult of the highest level. The epistemic violence of not honouring other ways of viewing the world and other ways of being in the world has resulted in the secrecy revealed by this project. One of the participants, rightfully the "Elder" (based on experience and age) among the participants, responded with the most significant recommendation to emerge from this project. She indicated that for Indigenous researchers it is time to take a stand:

> I would just say to them, this is who I am. This is who I want and this is how it has to be, and you have to honour that. And if they're real, I guess they will honour it. And if they're not and they hide behind academia as a way to legitimize their ignorance they won't honour it. That's how I look, that's how I see that, and that's how I deal with it.

CONCLUSION

Little of the information presented here is new to Indigenous scholars. Indigenous people are generally familiar with ontological and epistemological tenets because this knowledge is transmitted through Indigenous socialization, and spiritual teachings in spite of the forces colonization and western cultural hegemony. This information is being brought together in relation to academic research to provide an example of how one indigenous scholar approached a western research project with the intention of honouring her worldview and cultural protocols and practices, and recounting how these applications unfolded.

It is important to recognize that cultural traditions and protocol are not static or fixed. They vary depending upon the teacher, teachings, nations, traditions, and other contexts. How the individual applies worldview to their work is an individual dynamic. One participant stated, " We draw upon collective knowledge, but each person's manifestation of that knowledge may look completely different" (WW). Table 1 shows how the investigator integrated western research requirements with Indigenous ontology in this study. How another researcher chooses to incorporate these points into their research and

report will depend on their location and their unique way of blending their ways of knowing, being, and doing with paradigms and methods that best meet the needs of their project. Table 1 is merely one way.

TABLE 1: Blending the Criteria of Two Paradigms

Preparation
Ceremony, offering, prayer

Literature Review
Including oral history, and teachings, indigenous writers.

Location
Identification of Self, history, experiences and relations – this provides the context of the researcher.

Theoretical Orientation
Indigenous theoretical, methodological and logistic considerations that account for worldview, beliefs, traditions, protocols and practices.

Study Design
Indigenous practices and protocols – how, why and when these will be or were incorporated (Western methodologies).

Data Collection
Indigenous practices and protocols protocols – how, why and when these will be or were incorporated (Western methodologies).

Data Analysis
Indigenous practices and protocols – how, why and when these will be or were incorporated (Western methodologies).

Acknowlegement
Serves as a way of honouring particpants and a reminder of the purpose and significance of the research to the community.

The challenges of applying worldview in research are several and are best dealt with by giving primacy to the tenets of Indigenous worldview. Stated simply, if the methodology or

method violates tenets of Indigenous worldview or contravenes traditional teachings, then the methodology or method must and can be adapted. "Taking a stand" demands that Indigenous researchers and scholars make choices congruent with an Indigenist stance whereby the rights of Indigenous people and the traditions of Indigenous people come first in research endeavours. The challenges of incorporating Indigenous practices and protocols in all stages of the research from design, to data collection and analysis, to consideration of trustworthiness exist but are not insurmountable. They merely require creativity, flexibility, and a willingness to seek out the ways and means of meeting the disparate demands of two paradigms: Indigenous worldview, and western academic standards.

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Acknowledgement

A CASE STUDY IN PROGRESS: THE ROLE OF MEMORIAL UNIVERSITY'S SCHOOL OF SOCIAL WORK IN THE CONTEXT OF ABORIGINAL SELF-GOVERNMENT

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INTRODUCTION

Newfoundland and Labrador, like other regions in Canada, is in a period of social transformation due to a number of processes to resolve outstanding political and socio-economic issues with the province's Aboriginal peoples. In addition, major initiatives in the region such as the Davis Inlet relocation and the development of the mega Voisey's Bay nickel deposit pose significant social risks and opportunities. Greater political autonomy and self-determination for the Aboriginal governments also creates obligation and responsibility for the social welfare of their citizens. What is the place for the social work profession, Aboriginal social workers and for Memorial University of Newfoundland's School of Social Work during this era of profound social change? This article explores the concurrent journeys of the Aboriginal peoples of the province, the School of Social Work, and an Aboriginal social work student as each grapple for meaning and relevance in building a new more socially just reality.

Aboriginal societies in Canada, including those in Newfoundland and Labrador, had for many decades been in a state of social drift but are now experiencing a social shift. The recognition of Canada's Aboriginal peoples and their existing rights in the Constitution Act (1982), legislative changes, judicial decisions and policy directions have all resulted in fundamental structural changes. Through a variety of instrumental means (primarily negotiated and administrative arrangements) the principle of Aboriginal self-determination and political, social and economic autonomy are being expressed. Although their agenda is often dominated by economic development, land

ownership and natural resource management issues, Aboriginal societies are also directly confronted with the responsibility for ameliorating social problems. Most expect to achieve this through developing and implementing more culturally relevant legislation, policies, programs and services in Aboriginal jurisdictions. However, greater Aboriginal control will not automatically eliminate the social pathologies so readily apparent in Aboriginal communities. The opportunities and risks associated with such profound social change are of particular interest and relevance to the social work profession and particularly for Aboriginal social workers who may view their profession as an instrument for social change for Aboriginal people, families and communities.

From a systems perspective, this period of social transformation extends from Aboriginal societies to implicate political, economic, social and academic structures and institutions throughout Canada. Significant social reform is evident in our professional history, but we have not yet understood current social changes, focusing instead on resolving personal troubles associated with the social turmoil that both precedes and accompanies change. Maybe we are uncertain of our place, as a Euro-western institution, with and within the emerging quasi-autonomous Aboriginal institutions and states. So, we continue to focus our attention on the peripheral social symptoms and fail to engage in a deliberate and strategic process to resolve current social ills through a reformed social order. The profession must do whatever it can to ensure new life, growth and opportunity emerges after the forest fire of social transformation. The profession must look to and support our pioneers, Aboriginal 'social work' academics and practitioners, who are forging trails in this socio-political unknown. Our professional obligation is to ensure that a socially just social order emerges out of the process of decolonization. The profession, including social work schools that develop the capacity of social workers and build their knowledge base, will have to change systemically.

These principles underlie the journey of the School of Social Work at Memorial University of Newfoundland within the context of Aboriginal political and socio-economic change, but it is a case study in progress. The journey occurs concurrently with those journeys of Aboriginal societies in the province and with the journey of Aboriginal social workers who

often struggle to reconcile the rifts between the issues in their communities with the expectations of the profession and its training institutions. Other similar journeys have taken place elsewhere in the country, with a longer history in some jurisdictions. Newfoundland and Labrador began the journey more recently because of the province's political, geographical, and socio-economic circumstances.

COLONIAL CONTEXT

Three Aboriginal nations are indigenous to the province of Newfoundland and Labrador. Members of the Mi'kmaq First Nation have historical and contemporary political and cultural connections with the Mi'kmaq Nation in the Maritime provinces. Labrador is the territory of the indigenous Labrador Inuit and Innu. Those of Labrador Inuit descent are now politically organized in the Labrador Inuit Association and the Labrador Métis Nation while the Mushuau and Sheshatshiu Innu bands are organized under the political umbrella of the Innu Nation. Mass political consciousness within Aboriginal communities, the emergence of a distinct sector of Aboriginal social workers, and Aboriginal social work scholarship is comparatively new to this province. The delay is partly due to relative isolation of the region and the province's late entrance into Confederation in 1949. Labrador is in the northern part of Canada, and Newfoundland is an island, so Aboriginal communities are geographically dispersed, and isolated both from each other and the mainland Aboriginal political arena. Under the Terms of Union in 1949, Newfoundland assumed responsibility for Aboriginal peoples in the province. 'Indians' in the province did not come under the Indian Act and all Aboriginal communities were treated the same as other communities in the province. The federal government directly funded the provincial government to subsidize these costs. Colonization, disease, forced settlement and community relocations, and Euro-western education persisted in Labrador for most of the twentieth century (Tanner, Kennedy, McCorquodale, and Inglis, 1994). Many Aboriginal people were either living traditional lifestyles or struggling with the impacts of colonization and not focused on political agendas.

Memorial University of Newfoundland and its School of Social Work also reflect the political status of the province within Confederation. The new province faced serious social and economic challenges, developing new public services, consolidating the population in more easily served communities, pursuing economic development projects that promised prosperity or at least steady work, and finally the collapse of the cod stock vital to the island's socio-economic base (Hardy Cox, 1995). In these troubled times, the School of Social Work evolved a generic BSW program that addressed social problems as experienced by individuals, groups and communities within this social and policy context.

Some Aboriginal people have always felt compelled to challenge and respond to social vulnerability and need. Many have and continue to do this in a variety of capacities within human services and often work from an inherently indigenous value base. Some, seeking a broader knowledge base, skills and perhaps legitimacy, look to the social work profession and assume social work education will provide the means for relevant social work practice. Many are drawn to the humanist value base, vision of social justice, belief is self-determination and empowerment, and skill set to address need and vulnerability.

The focus of the School of Social Work is to generate generic social workers able to practice in a variety of social settings. An Aboriginal setting is perceived to be just one more setting. The school has graduated social workers who have gone on to perform vital roles in the struggle for self-determination of Aboriginal peoples, but their education would not have equipped them with knowledge and skills specific to the Aboriginal realm. Cultural and professional assimilation is a risk in a generic social work education program that doesn't acknowledge and accommodate this distinction (Fiddler, 2000).

Critical reflection is required to resolve practice dichotomies; generic practice and diversity; mitigating needs and risks versus development and growth; managing social systems versus creating social structures; social compassion versus political action. Relevance in the Aboriginal context requires that the profession must determine our role and responsibility in Aboriginal society building and in the constructing the structures of a new social order (legislation,

policies, programs and services that both ameliorate and alleviate social problems). Of course, the rest of Canadian society and its social welfare structures can not remain static but must change to be relevant to a new social order which accommodates Aboriginal societies and their respective relationships.

REBUILDING: THE PATH TO A NEW SOCIAL ORDER

Most Aboriginal nations are rebuilding their societies. Their path is being forged in the political and bureaucratic arenas, largely through the negotiation and implementation of land claims and self-government agreements, judicial decisions and to a lesser extent administrative arrangements Durst (1996), provides a framework for understanding and pursuing greater self-determination within the social welfare realm. The circle of self-government 'begins' prior to colonization when autonomous Aboriginal societies had their own social welfare systems. I would also add that an indigenous helping knowledge base and skill sets also existed within Aboriginal societies and social work services were provided by local people (Zapf, 1999). The circle requires a return to a political autonomous state in a renewed federalism. In a period of 'benevolent colonialism' external systems of social welfare were imposed on Aboriginal societies, often implemented by social workers who, although well-meaning, were as oppressive and destructive (CASW, 1994) as their missionary fore-bearers. Aboriginal societies have recently moved to various degrees of autonomy in social welfare. Most systems are at least integrated, whereby Aboriginal people, ideas and approaches are included in existing social welfare systems and structures. Many others are engaged in co-managed or delegated models where predetermined programs and responsibilities are negotiated and are now administered with varying degrees of flexibility by Aboriginal organizations. Others are striving for co-jurisdictional arrangements based on equal power and joint partnerships between Aboriginal and Canadian or provincial governments, or in some cases holding out for autonomous jurisdiction within a renewed federalism.

Aboriginal nations throughout the Canadian state have different aspirations and capacities for control of their social welfare issues and systems. In 1984, in Newfoundland and

Labrador, Conne River became the first reserve and the *Mi'kmaq* band members became registered under the Indian Act. The federal government is now considering recognizing other, currently non-status, *Mi'kmaq* as a landless band eligible for federal social and economic programs and services. The new Innu community of *Natuashish* (created as a result of the relocation of Davis Inlet) is a federal reserve and *Sheshatshiu* is becoming a reserve. Meanwhile, in 2002, the Innu from both communities became registered under the Indian Act. Both the Mi'kmaq and the Innu have plans to pursue self-government. The Labrador Inuit Association is on the verge of a final land claims and self-government agreement. Meanwhile, the Labrador Métis Nation, while also pursuing interests in land claims and hunting and fishing and natural resource rights, is in the short term focused on access to and the administration of socio-economic programs and services (Chafe, 2003).

The Agreement in Principle for the Labrador Inuit Association (2001) provides insight into the implications for the social welfare within a self-government arrangement. The Labrador Inuit government will have some measure of jurisdiction and, therefore, the ability to create laws, development policies, programs and services for many fields of practice with direct interest and relevance to the profession of social work. These include substance abuse; mental health; community healing; social assistance (income support); social services to family, youth, and children; young offenders; family relationships; and corrections and victims services. The School of Social work has always had a vital role in the preparation of competent social workers in these fields but now they will be defined by the Labrador Inuit government. An added consideration for the School and the profession is the fact that the under the negotiated agreement, child welfare services in particular, must be provided by licensed social workers registered under provincial legislation. A concurrent obligation on the part of the School of Social Work is thus created to train both Aboriginal and non-Aboriginal social workers with the competencies to work within Aboriginal government institutions and services and with Aboriginal populations. Existing generic social work training does not automatically translate in to effective, relevant and socially just practice within Aboriginal societies.

The School of Social Work is challenged to expand its consciousness to include emerging political realities, and significant social and economic developments, and inherent social needs, risks and opportunities. Our profession was relatively helpless and inept in the face of crisis which raged like an uncontrolled forest fire in the community of Davis Inlet. The community itself sought control through their internal inquiry. (Innu Nation, 1993) This self-study enabled the Mushuau Innu people to understand their colonization experience and collectively determine their own political and social agenda. Their actual physical relocation and construction of the new community, Natuashish, in 2002-2003, is a significant milestone in the journey. But as a profession we recognize that consciousness of the impacts of a colonization experience and physical relocation of peoples, while a necessary part of the journey, has significant implications and risks. Again, we must ask how the profession can be relevant and responsive.

The region is also preparing for the development of the nickel deposit in Voisey's Bay, Labrador, in the middle of traditional territories for both the Innu and Inuit. Substantial social and economic risks and potential opportunities remain despite impacts and benefits agreements between the Aboriginal organizations and the company. Archibald and Crnkovich (1999) captured some of this concern as expressed by Inuit women. While the environmental assessment stressed the social benefits of increased employment and accessibility to Employee Assistance Programs, women were concerned about the impact, among other things, on their family relationships as rotational employment disrupts family life on the land.

Clearly, Aboriginal societies in Newfoundland and Labrador are in the process of rebuilding their governments, institutions, communities, and the lives of their citizens. Mainstream society is compelled by default to re-examine and readjust existing institutions and social order in order to accommodate and work harmoniously within this new reality. The School of Social Work at Memorial University of Newfoundland has shifted through collaborative research, collaborative social work education initiatives, and the integration of Aboriginal content within the curriculum. In addition, the presence of Aboriginal social work students is

being acknowledged, many of whom do and will play key roles in this new reality.

The relationship forged between the School of Social Work and the Labrador Inuit Association in the creation and delivery of the Inuit Social Work Diploma between 1994-2001 was a critical milestone. The process included a needs assessment involving interviews with community and political leadership and potential students in the Labrador Inuit communities in order to identify students, the mode of delivery and relevant course content. The result was a twenty credit diploma program consisting of social work specific and general studies courses in arts and science. Eight students from a cohort of ten successfully completed the program. The mode of delivery consisted of a combination of on-campus and outreach with intensive course delivery in three week blocks in different Inuit communities. Whenever possible, local and Inuit instructors were engaged. Three courses were specifically designed for the program and consisted of a culture camp and courses in Aboriginal social policy and Aboriginal social development. In the end, the experience was collaboratively evaluated and described as a "Deep Partnership" (Bella, Lyall, Ford, Decker, and Diamond, 2002) that had required intensive, supportive and trusting relationships between the Inuit organization and the university.

The program emphasized Inuit values; university qualification; attracting Inuktitut speaking students and valuing Inuktitut; providing critical tools for self-government; involving elders and adult learning principles. The realities of meshing diverse political interests, students' needs and university requirements meant that their goals were accomplished to varying degrees. The experiences and learning have meant new insight for further forging and deepening the commitment to university and Aboriginal partnerships.

CONTINUING THE JOURNEY

The journey to a more just society continues for Aboriginal communities in Newfoundland and Labrador, for the School of Social Work and for Aboriginal social work students. We are all pioneers, for none has been down this road

before and the road is fraught with perils, sometimes disinterest, and a lack of understanding leading to resistance to change. The School of Social Work has made a conscious decision to continue in this journey and has assigned two faculty to offer a strategic direction. This work includes building internal capacity within the School, enhancing external relations with Aboriginal communities and representative organizations, and creating relevant curriculum for both Aboriginal and non-Aboriginal social work students. A recent decision situates the building of external relations within the school's pre-existing community partnership 'collaborative' program.

A relevant and responsive School of Social Work must reconcile mainstream social work education (with its emphasis on individual issues) with an Aboriginal pedagogical structure that must stress the colonial context and the collectivist orientation of Aboriginal communities. Although mainstream social work and Aboriginal social work education may begin as distinct entities they must eventually mesh, so both Aboriginal and non-Aboriginal students can understand and navigate a complex policy and practice realm that respectfully provides serve to Aboriginal peoples in mainstream social welfare programs; that ensures an ability to work with and within federal policies and programs specific to Aboriginal communities (including their intersection with provincial social welfare systems) and ultimately enable work within the new co-existing order of autonomous Aboriginal policies and services.

Guiding principles in the support of social development consists of four pillars: relations, relevance, respect and responsiveness. The School of Social Work must continue through open communication, trust and collaboration, to build relations with Aboriginal governments, organizations, and institutions. Approaches must be relevant and specific to each distinct Aboriginal society and must respect the priorities, decision-making and leadership processes in Aboriginal communities, as well as rights, perspectives and values. A more holistic or perhaps health determinants way of conceptualizing and viewing interventions must be used to address social problems. Values, including traditional helping knowledge, the wisdom and leadership of elders, a collective versus individualistic orientation and the time and opportunity to reach consensus must be respected. The School must also *carpe*

diem' or 'seize the day,' deciding now if we are going to be relevant as a school and as a profession.

THE DESTINATION

The destination for most Aboriginal societies is a new state of harmony, balance and equilibrium between Aboriginal, provincial and federal governments that is socially just, egalitarian and humanistic. The School of Social Work which is currently positioned to be relevant and responsive to the social policy and social systems in the federal and provincial governance and policy spheres must now find an appropriate way to support Aboriginal social welfare systems and Aboriginal students while ensuring that all students can work within and interface with Aboriginal and non-Aboriginal systems.

CODA

Aboriginal Social Worker

I was raised by my grandmother in a non-native community. We often had people visit who would be considered social outcasts, people who had been incarcerated or had mental or physical disabilities. But we always treated people with acceptance and respect and we didn't judge others. We weren't told to be nice to others, that's just the way it was. Everyone was always welcomed and we shared what little food we had.

I was eleven years old when I first went to a native community. The first things I noticed were children without shoes, parents who were out drinking, and older children looking after the younger children. The community didn't even have running water. I had problems in my own family but this is the first time I realized that hunger, poverty, and violence can be a community problem. This was my first explicit experience and I realized that it wasn't right. I couldn't understand why the children and the elders had to live like that.

I always knew I had to continue my education, so I did a Human Services Worker program in corrections from the community college. I did a placement in one of the remote

communities in Labrador. I was so organized and figured I had to do my work a certain way. But when I arrived I couldn't do my work because people were gone hunting, fishing and getting wood - even my work supervisor. I contacted my field placement coordinator and told her I was very concerned about not being able to get my work done. But she assured me that I had to accommodate the people's lifestyle, they didn't have to accommodate me.

I went to work for an Aboriginal legal services organization. We worked closely with offenders including violent offenders and sex offenders. I realized that the programs and services that these men needed did not exist. We did a lot of work trying to collaborate with government departments to try and fill in the gaps but there were always barriers to accomplishing anything.

I think I always knew I wanted to do social work. I thought if I did social work I'd have more power to make changes. I always felt I was the little person amongst the government officials and within the system.

Then the opportunity came to participate in the Inuit Social Work diploma program. We learned a great deal about understanding and addressing Aboriginal issues. We learned about political influences and I now understood about colonization, oppression and institutional racism. These words explained why I felt so powerless. Finally, I had the words to explain what was happening. Even more important was a revival in my culture. I wasn't proud of who I was because of the stereotypes and judgements. At first there were splits in the classroom particularly between myself and the most traditional student. But as we learned she came to understand how much it hurt me not to be accepted and to be marginalized in my culture and I understood what it was like for her to try and fit into a university program. As time went on we all learned to support each other.

I returned to work with an even greater understanding of the injustice experienced by Aboriginal people. It was even more frustrating at work. I remember spending a lot of time developing a culturally relevant sex offender program using an offender who was doing well in his own recovery and growth. We initially had the support of all the relevant players but after weeks of work, a few days before we were supposed to start, we

were told we couldn't do it by the federal government department.

I was later asked to participate on the evaluation team for the Inuit social work diploma program. It was very validating. I was finally able to have a voice and make an impact. I knew I needed more education.

I was accepted into the mainstream BSW program. I believed I would get the knowledge and power to address the social issues I had witnessed and experienced. I thought I would be around people just as thoughtful as myself. I didn't realize that there would be discrimination and that there wouldn't be support. I came from a program where there was complete support to a classroom setting where I knew nobody. I was the only Aboriginal person and I had no sense of belonging. I didn't feel safe or validated in my courses.

Then I went into my field placement at a nursing home in the city and I was told that my views of social work were not correct. When I started my placement an elderly lady entered the home. She was very independent but came in with her husband because she could no longer look after his needs. She was assigned to me and was told that I would help her adjust. I knew what she was going through; I was learning to adjust to being in the city myself. During our first meeting she expressed her concerns about loosing her independence. She wanted me to help her learn how to use the public transportation system but the social workers disagreed and one even laughed at me. They told me this wasn't the role of a social worker. Social work was about doing the assessments and paperwork. In my evaluation, they said I had trouble changing from friendly visiting to social work. I was not allowed to be supportive of residents that weren't my clients; I would sometimes sneak into their rooms to visit with them. I was in the placement three months and the lady never did learn how to use the bus system. This experience created a lot of conflict for me. This wasn't the kind of social work I wanted to do.

At first I did everything that was expected of me in the program. Sometimes my own thoughts and ideas are validated. But now I feel I don't have to completely conform and I am resisting in my own way. I'm doing my papers my way on Aboriginal issues of importance to me. I think all social workers, Aboriginal and non-Aboriginal, need to be educated

and understand Aboriginal issues. That way we will all be conscious and prepared to work together with the realities. Sometimes I wasn't sure if I could finish the program, there were too many conflicts. But I will finish and I will always work on Aboriginal issues.

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USING THE GIFTS OF THE TRICKSTER: BALANCING SELF IN THE HELPING FIELD

Nancy Stevens and Janice St. Germaine

WALKING ALONG THE PATH

As helpers in an Aboriginal mental health program, we are faced with a number of challenges that constantly reinforce the need for balance in our professional and personal lives. These challenges occur within the helping relationships, within the larger agency and between the other services and service providers that we encounter in our daily work. In order to demonstrate this ongoing struggle for balance, we will share some of the history of *B'saanibamaadsiwin* and the context in which we work.

HOW WE CAME TO BE HERE

Janice:

Ahnee, Neebewgegigdowat-kwe nishnagaas, Waabshishee endotem, Wasauksing biingoba. In 1980, at the Union of Ontario Indians, I began my employment as an accounting clerk. In this supportive environment I was able to gain knowledge and experience in policy development and analysis. I was able to visit communities seeking input on the Self-government and Constitutional discussions. This experience provided me with first hand knowledge of issues of importance at community. From the Anishnabek Nation perspective I was able to develop an understanding of where Anishnabe stand in relation to the political and legal framework of provincial, federal and international governance. In 1987 I relocated to my mother and husband's community of Wasauksing. I learned about the issues at the heart of a community. I was able to draw on my knowledge and experience to deal with the suicide of my uncle, the chief, at a personal, family, community and governance level. While an elected Council member and Band Manager I like to think I helped effect change. My life took a turn, with the death of my teenage daughter. She practiced

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every day good living according to the Three Fires Society Midewiwin teachings. The Midewiwin Sending-on-Ceremony and the support of family, friends and community helped me through this challenging time. I decided to change the focus of my life. I wanted to share the gifts I received at the political level (community and nation) and from the Midewiwin teachings (self). I enrolled in the Native Human Services program at Laurentian University and graduated May, 2002. I love hearing peoples' stories of strength and survival. We are an awesome people. I intend to study for my Masters Degree in Social Work. The challenge will be to find a supportive environment to study decolonization. Ahow, go waamin minwaa

Nancy:

I came to B'saanibamaadsiwin-Native Mental Health through a circuitous route. My journey took me from Guelph (where I grew up) to Toronto, back to Guelph, and from there to Pic River First Nation and Marathon, and then to Thunder Bay. I arrived in Parry Sound to take on a Program Counsellor position in July 2001. My journey also involved many life experiences that finally—at the late age of 35—led me to Confederation College (while pregnant with my fourth child) and to the Native Family Worker program (now called the Native Child and Family Worker program). It was the first post-secondary program I was able to complete after several aborted attempts at achieving a diploma or degree. I graduated in the spring of 2000, and immediately began my undergraduate studies via distance education at the University of Waterloo. As a single parent of four children, this was an ongoing challenge, but I was able to complete a 3-year B.A. in Social Development Studies in four consecutive semesters. Now, as I work full-time and teach part-time at the Anishinabek Educational Institute, I am also working part-time on my Masters of Education in Adult Learning-Aboriginal Education at the Ontario Institute for Studies in Education/University of Toronto. If the above looks intimidating, it is. Perhaps I am a late bloomer and have a sense of needing to make up for lost time, but from all of my experiences, I have learned that, for me, balancing my Self is incredibly important if I am to maintain any sense of sanity in my life. As a helper, I also have this responsibility as a role model to those I am helping and teaching, and as a supporter of my colleagues and peers.

I am an adoptee, still searching for answers regarding my roots, although I have managed to reconnect with my birth mother. It is interesting what adoption can do to a person. One of the issues that I struggle with is the lack of rooted-ness that I experience, despite having reconnected to one part of my family. This has a significant impact on my sense of identity, which in turn, impacts what I bring to the helping relationship. Because the Self is the tool of our trade, I am conscious of the potential benefits and limitations this presents. One issue is my inability to locate myself when I am being introduced (i.e. identify family and community), which may raise issues of trust for some people. On the other hand, I am often perceived as someone who is safe to talk to for that exact same reason. Although this may be perceived as a dichotomy, as a member of a small team of helpers, some of whom are from the local communities, it provides us with balance in relation to the needs of those whom we help.

B'SAANIBAMAADSIWIN PROGRAM HISTORY

B'saanibamaadsiwin means "Serene and peaceful life." B'saanibamaadsiwin is unique in that it is one of only three Aboriginal mental health programs in Ontario funded by the Ministry of Health. Several years ago, it was recognized that the First Nations communities in the Muskoka-Parry Sound district were not receiving mental health services that were culturally appropriate. The delivery of provincial services on First Nation territory was a barrier. There were no Aboriginal specific mental health services available through federal programs. Leadership was concerned that because the main program lacked any cultural appropriate services, any service developed must be inclusive, not exclusive, and that First Nation people not be labelled according to Western/European definitions of mental health.

Collectively, the Muskoka-Parry Sound Community Mental Health Service (MPSCMHS), community workers and leadership worked to develop a vision of Aboriginal mental health services, resulting in the program being accepted for implementation. The initial proposal was developed and written by a consultant of the District Health Council with no input from local Aboriginal leadership. The program began

with one worker. Leadership also wanted the focus of the B'saanibamaadsiwin to be community development and capacity-building for the front line workers in the communities. These goals remain in place today, with the added components of supportive counselling and crisis response functions.

It has not been an easy task to measure attainment of these goals. The need for direct services, like supportive counselling, has increased. Reporting for administrative and funding purposes has been a nightmare. One of the significant, ongoing challenges for us is ensuring that there is appropriate recognition of the cultural components of service as much as the standard western components. This is an area of ongoing challenges for all First Nations because of the constant political struggles between the federal and provincial governments regarding responsibility for services and funding. Currently there is no federal mental health policy. In Ontario, the Ministry of Health is responsible for delivering mental services, but lacks political will to invest in Aboriginal mental health services[1].

Since the 1980's, there has been an increasing awareness by the provincial governments that people with mental health challenges can receive services effectively in their home communities, rather than at institutions, which are also expensive and had received the bulk of funding for mental health services (60% funding to institutional care, 40% to community level care). This lead to a large number of psychiatric patients being released back into their communities, requiring significantly more services than were available at the time. By 1999, the Harris government released a document called *Making It Happen*, the initial platform of the mental health reform movement, with the goal of developing an integrated lead agency (ILA) model of service for the various districts in Ontario. The idea was anchored in the idea that services are duplicated by several providers which could be better streamlined by identifying one service provider to deliver mental health, housing, employment supports, and so on. The idea has merit but leaves programs like B'saanibamaadsiwin and consumer initiatives at risk of being assimilated back into non-Aboriginal programs.

Where does this leave us as helpers in our struggle for balance? One way we cope with the political and funding issues is by encouraging our Program Advisory Committee to take this information back to the leadership. We also network with other service providers in the region, and have been participants in the Northeast Native Mental Health Task Force, which was developed in response to the ILA. We are at a point where mental health needs must be put on the table in the political dialogues between our leaders and the provincial federal government. With no federal mental health policy, we need the provincial government to recognize the need for mental health funding that will meet the needs of our communities in ways that are not limited by western concepts of mental health.

OUR ROLES AS HELPERS: "HYSTERICAL CONTEXT OF MENTAL HEALTH…"

Many influences have impacted on First Nation people's wellness since contact and the ensuing colonization by Non-Native government and society. The impacts include the weakening of our natural helping relationships and natural sources of maintaining balance found in traditional teachings, ceremonies and languages. Under the Indian Act, First Nation people live with the imposition of European imperialism and the assumption that we were incapable of making decisions for ourselves. The reserve system only served to isolate us from our families and friends, separated us from our connection to the land and prevented us from sustaining our livelihood. Residential schools contributed to the loss of family ties and the transmission of spirituality, language, culture, roles and responsibilities.

As helpers, we see the effects of colonialism in the epidemic levels of suicide attempts and completions. Multi-generational grief, loss and trauma impact families in ways that were previously unknown and unacknowledged. Addiction to alcohol, drugs and gambling are pervasive and only serve to undermine families, communities and nations, and to compound any mental health challenges. Physically, we are experiencing high rates of diabetes, heart disease, and other problems. Spiritually, there is tension between the reclaiming

of traditional ceremonies and the Christian doctrines imposed by the colonizers.

As we struggle to cope with the many challenges, we are also faced with the difficulties of using labels, developed by western psychologists and psychiatrists, that are often inappropriate and damaging to Aboriginal people seeking help. The issue is further complicated by the fact that for far too long, negative stereotypical labels have been attached to Aboriginal people, helping to maintain the unequal relationships with governments and Canadian society in general. To include additional mental "illness" labels to that disagreeable mix creates the potential for further exploitation and discrimination. As a result, we define Aboriginal mental health as the broad spectrum of challenges that Aboriginal people face in this life walk. We include the issues of addictions, violence, suicide, colonization in addition to the mental "illnesses," such as schizophrenia, depression, bipolar, post-traumatic stress and so on.

Professional ethics are an additional challenge for us as helpers. Aboriginal communities are small, and more often than not, we are in relationship with those we help. This can place us in conflict in many ways. As professionals, we are told by those in authority, whether by teachers, professional associations, employers, or others, that we cannot have a personal relationship with those whom we help. The reality is, particularly for those working in their home communities, that this simply is not realistic. In some cases, such as ours, we are able to juggle client cases so that we minimize the conflicts, but for many workers in our communities, this simply is not possible. There are many communities where the worker(s) has no alternative but to deal with family members or close friends—a direct conflict of interest. There is no one else who can take on the case. How do we balance our professional and personal obligations in this situation? There is no simple answer.

Direct Service

Individual, family and group counselling is focused on strengths, positive survival techniques and use of the Medicine Wheel to honour the past, present and future. Group counselling may include a family, extended family, friends and

community. This development can lead to the establishment of processes where balance and harmony in relationships can be reaffirmed and re-established. Case management, advocacy and referral for clients includes, networking with peers, colleagues and other agency staff. These require knowledge of the social, emotional and physical needs of First Nation people. Advocacy and/or liaison with/for a First Nation person is requirement of direct service.

Linking clients with culturally appropriate services whenever possible is essential, as wellness includes the spirit. Awareness of the client's willingness to explore this component is necessary. Knowledge of the cultural based helpers, elders and conductors of ceremony is valuable. B'saanibamaadsiwin also provides support and education regarding mental health and related issues, such as the use of western medications to help maintain a neurological chemical balance. Crisis intervention, support and follow-up are also provided to clients. This is an essential component for clients living everyday in the context of Aboriginal reality. At times it seems the crisis are never resolved before another begins.

Community Development

A valuable component to the helping relationship at *B'saanibamaadsiwin* is peer support with community workers. This is where the trickster is most visible. There is not another environment where respect in relationship is so essential. Clients, workers, leadership and community have dual roles, from being related through blood (aunties, uncles, cousins), related through marriage (father, mother, brother or sister-in-laws) and through adoption (respected elder as a grandmother or father) and through the employee/employer relationship.

Other roles in community development include consultations, training and education regarding clients and the helping profession, promotion and development of peer linkages among the community members of the Seven First Nations and Friendship Centre (urban) population. Crisis support is another role the staff and *B'saanibamaadsiwin* fulfill. Our practice is to be 'there,' available to support but not direct the process, and to recognize the natural helping process. As an example, part of the capacity building, supportive role that we have includes developing opportunities that enhance the

community workers' abilities to respond in crisis, such as organizing and coordinating training in crisis response, critical incident stress, and other trauma-related skills.

Indirect Service

In addition to the direct service and community development components, we are heavily involved in indirect service. Weekly staff meetings to discuss clinical, staff and agency issues, providing case consultations and education/training opportunities for a variety of groups are ongoing activities. Of particular importance to us, in our efforts to maintain our balance as workers, is the weekly opportunity to connect. Checking in with each other is part of that process so that issues can be acknowledged and addressed appropriately. It is easy to become overwhelmed by the workload we carry or by the needs of a client. Our work is an ongoing learning experience that we periodically need time to break away from so that we can process how we are responding to that demand.

ENTER THE TRICKSTER OR WHEN LIFE ISN'T SO SERENE AND PEACEFUL…

The trickster is a symbol for the challenges of Aboriginal helping in a non-Aboriginal environment. The trickster helps us walk in balance, demonstrates the extremes and reminds us not to take ourselves too seriously. There is always a lesson to learn. We are constantly amazed at the strength and sense of humour people have developed—a lesson in resilience. Their ability to laugh and learn from the challenges they have met is a reminder of good things can come out negative situations.

In his book *The Manitous* (1995), Basil Johnston tells the story of Pukawiss and his brother, Nana'b'oozoo. Pukawiss is an actor, dancer and singer. He also likes to play tricks on Nana'b'oozoo, who in turn, generally reacts by becoming offended and enraged that Pukawiss would make such a fool of him. The antics of Nana'b'oozoo reflect the self-centredness that we can see in ourselves. In the helping relationship, we meet with clients who have significant problems. From our vantage point, we may see that the client needs to resolve past traumas in order to live the good life—*bimaadsiwin*. But, from the client's vantage point, s/he identifies the need to find

housing as the main issue. If we come to this relationship from a self-centred position, we react like Nana'b'oozoo, unwilling to acknowledge that the other's position as valid, focusing only on our own need to "make the other better."

Recognition of the diverging visions is a requirement to maintain the sense of balance through acknowledging life lessons come from everything in Creation, based in foundational teachings, the recognition that our helping relationships are holistic and inclusive, and that there is recognition of spirit. Maintaining our distinctiveness in the face of mental health reform and western paradigms requires education of the mainstream staff and leadership. It is important to recall that often, western representatives do not understand that we see the world from a different view. We remind western representatives to look at the context of our reality and to look for the strengths. It is important to respect each symbolic race's Creation story (Red Person, Yellow Person, Black Person, White Person) so that when we meet government representatives, and colleagues from other services, we can act and move with respect. It is important to have an understanding of the division of powers between the federal and provincial governments as set out in the Royal Proclamation of 1763, section 91.24, s.35 of the Canadian Constitution and laws of general application under section 88 of the Indian Act. It is this understanding that provides us with the ability to educate those who have the power to provide funding and to advocate for the needs of those whom we help.

IDENTITY: WHO DECIDES WHO IS WHAT

Identity is who we are, something that we learn from our families from the time we are born. The challenge for helpers in Aboriginal communities is that the federal government also imposes identity through artificial constructs of membership criteria according to the Indian Act, which has divided families and communities. Identity is important in the helping relationship. Where to people place themselves in their relationships? What cultural values do they carry? Where do they feel they fit in, or belong? Patriarchal governance, education and religious institutions have undermined our connection to the land, culture, values and identity. Traditional

Spirit names provided direction regarding our role and purpose in life. The clans provided us with a sense of belonging and outlined our responsibilities. As helpers, it is important for us to raise these issues with the person we are in a helping relationship with.

Frequently we meet people who do not see that this historical context has any direct impact on their lives. These outside influences impact on our everyday good living and can impact on our sense of wellness. Examples of this include the community's recognition, or lack of recognition, of individuals and families who "lost" their status due to government rules regarding marriage, or through other means. Although Bill C-31 enabled people to reinstate their status, this has also created problems for many. Discrimination against those who are not status, or who have recently regained status has occurred for many. In essence, the individual or family may be left with no sense of belonging to either Aboriginal or western cultures, as they may discriminated against by both sides. As helpers, we must be cognizant of the impacts that an artificially imposed identity construct has on the people we are helping.

Our own identity is also a crucial issue in the helping relationship, and in our efforts to maintain our own balance. Because we, as helpers, are the "tools" of our trade, our own awareness of our identity is critical. It shapes how we approach our work, the values, beliefs and experiences that shape our perceptions and how we respond to others. Again, the awareness of imposed identity, along with the negative stereotypes that have dogged Aboriginal people for far too long, requires us to be vigilant in what we accept from others. Whether it is jokes that perpetuate the negative stereotypes, or information that is presented as factual, but in reality based on racist perceptions, misperceptions or malicious gossip, we are accountable to those we help for our actions. We are responsible for ensuring that we bring to the helping relationship a balanced view, as undistorted by outside perceptions as possible, and that honours and respects the true identity of individuals, families and communities.

Learning and relearning is another trickster gift. It is important to be in the loop, to gather information, to reflect (self-awareness), to link knowledge, values and theories to practice and, finally, to respond professionally to develop specific plans and behaviours to deal with a situation. But, although learning specific ways of helping people is useful, we have to examine where we first learn how to work with others: as infants and children. We all carry within us memories of how we were treated and how we were taught to treat others. Implicit memories, or memories that carry a strong emotional component, will colour our perceptions and reactions to others more so than explicit memories. If we were taught at a younger age that people are untrustworthy and hurtful, for example through witnessing family violence, then this will affect our perceptions, which in turn affects our learning. Another example might be experiencing racism as a young child or a teen. If the experience was ongoing, how do we, as adults, re-learn to have pride in our culture or that we are Aboriginal?

One of the principles in the book *The Sacred Tree* (Bopp et al, 1984), talks about how learning must occur in four ways so that the lesson is fully integrated. This principle applies to learning about culture and history from an Aboriginal perspective. We may, as helpers, however, be faced with situations that trigger old implicit memories, which can, in effect, override newer learning. As we re-learn culture and history, it can be a constant struggle to shore up what we know intellectually to be valid—i.e. Aboriginal cultures and history—against the continual onslaught of western concepts, values and attitudes that are so prevalent.

HELPING—HOLDING ONTO CULTURAL VALUES IN THE FACE OF NON-ABORIGINAL SYSTEMS

Colonization and decolonization are issues that are closely linked to individual, family, community and national levels of awareness and supports. As individuals and as helpers, we are faced with behaviours that are direct results of colonization (e.g. nepotism, inability to trust, violence, and so on). Educating the individuals, families and communities that we work with is only part of the answer in the work of decolonizing in the

helping process. The other part is supporting actions that can be taken by individuals, families and communities in their struggle to reclaim themselves. But how do we, as helpers, ensure that we do not perpetuate colonization? Again, there is no easy answer. As we work within western agencies, or under mandates and funding agreements that are built on western paradigms, we are, ourselves, faced with attempting to decolonize ourselves while the colonization continues. Differing ideas and misconceptions about Aboriginal cultures persist, despite an increasing prevalence of Aboriginal writings, art, films, stories, and so on.

To compound the issue, we are faced with misunderstandings and confusion within our own communities about what is and is not Aboriginal culture. The phrase "traditional culture" gets bandied about, with several conflicting ideas about what it means. At one end of the spectrum, we see superficial displays of traditionalism based on romanticized, static visions of Aboriginal culture. At the other end, we see authentic displays of traditional values, where culture is understood (implicitly or explicitly) to be dynamic and evolving: in other words, alive. In between is a wide range of beliefs that include Pan-amerindianism and Christianized ideas. If we are to help others, we have to first understand where our own beliefs are on this continuum. We also respect the beliefs of others, even while challenging ideas that may be counter-productive to the individual's, family's or community's wellness.

LEARNING FROM THE TRICKSTER

In our work as helpers, as we attempt to balance all the issues that we are faced with, there are a number of areas that we need to focus on:

– critical thinking about how we work (training/education, political and colonization awareness, transference/counter-transference, etc.)
– the aspects of helping we bring to our work (e.g. cultural knowledge, authenticity, respect, acceptance, skills, etc.)
– ethics—knowing our boundaries and the multiple roles we have within our communities, and being able to remain as clear as possible

- accountability to multiple stakeholders
- being *willing* and *able* to hear the stories—ensuring that the job we have is the right fit for us, that we have the skills and abilities to do the job, that we can stay with the client as s/he tells us his/her story without being triggered and unable to cope with the emotions
- developing effective supports—personal and professional (e.g. internal and/or external supervision of our work to ensure we are doing what we are supposed to be doing)
- being willing to be the one who needs help when we're drained, experiencing lateral abuse, being triggered, and so on

Bearing the issues mentioned above in mind, we present the following case studies. Consider how you, as a helper, would perceive and act on each situation. Two of the case studies involve direct service to a client. The other two focus on the larger issues of being a worker within an Aboriginal in a western-focused agency.

Case Study 1

An older man, in his early 60's, attempts to demolish his home during a drinking binge. When the police apprehend him, he states that there were spirits in the house bothering him, so he was going to tear down the house to get rid of them. The police bring him to the local emergency department. The man is quite agitated and subsequently sedated. After an initial assessment, he is sent to a psychiatric hospital where a psychiatric assessment is done. The doctor determines the man is experiencing both auditory and visual hallucinations. In addition to the hallucinations, it is determined that he has been a heavy drinker for many years and has a history of being abusive towards family members, who are no longer in contact with him. The psychiatric hospital has a Native program. The worker is asked to provide support to the man during his stay.

Case Study 2

A woman has recently returned to her community after living most of her life in Toronto. She is living with her mom in a 3-bedroom home, along with her sister and a cousin. She has a history of prescription abuse, although she has been clean for a year. She is a single mom with 3 children, in a relationship with

a man who also has a history of substance abuse. Her children were apprehended by Children's Aid after she and her boyfriend were randomly stopped, and he was charged with possession. She has not been charged with anything, but has not been able to regain custody of her children for four months. The CAS worker (non-Native) states that she must attend treatment for substance abuse and counselling for past issues. She has been working full-time, but experiences frustration with her boss and reactions from the community as a "new member" of the community. She finds it difficult to develop a clear plan of action for her future goals. She experiences a significant sense of powerlessness and hopelessness as a result. As a community worker, how will you support her?

Case Study 3

As an Aboriginal program within a larger non-Aboriginal agency, there are a number of issues that arise as a result of the inherent differences between the two:

➢ Accountability to the Program Advisory Committee, the agency, Board of Directors and to the Ministry of Health—divergent views of what the priorities are
➢ How do we continue to work in an environment that threatens to assimilate us—Integrated Lead Agency model
➢ Balancing two world-views in relation to mental health—how to use labels to communicate concepts without pathologizing our clients, which has the tendency to preserve the disempowerment begun by colonization

As a worker, what would you do? How would you accomplish your daily tasks? What strategies do you foresee using in the future to balance between the different stakeholders?

Case Study 4

We are often involved in cases where Children's Aid is also involved, again resulting in divergent views that are rooted in culture. Issues that come up are the following:

➢ Individualistic vs. collectivistic values and how family is defined and fits within those two views—i.e. the role that children have within the family and how the apprehension of children affects both the children and the parents/family

➢ Fostering natural helping systems—the presence or lack of resources and willingness of CAS workers to work with the entire family and community, not just the nuclear family
➢ Recognition of alternative ways of resolving issues—e.g. receiving appropriate help and support from an Elder or by participating in ceremonies rather than only utilizing formal supports
➢ Understanding that despite assessment tools, etc., judgments are subjective and based on the individual worker's background—i.e. what is normal for one may be abnormal (i.e. unhealthy, overcrowded, etc.) for another.

Personal Survival Strategies

We all have the ability to cope and survive in the helping field—a field that traditionally has a high turn-over and burn-out rate. The key is to actively work at achieving personal balance. If we use the Medicine Wheel as our guide to balance, then we know there are a number of areas to consider: mental, emotional, physical, spiritual, individual, family, community and nation, and so on. Developing strong personal supports of family, friends, Elders, counsellors, and so on is important in ensuring our needs are being met. Professional supports are important, as well. Peers, colleagues, supervisors, and co-workers play a key role in how we manage our daily work, and in how we respond to situations.

CONCLUSION: EMBRACING THE TRICKSTER

The Trickster reminds us to walk our life path in balance, to not take ourselves too seriously, to recognize that with the light there is dark, where there is laughter there can be tears and where there is strength there can be weakness. As a helper, it is important to maintain balance and harmony in our relationships. By connecting with the Trickster in ourselves we are able to see the other side of a person and their story. We see the strengths, gifts, the teachings and our roles in a helping relationship. The use of the Trickster connects us to our past, our culture and provides a context for grounding ourselves. Respect flows from understanding our teachings and provides a foundation from which we can sustain balance. It is not unusual to laugh, cry, and feel for the person we are in a

helping relationship with. It is the Trickster that enters the relationship and brings laughter to lighten the mood when we would otherwise could cry a river from the challenging experiences individuals, families and communities have met and survived.

The Trickster facilitates growth, development and prompts us to look at the impact of thought, behaviour and action in practice, whether on the front lines, or in dealing with other service providers, management or funding sources. We will find the Trickster in the most unlikely places, waiting to catch us up when we have become too caught up in our selves, unable to say no or overworking ourselves. Laughter and humour is the best medicine, along with a good dose of humility. At times the trickster can bring this medicine to the helping relationship reminding us that we are human, with human frailties and unique gifts—not gods with omnipotent powers, but helpers who need to remember that balance comes only when we can remain self-aware and committed to our own self-care in all aspects of our Selves and our lives.

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"WITHIN THE OUTSIDER": CHALLENGES OF AN INDIGENOUS PEDAGOGUE

Cyndy Baskin

INTRODUCTION

I am Cyndy Baskin, marginalized Aboriginal woman. I am Cyndy Baskin, university instructor and PhD. candidate. I am made up of multiple identities.

Until recently, I never had teachers who were not non-Native, readings that were not written by non-Native authors and fellow students who were not non-Native. I was always the only one who was "different". Being at school was painful. I was an isolated, persecuted, sad student. And yet, I learned how to read and write in these places and this became my escape from the hurt. No matter what was done to me, it could not stifle my desire to learn. The harder schooling became for me, the more I delved into my studies. The more I heard that I would not make it to university, the more I grew determined to do exactly that. Great damage was done – some of it has been repaired while some of it never will be. It is a part of who I am. There were many downs, drop outs and changes of direction, but education is clearly my calling.

My story is, of course, a familiar one for many Aboriginal people. Education has more often than not been our enemy – a major arm of colonialism. For me, this is a lived reality. Being in the academy and becoming an educator, then, is one of my most powerful acts of resistance and anti-colonial activity.

HISTORY/THE PAST

I have chosen to create a discourse in the classroom based on my historical and cultural background and that of the students who occupy that space. In an anti-colonial framework, this involves students of colonized backgrounds speaking about their experiences and understandings of their and their ancestors' histories. Such histories include both the centering of Indigenous knowledges as powerful ways of knowing and an

examination of how colonialism devalues these knowledges. This pedagogy is not about omitting Eurocentric traditions. It is about being inclusive. All knowledges and cultures can exist within the centre and complement one another.

Why is the past so important to pedagogy? One of my favourite writers, Haunani-Kay Trask (1991), states, "We do not need, nor do we want to be 'liberated' from our past because it is the source of our understanding….The Hawaiian stands firmly in the present, with his back to the future, and his eyes fixed upon the past, seeking historical answers for present-day dilemmas" (164). Similarly, Aboriginal writer Roy Vickers (1990), claims that "...change comes from understanding ourselves, our weaknesses and our strengths. That understanding can be fostered through knowledge of our past, our cultural heritage and our environment" (145).

All students ought to have this belief – that the answers to their current difficulties lie in the traditional knowledges of their cultures. They need to be aware that, despite the dysfunctionalism caused by colonialism, we have many healthy ways of surviving and growing. We are so much more than victims. If this understanding is fostered in the classroom, students from all cultural backgrounds will not merely survive their education, they will thrive instead. They will develop confidence in their own ways of knowings and, therefore, in themselves.

However, in order to understand the knowledge of the past, one has to first know about it. This involves challenging the historical amnesia that has prevailed in education thus far. The spaces that each of us occupies today is explained by history and so emancipatory discourses need to occur in the classroom. For Aboriginal peoples in Canada, decolonization involves rewriting histories and curriculum "to (re)claim not only a past which was excluded in the history of the colonial nation (i.e. Canada), but also to name the colonial historical period from the perspective of their places and their peoples" (Dei, 2000:119). It also means teaching these perspectives in ways that clearly recognize how the past influences the present. Hence, such a pedagogy is about decolonizing the minds of all students. As Bell Hooks (1988) stresses when referring to the writing of Albert Memmi, "if domination is to end, there must be personal transformation on both sides. For those of us who oppose and

resist domination, whether we be dominated or dominators, there is the shared longing for personal transformation, for the remaking and reconstituting of ourselves" (32).

MY SUBJECTIVITY

I feel very connected to my past and have an understanding of the history of Aboriginal peoples in Canada both pre-contact and under colonialism. I have also been a part of my extended family and community my entire life. However, recently part of my social location has greatly changed and I wonder how this changes not only me but my relationships and connections. I now have a bit of power and a great deal of privilege.

The power occurs in the classroom, of course, and especially in the evaluating of students' work. The privilege comes with having the title "university professor." People in the mainstream are impressed with this title and, once they hear it, are suddenly seemingly more interested in what I have to say. They invite me to speak at conferences and submit papers to journals. At times, however, they want an Aboriginal professor present as long as I fit into their view of me. It comes down to the question of whether or not it is merely an Aboriginal body that is wanted or an Aboriginal perspective.

Then there is my family and community who truthfully could not care less that I am teaching at a university or am in a doctoral program. No one else close to me is involved in either of these ventures. No one asks much about what I am studying or teaching. Instead they ask if I will be at the pow-wow next weekend, if I can help cook for the feast at an upcoming naming ceremony and can I put out the garbage after supper.

I find myself in a strange place. How I enjoy the honour of teaching young people and how important I see this work to our collective future. Yet, I am uneasy with my new privileges and fearful that I will lose some of my connections to my community because of them. It seems I have crossed over some barrier that I have fought hard against, but in doing so I am unsure about the space I now occupy on the other side.

RACE AND REPRESENTATION

As an Aboriginal educator, I find I am confronted regularly with issues of race and representation. I usually find that many people make assumptions about me based on what they think they know about Aboriginal people. Upon realizing that I am an Aboriginal woman, so many non-Native people are visibly surprised as they remark "You don't look Aboriginal!" What am I supposed to look like other than myself? They are further surprised to hear that I am educated: "You've done really well for a Native person!" I've done really well at what? As if this is not enough, they cannot imagine how it could be that I live, as best I can, a traditional lifestyle according to my spirituality and teachings. They exclaim, "But how can that be when you live in the city?!" Did someone make up a rule and not let me in on it?

This reminds me of the ludicrous, but true, example provided by Marcia Crosby (1991) about the British Columbia government lawyers who attempted to dispute land claims by Aboriginal people "who eat pizza, drive cars and watch television" (279). To be a "real Indian" then, one must meet Eurocentrically-established definitions.

There is also a tendency for many non-Native people to expect me to represent all Aboriginal people. I have sat in classrooms in the past where a student has asked the instructor a question and his response has been "Well, we have a Native girl in our class, so let's ask her." I have sat in boardrooms where, when the discussion turns to Aboriginal peoples, all eyes look to me for approval. I have been approached by endless committees to be the Aboriginal representative at their tables. It is as though who I am is whatever others want me to be at the time.

Ella Shohat (1995) refers to this as the "burden of representation." It is the construction that marks me as the Aboriginal student, Aboriginal social worker, Aboriginal writer, etc. It is highly unlikely that I will ever be seen as a student, social worker or writer. As Crosby (1991) asserts, Indigenous peoples "...are inscribed to stand as the West's opposite" (268). Aboriginal, in this way, is seen as opposite of student, social worker and writer.

Being one of the representatives of Aboriginal peoples' voices is a formidable responsibility. I always begin my presentations with "I'm not here to speak for all Aboriginal peoples." Yet some of us are directed to pick this responsibility up and, at least, I know that I will do it in an honourable way. Fulfilling these responsibilities "our way" is a major act of resistance.

This brings me to Shohat's (1995) question "does the experience of oppression confer special jurisdiction over the right to speak about oppression?" (167). That depends on what exactly one is speaking about. No one but an Aboriginal person can speak about what it is to experience oppression towards Aboriginal peoples. Aboriginal peoples using their voices to reveal the history of colonization and its repercussions is another act of resistance for us. As Hooks (1992) writes, "It is a gesture of resistance to the dominant culture's way of thinking about history, identity, and community for us to decolonize our minds, reclaim the word that is our history as it was told to us by our ancestors, not as it has been interpreted by the colonizer" (184). However, other voices can address other perspectives on oppression. We all have a responsibility to address oppression whether or not we have experienced it ourselves. Furthermore, those of us from so-called "minority groups" do not want to silence potential allies.

The notion of difference also needs to be considered. In many areas, however, difference is simply ignored. Yet, all too often, the remedy to this is to address differences simply as *cultural* differences. As valued as cultural practices are, there is a danger in the simplification of addressing difference through cross-cultural strategies and multiculturalism. As Sherene Razack (1998) emphasizes, such approaches "...do little to ensure that white teachers will view their Asian and Black pupils as capable of the same level of achievement and range of desires as their white students" and, furthermore, "if white teachers can learn the appropriate cultural rules, we need not hire Black teachers, and we need not address racism" (9).

But what happens when some of us become black teachers and Aboriginal lawyers? Both Fanon (1970) and Bhabha (1989) speak to the colonizer's invitation to accept the identity of "you're a doctor, a writer, a student, you're different, you're one of us" (139). Now there is an ambivalent, dual identity for we are both not like them and like them. Forever we are referred to

as the black doctor, the Latino judge, the lesbian professor and the blind writer. They use us as evidence that there are no current oppressions. They praise us by saying "see, you made it and you're Aboriginal!" To remain one of them is precarious, however. As Fanon (1970) writes, "I knew, for instance, that if the physician made a mistake it would be the end of him, and of all those who came after him" (225).

IDENTITY POLITICS

As the only Aboriginal instructor in the university where I teach, I find myself as the "outsider within"." Both faculty and students have preconceived notions about the opinions I hold and the "expertise" I carry. I have been expected to teach certain courses such as "An Introduction to First Nations Issues" and "Anti-Oppression and Human Diversity." For me, this is not so much the issue as then being questioned and criticized for my pedagogy in these courses. This is added, of course, on top of the emotional cost that comes with an Aboriginal instructor teaching about colonialism, racism and other oppressions to mostly white students. According to Channer and Franklin (1995), as quoted in Housee, "For lecturers there is increased stress associated with managing full and frank discussions…initially the study of 'race' and racism triggers in many white students feelings of guilt and/or denial and resentment…" (13). This often involves students projecting their anger onto the messenger – me.

My identity is also influenced by students' perceptions of the significance of shared affinities. At times, Aboriginal and other minority students have unrealistic expectations of me based on such affinities. They state, for instance, "You must understand, after all, you're one of us." Some take advantage of me by missing classes or handing in shoddy work and then saying, "I didn't think you'd give me a bad grade. I thought you knew where I was coming from". Other times, they make assumptions about the bit of power I have, thinking that I can influence the university administration to make changes in their favour.

In addition, my pedagogical approach extends beyond the regular instructor duties. Well aware of the difficulties that Aboriginal and other minority students face in the academy, I

willingly extend myself to assist them to stay in school. Hooks (1989), Hill (1991) and Housee (2001) all argue that "...shared race and gender affinities can lead to giving unconventional support to students. This is a mentoring role that surpasses normal teaching responsibilities and has been referred to as community othermothering" (84). This "othermothering" goes beyond academic assistance to help students with their struggles both within and outside the university from housing to childcare to internalized oppression.

Community identity is too important to me not to continue it within the academy. This is another side to identity politics, collective action and the oppositional movement. My mentoring of certain students is part of my responsibility in exchange for the privileges I now have.

ESSENTIALISM/AUTHENTICITY

Can there be identity without essentialism? I believe one can have one's identity without essentializing. I also do not see essentialism as totally negative. What is the big deal about a little essentializing, anyway? I am more than a little fed up with the critique of Aboriginal scholars as essentialist, claiming an authentic voice and romanticizing the past.

I have no problem with questioning or challenging a claim to authenticity. However, I agree with Linda Smith (1999), who notes that the questions around who is a real Aboriginal person or what are the real cultural values has become a political debate which is "designed to fragment and marginalize those who speak for, or in support of, indigenous issues. They frequently have the effect also of silencing and making invisible the presence of other groups within the indigenous society like women, the urban non-status tribal person and those whose ancestry or 'blood quantum' is 'too white'" (72). This is the same old strategy of divide and conquer that has been used since the beginning of colonialism disguised as a new theory. In fact, decolonizing our minds involves reclaiming our cultural values in the process of liberation.

In my opinion, it becomes more important to ask who is doing the questioning about authentic voices. For Aboriginal peoples, culture and identity are crucial elements of anti-colonial

approaches and acts of resistance. But there is backlash whenever we resist. According to Andrew Lattas (1993), certain intellectuals criticize "Aborigines when they construct their identity out of images of inheritance – be they the inheritance of blood and body or even of a cultural past. There is something disturbing about the self-confidence of some white academics who have assumed the role of offering critical advice to Aborigines about what sort of identity they should be producing" (244).

I find all of this terribly ironic given that this essentialist criticism goes on at the same time as Aboriginal studies courses are brought into the academy only as electives and taught by "specialized" staff. These courses are never intended to challenge the central bodies of knowledge since they are kept structurally apart from mainstream disciplines. In addition, non-Native academics often refer students and others to the Aboriginal studies instructor for readings, guidance and resources rather than re-educate themselves on the issues. Then, of course, those Aboriginal people teaching in the academy are often recruited with "Aboriginality" as a qualification. This can be used against them to imply that it is the only reason they got the job which undermines their professional status and
denies them a significant voice. Thus, it is often presumed that they have competence only in Aboriginal issues and other opportunities are closed off from them.

I see a positive side to essentialism and authenticity. There can be an empowering role of essentialism in both identity politics and resistance movements (Lattas, 1993). This involves acknowledging the past as a living part of the present and validating the significance of biological inheritance and blood memory. Authenticity is a commitment to one's true self and "this need to produce a tradition for one's people apart from the culture of the assimilation policy is a desire to bring the culture of one's dead ancestors back to life by giving the past new meaning and by recreating this past as a way of formulating an uncolonised space to inhabit" (Lattas, 1993, 254).

The past is, as well, connected to experience. We can acknowledge how the social facts of race, class, gender, etc. function in peoples' lives without reducing them to those social determinants. Yet, as Paula Moya (1997) writes, "Oppressed groups may have epistemic privilege." She continues:

The simple fact of having been born a person of color in the United States, of having suffered the effects of heterosexism or of economic deprivation does not, in and of itself, give someone a better understanding or knowledge of the structure of our society. The key to claiming epistemic privilege for people who have been oppressed in a particular way stems from an acknowledgement that they have experiences – experiences that people who are not oppressed in that same way usually lack – that *can* provide them with information we all need to understand how hierarchies of race, class, gender, and sexuality operate to uphold existing regimes of power in our society. Thus, what is being claimed is not any *a priori* link between social location or identity and knowledge, but a link that is historically variable and mediated through the interpretation of experience (136).

In this sense, life experiences can inform classroom discussions. This is a useful form of pedagogy, particularly for those Aboriginal and other minority students who expect the text-based knowledge to be presented as universal and privileged. This kind of pedagogy can be viewed as strategic essentialism. Hooks (1994), for instance, defends using the positive possibilities of essentialism in the classroom when she writes that "the assertion of a strategic essentialism on the part of students from marginalized groups can be a strategic response to domination and to colonization, a survival strategy that may rescue…those students form negation" (83). Thus, marginalized students, as well as instructors, can use their subjective experience as part of the anti-colonial resistance struggle.

RESISTANCE

My resistance in the academy focuses on my pedagogy – what I teach and how I teach. My resistance in the academy is oppositional pedagogy. Like Metis scholar and activist, Fyre Jean Graveline (1998) claims, "I acknowledge my intention to oppose in the education system whatever I perceive is operating to oppress, repress or disenfranchise me and the members of

other cultural communities" (11). In addition to critically analyzing the Eurocentric foundations of Western educational models and knowledges, I am also interested in challenging Westerners about what they say about the history and cultures of Indigenous peoples. I also aim to move beyond critique to an exploration of the legitimacy of Aboriginal, holistic paradigms within educational frameworks. Thus, for example, in the classrooms where I teach it is the Aboriginal circle and an embodied approach that are my primary pedagogical tools. After all, the experience of being a minority instructor who is teaching from an anti-oppressive stance based on Indigenous perspectives in a white, Western context is an embodied experience. What I have to teach are experiences living in my body and I have been taught by my Traditional Teachers and Elders that it is my responsibility to share my personal journey. As Graveline (1998) emphasizes, "As Aboriginal educators, we need to know – acknowledge and communicate – our own past pains, our present struggles and our visions for the future in order to assist others on their own paths" (217). As an Aboriginal instructor, then, I learn and teach through my own experience/voice. However, I must be always mindful that I keep this personal political.

For me, resistance in the academy is also about role modeling. As Hooks (1989) writes, "Black students look to black professors for an example of ways to be whole, of ways to exist in this social context that allow celebration and acceptance of difference, ways to integrate rather than adapt, ways to be subject rather than object" (68). Aboriginal and other minority students need to be assured that they belong in higher education, that they can succeed in their studies and that success does not equal racial isolation. This sometimes entails that I, as an instructor, purposely ensure that spaces are opened up for minority students to safely express themselves. Part of the backlash that comes with this is that some white students complain that I favour or give more attention to minority students. When the issue arises, it is discussed. My stand on this is that the spaces must be created to encourage all students to speak. There are few clearer ways to express disrespect for and to disempower students than by not listening. This conveys that both the message and its speaker are of no value and, in so doing, we eliminate her/him from our view. This has happened far too long to Aboriginal and other minority students. It will not happen in my classroom.

CONCLUSION

I picture myself as a circle. The circle is made up of many parts, but all of them are connected. I am an Aboriginal woman, a university instructor, a mother, a PhD. candidate, partner, sister, activist, writer, granddaughter, community member….I know who I am. I am all of these and more. I locate myself firmly within a decolonization framework. I accept and take up all of the struggles, confusions and challenges that accompany such a space. As long as I continue there, I will not be burdened by representation. I will, however, be responsible.

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URBAN NATIVE WOMEN IN RECOVERY FROM ADDICTIONS: AN ARGUMENT FOR THE HOLISTIC INTEGRATION OF TREATMENT AND AFTERCARE SERVICES

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INTRODUCTION

The purpose of this exploratory study was to determine the adequacy of current addiction services for Vancouver's urban Native women in recovery from addiction. It is evident that urban Native women continue to be at risk of recidivism, due to a multitude of issues that directly affect their ability to maintain a healthy addiction-free lifestyle. If recidivism is to be reduced, there needs to be a dramatic reconstruction of current addiction services. In fact, there is a need to integrate treatment and aftercare services, in conjunction with systemic changes that provide a holistic approach to addressing the issues faced by this population. Certainly, First Nations women are recovering from addiction, in spite of the failure to meet their needs. Regardless, as this study indicates, urban Native women experience unique difficulties in their efforts to find a new way to live, difficulties that could be mitigated by providing holistic and integrated services.

Of particular relevance is the fact that urban Native women comprise a very diverse group; they come from many different cultures, in addition to having differences related to family status, sexual preference, and degree of acculturation to the dominant society. For example, as regards culture, Vancouver's Native population spans a large variety of cultures from across Canada, with over 40,000 Native people in the Vancouver/Richmond area (Vancouver Richmond Health Board (VRHB), 1999). As well, the diversity of Vancouver's urban Native population includes those from highly traditional communities such as Alert Bay, on the West Coast, to those who have lived off reserve in Vancouver since birth.

Also pertinent is the historical impact of colonization, which is reflected in the health and socio-economic status of

Vancouver's urban Nations women. First, generations of Native people have been abused through colonization, the policies of which have led to traumatic intergenerational effects on the family, a fundamental aspect of Native society (Ing, 2000, Royal Commission on Aboriginal People[1] (RCAP), 1996). Secondly, the health status of First Nations women, living in Vancouver, is indicative of the ongoing colonial oppression they face. For example, prominent are the alarming statistics regarding HIV/AIDS; 31% of all new HIV/AIDS cases diagnosed by the B.C. Center for Disease Control are Aboriginal women (VRHB, 1999).

Thus, the reconstruction of addiction services needs to include integration with programs and policies geared towards addressing the inequities stemming from colonialism. Currently, the value system underlying current programs leads to services which tend to be fractured at best, as addiction is addressed in isolation from the complicated issues facing this population. In fact, as mentioned in the RCAP, "tackling addictions is like grabbing the tail of a tiger - family violence, suicide, self-injury, accidental deaths all being stripes of the same animal" (Vol.3, Part 3). Since existing addiction services focus on the individual, with little or no attention to the family, the community and the larger society, an individual's environmental concerns are not addressed, and the status quo is not challenged.

Importantly, Urban Native women are faced with complex issues that cross lines of history, culture, class and gender, factors which are not considered in mainstream programs. Paramount is the need to facilitate changes to First Nations women's status as it relates to issues of poverty, racism, heterosexism, lack of education and employment, under-employment, isolation, lack of housing, health needs, lack of family or community support, and a lack of societal support. Furthermore, a lack of follow-up (post-treatment) services for this population perpetuates the vulnerability to recidivism.

In fact, this exploratory study of five urban Native women in long-tern recovery from addiction in Vancouver found that these women are still faced with problems associated to relationships; self-identity/concept; education; oppression; culture; and, service provision. As well, the impact of these

issues leads to the perpetuation of issues related to fear; difficulty connecting with self and others; grief and loss; identity/esteem issues; depression and anger and safety and comfort. As such, there is a need for integrated and holistic services to overcome the challenges that continue to place them at risk.

Lastly, the failure to make significant changes in the provision of services to this group amounts to nothing less than the perpetuation of the colonial oppression faced by First Nations women. Substantial efforts must be made to reduce the stigma, racism, poverty, and sexism experienced by Native women; fundamentally, restoring First Nations women to a respected, visible, and valued role in their families, in their communities, and in society must be a priority. Similarly, the RCAP mentions that "if the Aboriginal and non-Aboriginal people of Canada are to share a future characterized by peace and creativity, that shared future must accommodate openly and generously the cultures and values that Aboriginal people are determined to retain. Anything less will be a continuation of the oppressive practices of the colonial past" (Vol. 1, Part 3, Chap.15).

COLONIZATION: UNDERSTANDING HISTORY

Colonization has had a devastating impact upon First Nations, generally, and on First Nations women specifically. Native societies across the lands now called Canada have suffered severe multigenerational losses including loss of land, of resources, of language, of culture, and of the economic and political structures that sustained them for thousands of years. "Gathering strength" (RCAP, 1996), identifies the symptoms of colonization which "include, but are not limited to: poverty, unemployment and under-employment, access to health care, health concerns generally, alcohol and substance abuse, sub-standard housing, high suicide rates, child care, child welfare and family violence" (Vol.3, Part 3).

Furthermore, in a discourse on the family as central to Aboriginal life, The RCAP Report claims that,

> Aboriginal families have been at the center of a historical struggle between colonial governments.... which set out deliberately to

eradicate the culture, language and world view of the First Nations, Métis and Inuit children over whom they assumed control, and Aboriginal parents....who believe wholeheartedly that they have a sacred responsibility to maintain balance in the world for their children... Many Aboriginal adults have lived through this struggle and come out as whole human beings. Others, however, are serving time in a dead end from which they see no way out (Vol. 3, Part 2).

Rather than the individualistic values inherent in Western society, the values of Native people tend to be rooted in the family and community; importantly, the destruction of family and community has undermined the health and well-being of Native people, overall.

In addition to the destruction of family systems in First Nations communities," there has been a denigration of First Nations women in contemporary society due to the impact of colonization" (Sayers and MacDonald, 2001).

What was observed by European settlers was the power Aboriginal women enjoyed in the areas of family life and marriage, politics and decision making, and the ceremonial life of their people.... the Jesuits, steeped in a culture of patriarchy, complained about the lack of male control over Aboriginal women, and set out to change that relationship (RCAP, Vol.4, Part 2, Chap.1).

Sayers and Macdonald also quote Absolon et al. (1996): "The erosion of First Nations women's traditional roles has gone hand in hand with their contemporary devaluation. Not only are First Nations women devalued by White men, First Nations men (and women) have arguably internalized the white devaluation of First Nations women" (p. 45).

ABORIGINAL WOMEN IN SOCIETY: CURRENT STATUS

"Colonization has severely affected the health...of Aboriginal women" (Deiter and Otway, 2001). For example, according to Health Canada (online, 2003), Aboriginal women:

- have a lower life expectancy than non-Aboriginal women (76.2 years versus 81.0 years)
- experience higher rates of circulatory and respiratory problems, diabetes, hypertension, and cervical cancer
- represent 15.9%(versus 7%) of HIV cases, nationally
- have 3 times the mortality rate of their counterparts
- are hospitalized for alcohol related accidents 3 times more
- are 3 times more likely to commit suicide

Compounding these health issues is the social status of Aboriginal women. For example:

> Aboriginal women tend to be better educated than men, [but] are no more likely to find jobs. Their participation rate in the labour force is much lower than Aboriginal men's — 53.4 per cent versus 72.4 per cent....Their unemployment rate is 21.1 per cent, versus 27.6 per cent for men...[and] the average annual income of Aboriginal women is about $11,900....far behind their non-Aboriginal counterparts, for whom the average annual income is about $17,600 (RCAP, Vol 4. Part 2).

These statistics are indicative of the ongoing oppression Aboriginal women face in Canadian society, and provide the background for a discussion regarding the need for significant changes in the structural framework that guides addiction services to Aboriginal women. Importantly, tackling these issues, which are rooted in colonialism, is pertinent to ensuring the success of Aboriginal women in recovery from addiction.

PERSPECTIVE ON ADDICTIONS AND FIRST NATIONS IN VANCOUVER, B.C.

Mainstream theories and programs disallow meaningful resolution of the concerns related to addiction within the urban Native community; therefore, other ideas and approaches must be considered. Many authors address the need for a holistic approach to addiction services for Native people (Anderson, B.M. 1993; Cummins, E. 1992; Duran, E. and Bonnie Duran 1995; McCormick, R. 1995; Royal Commission on Aboriginal Peoples (RCAP) 1996). "The Vancouver Urban Indian Needs Assessment Study" (ADP, 1989) also reinforced the need to incorporate a holistic approach. The implications of the study

suggest the need to develop a continuum of services, and, the need for family, community and societal participation in the process of overcoming addiction within the urban Native community.

Significant, as well, is that, according to "Healing ways" (Vancouver Richmond Health Board (VRHB) 1999,p.vi), "...families often live in a state of unresolved grief resulting from losses that include frequent deaths in the family or neighborhood" This study also attests to the challenges faced by urban Native women, highlighting the need for more services for Aboriginal women in Vancouver. Seen as an area of priority, the report mentions that "women's health concerns relate to consequences of poverty, substance abuse, being a single parent, having a history of sexual abuse, being isolated, and living in an environment of domestic violence," (p.19). Primarily, recognition and acknowledgment of the devastating effects of colonization, both historically and in contemporary society, can facilitate understanding regarding the importance of developing a more holistic approach to services for this population.

Also significant is that mainstream addiction theories, as well as mainstream programs and services, fail to address the politics of Native peoples' experience of colonization. This represents a huge gap in the way services are developed, as the larger society, which can provide resources and other support, remains unchallenged. As such, criticisms of existing programming, as well as alternative and feminist theories on addiction will be briefly considered, as each implies the need for a new approach to services for urban Native women seeking recovery from addictions.

Firstly, the recent publication by the Kaiser Foundation (May 15th, 2000) provides a succinct description of existing addiction-related services. The publication states that

> In short, British Columbia's attempt to provide an appropriate "continuum of services" for the users and abusers of alcohol, drugs and gambling is today a broken chain. Inconsistent and under-funded education and prevention efforts. Wasted opportunities for intervention. Fragmented components for counseling and treatment. Inadequate data collection and research capacity

on which to base good decisions. Waiting lists for counseling and treatment. The province's Alcohol and Drug Services (ADS) continuum, despite the best of intentions, has become a "discontinuous" continuum (p.20).

As well, research by Griffiths, Glackman, Esperson and Davies (1989) presents a number of factors that impede adequate provision of services to Native people struggling with addiction. A brief summary of this research will validate the need to consider a more culturally appropriate approach to the development of addiction theory and practice for Native clients. Issues presented by Griffiths et al include concerns regarding:

- lack of a clear understanding of the "etiology of Indian drinking"
- lack of research on substance abuse among urban natives
- failure to consider cultural, psychological and socio-economic factors or the differential needs of target groups based on patterns of use, gender, age, etc…
- lack of applicable data or appropriate methods for gathering data
- lack of adequate evaluation materials or appropriate models for evaluation
- lack of empirical research on non-alcohol substance abuse among urban Native Indians
- politics of research funding
- funding available for treatment programs
- treatment strategies based on assessment of the treatment needs of Native clients
- most programs are community or reserve-based
- lack of aftercare/post-treatment services (pp.vi-94)

As regards the theoretical underpinnings of addiction services, alternative theories regarding substance abuse in the Native community are also described by Griffiths et al.:

- Social organization/Cultural approach – suggest a lack of cultural norms and folkways to control substance misuse/abuse,
- Biological explanation-Firewater Myth-idea that native people metabolize alcohol differently and have greater risk in becoming alcoholic; reinforces stereotypes and obscures role of history, social structures and economic factors

- Cultural disintegration theory – colonization, oppression have undermined traditional Native culture, leading to disintegration of communities; evidenced by over-representation in social service system, justice system, and higher rates of substance abuse, suicide, violence, accidental deaths (pp.4-9).

Duran (1995) points out the tendency to blame the individual, as well as culture, which he views as fundamentally harmful to Native people, since this leads to reinforcing the idea that dominant values are superior. Of relevance here is the cultural disintegration theory, in that it acknowledges both the importance of culture and the impact of colonization.

Also relevant, particularly in the case of First Nations' women, are feminist theories of addiction, which focus on the fundamental features of the patriarchal society as relevant to the issue of addiction. Specifically, Van den Bergh (1991) wrote that:

> The social, political and economic forces associated with patriarchy create conditions conducive to the development of addictive behavior. This is because the primary process associated with patriarchy is one of control and domination, whereby a few have power over the many (p.19).

Furthermore, Van den Bergh (1991) elaborates on power and powerlessness, dichotomous thinking, valuing outcome at the expense of process, and the invalidated self. Without elaborating at length on these theories, of relevance is the need to look at how recognition of these factors can enhance support for the development of comprehensive programs.

First, power distribution within families, communities and society needs to be addressed. Within the family, issues of violence and sexual abuse, for example, can perpetuate problems of addiction. At the societal level, local, provincial and federal governments need to facilitate activities, services, and resources to overcome the complex and varied factors which affect the overall health of the urban Native community. The Royal Commission on Aboriginal Peoples (1996) states that poverty and housing are among the most pressing issues that affect health.

Also, there is a need to overcome dichotomous thinking. Inherent in the moral approach, as well as the ideology which determines how services are developed, are the underlying issues of superiority/ inferiority that represent the dichotomy between deserving versus undeserving clientele, such as urban Native people struggling with addiction. Absolon (1993) uses the Medicine Wheel framework to discuss service provision and the need to determine what constitutes healing, as well as considering the negative influences. "The presence of behaviors that contribute [to] and sustain 'harmonious and cohesive' relationships is essential"(p.5). In reference to dichotomous thinking, much work needs to occur to overcome such impediments to the development of at least adequate services, not the least of which is the stigma attached to being Native and being addicted.

Further, recovery is a process not an event. Existing services are evaluated according to outcomes, such as completion of programs, yet the high rates of recidivism among Native people (McCormick, 1995) fails to validate the effectiveness of addiction programs. "Healing is a process, characterized by the continuum inherent in the Medicine Wheel….the healing process requires time and patience from all involved; the healing relationship is an important factor in allowing for this process to evolve" (Absolon, p.12).

In reference to the invalidated self, a failure to include Native people in the development of structures and ideology that are culturally sensitive and inclusive, invalidates this population. Yet, "the healers' openness to change is a key element in the healing process" (Absolon, p.14), and research shows the need to include Native people in all aspects of the development of health related services (ADP 1989, Griffiths et al. 1989, Health Canada 1998, RCAP 1996, VRHB 1999). This would, at the very least, include participation in research, program planning and development, and evaluation.

METHODOLOGY AND FINDINGS

Within the context of colonization and its impact, of the perspectives related to Aboriginal women's health and social status, and of the issues identified regarding the mainstream approach to services in Vancouver, the experiences of

Vancouver's urban Native women in recovery from addiction constitute the focus of this study.

Specifically, a qualitative case study, using semi-structured interviews, and a grounded theory analysis of the data show that the current services available to Aboriginal women in long term recovery from addiction are inadequate, at best. The use of grounded theory allowed for an open-minded approach to the data: rather than imposing a predetermined hypothesis, the data could reveal patterns and themes (Huberman and Miles, 1994, as quoted in Creswell, 1998, p. 141) important to the participants.

The purpose of the study was to learn about the experiences of Aboriginal women in recovery from addiction. Specifically, understanding their life experiences, and their perspective on service delivery were sought. The two questions that were asked are: "what's life been like since you got out of treatment?" and "what do you think about existing services?"

Initially, letters inviting participation in the research were given to Aboriginal women known to meet the criteria for participation –criterion sampling (Creswell, 1998, p. 120). These criteria included Aboriginal women, who live in Vancouver, B.C., were over the age of 21, and were out of treatment for at least one year, with continued abstinence since treatment. Of those approached, five agreed to participate in the study.

Importantly, the participants were quite heterogeneous. At the time of this research: their ages ranged from 35 to 48 years old; they had between 8 and 12 years of abstinence from drugs or alcohol; three were single mothers, one was married with children, and one did not have children; three worked full-time, one worked part-time, and one was in school; one is a lesbian; two had no connection to their cultural history due to growing up away from their community; one was Metis; two were from eastern Canada, while two were from B.C., and the the 5th participant was from North Saskatchewan. Based on the small sample, and on the diversity of the participants, these findings cannot be generalized to all urban Native women in recovery from addiction.

Most significant was the fact that, at the time of the interviews, one woman had just attended a treatment program for residential school survivors, and two were seeking a

secondary treatment program, although they had no idea where they could go to address their current needs. Another had been to treatment five times in ten years, as she was unable to find any other services available to address her ongoing needs.

Certainly, the negative effects arising from a lack of adequate services is reflected in the articulate and knowledgeable responses of participants during the interviews conducted for in this study. "Analysis of the interview data provides a definitive case for the argument that this population's [after-care] needs are not being met" (Harris, 2002).

Data analysis involved transcription of the data, which was reviewed by the participants for accuracy. General themes had been written in the right margin, and the respondents had the opportunity to add, remove or change the initial themes that were identified, allowing for validation of the findings. The initial categories from the data analysis include: relationships, self-identity/concept, education, oppression, formal services, culture (see appendix), and factors affecting risk of recidivism – this category was derived from reflections of the emotional impact of dealing with the aforementioned issues, and is the basis of my conclusions. The first five categories will be briefly discussed within the framework of individual, family, community and society, and precede the latter two topics: factors affecting risk of recidivism, and culture. The factors affecting risk of recidivism included the topics: fear, connecting with self and others, dealing with grief and loss, self-concept, depression and anger, and safety and comfort. Ultimately, it is the impact of the external factors mentioned previously that serve to perpetuate an internal state that leads to ongoing vulnerability.

In terms of analysis, the theme of 'self-identify/concept' is not only a concern, but also represents an aspect of the factors affecting risk of recidivism; thus, this category represents both a cause for internal conflict, and an effect of their interactions with the outside world. Also of relevance is the fact that the issues were not all presented by all of the participants. For example, one participant does not have children, and did not mention concerns regarding child-care while in treatment.

THE NEED FOR INTEGRATED AND HOLISTIC SERVICES: A CRITIQUE

From an individual perspective, the research showed that the respondents face ongoing challenges that affect positive movement in their own lives. Rather than facilitating growth and freedom, much of their experience is characterized by stigma and ongoing isolation.

> "There were a lot of issues...issues of discrimination against First Nations, First Nations in recovery......simple things we take for granted...things like shopping in a shopping mart, or even getting hired on....facing poverty issues, being a single mother... parenting skills, having to learn how to parent and nurture your child...And on your own especially, another kind of isolation..."

In fact, the overwhelming lack of support, compiled with ongoing racism and discrimination, lack of education and culturally appropriate services, makes the prospect of feeling as though they really can make the changes they would like seem a formidable task, and progress is far slower than need be.

From a family perspective, the respondents talked openly about the need for education and support for their families. Relevant were issues related to the need for healing among family members, resistance of family members in accepting change, and the dilemma of trying to maintain recovery in spite of family members addictions and/or violence in the home.

> "Me and my son was going there [treatment program] because obviously, I had damaged my son in my drinking...emotionally, physically, and mentally probably...he got to the point where he was hating me as a mom, so it helped him heal through that"

> "family violence, that's another issue I face as well. And learning how to cope with a dysfunctional family unit. I lived through that as well."

Also mentioned were a multitude of issues relating to intergenerational impact of the residential school system and foster care, to men's loss of roles as providers, and to ongoing internalized oppression as Aboriginal people.

From a community perspective as well, education and support were mentioned as critical, as is the need to develop reciprocal relationships aimed at providing ongoing support between community members.

> "Finding emotional support...peers or friends was a really difficult task...and I was still harming myself so that it made it really difficult to connect with other people...People would say and do really inappropriate and hurtful things to me"

Additionally, lack of understanding about history, and about the recovery process, as well as stereotypes, and the lack of education and awareness relating to parenting and communication skills are augmented by the need for improved access to employment and education generally. Also mentioned was the need for more activities within safe and sober environments, and the need for childcare supports.

From a societal perspective, already mentioned are the ongoing racism and discrimination, factors which are exemplified by the failure to act on the priorities mentioned in studies such as the "Healing Ways" document previously referred to here. Regardless, it is important to consider the critique of services described in this study. The respondents spoke to the lack of culturally appropriate services, including the lack of First Nations service providers, and the culturally inappropriate use of an individualistic approach to services. In terms of the inadequacy of services, mentioned is the lack of funding in order to access services; the lack of treatment matching – referrals to services that meet their needs; inappropriate referrals, the gate-keeping process to access services; and the lack of flexibility of services. Gaps in services include lack of resources for single mothers, and the lack of gender and culture sensitive services. Last but not least is the inadequacy of service providers the respondents have dealt with; of mention was the failure to acknowledge positive changes, the need to educate the service providers about First Nations, and the unwillingness to address trauma that clients were trying to cope with.

This summary of concerns of five of Vancouver's urban Native women in recovery from substance abuse provides an overwhelming glimpse of the factors that affect, and often impede, the healing process, in addition to placing urban Native women at continuing risk of recidivism. What is worse, the impact of failing to address these issues is often paralyzing, a fact that was expressed by the participants.

IMPACT OF FAILURE TO PROVIDE INTEGRATED AND HOLISTIC SERVICES

Significantly, most of the difficulties expressed are associated primarily with the historical and ongoing oppression of Native people generally, as reflected here by the failure to provide even adequate services. In addition, it is this oppression which continues to perpetuate the cycle of abuse, leading to fundamental issues of fear; connecting with self and others; grief and loss; self concept in terms of identity, esteem and worth; depression and anger; and safety and comfort. These themes, which constitute the factors affecting the risk of recidivism, represent an undercurrent of internal challenges for these women, and are a resounding testament of the failure to meet their needs.

Fear (for example, of violence or other abuses, of relapse, of harming self or others, of trusting others, of making mistakes):

> "I went to treatment because I was having a hard time with my kids. I didn't know how to cope with their fighting. I had a lot of anger issues and I was really freaked out….I didn't want to abuse them…hurt them…I didn't want them to hurt each other. I had so much memories coming back from my own childhood and all the violence there…any normal childhood disagreement freaked me out to the nth degree…I felt like I was going crazy and I didn't want to drink, but I just didn't know what to do."

The respondent was able to reflect on the connection between the past and the present, but at the time it was happening, she was very scared, and unfortunately, the support needed was

not there to assist her, so she went to treatment. That was the only solution she could come up with.

> "I think I started going to the abuse group…at about a year and a half clean…They recommend that…you wait until two years anyway, but you know, I just knew that if I didn't start to work on some of the really deep issues…I wasn't going to live…I was still having some pretty serious suicidal thoughts and still hurting myself pretty seriously."

Terrified of her circumstances, this respondent was reaching out, and being told it wasn't time. This is a case of invalidating her existing needs.

Connecting with self and others (issues include needing support, isolation, desperation, loneliness, stress):

> "The isolation part of it was really overcoming. I had to overcome that in order to trust other people and I had to reach out for help. And how was I going to do that? How am I going to take that initial step and get through that barrier…and say "yeah, I do need help with this addiction and my kids."

The stigma and isolation facing this client hindered her ability to make the connections she needed. Shame is also a key factor in getting help, and efforts to help clients work through their shame is critical.

> "Sometimes they're astounded that I'm eleven years clean and sober and when I say I'm going to an AA meeting they say 'oh, you still have to go to those meetings?' People think that after being eleven years…I should have it all together."

The lack of understanding of the process of recovery, and of the challenges faced by urban Native women lead to negative messages about their efforts to obtain ongoing support.

> "I'm continually reminded through pain that I have abandoned myself again…a big issue for me to self acceptance and trying to stick with me and

not eliminate parts of myself in order to fit into relationships like my present one…issues about just learning how to like people…how to reconnect with my son, who didn't live with me for ten years….When I came in [to recovery] I had no idea how to have real friendships or relationships, intimate, romantic, physical…Yet I didn't have enough of me to participate so I would find these broken people…and have these shattered little encounters that of course would result in some sort of pain and shame…"

The issue of connection is significant. If, for example people can't connect to themselves in such a way as to recognize their own value/worth, what would be the driving force that keeps them going, in spite of the challenges? How would they get to a place of having hope and wanting something better for themselves?

"Recently, I went on a retreat with First Nations women…When I went there I felt there was some connection…and some healing. It was good being able to do that with other women."

Here, the respondent speaks to the value of being able to connect with the world in a meaningful way, through identification with her peers.

Grief and loss:

"I see Native men and then can't connect. They are so beautiful, but they're resigned to their position…being stripped of their roles as providers…and they take it out on Native women."

This respondent is making reference to how internalized racism, and the oppression of Native people, plays out in today's Native community. Family violence is a reaction to that oppression.

"It really makes me angry that social services is more willing to put money into…foster-care. My son should have stayed with me…the amount of money they spent to have him in a foster home,

they could put that into services for…making it
easier for us to live together."

When this respondent went to treatment, she placed her son in
care temporarily, but it took four years to get him back. She is
still grieving that loss.

"The thing that caused me to enter recovery was
the suicide of my partner…The pain I felt around
my partner's suicide was so huge and so immense
and the places I went to around it…how much I
wanted to die and how much I hated
myself…[even after a few years clean] I used self
harm because that would make the pain go away."

Having internalized guilt about the suicide, this respondent
needed support in grieving the loss of her partner. At two years
clean, she was still slashing her wrists. Evident is the lack of
services critical to her being able to heal from this loss.

Self concept re: identity, esteem, worth:

"I was afraid because I'm so part Native and what
does that mean and where do I fit and do I have
any right to go into ceremonies…it was really
scary."

The issue of identity is, for many Aboriginal people, at the root
of many of their challenges. "Coming home, " or repatriation is
often particularly difficult, without support in that area.

"I used to call myself stupid a lot, without even
realizing it. Like, 'I'm so stupid…oh shit I'm
stupid'…Getting my grade 12 and ESW were
definite stepping stones in giving me new
information and helping me be with other
women…[and] going on to places of employment,
knowing that if they let me stay there a week I
couldn't be as bad as I thought I was."

Internalized negative self images are reinforced for Aboriginal
women who are addicts. Efforts to destigmatize addiction, as
well as identity as First Nations, underscore the need for
services that validate urban Native women as valuable

members of society, and as people in need of assistance to overcome the negative self perceptions they experience.

> "I [was] really being judgmental towards myself that I should be at a better place [at 8 years sober]...Looking at my mom and dad, and how they stuck things out...[and how] I ended up kicking this guy out and I was alone and feeling inadequate...I feel that being a woman...being First Nations...and a single mom, I feel all those things are against me."

Again, validating the experiences and struggles of urban Native women in recovery is lacking, and needs to be addressed within the family, community and larger society.

> "The father was around but not supportive...really destructive, actually. [He was] always telling me I was crazy, telling me that I shouldn't even be raising the kids anyway. He just had me convinced that I couldn't do the job...and I believed him. I believed I was really too nuts to do the job so I called social services and asked them to take the kids."

Compounding the lack of validation are the family dynamics, which through lack of awareness of family members reinforces negative self-perceptions.

> "Right now we have a situation where it's normal and natural for Native women to be in poverty and it's normal and natural for them not to have a place that supports them being moms...So, the thinking is that we are poor and that's normal, and we are not good mothers and that's normal and that's not right! That really has to change and there has to be a moral outcry for that to happen. That thinking has to be challenged, not only by us, but by the whites...The traditional Native way of raising children is much more humane, and more healthy for the children."

This poignant quote speaks directly to the ignorance rampant in society regarding this population. Furthermore, the effects of such ignorance are the normalization of the oppression faced by

this population, and the perpetuation of the stereotypes that insidiously undermine meaningful changes in meeting the service needs of these women.

Depression and anger

> "[In] the nine years I've been clean, there's been…little fleeting moments of joy…but basically, every day is a struggle…I don't know if I've ever really come out of the depression…There's times when the depression has been just bordering on debilitating and pretty scary and with the depression comes isolation…"

Indicated here is the fact that, regardless of the tenacity of this respondent, her struggles with depression are not being addressed adequately. Whether the depression was a pre-existing disorder seems a moot point. What is relevant is that at nine years clean, she is still very much at risk.

> "I went to an anger management group which was so dumb. I wanted to know how to express my anger (laughter) and…everybody else wanted to stop being angry and acting out…It was very hard because I knew very well how to stop my anger."

Still slashing her wrists at two years clean, this respondent's way of controlling her anger was to use self harm, while other group members were dealing with issues of violence towards others. These issues are not one and the same, suggesting a need to consider a range of programs that are reflective of the specific needs of clients.

Safety and comfort

> "For me it's very important to have women in my life. I have a woman doctor…a woman dentist…a woman counselor. And I work with women…I just find it more comforting to be with women at this time in my life."

Safety and comfort are topics which permeate the interviews repetitively, while the themes of gender and culture are also

consistently mentioned. Specifically, First Nations women service providers are lacking.

> "One guy…within the first 2 or 3 visits, he started almost attacking me about sexual abuse in my past when I had not said a word but…we had not established any sort of relationship…he was a chronic nose picker and would pick his nose and play with his snot…He's got a really good reputation and still does."

> "I saw this woman on Broadway…within the first few visits she had three chairs set up and I was supposed to go in that chair and be the parent or adult, and go in that chair and be the little child…but we hadn't established any kind of safety…I haven't even got comfortable with her…So, I did try bouncing around in these chairs for a bit and I thought 'I just can't do this."

Both of these quotes peak to the inappropriateness and inadequacy of service providers the respondents have had contact with. Yet a failure to return to service providers such as these often leads to labelling as 'non-compliant,' 'resistant,' or 'not ready.' Meanwhile, as private practitioners, consideration of accountability also needs to be addressed.

The internal experiences reflected in the above comments validate the critique of services discussed by these participants. These internal experiences constitute a symptomology rooted in the failure to meet this population's aftercare needs. As such, the continuing risk of, or vulnerability to, recidivism for Vancouver's urban Native women, even after years of abstinence from addiction, is evidenced by their experiences as shared here.

In fact, by failing to integrate addiction and aftercare services with programs geared towards assisting urban Native women to overcome the barriers to the societal arenas such as education, employment, housing, and childcare, they face a daunting challenge in making meaningful changes in their lives. As well, the colonial oppression underlying these concerns must be addressed. Certainly, service approaches must be expanded to integrate services to address all of their needs, providing aftercare services that are both holistic and long-term.

Furthermore, the importance of culture cannot be understated. McCormick's research on healing among 50 Native people living in British Columbia found that

> Healing can be facilitated in the following ways: participation in ceremony, expression of emotion, learning from a role model, establishing a connection with nature, exercise, involvement in challenging activities, establishing a social connection, gaining an understanding of the problem, establishing spiritual connection, obtaining help or support from others, self care, setting goals, anchoring self in traditions, and helping others (p.251).

Ultimately, culture must not be ignored. Participants of this research also discussed the importance of cultural ceremonies and activities; the need for cultural teachings, in addition to the need to pass these on to children; and the need for role models in the native community. Some of the remarks regarding spirituality and culture included:

> "A cultural lifestyle has helped me quite a bit in my recovery…knowing those traditions and culture and teachings and keeping them alive. And of course teaching them to my children. I think residential schools have left many scars."

> "I went to a Medicine Wheel ceremony…and really…that was the start of my healing…It took such a profound shift. Then I went to my very first sweat and in that sweat I found my voice of pain and it was a totally awesome, absolutely agonizing experience."

> "To be able to go to a church that had sweet grass, and the smudge ceremonies and the Medicine Wheel. That was like the church saying no this isn't bad and…it was just such a spiritual healing experience…It was…a crack in the doorway where I could get in and do some healing around all the racism, resentment I had around the cultural genocide."

Culture is fundamental to overcoming many of the challenges mentioned previously, such as issues of identity, connecting to self and others, and relationships. Additionally, the spiritual aspect of culture is often absent from models and types of services available, unless the services are run by Aboriginal people. Efforts to design programs that incorporate culture are often ignored, which also hampers the ability to provide even adequate services to this population.

As a final reflection, it is important to mention the significance of self help groups such as Alcoholics Anonymous and Narcotics Anonymous. All of the respondents relied extensively on these programs as a resource which has been of significance in helping them maintain recovery in spite of the challenges they face. Importantly, however, even this option presents challenges:

> "I went into a detox and got back out and...got loaded again, and then came...into a 12 step program and went for a month doing quite well and then had some comments that were said to me that I took to heart, and ended up in the psychiatric ward that night..."

> "Self-esteem stuff...seemed to be so deep that I really couldn't talk to anybody about it."

> "There's times when I want some other sort of help, or just someone to talk to....that's not involved in my life, someone completely objective."

These comments allude to the limitations of self-help groups and are not meant to minimize the importance or significance of such groups. Instead, it points to the complex issues and therapeutic needs faced by urban Native women, who require extensive ongoing support from the professional arenas.

CONCLUSION

While far from exhaustive, this study gives life to the voices of urban Native women in recovery from addiction. The data poignantly illustrate the ongoing vulnerability of the participants, regardless of the fact that they have between 8 and

14 years of recovery, and indicates that the lack of adequate services and supports leads to the risk of recidivism, or other self destructive behaviors. Overall, significant from the data is that:

a) Native women are still challenged by internal struggles related to factors such as fear, connecting with self and others, grief and loss, self-concept, depression and anger, and safety and comfort, making them a vulnerable population, regardless of having had treatment and having years of recovery;

b) These internal struggles are associated with difficulties related to relationships, self-identity, education, oppression, gender, culture, and service provision.

Given that these findings cannot be generalized to all urban Native women in recovery from addiction, there is a need to do further research into whether such themes are common among urban Aboriginal women in recovery. Over and above all the barriers spoken of, the risk of recidivism relates to the provision of services and supports in such an inconsistent, and at times inappropriate way.

Ultimately, even with long-term recovery, the respondents still find themselves struggling with a multitude of issues, many of which could be mitigated through the provision of services to meet their needs. Urban Native women need to be forefront in the development of policies and programs, as well as in determining funding priorities, as they have the wealth of experience required to develop programs and services that might actually facilitate a better quality of life, and lead to a meaningful movement away from their current status as the most invisible, isolated and marginalized group in Canadian society.

Apparent is that addiction needs to be addressed within the environmental and cultural context of Native peoples' lives. Furthermore, when we speak of environmental context, we need to consider the family, the community, and the wider society, to avoid a short sighted approach to resolving the longstanding impediments to achieving health and social status equivalent to that of mainstream Canadians.

For example, in the family, ongoing abuse, suicides, and addiction among family members can hamper the limited

progress made in a treatment setting. Brown (1994) points out that the family may still be subject to an out-of-control environment, that stability may also take years to develop, that unhealthy patterns continue as the family resists change, and that children may have tremendous difficulty adjusting to the recovery process. Thus, programs need to be accessible to both the individual and the family to help reduce the risks of recidivism, and/or addiction among other family members.

Within the wider community, competition between agencies for funding, peer pressure and a lack of activities aimed at prevention can also hinder recovery. Duran points out that "Community work is an integral part of delivering psychological services in Native American country…The reality of the situation…is that therapeutic relevance can only be accomplished by implementing a model that encompasses the whole community"(pp.186-86).

Lastly, in reference to societal issues, lack of program funding, and ongoing discrimination and prejudice relating to employment, access to housing, and mistreatment or misdiagnosis by professionals facilitate the continual abuse of Native people (VRHB 1999). ADP (1989) spoke of the need for access to education, funding, employment and housing, as well as coordination between municipal, provincial and federal governments in the development of services for the urban Native population.

As such, the argument for the need to provide services that are both holistic, and integrated, is evidenced by the results of this study of 5 urban Native women in recovery from addictions in Vancouver, B.C. The risk of recidivism is prevalent among urban Native women, in spite of the fact that they may have eight to twelve years of abstinence from addictions. In order to counteract the symptoms relating to fear, difficulty connecting with self and others, grief and loss, identity/esteem issues, depression and anger, and safety and comfort, drastic changes need to take place. Importantly, there is a need to address the inappropriateness and inadequacy of existing services, as well as providing a continuum of care that is holistic, including an integration of services to address barriers related to education, employment, and childcare, as well as attending to culture, gender and history. Foremost is the need to deconstruct the racism and discrimination that lies at the root of these problems.

APPENDIX: INITIAL THEMES FROM THE DATA ANALYSIS

Relationships
- destructive or unhealthy relationships in recovery, and dealing with violence, addiction and abuse
- inability to connect with others – other women, family, community
- child-care services, and support for children's healing
- impact on children of separation from parents seeking treatment
- role expectations within the family
- men's loss of roles as providers and internalization of the oppressor
- generational impact of and parallel between the residential school system and foster homes
- reciprocity important – need to be able to share experience with and get support from others to reduce risk of relapse
- need for social setting that is safe – sober activities

Self identity/concept: re: internalized racism – denying heritage as Native; confusion regarding Native and non-Native values

Education: need to understand addiction and process of recovery, history of First Nations and how it relates to present life: need for more skills in parenting/communication; need for employment skills and ongoing support in this area: need to educate community re: addiction to overcome lack of understanding/stereotypes

Oppression: racism, classism, sexism, discrimination, prejudice, paternalism; double standards, stereotyping, assumptions of pathology; stigma as Native women faced with poverty, addiction, single parenthood; being constantly reminded of who they are; control – need to stop perpetuating abuse of First Nations through enforcement of the dominant values; marginalization due to sexual orientation as a lesbian

Culture: importance of cultural ceremonies and activities; need for cultural teachings, in addition to the need to pass these on to children: need for role models in native community

Formal services:

- need holistic approach to services and more resources for women – pre-treatment, treatment, post- treatment services and second stage recovery programs;
- need for gender sensitive and gender specific services, for First Nations women service providers;
- need to be able to connect with the service provider, service providers need to acknowledge positive changes; don't want to have to educate the helper about First Nations' issues, need to address, not ignore, trauma due to residential school system
- need funding to access services, housing, transportation, childcare, should redirect funding to parenting skill development instead of placing children in foster-care,
- need to decrease barriers to services, including alternatives to abstinence models, need flexible services that are available when needed – no wait lists, or appointments for a later time – window of opportunity may be just a few minutes; need to make appropriate referrals for services

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ABORIGINAL YOUTH RISK AND RESILIENCE

Paula Du Hamel

INTRODUCTION

In 1996, the *Royal Commission On Aboriginal Peoples* (RCAP) discussed the need for role models, mentorship, community programs and family support of Aboriginal youth. Many Aboriginal communities, both urban and rural, identified psycho-social factors (among the physical) within their adult populations that produced ability issues to cope within the family environment. In this paper I propose future exploration and research which is designed to be suppor5tive of the notion of Aboriginal youth resilience. By investigating various psycho-social, economic, educational and environmental factors and the impact they have on the socialization experiences of Aboriginal youth, I believe that a strategy for resiliency could be implemented in both urban and rural Aboriginal youth communities. My emphasis is the socialization experiences of Aboriginal youth and examining the factors that contribute to risk and resiliency. To date, I have not found any research recorded on Aboriginal youth risk and resilience in Canada that encompasses the examination of the factors I've identified above as a whole, nor have the impact they have on youth risk been examined. I believe that it is time we consider more than individual areas of Aboriginal youth risk and embrace this circle in its entirety. Specifically, this paper asks and attempts to answer the following: *During the socialization process of Aboriginal youth, where are the risk areas, how can they be addressed and how do they contribute to success or personal resiliency in the transition to adulthood?"*

LOOK AROUND, WHAT DO I SEE – I AM

Social factors which may to contribute to Aboriginal youth risks and resiliency include the consistency of their emotional well-being; the influence exerted on them by peers and family; their participation in group activities; their home environment;

the surrounding physical environment; and the experience they have in educational institutions. These factors rarely act independently and may indirectly create risk behaviours.

For instance, Leroy and Symes, in *The McGill Journal of Education* (2001), define 'risk' as a term associated with children and youth who potentially may fail in school and in life. They further state that their research took an "epidemiological approach," focusing on multiple risk factors interacting together in correlation to youth and children within their social environment. Although Leroy and Symes' article specifically addressed education, factors of risk included: the family; educational attainment within the family; income specific profiles relating to family circumstances; single parenting; age of parent/s; mentoring; as well as neglect and social abuses.

If we seek out where Aboriginal children and youth exist in the structure of Canadian society, many are existing in a cycle of poverty. Therefore, it is imperative that research includes the community/poverty circumstance and the impact of this pertaining to Aboriginal youth.

The economic imprisonment inflicted on Aboriginal Peoples by federal agencies historically and in the contemporary context, have set in motion a series of risk factors of which Native youth are susceptible. Economic incapacitation produces suffering and restricts Native youth from opportunities in Canadian society.

Because of economic hardships, there is cultural futility within the space of living of Native youth that breaks harmony within themselves. Three generations ago, Aboriginal Peoples were once very connected to the land. Today, Native youth have to re-connect themselves with their land and Elders so that there is the transference of knowledge which our People knew intimately from time immemorial. Our Peoples were engineers, governors, doctors, healers, lawmakers, scientists, architects; we had to be everything to survive on the land, and relations between ourselves. Beyond that we knew the world of the spirits and the Cosmos. We knew things which were seen and things which were not seen. Aboriginal Peoples were true mystics of Time. What's happened today to Native youth is that this connection has been shattered between their cultural self, spiritual self, and the land.

Aboriginal Peoples are visual learners, and multilateral visual-based analysis is extremely important in identifying and establishing processes which will improve Aboriginal youth resilience and successes in the future.

We must investigate <u>what</u> we visually learn from Aboriginal communities. What is the shape and environment of the reserve or the urban space? What is visually communicated from the environment? Because of poverty, many Aboriginal communities consist of plank board homes with gaping holes for windows, no running water, multiple families in two room dwellings, litter, abused domestic stray animals, and junk that cannot be disposed of because of costs associated with disposal. In urban housing slums, there is the mixed urban poverty population where theft, drugs, gangs, prostitution, and other social ills exist. How is this affecting youth? How does it affect adults? What are the physical and mental ramifications of this visual picture?

In an article written by Jo-Ann Archibald for *The Canadian Journal of Native Education* (2001), "Sharing aboriginal knowledge and aboriginal ways of knowing," Archibald demonstrates how the values of visual teachings are historically related to Native cultures. She writes in a tribute to two Elders who she states "lived" the question of "Aboriginal ways of knowing" and how they "took the responsibility of teaching others through example, through their interactions with individuals" (p. 56). Most importantly, Archibald continually states how the Elders emphasized that Aboriginal Peoples' learning of lifestyle, spirituality, respect, responsibility, existence and ways of knowing, are taught visually through the connection of their surrounding environment.

In *The State of The World's Children* (Bellamy, 1999), the author discusses the necessity for encouraging children's self-esteem, nurtured through 'hands-on' teaching and learning strategies. Bellamy's research supports youth resiliency through education which clearly extends to health; safety; community; parental guidance; sanitation; nutrition; gender equality; and rights. Explicitly, this document encourages youth to be actively involved in learning, thought processes, and conflict resolution by example, and by participatory guidance from the teacher.

WHAT IS APPROPRIATE KNOWLEDGE AND EDUCATION?

Any research definitions, when shaping ideals akin to Aboriginal world views, must deal with new conditions arising from invention in both urban and rural Aboriginal communities; namely, 21st century culture and the appropriation of it in Aboriginal culture today.

Colleen Larimore (2001) studied Native American children across different types of learning environments in same-race and mixed-race settings throughout United States. She found that Aboriginal children, regardless of whether they were on the reserve or in an urban public school system, disengaged in learning when the teacher stressed verbal instruction versus their ability to comprehend and perform under visual instruction. The children also avoided peer competition or public performance, and were uneasy when "pushed to demonstrate new skills without adequate practice". What is even more interesting is the response that children had to a more cooperative, peer-directed and collaborative group work study facilitated by the teacher.

Larimore cautions that a balance must be held by the principal authority – the teacher – so that instructional philosophies and learning processes are achieved. Larimore also found that, while education is deemed important in the long term by Native parents, they resist educational aspects that may harm children culturally and advise their children to do the same. Thus, Larimore revealed that Native parents play a key role in the accomplishments of their children and how children adapt "differently or productively to various classroom conditions" (2001:125).

In 1998, the American Indian and Alaska Native Mental Health Research branch published a study by Chris Fore and John Chanley entitled *Factors Influencing the Pursuit of Educational Opportunities in American Indian Students.* The study investigated the low self-appraisal experienced by 19 Native American youth ages 17 to 21 who also shared a history of academic difficulty. The study found that mentorship and family support of American Indian students gave them a more

realistic self-appraisal and influenced their decision to pursue educational opportunities.

However, while mentoring practices could be used to guide and support Aboriginal youth, it is important to hear from youth what type of mentoring is needed. For instance, Philip and Hendry (1996) discuss mentorship in relationships with Scottish youth and found that there existed five types of mentoring models. Women valued a classic form of mentoring, while a variety of youth chose a variety of styles such as individual-team mentors, friend-to-friend, peer groups, and long term relationship mentorship. Although these studies are supportive of research areas to be explored in education, again I stress the importance of producing research from an Aboriginal perspective.

Felicia Harris (1999), in her paper "Centricity and the Mentoring Experience in Academia: An Africentric Mentoring Paradigm," examined centricity within Afrocentricity mentoring relationships of undergraduate students. Harris developed a 'Mentoring Model,' describing a developmental process of empowerment for African American students. Within Harris' model are skill development, self-confidence, and the eventuality of mentoring others. Harris promotes her model to produce a "collective vision" for the African American community which will enhance affective, social, and academic success of Black youth. Through parallel investigations such as Harris', it is hoped that my research can identify Aboriginal youth risks and could eventually lead to an Aboriginal-specific mentoring model that could be utilized in the Aboriginal youth community to address risk issues.

Although I have not yet been ale to find studies on Aboriginal parenting in Canada, there have been studies conducted on the parenting of minority children and youth in the United States. Okagaki and Frensch (1998), as well as Dumka, Roosa, and Jackson (1997), examined parenting of minority children (African-American, Latino, Mexican-American, Asian-American, and Immigrants) relating to school performance, conduct disorder, and depression. Both studies confirmed that parenting, either supportive or non-existent, influenced the children's perceptions of themselves in society, their abilities to cope on a daily basis, and their future educational attainment.

Shui Fong Lam (1997) studied the interactive effects of social address and the family process on children's academic achievement through an integrated paradigm of relationships in family structure, socio-economic status, authoritative parenting, and academic achievement. Lam utilized 'path analysis', facilitating a parent-child interaction questionnaire, and demographic data in his study of 181 grade 8 students in US inner-city schools. Lam claims that effective parenting includes a high degree of psychological autonomy granting, support/involvement, and monitoring of the child.

George Holden (1997) investigated *Parents and the Dynamics of Child Rearing*, through his study of a parent's effect on the development of a child. He used six approaches to studying parent-child relationships, including: social learning; social address; momentary process; child effects; and parental beliefs. In addition, his work looked at five fundamental concepts which could be applied to an Aboriginal youth risk and resilience study: The attachment process; social learning experiences; interactional processes; explicit teaching; and, most importantly, the quality of the child's environment.

Such studies, created to improve parenting skills and guide children and youth, can provide frameworks from which to address and help Aboriginal adults with youth issues in Aboriginal communities today. But outside of the family, where do Aboriginal youth find support? A recent conference I attended on Aboriginal youth examined establishing mentorship structures for youth whereby they could perceive themselves in a variety of careers. The need to be guided in their transition from the teen ages to adulthood with positive influences was discussed. In my own research on mentoring, I found very little work had been done in relation to Native Peoples. I have, however, found other cultural mentoring studies that could be utilized comparatively in establishing unique paradigms associated with Aboriginal youth and addressing risk areas that could be used for establishing methods of analysis.

ADOPT A MENTOR, ADOPT THE ADOPTEE

Warren Skye (2002), for example, describes the Iroquois summer gathering in upstate New York where ELDERS (*Encouraging Leaders Dedicated To Enriching Respect and Spirituality*) conducted an Aboriginal youth gathering that focused on developing a "good mind" to be able to resist substance abuse. Native youth learn traditional values and beliefs and are mentored by Native Elders. They have the chance, together with their peers and mentors, to express their concerns as Native youth in contemporary society. Skye provides valuable suggestions from this gathering which support similar youth initiatives and programs for the future.

But gatherings alone will not solve deeply-rooted cultural and social ruptures of Aboriginal Peoples communities. Aboriginal societies have suffered immensely by the many historical (and current) government initiatives that implemented policies to handle the "Indian problem."

If we examine the many voices who expressed themselves in Royal Commission on Aboriginal Peoples (RCAP), one paradigm which sticks out most definitely is the euro-centric acculturation of Aboriginal children in the last 100 years. Many Aboriginal people, adults, youth, and children, have been and still are victims of adoption policies. Adoption practices and the physical change for Aboriginal children from their parents to a new and/or foreign environment, has left many with scars so deep that the rest of their adulthood and all activities they undertake in life will be perceived through their perception of having been abandoned, and many Aboriginal people correlate this with physical and mental stresses and/or abuses (whether as active or reciprocal participants). I believe that this area should be included in the analysis and assessment of youth risks, and focused on the relationship of cultural understanding between adoption agents and families.

Creating cultural relationships and understanding to ease the transition of Aboriginal children in the comprehension of their heritage may improve their perception of themselves. Roer-Strier 's paper, "Reducing Risk for Children in Changing Cultural Contexts: Recommendations for Intervention and Training" (2001), explores and creates guidelines based on a

conceptual framework derived from the multicultural reality of Israeli society and the growing corpus of studies on cross-cultural child development in minority families. In relation to Aboriginal children and youth in Canada, Roer-Strier's work may support the examination of changing cultural contexts which produce children and youth at risk – including the examination of maltreatment; their socialization experience through socio-cultural and socio-economic change; loss of former support networks; parental acculturation stress and related dysfunction; exposure to systems with conflicting socialization goals; and contradictory definitions of desirable childcare for supervision frameworks. Roer-Strier found that clashes and conflicts between parents and socializing agents, including those where cultural differences resulting in misinterpretation of parental behaviours and misdiagnosis of abuse and neglect, produced long-term effects on children and families. Roer-Strier suggests that conflicts and misinterpretations can be avoided if both parents and social agents learn to understand and to respect their cultural differences and devise ways to create a bridge between cultures.

Additionally, in terms of those who adopt children, O'Connor et al. (1998) also found that the socialization of adopted children who were at risk for antisocial and behavioural problems stemmed from the negative parenting skills of adoptive parents and not any genotype-environment, which emphasizes the importance of investigating areas of risk pertaining to parenting skills of adopting parents in relation to cultural understanding of the adoptee.

CONCLUSION

I maintain that the research approach should investigate various psycho-social, economic, educational, and environmental factors when seeking answers to the questions of Aboriginal youth risks and resiliency. Sara Scherr (2000) researched the link between poverty and environment whereby many observations reported a "downward spiral" leading to the marginalization of population growth, economic development, and environmental degradation. Scherr argues that local endowments, conditions affecting the adoption of resource-conserving technologies, and local institutions supportive of the poor, are key factors to enhancing the productivity of poor

communities dependent on their natural resources as an economic base. In regards to my study, Scherr, as well as many other researchers not mentioned in this paper, have produced an abundance of valuable analyses for economic and social successes derivative from sympathetic community policies.

Aboriginal communities are struggling to acquire control of their resources. They need to create economic structures within their communities that will sustain the development of their peoples in health, education, justice, and economic development. These risk factors need to be examined in order to adopt policies and procedures to rectify any further impact on Aboriginal youth. Better still, the whole scenario of economic struggle within Aboriginal communities themselves must be changed *now,* without delay, if we are to help our youth.

To accomplish social and physical environmental change in Aboriginal communities, there must be more Aboriginal people equipped with skill sets to support initiatives. Another area that has been discussed at length is having Aboriginal communities staffing their many services, business, and educational institutions with their own peoples. But in order to fulfill this ideal, Aboriginal youth must succeed academically to fill these positions. But there is great distress with the success of Aboriginal youth in education today. Many are dropping out or are having difficulties with academic studies. More attention to these education issues must be given in order to better understand why this is happening and where improvements must be made.

Jacobs and Reyhner (2002) draw our attention to the Native youth educational process. They state that, according to teachers, Native youth academic success is really only achievable through understanding the spirituality and reciprocity (giving back to others) of Native cultures. For instance, Jacobs and Reyhner (2002) believe that a teacher must only present euro-centric paradigms in correlation to Native world views "about life's complex interconnections between people and nature". In addition, Jacobs and Reyhner stress that teachers of Aboriginal students must work with their families and extended families to enlist support for literacy, academic achievement, cultural teachings, and to develop resiliency through nurturing a strong identity.

The importance of Jacobs' and Reyhner's analysis of striking partnerships in cultural relationships academically is very interesting. Partnership is a central theme in many concepts for investigation which I've addressed in my proposed study. Furthermore, partnership implicates extension to that inter-connective or secular Aboriginal way of existence, and is reflective to the whole course of action that I am proposing for as a study.

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HONORING COMMUNITY: DEVELOPMENT OF A FIRST NATIONS STREAM IN SOCIAL WORK

Margo Greenwood and Monty Palmantier

INTRODUCTION

For the past 20 years First Nations leaders of northern British Columbia have been advocating for a Social Work program that would address the unique needs of First Nations communities. This is not surprising given the historical destruction of First Nations families and communities as a result of colonization. Many would argue that current child welfare practices continue on where residential schools left off in implementing government assimilation policies. Approximately 30% of all children in care in Canada are Aboriginal (Fournier and Crey, 1998). This is no different in British Columbia. In the northern half of the province the number of Aboriginal children in continuing care is as high as 80% (Children's Commission Annual Report, 1998). The need for culturally sensitive child welfare practices is critical to First Nations communities and families.

With the opening of a new northern university in 1992, University of Northern British Columbia, there was a renewed hope by northern First Nations leaders for a Social Work program that would meet their needs as well as support their vision for a future of self sufficiency and independence. This paper describes one small step in that vision, that is, the development of First Nations Social Work courses. To better understand this development process it is first important to be aware of the context in which it was undertaken.

THE CONTEXT

The First Nations Community

To describe the First Nations community requires an examination of several aspects. The following section

summarizes some of the demographics, socio-economic context and current services available to First Nations people in this area. The capacity of UNBC, and the First Nations community is also examined.

Demographics

The University is situated in the territories of 78 Bands and 16 Tribal Councils as well as many urban First Nations organizations. The population of the region is about 300,000 with approximately 10% being First Nations people.

Socio-economic Context

Generally, Aboriginal people have lower education levels, higher rates of suicide, higher infant mortality rates, greater numbers of children in care, and greater numbers of adults in institutions and more poverty compared to others in Canadian society. There is also a significantly larger number of Aboriginal people that are dependent on social assistance, fewer that are employed, and fewer that have post secondary education (DIA Basic Departmental Data: 1997)

The following statistics are only reflective of the registered status "Indian" population and do not include other groups such as Metis, non status and non registered Aboriginal people. Some estimates suggest that the actual number of Aboriginal people is double what is currently report by government officials. This however does not suggest that the statistics improve when including this Aboriginal population.

In December, 1997 there were approximately 650,000 registered status Indians in Canada living on or off lands reserved for Indians. Of this total population approximately 4,000 or six percent obtained post secondary education degrees as compared with 11% for all other Canadians.

In the 1950's in British Columbia, one in every 10 status Indian babies died during infancy – a rate that was five times the provincial average. In the 1960's the status Indian infant mortality rate dropped dramatically but still compared unfavourably to the general population – a rate three times the provincial average. In 1997 the Provincial Health Office (BC)

reported higher death rates among status Indian infants due to Sudden Infant Death Syndrome, pneumonia and influenza (approximately three times the provincial average).

Indian suicide rates have remained higher than the non-native population ever since comparative statistics have been compiled. In 1982 it was reported that one in every 10 Indian deaths was by suicide – a rate that was six times the national average. The Provincial Health Officer (BC) reported in 1997 that the rate of status Indian deaths caused by suicide remained six times the rate of the non-native population. The largest number of suicides was reported in the 15 – 44 age grouping (approximately 20 per 10,000).

The number of children in care in British Columbia has remained constant since 1963 when approximately one third of all children in care were identified as Aboriginal children. The Provincial Health Office (BC) reported in 1997 that were 2,500 Aboriginal children in care in BC, representing one third of all children in care.

In April, 1999 Children's Commissioner Cynthia Morton reported that in 1998 there were 9,751 children in care and 4,068 in continuing custody in British Columbia. Approximately 40% of children in continuing custody were Aboriginal children. In the northeast and northwest regions of the province Aboriginal children made up 80% of the total number of children in continuing custody.

There is concern among community leaders that services needed to sustain the young Aboriginal population will seriously strain current infrastructures as that population grows older. In British Columbia alone there are approximately 57,500 registered status Indians who are under the age of 30 years. This represents approximately 55% of the total Aboriginal population in the Province.

Social status indicators also suggest that Aboriginal people are among the poorest of the poor. Over one half of respondents to the 1991 Aboriginal People Survey (Statistics Canada, 1991) reported annual income of less than $10,000.00. Over 65% of those living on reserves reported income less than $10,000.00 per annum. Almost 25% of the total Aboriginal population reported being unemployed. In some northern

Aboriginal communities the rate of unemployment reaches as high as 90%.

There is consensus among social work professionals, government officials, and Aboriginal people that poor living conditions exacerbate the rates of suicide, number of children coming into care, and poor health among Aboriginal people.

The view of social work professionals and government officials differ however from the views of Aboriginal people when explaining the poor social status of Aboriginal people. Aboriginal people generally perceive the loss of social status and poverty as a consequence of a loss of political autonomy. Aboriginal people argue that political control, not better access to services or the replacement of non-Aboriginal social workers with Aboriginal professionals, offers long range prospects of improved social conditions among Aboriginal people (Shawana and Taylor, 1988).

While educating Aboriginal people in the social work profession is important it is only one aspect of a larger equation. Aboriginal people argue that merely educating Aboriginal people as social workers will do nothing more than have Aboriginal people administer mainstream theory.

Mainstream theory suggests that Aboriginal people will prosper as their lives begin to resemble those of the Euro-Canadian majority. This is simply not true. The current social work trend is to focus on Aboriginal lifestyle and essentially blame individuals for failing to cope with their social environment. The response is to promote healthier lifestyles through parenting courses and public education programs (Hudson and McKenzie, 1981).

The emphasis on personal lifestyles as causing poor social conditions ignores the source of those poor conditions like unemployment, racism, poor education and government policy. The tendency is to psychologize social problems, depoliticize social issues and blame the victim (Culhane-Speck, 1987).

For Aboriginal people it is the control of social forces that affect Aboriginal lives which offer some chance of reversing poor Aboriginal social conditions.

It is within this context that the First Nations Social Work course work was developed.

THE UNIVERSITY

The University of Northern British Columbia (UNBC), Canada's newest university, was established in 1990. UNBC's Mission Statement drives its mandate in this institution's relationship with First Nations peoples. Specifically, UNBC celebrates diversity, "… especially in its relationship with the aboriginal peoples of the northern region." (UNBC Calendar, 2003). Since its inception, the university has focused on how this institution would best meet the needs of the aboriginal communities, which it serves.

The Social Work Program began in the fall of 1994 with the introduction of the Masters of Social Work degree. A Bachelor of Social Work degree was implemented one year later. Consultation with the First Nations community began prior to the establishment of the Social Work Program and has been constant over the years. Throughout the process, First Nations have maintained the importance service relevancy. In social work, this is equated to mean that First Nations communities have been consistent in their demands that UNBC produce social workers who will be effective with a First Nations clientele, whether or not the social workers themselves are First Nations.

Since the inception of the university considerable expectations have been built up in both the Aboriginal and non-Aboriginal communities. First Nations communities have expressed a desire in developing a First Nations Social Work Program. Further, it was articulated that the proposed program would incorporate a First Nations as well as mainstream social work theories and practices. A report, "*First Nations Social Work: Future Developments*" authored by Margo Greenwood in 1999 captures the desires of the First Nations community in terms of the vision for a First Nations stream within the Bachelor of Social Work Degree. Key points presented in this report include:

- The generalist First Nations Social Work program would have specific flexible First Nations core courses suited to diverse First Nations constituents.

- There was not enough First Nations content in the current Social Work curriculum, the content itself did not reflect the social work knowledge and practice needed to work with First Nations

- Interracial, intercultural, skills and competencies, First Nations history, worldview and realities, current issues, legal definitions and the importance of oral traditions should be included in any First Nations program.

- Involved regional input from First Nations communities through university established relationships and linkages.

- Ensure First Nations courses and Social Work courses with integrated First Nations content are a part of any regional delivery of the Social Work Program. (and review current Social Work courses for First Nations content).

- Meet with former First Nations Social Work graduates, now in the community.

- Establish a small working group comprised of: the Chair of the Social Work Program, and the First Nations faculty, and four First Nations representatives: one from Carrier Sekani Family Services, one from the First Nations Friendship Centre, one from a Metis organization and one from a First Nations community.

- Survey community family care workers and other human service workers for specific course and content ideas.

- Design First Nations Social Work stream within the context of the existing Social Work Program and delivery schedule.

- Establish a community-based advisory committee whose purpose would be to vet curricula content and delivery process.

CURRICULUM DEVELOPMENT PROPOSAL

The comprehensive review and report carried out by Greenwood in 1999 laid the foundations of a proposal that was submitted to the British Columbia Ministry of Advanced Education Training and Technology for a curriculum development project. This proposal was approved in April 2000 and the project began. The 1999 report recommendations became the workplan for the project.

The intention of the First Nations Curriculum Development Project has been to develop culturally relevant and meaningful pre-service First Nations Social Work curriculum that will meet the needs of learners seeking employment in either First Nations communities and organizations or in the broader society. Specific goals for this project included:

- To participate with First Nations communities and organizations in identifying Social Work course content;

- To participate with First Nations communities and organizations in identifying processes for teaching course content;

- To develop four new Social Work courses including development of course outlines, instructor's guides and student reading packages and;

- To develop accompanying resource packages for core Social Work courses.

COMMUNITY PROCESS

First Nations communities have had a long history of 'outsiders' parachuting in programs with little or no consultation taking place beforehand. This was a consideration of paramount importance when this project began to unfold. Partnership, rather than consultation, with First Nations community was established. Poonwassie (2001) lays out primary considerations reflective of the process that this curriculum development project followed:

All too often, programs are designed for the people by experts from the outside. Local educators and stakeholders must be part of any planning process that is designed to meet the needs of First Nations people…. In other words, planning needs to start with the people, ensuring a consideration of indigenous knowledge, values, traditions and systems. … experts… should not be dictating the activities of the local people. It is not sufficient to have local people on advisory boards simply because in many cases these boards are used as shields from genuine substantiated criticism (Poonwassie, p. 276).

With the above in mind, a Community Advisory Working Committee was established in the fall of 2000. Members included representatives for Carrier Sekani Family Services, Lake Babine Nation, Saikuz First Nation and the UNBC Social Work Program. The committee met three times a year.

This phase of the project focused on the collection and analysis of data in preparation for the development of the First Nations Social Work courses. In conjunction with Carrier Sekani Family Services' biannual meeting of all human service workers, a large focus group was conducted in March 2001. Participants from all First Nations communities affiliated with Carrier Sekani Family Services including Lake Babine Nation were invited to participate. Focus group participant packages and questionnaires were developed. The questions were given out ahead of time so participants were aware of what they would be asked and could prepare if they wanted to.

Initial discussions with local First Nations community social workers, human service workers, educators, health professionals, Elders and administrators were undertaken in focus group sessions. Focus group questions included:

- What topics do you believe are important for social workers to know when working in your community?

- What are some of the ways that these topics could be taught to students?

- What protocols should social workers know to work in your community?

- Who in your community could act as a resource person for the social work program?

- Are there traditional teachings that should be incorporated into the Social Worker courses?

Focus group participants included: Practicing Community Social workers, Family support workers, Health Professionals, Drug and Alcohol Workers, Senior Administrators, Elders, and Community members.

Within these responses key community resources and individuals were identified that could asked to participate in consultation and delivery of the new First Nations courses. The focus group data was analyzed into thematic groupings that formed content and implementation processing of specific courses.

The data also formed the foundation of the curriculum development rationale and framework. This information was then given to curriculum developers to ensure integrity of community relevancy and consistency.

"Local people need community-centred and culturally relevant training in order to deal with problems created by years of oppression and colonization." (Poonwassie, p. 279).

Community development/education in perspective:

"It is now time for a revolution in adult education that will focus on the rise of concern for First Nations peoples. It must begin with skilled First Nations people who can provide the vision and direction for socioeconomic development in their communities. Understanding and recognition of indigenous structures and systems are essential if adult educators are to be successful in partnering with First Nations peoples in relevant and meaningful adult education initiatives." (Poonwassie, p. 280)

CURRICULUM DEVELOPMENT VISION AND PRINCIPLES

Responses to these questions along with information from background documents created in 1999 and 2000 and a review of social work course outlines from throughout the province and beyond was used to draft a framework including potential courses for the UNBC First Nations Social Work stream. The following paragraphs outline those thoughts and ideas:

Vision

A First Nations Social Work stream will provide students with culturally relevant, meaningful First Nations Social Work curriculum that will meet the needs of learners seeking employment in either a First Nations community or organization or in broader society.

Principles

The First Nations Social Work stream will be guided by the following overarching principles:

Bicultural

First Nations Social Work courses will be relevant and meaningful to students wishing to practice in either a First Nations community or organization or in the broader society. Courses will include First Nations and community perspectives.

Partnership

Partnerships with First Nations communities are preferred to consultation. These partnerships will be characterized by ongoing, meaningful dialogue that is not time limited. First Nations communities will be involved through the life span of the courses.

Inclusion

At every opportunity possible First Nations communities' and individual's voices will be included in both the development and implementation of the First Nations Social Work stream.

Experiential

Courses will be based on adult education principles with emphasis on bridging theory and practice. Learning activities, wherever possible, will be hands on in nature.

Student Centered

Course content and delivery will be designed to access student's life experience and knowledge. Any learning in the program will encourage and support student's life-long learning.

Credible

The First Nations Social Work stream will meet Bachelor of Social Work accreditation standards as set out by the Canadian Association of Schools of Social Work as well as credible within the community.

COURSE DESCRIPTIONS

The following identifies the four First Nations Social Work stream courses and their content descriptions. These courses have been tailored to the needs of the diverse First Nations communities within UNBC's regions.

Individual and Community Wellness (New Course)

The purpose of this course is to create an understanding of the role that wellness plays in the life of Aboriginal/First Nations individuals and communities. Topics to be explored will include the definition of healing and wellness, the role that historical events have played in the development and current socio-economic situation of First Nations and the role that social

workers can play in the future development of health and wellness of First Nations individuals and communities. As well, the issue of self-care and self-management for First Nations people and the social workers who may work in high stress situations will be explored.

First Nations Governance and Social Policy (New Course)

In this course, First Nations family values and standards will form the basis of the study of First Nations policy development and its relationship to self-governance for First Nations communities. We will explore self-determination from a First Nations perspective, it's impact on social policy across Canada and the need to build Child and Family social needs into self-governance and planning. There will be a focus on examples within BC communities. Additionally, the course will explore the importance of how social work practitioners need to become skilled advocates aimed at influencing policy and laws affecting First Nations and family systems.

Family Care Systems (New Course)

The purpose of this course is to create an understanding of family caring systems from an Aboriginal/First Nations perspective. Topics to be explored include Aboriginal/First Nations worldviews, traditional roles of family members, the role that historical events have played in the development and current social realities of First Nations and the role that social workers can play in family wellness. Contemporary social work practices with Aboriginal/First Nations children and families will also be analyzed and critically reflected upon, with a particular emphasis on future directions in Aboriginal/First Nations child and family welfare.

Social Work 410 – First Nations Strengths and Challenges (Revised Course)

This course critically examines the historical process of colonization in Canada and its impact on First Nations people. Local control, devolution of services, and emergent approaches to service delivery including strengths and challenges facing First Nations communities will be examined. Contemporary

social work practices with First Nations peoples will also be analyzed and critically reflected upon.

COURSE DESIGN

Courses include opportunities for students to integrate new information and skills into their own experiences and knowledge. In some cases they will generate knowledge using their previous experiences through the use of e.g. generative type questions.   Courses will also include a number of experiential activities including discussions, presentations, community guest speakers, field trips, art activities, interviews, readings, etc.

Community information and perspectives may be directly involved in the First Nations Social Work stream by:

- including specific case studies and examples derived from the local First Nations communities;

- encouraging students to use local specific examples in their discussions and assignments;

- inviting local community resource people to participate in course delivery; and

- participating in discussions with a community based implementation committee prior to course delivery.

INCLUSION OF ABORIGINAL PERSPECTIVES

The courses for the First Nations stream in Social Work have been developed with the premise that each be grounded in Aboriginal perspectives.   As such, each course begins with traditional (pre-contact) Aboriginal practices relevant to the content and topics presented in the course.   In addition, Aboriginal Worldviews are also presented in each of the courses.   Second, the effects and impact of colonization are presented, such that there is a critical understanding of colonial impacts upon contemporary Aboriginal realities as they exist today.   In essence, a common teaching amongst many

Aboriginal cultures has guided the themes and sequence of learning events in each course; that being the response to the questions: *Where have I been? Where am I now? Where am I going?* This approach is similar to educator Paulo Friere's concept of *conscientization*, loosely translated as "...the development of the awakening of critical consciousness." The writers have interpreted this to mean developing a critical understanding of aboriginal history and its resulting impact that has manifested in the contemporary reality of Aboriginal peoples today.

The overall goal of each course is to effectively prepare social work trainees to work effectively with diverse Aboriginal populations while at the same time ensuring that there is not a 'pan-Indian" approach to this process. It is imperative that the instructor does not see the assigned readings as the starting and end point in terms of the topics or issues raised. Rather, they are to be used as a starting point, and effective instruction will incorporate course content adaptation to meet the needs and interests at the local level and the instructor's individual expertise and teaching style.

It is anticipated that these courses will address the community aspects of adult education practices. In short, it is recognized that social workers are often 'change agents' in the communities that they work with. Further, the needs of the community beyond social work practice often surface, particularly in the areas of community development and empowerment. Poonwassie (2001) states, "Adult education is a force that can foster an environment that will improve the living conditions of First Nations peoples by helping their communities to empower themselves" (p. 271)

Central to the course design considerations is recognition of First Nations communities aspirations for autonomy and self-determination. It is a given that First Nations social agencies are required to 'jump through the hoops' set by provincial and federal government authorities in their administration of social work programs/agencies. However, it is imperative that First Nations communities and those who work for them retaining a vision of control that the community/nation strives toward. This fundamental issue is addressed in each course developed.

ADULT EDUCATION PRINCIPLES AND ADROGOGY

Androgogy is the study of adult teaching and learning, as opposed to *pedagogy*, which focuses on those same processes in relation to young learners. The teaching methodology and strategies outlined in these courses reflect effective adult education practices, namely dialogical with an emphasis on reflective practice.

The dialogical nature that these courses are founded take into account and builds upon the foundation of the life experiences that adult learners bring into the learning environment. Brookfield (1983) sums up the importance of the dialogical interaction in learning. He states,

Effective practice is characterized by a respect among participants for each other's self-worth….Facilitation is collaborative. Facilitators and learners are engaged in a collaborative enterprise in which, at different times and for different purposes, leadership and facilitation roles will be assumed by different group members.

In essence, the above speaks to the roles of the learners and the instructor. Both are equal in the learning situation. The task of the instructor is to facilitate learning such that there is co-learning taking place in the classroom at all levels; co-learning between the instructor and learners as well as between the learners themselves.

Another key element in the andrological process is the cultivation of critical thinking amongst the learners. The renowned libratory educator Paulo Friere speaks of *praxis*, which is a key process that this curriculum incorporates. Brookfield (1983) provides the following explanation of Friere's term;

Praxis is placed at the heart of effective facilitation. Learners and facilitators are involved in a continual process of activity, reflection upon activity, collaborative analysis of activity, new activity, further reflection and collaborative analysis, and so on. Facilitation aims to foster … critical reflection. … learners will come to appreciate that values, beliefs, behaviours, and ideologies are culturally transmitted

and that they are provisional and relative. The aim of facilitation is the nurturing of self-directed , empowered adults (p. 11).

Thus, through *praxis*, the learners gain a critical understanding of the history that has shaped the present reality. Moreover, once that understanding is gained, there is a less chance of history repeating itself. This is especially important for social work practitioners working with an Aboriginal clientele.

MPLEMENTATION

Like the curriculum content and design, delivery of the First Nations Social Work stream strives to support First Nations' vision for the Social Work program. Curriculum development does not occur without course delivery playing a role even if it is not addressed directly. Some of delivery considerations that have arisen focus on preparation of students for entry into Social Work program, student supports, delivery schedules, delivery locales, resources and curriculum support. It is the latter that is significant for this curriculum development initiative. As noted earlier development of the Social Work course is not a discrete process but relies on delivery processes for their success. For example, one way to ensure the inclusion of community or territory specific examples and to identify community resource people would be to establish a community implementation committee that would vet the curriculum as well as provide support for its successful delivery. This committee could also play a role in designing the actual delivery of the courses within the regions.

The courses have now been completed and approved by the university processes. Implementation will begin in the near future.

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ESTABLISHING THE ABORIGINAL SOCIAL WORK ASSOCIATIONS: SHARING THE MANITOBA EXPERIENCE

Michael Anthony Hart and Yvonne Pompana

INTRODUCTION

The impetus for this article arose out of a dialogue with several like-minded people while attending an Aboriginal social work conference in Sudbury in January of 2003. Our discussion revolved around the establishment of a national Aboriginal social work association. During the discussion the people were informed of the ongoing process in Manitoba to establish an Aboriginal social work association, namely the Aboriginal Professional Helpers Society, Inc. What follows is a description of that process beginning with background/history of our association, the identification of a number of challenges we experienced or could potentially experience, the benefits and potentials we see for Aboriginal social work associations, and a number of recommendations to support the development of these associations.

BACKGROUND

The Aboriginal Professional Helpers Society Inc. has its roots in a vision that started in northern Manitoba in the mid 1990s. It was envisioned that Aboriginal social workers would be brought together to discuss and establish an association. This association would not only provide peer support, but establish a voice on matters pertinent to the association specifically and Aboriginal Peoples generally. To bring about this vision, a meeting was held between a few interested Aboriginal social workers on February 3, 2000 at Ma Mawi Wi Chi Itata Centre, in Winnipeg, Manitoba. At this meeting the vision was described to those in attendance. It was agreed that the establishment of an Aboriginal social work association could be discussed and moved from a vision to reality through holding a conference.

More than twenty conference planning meetings followed this initial meeting with the regular participation of a core group of volunteers and many individuals who participated over shorter terms. During this time, a proposal for funding was approved by the University of Manitoba, Faculty of Social Work Endowment Fund. Other important forms of support were provided by several organizations such as the Inner City Social Work Program, the Office of the Children s Advocate, Anishinaabe Mino-Ayaawin, Probation Services, Family Violence Unit - Notre Dame Office and New Directions for Children, Youth and Families.

The First Annual Conference on Aboriginal Social Work, Sharing our Perspectives, Developing our Path occurred on June 2 and 3, 2000. The first day of the conference focused on presentations by community members; these presentations were attended by more than 100 individuals. The second day of the conference focused on developing an Aboriginal social work association and had approximately 40 participants. Individuals attending the second day of the conference agreed that a planning committee be formed to draft options in the development of an association. It was further decided that the planning committee for this association would be those members who organized the conference as well as other interested individuals.

After several meetings in the fall of 2000, the planning committee held two information sessions on January 24 and 25, 2001. Information on the association, regulatory bodies, incorporation, and feedback on the June conference were presented. Ideas related to the creation of an association were presented and an open discussion took place. The committee was encouraged to continue working on establishing the association.

Further meetings were held in April and based on the discussions during these meetings, the planning committee decided on a name for the association, the Aboriginal Professional Helpers Society. A search of the name was conducted and finding the name not taken by another organization, we were granted legitimate use of the name by the Province of Manitoba. The Aboriginal Professional Helpers Society was incorporated on April 24, 2001.

In July, the planning committee mailed out an invitation to the conference participants and Aboriginal service organizations to attend strategic planning sessions. The sessions, beginning on July 27, 2001 and ending on August 1, 2001, resulted in a draft document outlining the Society s vision, values and philosophy (see appendix). On October 2, 2001 a mail out of the draft vision, philosophy statement and values as well as a historical outline of the Society was sent to organizations and conference participants. They were asked to review the documents and participate in a meeting on November 6, 2001 in Winnipeg to discuss the draft documents and the ongoing development of the society. The turn-out for this meeting was very low with primarily the core group of volunteers attending along with a few new, interested individuals. Still, we were encouraged to continue our work.

Since the fall of 2001 the organization committee of the Society has met a few times, but a combination of factors pulled committee members to others matters outside of the society for a period of time. The committee members have recently returned with new energy to commit to the society s development. We have come to recognize that throughout this beginning stage of our development, we have discussed, lived through, and learned from many experiences that continue to offer us guidance. Some of these experiences were significant challenges. Other experiences have helped us to clearly see the benefits and potentials of establishing an Aboriginal association.

CHALLENGES

To be challenged is a normal expectation that comes with the territory of establishing a new association. Many of the challenges that we experienced and expect to face on an ongoing basis are identified in the following list. This list is not an exhaustive listing; but, they seem to be the most common.

They include:

Community participation	Purpose of the association
Vision, Philosophy, Principles	Cultural orientation
Membership criteria	Organizational structure
Connection to communities	Geographic considerations
Environmental factors	Physical space, equipment
Financial issues	Ongoing issues

These issues are discussed to varying degree. Interestingly, the challenges we faced were not unlike those we experience when volunteering our time in other Aboriginal and non-Aboriginal organizations.

Community participation

We took great effort to invite social workers and other providers of social services in the community to meetings requesting their input into the direction we could take this most vital association. We hosted several meetings at different times during the day and evening and in different locations throughout the community to accommodate as many people as possible. Despite the relatively low turnout to some of these meetings, we persisted. We, individually and collectively, accepted that members of our communities are already overextended in their commitments to work, family and community. Each of us has specific priorities in terms of what and how we give back to our communities; and, we realize that we can t be all things to all people all the time. Given this reality, we have faith that our association will grow and become an integral part of our community over time. Therefore, we must be patient with ourselves and with the community and address issues as they arise and at times, our decisions may be arrived at without community input.

Purpose of the organization

Guided by our collective experience with organizations at various levels, we deliberated over the purposes that our organization would serve. Some of these purposes included: strategic planning, networking, lobbying, training, advocacy,

social action, peer support, education, and professional, systemic and/or policy issues. At this point we have focused on support and education as our primary purposes as identified in our Values Statement. Through the conference, we also had an opportunity to begin networking as well as creating some awareness through the formation of this association.

Vision, Philosophy, Values

One of our first tasks was to formulate our values, philosophy, and vision statements. As stated previously, while we sent out notices to the community requesting their participation in the developmental processes, attendance was limited. Although it was not our desire, the smaller group was probably more conducive to arriving at a consensus in these three areas. It was crucial to all participants that our values, philosophy and vision statements ground our organization in a way that reflects Aboriginal world views.

Orientation

Given our strong commitment to our various Aboriginal cultures, we have made a concerted effort to operate our organization in a manner that maintains and strengthens our cultural foundations. In part, this decision was reinforced by commentary on the conference evaluations which reflected an appreciation for the insight many participants received in relation to their traditional cultural heritage. Recognizing that we live in two worlds and for the most part, have been socialized in both or either world, it is important to keep our cultural orientation in mind as we move forward in our decision-making and developmental processes.

Membership requirements

In anticipation of membership criteria/credentials being an issue for discussion, the conference evaluation forms requested voluntary disclosure of specific information such as the level of education, formal and otherwise, acquired by conference participants. The range within formal academic credentials included: Social Work Degrees (Indian Social Work, BSW, MSW), other Bachelor degrees (Arts, Education), diplomas (two year programs), and certificates (short-term training programs

in social service areas, 6 months-1 year).

The informal/non-academic credentials included a vast range of positions such as elder, protection worker, community development worker, peacemaker, counsellor, natural helper, bookkeeper, and volunteer. Many of these workers were employed in social work related positions for up to twenty years. The individuals in the non-academic range possessed tremendous knowledge, skill, and experience in a variety of positions. Cultural background and indigenous knowledge were primary credentials, while cultural competencies included language, knowledge, values, beliefs, practices, and customs.

An historical issue that continues to exist in contemporary contexts is the debate between academic credentials (i.e, having a university social work degree) and equivalencies (i.e., the combination of some aspects of formal education and life experience) as criteria for membership. Some individuals place high value upon the time, energy, and commitment to receiving the BSW credential; while others place less value on the academic credential and more value on being able to do-the-job effectively without formal education. We decided to be as inclusive as possible and to accommodate other professionals who provide social work related services. In our attempt to be inclusive, there were implications. A source of tension was created by this issue between those who value professional education and relevant training and those who value cultural knowledge and competencies/qualifications. For example, at least one individual had stated that if an Aboriginal association was established without a minimal educational level, such as a Bachelor degree, then she would not consider becoming a member. While we have not come to a conclusion on this matter, at some point, the question of where to set the bar is likely to rise again. Hence, we have come to see that being very inclusive can influence who actually participates.

Organizational structure

The governing structure of the organization was also deliberated briefly but has not been formalized. We discussed a hierarchical organizational structure appointing or electing an Executive with President, Vice-president, Secretary and Treasurer and Board members or a Council (circle) format

consisting of equal participation by all members taking responsibility on a rotating schedule. We will have to come to some resolution of this matter in the near future. In the interim, some members however agreed to take on specific executive and administrative roles until we have a larger membership.

Connections to the communities. As a newly formed organization, it is important to introduce ourselves to the community and to develop partnerships. There are many levels at which partnerships can be developed including those within urban centres as well as reserve, rural and northern communities.

We also recognize the need to establish linkages with service organizations, particularly during times of great change. For example, First Nation Child and Family Service Agencies (mandated), Metis Child and Family Service Agency (mandated), and Ma-mawi-chi-itata (non-mandated) provide services to the Aboriginal communities. The recent extension of jurisdiction to First Nation CFS agencies to provide services to off-reserve band members may have implications for our organization. Many social workers and social service workers are hired by these agencies; therefore, it is important to establish and maintain a productive relationship with these organizations.

Other significant linkages would include educational institutions providing instruction in the area of social work and human services. In Manitoba, there are programs offered in institutions such as the University of Manitoba s Faculty of Social Work and its Inner City, Thompson and Distance Education Social Work Programs, and the University s Continuing Education Division diploma programs, some of whose credentials can be transferred directly into a social work degree.

We believe it is important to maintain connection with organizations which have a direct influence over the general social work profession. For example, the Manitoba Association of Social Workers and the Manitoba Institute of Registered Social Workers (MASW/MIRSW) as well as the Canadian Association of Social Workers (CASW) have corresponded with us. They have congratulated us on our efforts, and offered

support and encouragement in the development of our organization.

It is also important to establish relationships with the Aboriginal political organizations in the province as well as the national organizations. National and regional organizations may be especially important if an Aboriginal social work national organization arises out of, or with, the development of regional/provincial organizations. As regional and national Aboriginal social work associations emerge, there will be times when we will have to correspond, join, and challenge our political representatives. Ideally and hopefully, we will share a vision that moves all of us forward.

There are many relevant departments within Provincial governments which may have an interest in the development of our organizations. As stated previously, in Manitoba, there has been restructuring of Child and Family Services by the Province of Manitoba into four Authorities: the Southern First Nations Authority, the Northern First Nations Authority, the Metis Authority and the General Authority. Being aware of the ongoings within provincial governments is always a good strategy. It is through awareness that we will be positioned to influence such restructuring in ways that benefit our peoples.

We believe it is important that any Aboriginal association maintain and support its roots in its community(ies) of origin. In our situation in Manitoba, we may have little connection to First Nation communities as an organization, but many individuals members have deep roots and interest in their communities. We also recognize that many Aboriginal students pursuing a degree in social work hold this link and to be viable to them, we need to support these ties.

Creating alliances with communities, organizations, institutions, and governments such those identified above may net positive outcomes if and when the time comes to deal with contentious professional issues. Their influence could assist us if we wanted to influence changes to curriculum, community development, influence policy and institute the importance of cultural relevance. On the other hand, we could potentially serve as an ally to them as well.

GEOGRAPHIC AND CULTURAL CONSIDERATIONS

An issue that often arises within organizational development and practices in a province as large as Manitoba is the differences of experience between urban/rural, inner city/suburbs, and north/south geographies.

Although in part a result of geography, there are also the natural differences and the created differences within the Aboriginal community. Our natural differences are associated with our cultural/tribal affiliations and the created differences are based primarily on legislation and the Constitution. In the Canadian context, we have been divided into several categories such as Indian/First Nation (Treaty, Status, and Non-status Indian), Metis, and Inuit.

Another issue that warrants some discussion is where on the continuum we choose to situate ourselves between culturally traditional and culturally non-traditional. There are many individuals who practice their Nations traditional cultural customs and ceremonies as a regular aspect of their daily living. There are also individuals who choose to be non-traditional or do not know how to express their culture. And of course, there are degrees of difference between these two. Recognizing the tension that has arisen out of our natural and created differences, as an organization, our decision is to be status-blind and to focus on providing relevant service to our members regardless their status and geographic location.

Environmental factors

As stated briefly before, it is important that as an organization we are always cognizant of the changes happening within our communities. For example, we reflected on what relevance the governments restructuring of Manitoba Child and Family Services would have to our organization. Another example is a priority of the Manitoba Association of Social Workers/Manitoba Institute of Registered Social Workers (MASW/MIRSW): The licensing and regulating of social work practice. Historically, the licencing and regulation of social workers has been a contentious issue between the Association and Aboriginal peoples working in the social work field.

Among other issues, Aboriginal people have great concern that licensing and regulation would mean the loss of many excellent helpers of our people. Although Aboriginal social workers are encouraged to apply for membership with MASW/MIRSW, the differences in world view, philosophies, values, beliefs, customs, practices between mainstream social work and the practice of social work from an Aboriginal perspective continue to be a barrier. A related issue is that many organizations have instituted a policy whereby their employees must be registered with MIRSW in order to be employable and under those circumstances, many Aboriginal social workers have applied for membership in that organization. An Aboriginal association should be prepared to address issues such as those noted above.

Space and Equipment

At this point in time, our organization does not have a physical space to house itself. One of our members has agreed to use her home address as the mailing address for the organization until such time a permanent place can be established.

In terms of equipment, current organizers have requested from their respective places of employment monetary contributions in the form of such things as postage and photocopying or use of a meeting space. However, it is essential to find a suitable location out of which the organization can begin to operate effectively.

Financial Issues

At this point, we have no operating funds. We are currently in the process of setting another conference date and during this time, we will discuss membership fees and other financial matters relevant to the organization. We are in the process of looking for start-up funds and will look into fund-raising ventures so that we have financial stability to continue our work.

Human Resource Issues

In terms of human resources, we recognize that most interested individuals within our communities are already over-

extended in terms of their responsibilities to family, community, and employment. Nevertheless, we maintain our optimism and patience and are confident that those individuals who have a keen interest in the organization will commit themselves once we are more established. It is important for us to keep our energy levels up and to stay motivated about this large task that we have taken on. The diversity of interest, experience, and skills across the core group of members serves to bolster our energy. Of course there are also those times that this task of organizational development is a strain on the committed core of individuals. Nevertheless, our commitment to our profession and to the people we work with is a strengthening force.

These challenges can seem overwhelming to any initiating group. However, while we continue be aware of these challenges and address them when possible, we are maintaining our focus on the benefits and potentials of establishing an association of Aboriginal social workers.

BENEFITS AND POTENTIALS

There are many benefits and potentials for an Aboriginal association of social workers. Those benefits and potentials discussed in Manitoba include the following.

Strength in numbers

As social workers, our peoples have been divided and forced sometimes overtly, but often covertly to partake in practices which do not reflect our understandings of the world. We have been limited as social workers in how we can respond. One of the means to addressing the oppression our nations have faced is through overcoming the divide and conquer reality we have faced. By joining together, Aboriginal people practicing social work could present a significant and influential voice on issues ranging from healing and growth to policy critiques and alternatives.

Autonomy and self-direction

Another benefit of an association would be the ability to self-govern. A strong association could create direction for Aboriginal education and practice. As a collective body we

could set our own agenda and determine our own path as opposed to relying upon the already present association and institutions that are determining where social workers are headed as a collective.

The ability to effect regional and national legislation

Manitoba is one of the remaining provinces yet to develop a mandatory regulatory association for social workers. While our initial efforts to establish a regional association were partially based upon a desire to affect the Manitoba Associations of Social Workers/Manitoba Institute of Registered Social Workers focus on developing mandatory registration, the potential of our association to affect policy extends beyond those policies which are directly related to the social work profession. An Aboriginal association could develop positions regarding issues pertaining to Aboriginal peoples, advocate on behalf of Aboriginal and other peoples facing oppression, and lobby for changes to present or forthcoming legislation. Such activities of an association could extend beyond provincial and federal governments and include organizations and agencies serving Aboriginal peoples.

Addressing ethics and standards

An Aboriginal association could address issues of ethics and standards of social work. Presently, the social work code of ethics and standards are developed by the Canadian Association of Social Workers. There have been questions in Manitoba on whether these guidelines adequately reflect Aboriginal world views and/or practical realities. An Aboriginal association could review and monitor the present code of ethics and standards to answer such questions. Ideal would be an Aboriginal association developing ethics and standards that reflect their own peoples views, realities and diversities. Hence, an Aboriginal association could establish professional parameters over practices within Aboriginal communities and/or in the context of working directly with Aboriginal people. Through such developments an Aboriginal association could work to ensure that practitioners within Aboriginal communities and contexts are prepared to deliver services that are not only culturally sensitive, but are based upon our cultures and worldviews.

Addressing Issues of liability

Ideally, an association should be monitoring its own membership through ensuring the association's ethics and standards are being met. Such assurances will require monitoring of social workers practices with Aboriginal peoples. An established Aboriginal association could monitor and self-regulate the practices of its own members. It could also act as a resource to parallel associations in monitoring their members practices with Aboriginal peoples.

Curriculum development and education

A long standing concern for Aboriginal social workers is the need for social work curriculum and education programs to include more and appropriate material regarding practice and policies affecting Aboriginal peoples. An Aboriginal association can partake in and/or support the development of social work practices, models, theories, policy frameworks, and philosophical foundations that are direct extensions of our world views. An association could also support the development of such material through: creating alliances with organizations such as Canadian Association of Social Workers (CASW), regional social work associations, and other related organizations to influence educational institutions; lobbying the Canadian Association of Schools of Social Work (CASSW) for closer monitoring of this issue during its accreditation reviews of educational institutions; highlighting and advocating for this need to be addressed by educational institutions; offering support to educational institutions for development of curriculum related to Aboriginal peoples; and participating in the organization of conferences on social work practices and social welfare policies.

Respectful Research

As we become more settled, we may also have opportunities to apply for research funds to conduct research. It has been said by many people in Aboriginal communities that we have been researched to death without results that have benefitted the community. Aboriginal associations could not only set out codes for proper research conduct in Aboriginal communities

and involving Aboriginal peoples, but we can partake in and support respectful research conducted by Aboriginal social workers.

Highlighting issues of concern for Aboriginal peoples

An Aboriginal association could increase awareness of events and practices affecting Aboriginal people. While such efforts of increasing awareness could be focused on educating the general public on matters directly affecting Aboriginal peoples, they could also relate to expressing our concerns about issues affecting larger populations, such as world violence and oppression.

Source of support

In light of the pressures faced by Aboriginal social workers, an Aboriginal association could act as a source of support for its members. This may take the form of establishing a peer support program for Aboriginal social workers, providing links to other counselling and helping resources, and providing culturally based educational information on self-care. An association may also work to establish such services as a culturally appropriate employee s assistance program.

We believe that these benefits and potentials far outweigh the challenges of establishing Aboriginal associations of social work. However, to get to the point of realizing these benefits and potentials requires a wide variety of contributions and abilities. We have come to recognize some of these requirements and are certain others will come to light as we move forward. With these requirements in mind, we have developed a list of recommendations for others who may be considering the establishment of an association.

RECOMMENDATIONS FOR THE DEVELOPMENT OF ABORIGINAL ASSOCIATIONS OF SOCIAL WORK

As our actions and comments indicate, we believe that the establishment of Aboriginal associations of social work would be a positive step towards our peoples self-determination in the field of social work. Hence, we support the idea of establishing

associations across our territories. Such associations could be established regionally as well as nationally.

The second recommendation relates to the first: We need to be patient in the development of such associations to ensure the work done moves all our peoples forward. The time, energy, and resources required for establishing these associations are significantly great. Yet, Aboriginal social workers are already facing great strains on what they can offer. The amount of time, energy, or resources that they have left to offer towards the development of these associations will be significant, but limited. Hence, individuals involved directly and indirectly will need to be patient with the pace of the development since movement will likely match the amount of resources available.

A third recommendation is to seek out people who are strongly interested in developing associations and who can demonstrate their commitment beyond verbal support. There may be some individuals who become highly significant volunteers with the donation of great amounts of time and energy. However, just as significant is what can be offered by individuals with greater limitations on their time and energy. To support the best use of their time and energy is the fourth recommendation: Try to develop a list of specific and time limited tasks that need to be done. This will allow individuals to participate in ways that match their available resources with the tasks they are to complete.

A fifth recommendation is to start small. By focusing on achievable, yet important objectives and tasks, a firm foundation can be set. We had a desire to establish an annual conference. While we believe this goal is desirable, it was beyond what we could achieve in the short term. As a result, it did not help to establish our foundation. An example of an important objective is the establishment of a unifying focus that will come to represent the association for future interactions. For us, this has meant the establishment of our philosophy, vision, and mission statement. For others it may mean the development of a logo, name, or an annual gathering.

A sixth recommendation is directly related to the fifth: Be realistic of what an association can do in the short term. We have listed some very grand potentials for Aboriginal

associations of social workers. While these potentials can act as goals for the development of our associations, if they remain permanently out of reach due to the amount of energy and resources available to us, they will act more as a reminder of our limitations. We need to focus on goals that will be achieved. Our bigger goals will come in time.

During the development of these associations, we need to be willing to utilize resources that are supportive of our endeavors. Therefore, our seventh recommendation is to link to existing infrastructure for support and accessing resources. This support may come from a number of organizations including non-Aboriginal ones. They may also include individuals with other professional skills, such as accounting and legal analysis. However, it is important to remember that support from others can come at a cost. Usually this cost is the compromise of our values, particularly our indigenous values, ways we see the world, and the ways we interact. We need to be diligent in our reflections of what we are willing to compromise, if at all. We need to be aware of what we are giving up in order to move further on the path. If we do not practice diligence, we run the risk of walking off our own road and continuing our own oppression without realizing it.

Perhaps the most significant support is Elders who can offer guidance through this process. Ideally, the Elders would be strongly based in their own cultural traditions, and have wisdom related to social work. With such gifts, Elders can support our development to be proactive, positive, and firmly based in our indigenous world views. One way in which Elders could guide the development of Aboriginal social work associations is through Elder councils. These councils could inform us, as well as confirm that our organizations roots remain in our cultures.

Another recommendation is to inform the public and potential members of the developmental processes that unfold. While we have relied upon mailing information letters to interested individuals and organizations, there are others means of relating to the public. These include establishing a web-site, press releases, advertizing in newspapers, and distributing

information pamphlets. The better we are able to inform people, the greater the chances are that developing associations will attract new members.

Finally, we encourage all people involved in the development of Aboriginal associations of social work not to forget self-care. The developmental process requires tremendous commitment, motivation, energy and time. In light of the stressors, it will be easy for individuals to forget to maintain a sense of balance, wellness, and harmony within themselves and with the life around them. Such actions will counter the reasons for establishing our associations. Volunteers have to look out for one another, support one another, and watch out for blockages, such as jealousy, envy, resentment, negative attitudes, and apathy. We need to rely on the teachings of our nations to guide us through the challenges and support us to join together respectfully. In other words, we need to practice what we are reaching for: Working together in ways based upon our cultures and teachings.

SUMMARY

Through this paper, we have reflected on our own experiences in the development of our Aboriginal social work association, the Aboriginal Professional Helpers Society, Inc. We have highlighted the challenges in our development as well as the benefits and potentials we envisioned through our association. Emphasizing the importance of this type of an association, we have provided several recommendations to support others in their endeavors to create associations relevant to Aboriginal peoples in other areas of Canada.

Appendix

DRAFT

ABORIGINAL PROFESSIONAL HELPERS SOCIETY INC.

The Aboriginal Professional Helpers Society Inc. is made up of Aboriginal peoples who have demonstrated their commitment to helping themselves and others to achieve wellness. We are a society comprised of individuals who have developed our helping abilities through various processes including education, mentorship, and on-the-job-training. In addition, we recognize natural helpers who have used their life experiences to develop their abilities to help others and who are recognized as such by the Aboriginal community.

Values

Our Aboriginal cultures are the foundation upon which our values are based:

Our cultures teachings include, but are not limited to: faith, honesty, kindness, respect, courage, humility, sharing, harmony, balance, knowledge, wisdom, patience, humor, integrity, compassion.

Support: We believe in supporting our Society's membership through emotional support, advocacy and networking. We believe in supporting Aboriginal peoples through education and advocacy.

Education: We believe in educating our society s membership, the Aboriginal community, and the general population through cultural teachings, information sharing, seminars, workshops, and conferences.

Life and People: We believe in the sacredness and goodness of life. We are all part of Creation with unique gifts, abilities, and contributions.

Philosophy Statement

As Aboriginal helpers we believe in the sacredness and goodness of life and are guided by our cultural teachings. In following our holistic way of life, we honor the strengths of the individuals, families, communities, and nations, and believe in our peoples gifts, abilities, and life experiences. We strive to contribute to the wellness of all through the excellence in service that stems from and is consistent with our cultural values, beliefs, and practices.

Vision

The Aboriginal Professional Helpers Society Inc. is an inspirational, self-sustaining organization determining and supporting our own cultural ways of conduct and practice in the helping professions. All of our activities are directed to the wellness of Aboriginal peoples.

First draft created Friday, July 27, 2001; second draft Monday, July 30, 2001; third draft October 2, 2001.

A SEARCH FOR UNDERSTANDING: HOMELESSNESS IN NORTHERN MANITOBA

Greg Fidler
Colin Bonnycastle

INTRODUCTION

Poverty has been a prevalent issue throughout world history. Despite the United Nation's opinion that we have the best quality of life, Canada cannot say that it is the exception to this rule. Many people live in abject poverty here. Without an official poverty line to help determine the level of poverty, estimating the actual number of poor is a contentious issue. Most official reports base their findings on Statistics Canada's Low Income Cut Offs (LICO's). For example, the National Council of Welfare estimate that in 1997 just over five million Canadians, or 17.2% of the population, were living in poverty (Silver,2000). Such findings generally underestimate the number of poor Canadians as they usually do not include data on Aboriginal people living on reserves, residents of the Yukon, Nunavut, and North West Territories, and people who live in institutions. The costs surrounding poverty are enormous. For example, population health studies show a strong correlation between poverty and people's health. They argue that poverty contributes to many of our social ills, affecting individuals, families, communities and society as a whole (for example, see Layton, 2000). Though there are discrepancies in the actual rates and effects of poverty, poverty rate and population health studies have one major commonality, they indicate that poverty is increasing (Ross, Scott, & Smith, 2000). At the margins of this growing trend, one often finds the homeless.

Studies on homelessness in Canada are uncovering the shocking reality that, as Canadians, we now seem to tolerate a situation where people live daily without a roof over their heads. This points to a trend where levels of homelessness are becoming

accepted as normal.   These studies also attest to a growing shortage of affordable housing in many of our cities and towns. As a result, we increasingly witness homelessness in our daily lives - physically seeing its effects on our streets, in the media and in the lost faces of those actually living it (Murphy, 2000). Walking down the main streets of any of Canada's major cities one often sees the homeless huddled against storefronts or asking for spare change. They have no physical resemblance to the rest of us, are shabby and ill equipped for Canada's weather, and most look twice their actual age. One sad truth is that, if homeless people were not there in plain view every day, we would not think about the issue at all.   Another is that these visible reminders of homelessness are only the tip of the iceberg. Many more of the homeless are out of sight, unwilling to be objects of pity or contempt or curiosity, and still more are simply trying to find a place to stay warm (Murphy, 2000).

To date, the vast majority of homeless studies have been conducted in the metropolitan areas of our country.   Little reference is found regarding homelessness in rural or northern communities. This primary focus on homelessness in the densely populated areas of our nation does not reflect the true magnitude of people living on the streets. Anecdotal information tells us that homelessness in not confined to our cities.   Homelessness is showing no boundaries, it is seen in the smallest of our communities.   In this regard, the meaning and impact of homelessness upon people in Northern Canada has rarely been heard.

The focus of this proposed study is to complete a formative evaluation of a homeless shelter situated in a Northern Manitoba community. This project provides the opportunity for people involved in the issue of homelessness there to actually tell their own stories in order that, together, we can better understand and work toward viable solutions.

THE CONTEXT - THE CITY OF THOMPSON MANITOBA

Thompson is the largest center serving Northern Manitoba and is situated 750 kilometers north of Winnipeg. It owes its roots to the International Nickel Corporation Organization Limited mine

(INCO), and much of the city's economic activity revolves around the mine and various supporting businesses. This city of 15,000 inhabitants has a growing retail, education, training and service sector, providing residents and surrounding communities with many of the amenities one would expect in larger southern centers. The local trading area encompasses some 40,000 people, the majority residing in 18 First Nation's communities. Their patronage offers increasing opportunities to local businesses and reflects Thompson growing status as a regional center with a diversified economic base.

The shift towards regional center status has resulted in a migration of northern people seeking services, educational and work opportunities, and new living arrangements. Although Thompson's overall population has stabilized in recent years, the percentage of Aboriginal residents continues to increase and now represents approximately 50 to 60 % of the total population. Many have come directly from the outlining First Nation's communities to secure employment or take part in educational opportunities. Others visit Thompson for the shopping, recreational and social venues, as well as to utilize health and social services. A third group find it impossible to stay in their home community and gravitate to Thompson in the hope of seeking out a better life. In most cases, those that come to Thompson are successful in their tasks. For a small number this is not the case. They find themselves unable to secure adequate resources to meet their basic needs or to get back home. The result of this trend is an increasing number of visible homeless people on the streets of Thompson, roaming the streets and back alleys of the downtown core, panhandling, drinking and doing whatever becomes necessary to stay alive from one day to the next.

THE ISSUE - HOMELESS SHELTER

As a response to this growing trend, Thompson opened an emergency homeless shelter in the downtown core on February 5, 2002. Under the leadership of the Thompson Homelessness Advisory Committee (THAC), the mission of Nanatowiho Wikamik Shelter (means Treatment House) is to get people off the streets, onto treatment and back to their homes and families. The shelter is an 18 bed facility, consisting of two large rooms, one

washroom and one shower facility. Open 24 /7, it has a staff of 11 individuals. The shelter has developed an number of guidelines or rules. A number are described here in order for the reader to get a sense of the shelter structure and program:

* the shelter's doors are open all day with the exception of two hours, one in the morning and one in the early evening for cleaning. During the two hours no one is allowed in. The rest of the time people come in and warm up, have soup, and to do crafts or play games to pass the time.   Every Thursday, the shelter holds sharing circles, one for men and another for women. Breakfast and a light supper is provided. A van is used to take people to the airport, bus or train station in order to assist them returning home.

* washroom facilities are made available throughout the day and there is one shower stall for everyone's use. No laundry facilities are available.

* mats (same as the mats used in the school gym) are made available in the evening. The recipient takes one and finds a place on the floor in which to spend the night. Women and men are housed in separate rooms separated by a door. Sign in for a mat is 9:00pm and it is first come first serve. They are not given blankets or pillows because of health and sanitation reasons. There is no sleeping during the day for the homeless at the shelter.

As of October 15th, 2002 the shelter has housed 4046 individuals, fed 10,819 people and referred 414 to various treatment centers in Northern Manitoba. As that statistic show, this program has become vital for the safety and well being of the homeless populations in Thompson and efforts are underway to not only give a permanent home but also secure long term funding. At present it only has temporary status. Temporary measure for a complex situation.

ESTABLISHING A DEFINITION OF HOMELESSNESS

Establishing an agreed upon definition of homelessness has proven to be a challenged for many researchers, governmental agencies, advocacy groups, and social agencies. There are many levels and interpretations of what makes a person homeless. For

example, the United Nations in 1987 choose a very broad definition of homelessness to include two groups of people, those living in absolute homelessness and those in a situation of relative homelessness. Absolute homelessness included street people and victims of disaster who have no home at all. Relative homelessness included people whose homes are grossly inadequate and therefore do not meet the UN's basic standard (McLauglin, 1987). Most Canadian definitions generally focus on homelessness in absolute terms. They define the homeless as people who sleep in shelters or in other places most of us do not considered dwellings (Murphy 2002). The resulting inconsistency in defining homelessness causes problems in estimating the number of homeless nationwide and often limits the amount and types of services being made available to those in need. Due to the nature of the context of this study, our preliminary definition of homeless includes transient people who temporarily use the shelter while in Thompson, those who utilize the shelter on a long term basis, and those who are not using the shelter but are, for all intensive purposes "on the street."

OBJECTIVE OF THE STUDY

The research team has identified five key objectives at this point. These objectives have come forward as a result of preliminary investigation and discussions with a number of key informants. We would be open to any further suggestions from the Thompson Homelessness Advisory Committee and shelter staff. The five key objectives are:

1) To gather demographic data on who the homeless are and identify reasons why they currently find themselves in this situation

2) To work with the homeless shelter to determine its strengths and limitations as a response to the issue of homelessness in Thompson.

3) To clarify the perceptions and attitudes of the community towards homelessness.

4) To examine the relationship between homeless people and their

community of origin.

5) To identify issues around affordable housing in Thompson.

METHODOLOGY

In order to ground this study, the research team is proposing to do a formative evaluation (Marlow, 2001; Reamer, 1998). This type of evaluation is generally completed during the early stages of a project and focuses on the program approach to service, its design features and procedures. It will not be an evaluation of the program's outcomes - whether the program has accomplished all that is set out in its mandate (considered an summative evaluation). Qualitative methods of data gathering will be primarily used, though some quantitative data will be gathered for descriptive purposes. Validation of data will be ensured through the process of triangulation.

The primary focus of this study is to gather information regarding the actual experiences of people involved in and around the shelter. As such, it will limit itself to exploring the immediate context around which the program is currently operating. This includes topics such as client characteristics, the referral process, services provided, and common assumptions held by the people involved. Interviews, using a purposive sampling method, will take place with select individuals who use the shelter, are staff from the shelter, are key informants from other agencies involved, and are local residents and business owners located within the immediate vicinity of the shelter. We will solicit information regarding their perceptions of the shelter's limitations and strengths. A interview schedule of open ended questions will be utilized to guide with this process. Focus groups and direct observations will also be used to increase the validity of the interview data. Quantitative data will primarily be gathered through secondary sources, such as shelter and government statistics, and other public data gathered by agencies involved (e.g., RCMP, AFM, MKO).

The gathering of data will primarily be done by the principal investigators. From time to time we may utilize volunteer data gatherers. These will be senior social work students with the

Faculty of Social Work and be under direct supervision of one of the investigators.

Signed formal consent will be acquired before any interview begins and the individual will be fully informed of the nature of the research and the voluntary nature of their participation. A copy of this consent form is attached as appendix A. All sensitive documentation will be kept in a secure manner and under the strictest of confidence. Upon completion of the final report all sensitive material will be destroyed.

Upon acceptance of this proposal, the research team will submit an application for Human Subject Research Ethics Protocol approval to the University of Manitoba Ethics Review Committee. The research team will not proceed with any data gathering until this protocol has been reviewed and approved by them.

TIME LINES AND COST

The research team is proposing that the study be completed without any direct cost to the Advisory Committee or the Nanatowiho Wikamik Shelter. As part of the Faculty of Social Work at Thompson's commitment to community service, we believe that we can complete the study utilizing existing resources within the faculty. In return we request the right to utilizing our findings for academic purposes such as presentations at conferences and for publication in a scholarly journal.

The following is a tentative time line for the study. It may vary throughout the actual process.

1) To present the proposal to THAC and shelter staff by December 7, 2002

2) Literature review to be completed by January 1, 2003.

3) Questionnaire to be developed by January 4, 2003.

4) Have completed proposal sent to University of Manitoba for ethics review for January 10, 2003.

5) Feb, 2003 begin data collection, have completed for March 31, 2003.

6) April 1, 2003 to May 31, 2003 analysis and report writing

7) Present findings to THAC, Salvation Army and the shelter staff in June, 2003

REPORTING METHODS

The research team proposes the following reporting process:

1) The research team are willing to meet with members of THAC to discuss the study at any time during the process that is convenient to both parties.

2) Upon completion of the study, the research team will provide two copies of and present its final report to the Thompson Homelessness Advisory Committee.

3) The Committee will be given the opportunity to response to any aspect of the final report. Such responses will be taken into consideration if a rewrite of the report is seen necessary by the principle investigators.

3) The final document can be used by the Committee for its own purposes, such as utilizing it for funding proposals, as long as the principle investigators are given appropriate acknowledgment.

4) The Committee allows the principal investigators title to present any part of their findings, for academic purposes, at other venues such as workshops or conferences or for publication.

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THE SOCIAL DETERMINANTS OF ABORIGINAL HEALTH: A LITERATURE REVIEW

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INTRODUCTION

The Assembly of First Nations has identified "the need to develop an integrated, holistic, inter-departmental and inter-organizational organism to address the inequities and gaps in health and social service delivery to First Nations" (AFN, 2002). However, there is much work to be done in efforts to reach this goal, as there are many factors that one must take into consideration when examining Aboriginal health from a holistic perspective. For example, it has been reported that in British Columbia (BC) that 20% of Aboriginal people are below the provincial average based on income, employment, and educational attainment and housing (Kendell and Hull, 2002).

In addition to national reports, the BC Ministry of Health advocates that there is the need to look at the broad spectrum of health and social determinants to come up with solutions that will improve the health and well being of Aboriginal people. These determinants are comprised of health, gender, biology, culture, coping skills, social environments, social support networks, income and social status, employment and working conditions, education, child development and physical environments. The determinants are interdependent, cannot be examined individually and a holistic approach needs to be utilized when dealing with Aboriginal health issues. It is important for non-aboriginals to observe the difference in fundamental viewpoints of Aboriginal people in their relationship with the natural surroundings, other races, flora and fauna (Driben and Simpson, 2000). The lack of control over one's life plays an important factor in their well-being.

HEALTH

Researchers have found that the lifespan rate of Aboriginals is 7 years less than the general BC population (Romaniuc, 2000; Williams and Guilmette; 2001, Driben and Simpson, 2000). The increasing age of baby boomers in the Aboriginal population has increased the need for health services (Kendall and Hull, 2002). The most common diseases are heart disease, cancer, diabetes and arthritis for Aboriginals in BC (Eng, Rimm, Fitzmaurice, and Kawachi, 2002; Kendell and Hull, 2002). The prevalence of chronic diseases is increasing and is higher then the national population (First Nation Inuit Regional Health Survey Committee, 1999). Broadly speaking, the poor health conditions are the result of historical disadvantages that Aboriginal people have experienced through racism, colonialism, and the onset of European diseases (Williams and Guilmette, 2001; Romaniuc, 2000; Kendell and Hull, 2002). The residential school experience has also greatly impacted the well-being of an entire generation of Aboriginal people (Hudson, 1997; Nelson, Allison, 2000; Williams and Guilmette, 2001; Romaniuc, 2000; Kendell and Hull, 2002). The systematic attempt to remove Aboriginal cultural and political systems has left this generation powerless and dependent, which can further contribute to ill health through the loss of traditional lifestyle and foods.

Similarly, diseases such as alcoholism, obesity and diabetes, introduced to Aboriginals as they have adopted a European lifestyle, have taken a significant toll. Diabetes was unknown to Aboriginal people 50 years ago, now it is the most common chronic illness observed in their communities (Young, 2000; Kendell and Hull, 2002). The rate of tuberculosis is three times the national average among Aboriginals (Young et al). Injury related deaths are seven times the national average and illicit drug deaths among Aboriginals are three times the provincial average (Young et al) One-third of Canadian Aboriginals have reported having a disability (Kendell and Hull, 2002).

Other factors affecting Aboriginal health include the delivery of medical health services, mental health services, and the uptake of health behaviours and skills (FNIRHS, 1999; Williams and Guilmette, 2001; Carstens, 2000 BC ministry of health, video 1996). Interactive communication between Aboriginal

communities, funders, and service providers appears to be poor, resulting in incongruence between community needs and the programs offered (FNIRHS, et al) thus, the community's ability to improve the delivery of health services has not been accomplished (BC ministry of health, video; 1996; Warf and McKenzie 1998; Kendell and Hull, 2002). The longer this gap exists between the needs of the community and the way programs are provided, the greater the health disparities for Aboriginal people will be (BC ministry of health, video, 1996).

The effects of lifestyle and health behaviours (nutrition, alcohol and drug abuse, sedentary lifestyle, and smoking) have a dramatic impact on Aboriginal lives. The chances of developing various cancers are modifiable with proper nutrition and abstinence from smoking (FNIRHS, 1999; Williams and Guilmette, 2001; Carstens, 2001; Kendell and Hull, 2002; Seipel, 1999). The effects of chronic malnutrition can also have long-term effects on health. Those who survive malnutrition are often unable to live normal lives and usually are unable to contribute to their family or community's development (Romaniuc, 2000; Seipel, 1999).

GENDER

The impact of racism and sexism has influenced the choices available to women in their utilization of health services. Negative stereotypes play a significant role in this issue. Negative factors that affect Aboriginal women's health are; low educational levels, multiple responsibilities' of home and work, poverty, negative stereotypes of health professionals, language, underemployment, social and geographic isolation, physical, emotional, sexual violence, community dynamics and discrimination by gender, race and class (Brunen, 2000; Falconer, Swift, 1983; Health Canada, 2000). Consequently, Aboriginal women have a low rate of access the health system.

Women who are pregnant and live in poverty are at greater risk for health issues (Williams and Guilmette, 2001; Seipel, 1999). This is particularly true for teen pregnancy, as not only are the ten women at greater risk for poor health outcomes, their children will likely perpetuate the cycle of poverty Kendell and Hull, 2002). Sixty percent of single mothers in Canada live in poverty and this is likely higher in Aboriginal communities. The consequences include increased risk of infection, low birth

weight babies, and other prenatal health issues (Williams and Guilmette, 2001; Seipel, 1999). Obesity and asthma are two population health issues in Canadian women (Chen, Dales, and Tang and Krewski, 2002). Isolation, poor housing and unemployment are also contributors to the family disparities argues the conclusions of extensive research conducted by (Nelson, and Allison, 2000; Robson, 1993; Carstens, 2000; Tsuji, A. Iannucci, G. Iannucci, 2001; Kendell and Hull, 2002).

One in three Aboriginal women reported being abused by their partners, as compared to non-Aboriginal women who report wife abuse one in ten (Kendell and Hull, 2002). In addition the high rate of sexual exploitation among Aboriginal women is a serious risk factor for disease and violence related injury (BC Attorney, 2002). Acculturation and the impact of residential schools are hypothesized as being directly responsible for the high rates of domestic and other violence in Aboriginal communities (McClure, Boulanger, Kaufert, Forsyth, 2000; Falconer, Swift, 1983; Health Canada, 2000; Nelson, Allison, 2000, Kendell and Hull, 2002).

Employment opportunities for Aboriginal women hoping to break out of the cycle of poverty are also few. The fact that most managers are white males has perpetuated sexism and racism within the workforce (Creese, 1983). This is compounded by low educational attainment by Aboriginal women (Creese et al). As a result Aboriginal women are reluctant to search for employment.

Health professionals make racial *judgements* of Aboriginal women especially the marginalized women (lesbians, street workers, young women, elderly women, disabled women and the women who are chemically dependent). The service delivery is inadequate and the health professionals seem apathetic toward these groups of women.

In addition to the attitudes of some health professional's social and geographic isolation are determinants of Aboriginal women's health (BC provincial profile of women's health, a statistical overview 1999). These issues contribute to the lower health status of Aboriginal women, as the time and distance may negatively coerce women to seek out treatment that may benefit their well-being (BC et al).

BIOLOGY

The biological and genetic influences are one of the many precipitating factors that influence the well-being of Aboriginal people (FNIRHS, 1999; Romaniuc, 2000; BC ministry of health, video1996). Consequently, there is limited action that one can take to reduce the hereditary factor. However, if genetic predisposition exists, one can be proactive regarding screening for disease for maximizing a healthy lifestyle.

CULTURE

The lack of promotion of culture has been found to have devastating intergenerational effects that require a consistent integrated holistic approach to solving the problems that arise from its loss. For instance, the lack of promotion of culture increases the risk of suicide in communities (Connors, 1996; Kendell and Hull, 2002). The loss of social and kinship structures, including gender, parenting and social role models has had devastating intergenerational effects. This has resulted in a sense of anomie and nemesis for many Aboriginal peoples (Hudson, 1997; Romaniuc, 2000; as cited in Poonwassie and Charter, 1996). Systematic racism, in social, medical and educational systems continues to reinforce the assimilation of Aboriginal peoples into general Canadian population (Poonwassie and Charter, 1996). In residential schools children lost their culture, identity, self-respect and family bond. They had difficulties in adjusting upon returning back to their nations and experienced poor reintegration into their original social and political structures. This loss of traditional political governance and social structure has been found to be directly related to ill-health in those populations where large numbers of children were exposed to residential schools. (AFN cited in FNIRHS, 1999; Nelson, Allison, 2000; Tsuji, A. Iannucci, G. Iannucci, 2000; Kendell and Hull, 2002).

The residential school experience caused the affected generations to parent without the knowledge of Aboriginal ways of child rearing has contributed to the lack of parenting skills observed today and the high rate of aboriginal children in state based care. Traditional parenting skills have been lost; resulting in a lack of understanding of what the role of parent is (Blaine, 1995). The loss of culture has also had a direct negative impact on children's educational attainment (Blane, et al).

Further exacerbating the loss of culture, the main language in many Aboriginal communities is now English and many Aboriginal languages are in danger of being lost.

COPING SKILLS

Some mental health practitioners see substance abuse, alcohol abuse and petty theft as coping and survival mechanisms, however, they contribute to further ill health among the Aboriginal population (Foulks, 1980; Ben, 1991). Posttraumatic stress reactions are found in survivors who have had negative experiences in the residential school system (Cariboo Tribal Council; Bohn, Ertz, Mason, Beals, O'Nell, Piasecki, Bechtold, Keane, and Jones, 2000). This and other mental health issues that have occurred as a result of residential school exposure have had a negative intergenerational impact that still continues to threaten the well being of Aboriginal communities (Caribou et al). Thus, the impacts of the residential school system have left a legacy of mental health issues that in turn impact both social and health issues within Aboriginal communities.

SOCIAL ENVIRONMENTS

According to provincial statistics the Aboriginal population of BC lives under third world conditions (Provincial Health Office, 1999). The aging of the Aboriginal population has increased the stress on employment, housing, health and social services (Provincial Health Office, 1999). Measures used to gauge community security and stress includes: rates of crime, abuse and child apprehensions.

Seven times the adult population of incarcerated Aboriginal adults and 6% of all youth and children over represent the prison system. 70% of children who are in foster care are Aboriginal. The youth have a higher death rate than non-Aboriginal children do when they are wards of the social welfare system (Provincial Health Office, 1999). The high rate of assaults on women (usually spousal abuse) is an indicator that the social environment in Aboriginal communities is under significant stress (Provincial Health Office, 1999).

Researchers argue that the social environment plays a major factor in the determinants of the health and welfare of

individuals (Hudson, 1997; Tsuji, A. Iannucci, G. Iannucci, 2000; BC Ministry of Health, video, 1996; Chin, Monroe and Fiscella, 2000). Unhealthy behaviours are not randomly distributed throughout the population, but are strongly associated with lower social class (Tsuji, A. Iannucci, G. Iannucci, 2000; Chin, and Monroe and Fiscella, 2000). Lower income people are more often than not blamed for their health conditions (Tsuji et al). The total population is viewed as individualistic, self-sufficient and responsible, thus individuals are expected to make informed and proper choices regarding their health (Chin, Monroe and Fiscella, 2000). However, social scientists point out that to truly eliminate inequalities in health, we need to eliminate inequalities in socio-economic circumstances and community self-governance (Tsuji, A. Iannucci, G. Iannucci, 2000; Kendell and Hull, 2002).

SOCIAL SUPPORT NETWORKS

Communities that lack positive and safe support networks severely retard the healthy growth of people (BC Ministry of Health, video, 1996). Social support networks that are beneficial include survivors groups: Alcoholics Anonymous groups, parenting groups, healing circles and men's support groups. The lack of such adequate resources impedes the health of people (Tsuji, A. Iannucci, G. Iannucci, 2000; BC Ministry of Health, video, 1996). Stress combined with social isolation can also damage health (Carstens, 2000; Blane, 1995). Furthermore, a dysfunctional support network can have negative long-term and short-term effects on people in regards to education, criminality, employment and mid-life diseases (Kendell and Hull, 2002; Hertzman, 1998).

The Provincial Health Office (1999) discovered that Aboriginal people have access to a complex web of federal and provincial programs, however these programs designed by policy makers and senior bureaucrats who are usually non-Aboriginal middle aged white men. They often live in a comfortable middle-class, prosperous neighbourhoods and the people who receive the services and the front line workers lack these privileges (Warf and McKenzie, 1998). The knowledge and experience gap between the program policy makers and the people that must live with the consequences is enormous (Nelson, Allison, 2000; Warf and McKenzie, 1998). The policy

makers lack the cultural relevance and knowledge when designing and implementing programs to meet Aboriginal needs. This discordance between social networks needs and the social networks imposed can cause a lack of program uptake resulting in a squandering of scarce resources.

INCOME AND SOCIAL STATUS

Socio-economic circumstance affects the ability to make positive changes in people's lives (Hudson, 1997; Eng, Rimm, Fitzmaurice, Kawecki, 2002; FNIRHS, 1999; Williams and Guilmette; BC ministry of health, video, 1996). Lack of employment and education directly influences one's self-esteem and undermines the control one has over his/her life; consequently positive change may be difficult (Tsuji, A. Iannucci, G. Iannucci, 2000; BC Ministry of Health, video). Aboriginal income in BC is substantially lower than the provincial and national averages; however, this may be partially due to part-time or part-year work (Tsuji et al). Over two thirds of Aboriginal workers are part-time or part-year work. The average wage for an aboriginal working full-time is considerably lower than the provincial and national average. In BC an Aboriginal male earned $35,384, this is about 79% of a non-aboriginal male's wages [Provincial Health Office, 1999]. This is due to lower education levels and job achievement among Aboriginals [Provincial Health Office, 1999]. Fifty-nine percent of Aboriginals on reserves have jobs compared to 63% of Aboriginal population off reserve who are employed (Provincial et al) An income level under $10,000 per year for Aboriginals on reserve is 49% and the Aboriginal population off reserve is 42% [Provincial Health Office et al]. Forty percent of Aboriginal children live in households that are well below the $20, 000 per year poverty level [Provincial Health Office et al].

EMPLOYMENT AND WORKING CONDITIONS

Research findings indicate that employment is one of the most powerful predictors of good health among Aboriginals (Kawachi, Kennedy, 1997; FNIRHS, 1999; Tsuji, A. Iannucci, G. Iannucci, 2001; Blane, 1995). The more money one has, the more access one has to resources to enhance the quality of health. Further, chronic unemployment negatively affects the health of

individuals (Lavis and Payne, 2001; Kendell and Hull, 2002). However, occupations characterized by high demands and low control, low skills and wages or effort-reward imbalance are associated with poorer health, especially cardiovascular disease (Abella and Blane, 1995). Thus, employment in and of itself is not a panacea for the negative effects of low socio-economic status. Quality employment is necessary for the full achievement of individual potential.

EDUCATION

Forty-five percent of adult Aboriginals living on reserves have completed high while 53% of those off reserve have the same achievement level. About 15% of Aboriginal people have achieved some type of post-secondary qualification. Educational achievement has a direct impact on the well-being of people (FNIRHS, 1999). Aboriginal students do poorly on scholastic achievement measures when compared to other students have more learning or behavioural problems (Provincial Health Office, 1999). The reasons for poor performance can be attributed to: poverty, family dysfunction, exposure to drug and alcohol abuse, and the prevalence of fetal alcohol syndrome (Iceberg reprint, as cited Kendell and Hull, 2002; McBride and McKee, 2000). Another reason for poor academic achievement is the pedagogical approach in educational institutions and the ignorance of culturally relevant teaching and learning styles (Antone, 2000; Sterling, 1992). The consequences of the lack of formal education can bee seen through out First Nations in Canada (Antone et al).

CHILD DEVELOPMENT

Forty percent of Aboriginal children live well below the $20, 000 poverty line in BC (Provincial Health Office, 1999), thus child poverty is an issue that needs to be addressed. Nationally, 39% of Canadian children exist in poverty compared to 50% of Aboriginal children (Provincial et al) In general cuts, to environmental, social spending and healthcare are jeopardizing the future of Canadian children (Hechtman, and Hertzman, 1998). Child poverty is associated with a variety of negative outcomes in later life, including intentional violence, poor school performance, criminal activity, teen pregnancy and unemployment. In 1999 there were 4,027 Aboriginal children in

care in BC, which is more than a third of all children in care and this ratio has been consistent over the past several years (Provincial et al). However, Aboriginals only account for six percent of the population of BC. The lack of non-Aboriginal social workers compromises the care that the children receive, as non-Aboriginals may not be able to understand the cultural and community environment where the children come from.

The ministry of Health concludes that the first few years of an infant's life are greatly influenced by the parents with regard to optimal brain development. (BC Ministry of Health, Video, 1996). Poor stimulation and an emotionally and physically non-supportive environment in childhood and adolescence could result in low educational achievement and impaired adult health (Blane, 1995; Hertzman, 1998). The impact of biological embedding which is the rearing in the infant stage in an, unstimulating emotionally and physically unsupportive environment that affects brain development and has a dramatic effect on the child' immune system and impairs the long term functioning of organs that will create potential health hazards later in life (Hertzman, 1998). The risk of infectious diseases and allergies are higher Aboriginal children than for non-Aboriginal children (FNIRHS, 1999). The high death rate of Aboriginal children is the result of these deficits in childhood. (What is the death rate?)

Sudden infant death syndrome is a major contributor to higher death rates in Aboriginal infants (FNIRHS, 1999). Low birth weight births are associated with parental disadvantage that is further associated with social disadvantage during the parents own childhood. This cycle may be directly related to disease and poor health behavior in middle age (Davis, 1997; Kendell and Hull; 2002, Blane, 1995). Some contributors to low birth weight are tobacco use, alcohol and drug abuse, lack of good nutrition, multiple births and pregnancy-induced hypertension (FNIRHS, 1999; Kendell and Hull, 2002). Ongoing tobacco, alcohol and substance abuse problems play a significant role in the health of Aboriginal (Provincial Health Office, 1999; FNIRHS, 1999). Death from injuries in aboriginal children is four times greater than the national average (FNIRHS, 1999,). Additionally depressed Aboriginal mothers may have a direct negative impact on the development on their infants (Malphurs, Field, and Larraine, 1996).

PHYSICAL ENVIRONMENT

The homes and the community we live in can influence our health (Robson, 1993, BC Ministry of Health, Video, 1996). Isolation, poor housing, unemployment all contribute to family disparities and consequently poor health. (FNIRHS, 1999; Williams and Guilmette, 2000; Robson, 1993; Tsuji, A. Iannucci, G. Iannucci, 2001; Kendell and Hull, 2002). The physical environment is a significant determinant of the well being of Aboriginal people in particular (Ministry of Health Video).

The air we breathe (indoors and outdoors), the food we eat and the water we drink has a direct impact on our health (McColl, 1999; Williams and Guilmette, 2000; Robson, 1993; Tsuji, A. Iannucci, G. Iannucci, 2002; Kendell and Hull 2002; BC Ministry of Health, Video1996). The improper handling and storage of toxic waste can also have a devastating impact on a community's health. The environment needs to repair; otherwise the health of Aboriginal communities will continue to be hostage by a philosophy that does not respect the relationship between the people and the environment. Traditional diets consisting of fish, wild meat and marine mammals have been found to contain toxic contaminants that these researchers (Kendell and Hull 2002). Environmental contaminants can enter through food, water, soil, toxic wastes, water currents or rainfall and they have a direct impact on health (Robson, 1993; Kendell and Hull, 2002). Further, logging and agriculture have modified the natural habitat of many traditional food sources for Aboriginal people. For example Connel, Macbride and Alliance, 2002) found that juvenile pink salmon near fish farms had lethal doses of lice that may have been related to the close containment of large numbers of fish.

CONCLUSION

Lack of self-empowerment has a devastating impact on our health. Poor self-esteem originates from the external environment and it influences our actions, society's attitudes and social status. It also has a direct impact on our well being (BC Ministry of Health, Video, 1996). There a striking consistency in the distribution between mortality, morbidity and social groups. The advantaged groups have higher income, social class, and education or of major ethnicity tend to have

better health than other members' do in their societies (Blane, 1995).

The picture is becoming quite clear how each determinant has an impact on each other and strengthens the argument for an integrated, holistic, inter-departmental and inter-organizational coordination to address these issues is based on community involvement and the equitable sharing of resources to enhance health and growth based on the Assembly of First Nations position for culturally appropriate health service delivery. Aboriginal health from a holistic perspective is the only way to address the types of social determinants that are interdependent of each other. When one of the determinants is not fully connected or non-functioning, the whole organism of health is jeopardized, thrown off balance and cannot function to its potential.

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INCLUSIVITY AND DIVERSITY AT THE MACRO LEVEL: ABORIGINAL SELF-GOVERNMENT

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INTRODUCTION

Since time immemorial, we the *Anishnaabe* (Ojibwe) people lived exclusively in the natural world and we governed ourselves as part of that order. Our powers to govern ourselves are inherent in that order and no one can change that order unless by an act of a new creation.

A STRATEGY TO IMPLEMENT SELF-GOVERNMENT

To ensure that social and economic institutions of First Nations government are respected, the Canadian government should consider the following framework as a means of establishing a formal relationship with First Nations:

(1) It should be recognized that a "national will" is required to outline a division of powers. Powers will be negotiated between the Federal Government and First Nations. A bilateral process will be established at the appropriate time, to arrive at or include an agreement. First Nations should participate in the ongoing process of constitutional amendment and revision. Outstanding land claims should be settled, and mechanisms developed to ensure enforcement of land claims settlements. History has proven that Ottawa suffers from severe amnesia in regards to such settlements. Economic development should be furthered so as to reduce poverty. Essential social services of reasonable quality should be available to all Status Indians.

(2) First Nations should be able to generate tax revenues that will improve services to the people and promote

self-reliance. In the long term, such taxation will reduce dependence on federal funding. Individual rights should be protected and respected within the context of respect for the collective rights of First Nations. There should be equal opportunity for all Status Indians.

The United States regards First Nations communities as domestically sovereign. Perhaps First Nations and Canada could consider the American experience and adopt a view similar to that laid out by Kickingbird et al (1997:8):

TREATIES

The treaties were signed for the following reasons:

(a) to establish exclusive trading relations
(b) to secure the assistance or neutrality of Indian Nations in warfare between the European powers
(c) to enable settlement and resource development by non-Indians
(d) to extinguish the land claims of Native people

The Royal Proclamation of 1763 still stands as the Magna Carta of relations between Native peoples and Euro-Canadians. At the time of the Royal Proclamation, Native people held the balance of power economically, socially, politically and militarily. The European powers were forced to recognize the Indian Nations. The view held by Native people on Nation-to-Nation treaty-making is based on legal and historical fact.

NEXT STEP

First Nations, within the context of self-government, must have adequate power, resources and legitimacy in order to be economically self-sufficient. Power refers to the legally recognized authority to act, including legislative competence and jurisdiction. Other governments must recognize and respect what is done in actual practice. Resources provide the physical and economic means of acting. Legitimacy refers to public confidence in and support for the government.

The current condition of dependency must move toward self-sufficiency. Self-sufficiency is achieved when a people have control over the resources they need and they have the capacity they require to produce their own wealth in order to meet their needs and to participate meaningfully in regional, national and global economic activities.

Land claims play a vital role in restoring First Nation Governments. Without land, and our spirituality, we have no government or strength as a people.

The East: The sun rises from the east each morning and represents renewal or capacity-building.

The strategy to empower and build capacity among First Nations will be part of a larger circle of care intended to foster community development and to end welfare dependency.

The South: Time and Relationships.

The south represents time and relationships. It will take time to restore jurisdiction with other levels of government. Realignment of Federal/First Nations relations must ensure that the Crown's treaty and fiduciary responsibilities are upheld and that Aboriginal, Treaty and Human Rights and jurisdiction are recognized. Time is a critical element needed to build trust and mutual respect.

Control and Jurisdiction can be enhanced by Placing a moratorium on AFA and FTA transfer agreements because these arrangements limit sovereignty of Aboriginal nations to exercise control in reform. Forming a National Self-Government Commission empowered to administer funds with flexibility and creativity to reform.

The West: Self-Sufficiency.

The west represents a building of inner strength and inner healing. A job is the best healer.

A sustainable economy must be developed that is capable of producing wealth and ensuring equitable distribution to all members through increasing land use and resources. This will

include:

(a) access to capital for enterprise. It will include large, secondary and small enterprise and manufacturing;

(b) a focus on circulating money within the community;

(c) strengthening international indigenous peoples economic networks to facilitate, trade, economic cooperation and collaboration.

The North: Sharing.

There are many levels of sharing. The sharing of spirit and the sharing of resources, responsibilities and accountability for First Nation governments must include the following:

(a) securing an adequate land base for socio-economic development;

(b) access to development resources;

(c) access to adequate and appropriate fiscal support;

(d) adherence to the principles of resourcing inherent to Aboriginal and Treaty Rights;

(e) First Nations bands have a right to determine their own membership and powers, whether they are alone or formally join other bands sharing the same traditions and language;

(f) Ottawa finance the New First Nation governments as it does the provincial governments with equalization payments;

(g) promote partnerships at all levels within the circle of governments;

(h) respect all aspect of the Native Voice and consider the next seven generations in its decision-making.

CLANS

Finally, the clan system is being utilized by the United Nishnaabe Council in Northeastern Ontario. The clans are being organized around functions. For example, members of the Loon Clan were traditionally internal chiefs (band administrators), while members of the Crane Clan were external chiefs (Chiefs and Council). Members of the Turtle Clan were the thinkers and poets (policy development and research). Martin Clan members were warriors (security and police), Bear Clan members were the medicine people and Deer Clan members were the peacemakers (justice and conflict resolution). Last but not least, Bird Clan members were the spiritual leaders.

Green:

Green is a healing colour that symbolizes Mother Earth. Green is also a symbol of balance and listening. The earth nurtures the red, yellow, black and white people and all living things. Spiritual leaders emphasize the importance of listening and paying attention to the dark side of life. The dark side of life can be defined by five little rascals: inferiority, envy, resentments, not caring, and jealousy. It means that we stop listening. Listening helps people make the appropriate changes from negative to positive behavior. Listening is an essential component in the foundation on which to reclaim and recreate self-government.

Finally, the spiritual teachings of honesty and kindness permeate all the five colors. These colors are after Green: Red, Yellow, Black and White for the people of the Earth. We believe we can build a world based on mutual respect and trust. Honesty and kindness are the elements of the prevailing belief system which forms the core of a foundation on which to build our concepts of self-government. It is the important first step in which traditional Elders play a vital role in helping us understand self-government at the community level, as well as at the national level.

CONCLUSION

In the last few years, Elders and Chiefs have started to promote community-based healing, using traditional ceremonies, as a way for communities to start taking over their own responsibilities in the areas that each determines are important. More recently, Phil Fontaine, National Chief of the Assembly of First nations (AFN), has adopted a policy to move forward with our Elders; this occurred March 10, 1999, at the University of Sudbury's National Elders Conference. Healing, based on our traditions, builds stronger individuals, families, and communities so that the existing high levels of social problems can be decreased and new forms of social, economic, and political development can occur without federal government control. By its very definition, self-government is community-driven, whereby each community decides for itself the level of self-government it requires. The transition from colonization to nationhood will take time. But only if the spiritual foundation is strengthened and maintained can nationhood be realized in the manner in which it was given, as a gift from the Creator.

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BEING A NATIVE RESEARCHER IN YOUR OWN COMMUNITY

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INTRODUCTION

Research is about knowing and understanding. It is about re-examining issues, problems or questions of which we seek further knowledge or answers (NWSK 3555 Class Notes, September 18, 2001). First and foremost, First Nations research is a different way of knowing which involves understanding people and their perspectives. Who would understand better these "ways of knowing" than someone from the same community? Hiring Native researchers from outside one's own community has, in past experience, resulted in lack of a trust relationship and poor (or skewed) research results. A vital aspect of any First Nations Researcher is to obtain community permission. What needs to be addressed from the outset may include western ethics of "doing" research but not to the neglect of community and cultural-specific ways of "finding out things." An effective and culture-based approach to research ought to be grounded in a holistic methodology. By holistic, I mean understanding the concept of the topic from the physical, mental, spiritual, and emotional aspects, not only from the researcher's point of view, but also from the community members themselves. Personal attributes of the researcher also ought to be taken into consideration. Allocation of time and place is another important aspect of consideration when it comes time for interviews. Face-to-face interviews, in my experience, seem to work best in First Nations communities, likely due to the lack of trust issue.

PERSONAL EXPERIENCE

As a summer student in 2001, there were four of us who did research in our First Nation community for the Sudbury Health Centre. Out of those four, two of us were conversationally-fluent in our Native languages. During the first week, we had an orientation. I should mention that you should get a better understanding of what happened in a community's history and what affected the people who you are going to do the research on in order to better grasp an understanding of the values and beliefs of

the people, but also to prepare yourself to answer questions regarding motivation of the research. My grandfather used to say, "You have to look back to get ahead, and it is also in our medicine wheel in the West. With Respect, look twice." During the orientation we reviewed the Health Centre Policies and signed a confidentiality form. We were asked to maintain professional behaviour in the community throughout our employment period. After the formalities were done, we were introduced to the project. First, our supervisor told us about her involvement with the Health Centre and her qualifications, then about how the project came to be. The introduction to surveys and health reports was next. We went through each question, why it was asked, how the data was to be used and the types of data, types of other surveys and some examples of how the questions asked would reflect other questions in the survey presented. We had to examine Western ethics of doing research. At the same time we did some brainstorming to add on anything that we thought should also be included, based on our own values and beliefs and that of our communities. We brainstormed about different topics of the project, such as "What is health?" The students defined "health" in a holistic manner – community and individual well-being, which includes the mental, emotional, and spiritual as well as the mere physical. We also brainstormed about the issues of the community and things that we thought should be included in the surveys. Determining what was appropriate research for our community, we came up with a holistic approach to well-being that included, again, the physical, mental, emotional, and spiritual. This was all done so that the researchers would be able to answer questions posed to them about the motivation of the project and how it came to be, not only by the community members but also the working committee and the Chief and Council. By the end of the week, our supervisor had to go and speak of our research project to the working committee for Chief and Council. At the time, the working committee consists of five councilors. This was the crucial time to "sell" the project and defend its main purpose. After the working committee was satisfied and all their questions answered, they proceeded to make a motion to support the project. We worked with a random sample that had previously been made and the list of names of Band members already picked. Everyone was given a quarter of the list and then, from that list, we made switches of names where the Band member was only a fluent speaker and traded names with the researchers who could not speak the language. The names on the list were the only ones we were able to do. We could not do other people whose names were not on the list, except that first weekend when we took the surveys home and were asked to try some sample practices. Our supervisor went over the preparations for doing face-to-face interviews. When she went over the best times to call, she said working people should be contacted in the evening, 7:00-9:00

p.m., or on the weekend. We started laughing; we told her that the people working especially in the offices around town would really not appreciate being called during working hours and doing the interviews during their working hours. At first we were supposed to conduct interviews only during the week from 8.am. to 4p.m.; we thought that we would not get many interviews during that time. Nevertheless, we tried it for a couple of weeks and, sure enough, we had to go back to the working committee and let them know that it was not working and that we had to work evenings and on weekends if this project was going to be successful. We were also told that we should call first to set up interviews, ask them what time would be good and let them know how long the interview would take. That worked only for some people. I told my supervisor, the best way I can deal with the interviews is to make them into social calls. With the people I know real well, I am just going to call them up and say, "Hey, I am coming over. Put a pot of coffee on." And that was exactly what I did. I also found that if I was in an area and there were other people on that list in the same area, I would just go over and let them know that I had them on my list to interview and asked if it would be a good time to do the interview now. Most times, the Band members were aware of the interview taking place as there were flyers sent out to everyone on the reserve about it and also neighbours telling other neighbours or friends calling friends. Most times I was told, "I knew you were coming around. I heard you were coming this way. Come on in and let's get this over and done with." Most times some people were a little discouraged about the length of time the interview took, as they had heard from others that it was really long. I assured them that it all depends on the people; some people are real quick with the questionnaire, others take longer, and everyone is different. Field notes and journals were also to be kept and handed in at the end of each week. We found that the best time to do these field notes were right after the interview or at the end of the day. If we were able to jot down a few things that we found really stood out in the interview, then in the evening we could do our notes. I found myself using a lot of the face-to-face interview techniques. For example, I would allow the interviewee to sit wherever they felt most comfortable. I did my best to help the interviewee understand the relevance of the interview. I respected the interviewee by not answering the questions for them or leading them. I would adjust my vocabulary to match that of the interviewee. I would be conscious of mine and the respondent's eye contact, posture, body gestures, and facial expressions. I spent more time listening than I did asking questions, especially when it came to the Elders in the community. I found that the Elders enjoyed telling stories that would incorporate the answers to the questions. Then there were others who just enjoyed having company and being listened to and shown respect for their answers. Others encouraged everything to be written

down; they wanted to make sure that their voices were heard. Building rapport is an attribute that the researcher should possess. I had worked on the Reserve for 25 years at various establishments ,such as the local store, where I had built up a lot of rapport with the customers, most of whom were band members in the community. I remember asking questions even then, even as a young child, and then at various places I worked, who people were, what are their names, and where do they live. Especially when I was working in the store, I always wanted to know, so I could speak in the language to my Elders and out of respect call them by their first name. Actually, it was an Elder who reminded me to speak my language. He would speak to me in the language every time he came to the store, and that was pretty well every day. Then one day he asked me if I spoke my language and I told him, "Yes I do," and he said, "Well, you should speak it, then." From then on I made sure I spoke to the Elders in my language and also other customers who I knew spoke the language. I would also speak in the language to my kids and my co-workers and friends, and I still do that. I also built up rapport sitting on the Housing Committee for many years. That would be the place where I saw all the new young faces, and I wouldn't turn anyone away who wanted my help in something. I would advocate for them and inform them of other things that they can do to better help their situation, such as obtaining support letters from other agencies. When I received my job as Property Management Officer, the community saw what I was capable of and that I was a strong person. For the first time in the history of our community, the band members saw an eviction arise out of non-payments of rent. But I also helped that person move to a new location, so there the band members saw that I had empathy for the band members in our community. Band members also saw my compassion in my work and how they could easily approach me. Working in the community for many years, I had developed trust and honesty with the band members and they knew that I spoke the truth when I was asked anything. When the time came to go out and actually do face-to-face interviews, I was already set with connections to many band members. There were some people who I never actually visited but communicated only in passing, but they knew me. Some had already been told I was coming by with the interview and that they agreed to do it because they felt comfortable with me. I went out of my way to help the interviewee with anything that they were having a hard time with and made the calls right then and there to help them. Some of them did not understand the procedures that took place to get things done and a lot of times I would explain to them how the process worked. Usually at the end of the interview they were very grateful that I came to visit them. Some of them were grateful because they were lonely and wanted to just talk to another adult who would listen to them, and others were grateful because of a service I mentioned during my interview

that they were unaware of and that they could benefit from. One of my fellow researchers could not get into the door of a possible interviewee. The researcher had tried twice and both times the gentlemen there said that they were too busy. I asked him if I could try and do that interview and in return my fellow researcher could take any one of mine. We checked it out with our supervisor and everything was okay. I went over one afternoon. Since they did not have a phone I could not set up an appointment. There were two gentlemen there when I arrived and I stated my business and spoke to them in the language. The older gentlemen shrugged his shoulders and said, "I will do it, I guess." I was there for two and a half hours just listening to him talk about the past. His wife arrived shortly after we started the interview and at the end she said, "You could probably write a book with that much information," and we all laughed. A lot of research work is based on trust. If they trust you, you will find little resistance and if you can take as much as you are putting in, the rewards are most satisfying. Miigwetch!

AM I A MODERN DAY MISSIONARY? REFLECTIONS OF A CREE SOCIAL WORKER

Michael Hart, Ph.D. (Candidate)

INTRODUCTION

I have long held a desire to support others as I struggle forward, hopefully forward, in my own life. In the past, I did not reflect on this desire to any great extent: I just accepted it. It was a drive that came from my inner being. To fulfill my desire, I look in several directions and chose social work as the means. I saw that social work has the good intentions of helping people in need. Generally, I agreed with its philosophy that was based upon the values of humanitarianism and egalitarianism. But as I began my life as a social worker, particularly in university where I looked closely at social work, its values, and its practices. I also began to reflect upon social work as a means to helping. More recently, I've been focussing upon Indigenous peoples experiences with helpers and social workers.

Through my family history, our family stories, and the histories and stories of other Indigenous peoples, I have come to understand that their were many people who had a desire to help Indigenous people. Some of these stories and histories related to Christian missionaries. While it has been stated that many of the missionaries had positive, helpful intents and "...were important advocates, spokesmen, and mediators at a time when government officials refused to pay attention to Aboriginal spokespeople" (Carter, 1999, p. 76), the history of their judgements, condemnation, and oppression of Indigenous peoples cannot be ignored. One only has to reflect upon the thousands of lawsuits being brought forward by individuals who attended residential schools, read texts such as *Residential schools: The Stolen Years*, by Linda Jaine (1995), or review the report by Assembly of First Nations, *Breaking the Silence* (1994), to get a glimpse of terror and destruction that was inflicted by them.

As a social worker, I would like to believe that the only characteristic that social workers share with missionaries is the desire help others. However, as I move forward as a social worker, I continue to reflect

upon whether the social work profession has more in common with missionaries than this altruistic belief. This reflection was intensified after a discussion I had with a Cree woman who worked in the field, but was not trained as social worker. When she found out I was educated as a social worker, she stated, "Oh, so you're the social missionary." I was left wondering if I am really any different than the missionaries who negatively effected, if not oppressed and attacked, Indigenous people and cultures throughout many parts of the world. In other words, am I a modern day missionary? For me, this question continuous influences me. It raises further questions. In particular, if social workers and missionaries share many attributes, how can I continue to work as social worker given the atrocities Indigenous people has faced at the hands of missionaries? How can I partake in practices which are new extensions of the colonization processes undertaken, indeed lead by, missionaries? What can I do differently?

I realized that I cannot look only at my good intentions as a basis for my answers. After all, I imagine most missionaries had good intentions, yet they partook in what has been referred to as the American Holocaust (Stannard, 1992). As part of the teaching from the Elders I spend time with, *tapwewin* (honesty) is required for true self-reflection. In turn, *tapwewin* requires "...great care and careful consideration" (Cardinal and Hilderbrandt, 2000, p.48). It is with this teaching in heart that I share my reflections. I begin my reflection by looking at the foundation of social work and how it may relate to missionaries.

SOCIAL WORK AND MISSIONARIES

The social work profession is based upon humanitarian and egalitarian ideals (Canadian Association of Social Workers, 1994). In trying to understand this foundation, I reviewed the definitions of three key concepts: Ideal, humanitarianism, and egalitarianism. I then considered these concepts in relation to missionaries.

Ideal was the first concept that I reviewed. An ideal is A1: a standard of perfection, beauty, or excellence; 2: one regarded as exemplifying an ideal and often taken as a model for imitation; 3: an ultimate object or aim of endeavor: goal (Merriam-Websters, 2003). When I thought about holding ideals, it easily became apparent that missionaries had an ideal or ultimate objective in their work Indigenous people. They wanted to make us more human and less savage. This meant transforming us into

Christians (Fisher, 1988; Gibson, 1966; Huel, 1996; Todorov, 1984). As suggested by Tinker (1993), "...the missionaries all came to Native American tribal communities with firmly established commitments to their own European or Euro-american cultures with their social structures and institutions. As a result, they naturally assumed the superiority of the institutions and social structures of their own world and readily imposed them on Indian people" (p. 16). Furthermore, "...the idea of Indian deficiency that assumed, even demanded, that whites do something to or for Indians to raise them to European standards" (Berkhofer, 1978, p. 119).

I then reviewed humanitarian, which was defined as a person promoting human welfare and social reform (Merriam-Webster, 1999). Thus, one of the ideals, or ultimate objectives, for social workers is the promotion of the standard of excellent human welfare and social reform. Interestingly enough, when I looked up 'missionary' in the Merriam-Webster's Collegiate Dictionary (1999), it stated, "...relating to, engaged in, or devoted to missions." A mission is A(1) the act or instance of sending; (2a) a ministry commissioned by a religious organization to propagate its faith or *carry on humanitarian work*. (p. 745, emphasis added). So, missionaries also promoted their beliefs and/or promoted human welfare and social reform. Considering the view held by some missionaries that questioned whether Indigenous people were fully human (Grant, 1996, p. 44; Stannard, 1996, p. 211), a significant part of missionary work was to promote Indigenous people to a closer state of personhood. However, for some of the first explorers and religious scholars, such as Fernandez de Oviedo and Juan Gines de Sepulveda, the degree to which Indigenous people could be promoted was limited since they were seen as indomitable and incorrigible (Losada, 1971). They advocated using whatever means necessary to support the spread of Christianity (Friede, 1971) . As explained by Friede (1971), proponents of this view "...demanded that the incorporation of the Indian be carried out through his direct subjection to the American Spaniard" and that this "...desired incorporation of the Indian would be forcibly achieved, with the Spaniard acting as his civilizer" (p. 135).

I reviewed the definition of Egalitarianism next. It is, "...a social value; a belief in human equality leading one to treat others as peers or equals and to espouse equal access to goods and resources" (Barker, 1996, p. 116). Whether Indigenous people were to be treated as equals was also a concern for missionaries. Indeed there were debates on the

issue (Green and Dicakson, 1993). As explained by Stannard (1996), "Spanish philosophers and theologians debated amongst themselves whether Indians were men or monkeys, whether they were mere brutes or were permanent slaves of their European overlords" (p. 210). While some missionaries believed Indigenous people could not come out of their lower state and should not be treated equally, other missionaries believed that by providing the proper environment the Indigenous people could move up the hierarchy of living beings. "The noble savage was thought of as the ideal of mankind without institutions, in his natural state, awaiting the proper environment in which to be shaped and raised. If missionaries could simply surround the Indians with the right environment, the Indians would respond as whites did and quickly become productive citizens" (Higham, 2000). While I have never heard a social worker debate whether Indigenous people were monkeys, the emphasis on influencing the environment of Indigenous people sounded very much like social work's ecological approach to practice and its past attempts to help us become "productive citizens."

In considering the foundation of social work in relation to the basic premise of missionary work, I began to see how some people consider social workers as "social missionaries." Needless to say, I was somewhat disheartened to think that the field I choose to fulfill my desire to support others holds similarities to other helpers which have oppressed our people. But, I thought, the social code of ethics says more. In fact, the "...best interest of the client" is the first of ten principles. Surely this aspect of the code could ensure that misconceptions and misapplications of social works foundational values would never happen.

BEST INTEREST OF THE CLIENT...BUT ON WHOSE TERMS?

According to the Canadian Association of Social Workers' *Code of Ethics* (1994) the best interest of the client means:

(a) that the wishes, desires, motivations, and plans of the client are taken by the social worker the primary consideration in any intervention plan *developed by the social worker* subject to change only when the client's plans are documented to be unrealistic, unreasonable or potentially harmful to self or others or otherwise determined inappropriate when considered in relation to a mandate requirement,

(b) that all actions and interventions of the social worker are taken subject to the reasonable belief that the client will benefit from the action, and

(c) that the social worker will consider the client as an individual, a member of a family unit, a member of a community, a person with a distinct ancestry or culture and will consider those factors in any decision affecting the client.

What stands out to me within the context of this reflection is that the social worker remains in ultimate control of determining the plan. We may consider the people we serve, but if we believe the people's plan to be unrealistic, unreasonable, potentially harmful, or inappropriate to our mandate, then we can exclude considerations of their plan. I find this concerning in light of some historical similarities held with the practices of some missionaries. Certainly they had stopped to reflect on and discuss our ways of being and doing. Yet, after deliberations they can several "reasonable beliefs" including the views that we were potentially harmful to ourselves, that our actions were inappropriate to their mandate, or that our ways were no longer realistic ways of being (Dickason, 1997; Huel, 1996; Stannard, 1996; Tinker, 1993; Wearne, 1996). Further, missionaries took actions that were based upon their "reasonable belief" that we would benefit from their protection (Miller, 1989, 1996). They also "considered" our cultures. They often considered our culture as inferior and/or barbaric and/or uncivilized (Stannard, 1996; Todorov, 1984).

In light of these skewed views, to say the least, of Indigenous people that emerged in the past, I wanted to be certain that present day social workers would not follow the same line of deliberations and actions as the missionaries who were negative, punitive and degrading. I thought that one of the guides that social workers rely upon to ensure a more positive, supportive and accurate perspective is drawn also stems from our code of ethics. This guide is the requirement of competence.

SOCIAL WORK COMPETENCE...BUT WHO DEFINES IT?

According to section 3 of the *Code of Ethics* (1994), "...a social worker shall have and maintain competence in the provision of a social work service to a client." More specifically, 3.1 states, "...the social worker

shall not undertake a social work service unless the social worker has the competence to provide the service or the social worker can reasonable acquire the necessary competence without undue delay, risk or expense to the client." So perhaps social workers are so competent that comparing them to missionaries of the past is unwarranted. But what is competence?

The concept of competence is a very contested domain which does deserve its own focus generally, and particularly in relation to Aboriginal peoples. So it is with some hesitation that I only give it a cursory review. According to the *Social Work Dictionary* (Barker, 1996), competence is: the ability to fulfill the requirements of a job or other obligation. Competence in social work includes possession of all relevant education and experiential requirements, demonstrated ability through passing licensing and certification exams, and the ability to carry out work assignments and achieve social work goals while adhering to the *values* and the *code of ethics* of the profession. (p. 71, original italics).

Competency-based practice is: the demonstrated ability to fulfill the professional obligations to the client, the community, the society, and the profession. This demonstration occurs through acquisition of *certification* and *licensing,* keeping up with the *knowledge base* by fulfilling *continuing education* requirements, and participating in agency *supervision*, and *in-service training*. (p. 71, original italics)

So if a social worker receives the required degree, follows the code of ethics, maintains the professional values, and keeps up with the knowledge base, the social worker is deemed competent. A competent social worker is able to then fulfill the requirements of a job or other obligation. Such a social worker, we hope, would be able to avoid, or better yet, offset the past work of missionaries. If this is true, then there is an assumption that the education and peer supervision in practice appropriately addresses the worldviews, ideas, practices, and realities of Indigenous peoples and actions.

As an institution established by European-based peoples, social work directly reflects their worldviews and ways of helping while paying minimal attention to Indigenous peoples worldviews and ways of helping. Its philosophies that act as its foundation, the theories which create the frameworks that stand on this foundation, the ethics that act as its mortar, and the practices which are windows into its worldviews

create a structure, a building if you like, which is far more often than not a foreign imposition on indigenous peoples.

Many times, social workers do not recognized how their profession has been create and imposed upon on Indigenous peoples and lands. They remain in the comfort of their building and do not take the time to understand the Indigenous surroundings. Other times social workers recognize, usually after the fact, that they have created such an imposition and try to be more "sensitive" to the lives they are displacing. Hence, they look for ways of continuing to build their profession and practices without causing undo harm to the people they are alienating. At other times social workers recognize that they need to address the harm they have imposed, thus they try to spruce up their practice by working "cross-culturally." They try to modify their building so it fits within the natural surroundings. At times, this is like trying to decorate a skyscraper that is in the middle of the bush with floral and nature prints so that fits with the surroundings.

As a social work student and practitioner, I have been acculturated with the context of these efforts. Some of the instructors I know and peers I worked beside were unaware of how their theories and practices were impositions onto Indigenous peoples and our views, practices, and realities. They never mentioned or consider the appropriateness or effects of these theories and practices on Indigenous peoples. Others were "sensitive" and tried to recognize that what they taught or did may be harmful to Indigenous peoples and our ways of being. This usually meant asking me how to use their theory or approach with Aboriginal people so that they don't offend them. Others look for how to fit their ideas and practices with Indigenous ways of being. More often than not this was a focus on the ecological approach.

SOCIAL WORK ITS RELATION TO INDIGENOUS PEOPLES

It is possible to see these relationships between social work and Indigenous people on a spectrum (see diagram 1). On one end are practices, approaches, theories and philosophies that are solely based upon European worldviews. Often these views are taken to be "universal," thus applied to all peoples, including Indigenous peoples. Thus, there is no attention given to other peoples. Examples of this type of social work practices are the classical psychodynamic theory and cognitive-behavioural practices. Next to this is European-based social

work that is "culturally-sensitive" to "others." Usually this means that there is still an universal application focus, but there are attempts to apply it in a way that is not offensive to non-European-based people. Social work from this base recognizes differences exist, but if these differences are addressed at all, it is only in an indirect manner. Examples of this type of social work are the ecological and strengths perspectives. Then there is European-based social work that is universally and cross-culturally orientated. Under this process there is a focus on the applicability of the social work process across cultures, primarily from Europeans to non-Europeans, and an attempt to modify it to fit with the other peoples. Examples of this type of social work include the structural approach to social work (Mullaly, 1997), a critical social work approach (Mullaly, 2002), and the multicultural counselling theory (Sue, Ivey, and Pedersen, 1996).

Despite the clear effort to modify social work so that it applies more broadly, I believe the more we rely on European-based social work and the less we utilize Indigenous ways of helping as the basis for social work practitioners working with, either directly or indirectly, Indigenous peoples, the more likely we will consciously or unconsciously oppress Indigenous peoples, including those of us who are Indigenous social workers. In other words, the more likely we will be fulfilling the functions of social missionaries. While there are Indigenous individuals who welcome European-based social work practices, just as there many converts to the missionaries' worldviews, we cannot continue to oppress the many other Indigenous persons and peoples who want to stand with their Indigenousness.

BUILDING ON OUR BASE: MAINTAINING OUR PEOPLESNESS

So what can we do? We need to change social work. We need to expand the spectrum of social work practice, approaches, theories, and philosophies. We need to strongly recognize and build on the many helping practices that are Indigenous-based. We can build on the type of helping practices that are Indigenous based and cross-culturally appropriate for work with many Indigenous peoples, and possibly to non-Indigenous peoples. These type of helping practices are based upon the commonalities and generalizations between Indigenous peoples while acknowledging the differences between Indigenous and European-based worldviews and practices. Despite the differences,

these practices are likely to fit well in an non-Indigenous context. As such, these types of helpings practices can fit well within social work. Examples of these types include the model outlined by Brad McKenzie and Vern Morrissette and (2003) and the work of Heilbron and Gutterman (2000). Another type of helping practices are those that are Indigenous based and cross-culturally appropriate, particularly to Indigenous peoples. These practices of helping are based upon a smaller set of Indigenous nations' ways and may not be as broad in their applications as the previous type of helping practices. Still, they may used with other Indigenous nations since they are sensitive to alternative Indigenous perspectives. They may also reach some of the non-Indigenous population despite the differences in the worldviews. As such, they can fit with social work. Examples of these types of helping practices include an Aboriginal approach (Hart, 2002), material from Anderson's (2000) book *A recognition of being*, and Herb Nabigon and Ann Marie Mawhinwey's *Outline of Aboriginal Theory* (1996). A further type of helping practices are those which are based in a particular Indigenous nation's perspective. The application is stems from practices of the particular nation and usually does not attempt to address differences between its own and perspectives from other nations or those from a European-based worldview. These types of helping practices may be used in social work, but with people who hold similar worldviews or are accepting of the perspective. Examples of material which reflect this type of helping practices include Taiaiake Alfred's (1999) *Peace power righteousness: An Indigneous manifesto* and Kathy Absolon's (1993) *Healing as practice*.

To maintain an expanded perspective we need to recognize other ways of helping practice, namely the traditional healing practices of recognized Elders and healers. These ways of helping are based in a particular Indigenous nation and have specific healing applications that based upon the nation's worldviews. While practitioners of these ways clearly recognizes that differences in worldviews exist, they generally do not address the differences between practices of differing nations, nor do they address the differences between Indigenous and European/North American nations. While the focus of these ways of helping remains within the ways of helping found within a particular nation, practitioners may be open to serving people from other nations. However, practitioners of these helping ways are unlikely to alter their ways so that it can be used within social work. More likely, practitioners may be willing to work as an aligned service. Examples are the Elders and traditional healers in Indigenous communities.

Another example in the literature is Russel Willier described in *Cry of the eagle* (Young, Ingram, and Swartz, 1990).

SO AM I A MODERN DAY MISSIONARY?

While I like to think that I am not a modern day missionary, I don't honestly know. I do realize that the only way I can continue to practice as a social worker is if I continue to learn about myself as a Cree man. For me, this means that I have seek out the guidance of Elders and traditional healers so that I can be lead by our teachings. I have to go back to our stories and seek how they can inform me on how to work with people today. I have to learn from our traditional healing ways and try to understand how they can enhance my practice. As a Cree social worker, I have to contribute to *changing* the field of social work. I have to rely upon our own worldviews and philosophies and the theories, approaches, and practices that stem from them. I have to contribute to these theories, approaches and practices by applying them and/or developing them further. I have to overcome those obvious and not so obvious practices and ideas that oppress our ways of being and doing. I have to remain open to Indigenous communities and their critique of social work, and of me. Without this openness, I will be at risk of losing my connection. As my mother has directed me, I must always remember where I come from as I go forward in this field. I remain hopeful that this is the way I may be able partake in social work, despite its connections to colonial processes. Perhaps this way I may be able to do things differently.

CLOSING THOUGHTS

I recognize that this reflection piece has many holes that are neglected. Not all of the missionaries' work resulted in harm to our peoples and cultures. Not all missionaries sought to tear down our cultures. Our code of ethics probably goes further to protect people than any similar codes of four hundred years ago. Similarly, there are many social workers who have a deep desire to support our peoples emancipation from the colonial processes and its effects. There have been efforts by some social workers to make the ecological approach applicable to work with Indigenous peoples and others who have actively sought out Indigenous ways of helping as a means to helping

the people they serve. Yet, I cannot ignore that helper's comment, "...so you're a *social* missionary." I believe ignoring the perceptions people have of us as social workers or explaining them away without considering how this connections may have emerged for them will not help us avoid the pitfalls that caught so many before us. I believe by acknowledging the images, stories, and connections of social work and missionaries we will be better prepared to create, support, and advocate for our own Indigenous-based helping philosophies, theories, approaches, and practices. We will recognize the work that lies ahead of us as Indigenous social work helpers and educators. Most importantly, we will better recognize the path we need to take.

An introductory spectrum[1] of Amer-European and Indigenous based helping practices

Based in the worldviews and philosophies that are...	Amer-European	Amer-European	Amer-European	Indigenous	Specific to several Indigenous	specific to an Indigenous nation	specific to an Indigenous nation
applications	universal	universal, but only sensitive in their applications to non Amer-European peoples and ways	universal within a cross-cultural context	universal, particularly between Indigenous and non-Indigenous. May be used sensitively within a non-Indigenous context.	While these applications may be Indigenously universal within a cross cultural context, they are more applicable to a smaller number of Indigenous nations. May be used within non-Indigenous context	While other Indigenous nations may tap into these applications, they are specific to Indigenous nation	specific Indigenous Nation. It recognizes the traditional practices are specific to a Nation, but may be open other Indigenous peoples participation
How differences in worldviews are addressed	recognizes no differences	recognizes differences exist, may address indirectly. If recognized, tendency to treat all Indigenous nations as a group with one worldview	recognizes and addresses differences directly. Tendency to treat all Indigenous nations as a group with one worldview	recognizes that Indigenous-Amer-European have different worldviews. The differences between Indigenous nations are not concentrated on. Generalized / common worldviews of many, if not all Indigenous Nations are included.	recognizes differences between Indigenous nations and between Indigenous and Amer-European Nations. The common worldviews of a smaller number of Indigenous nations are primarily included	recognizes differences between Nations and Indigenous and Amer-European worldviews, but does not attempt to address the differences to make its application fit more broadly. Likely based on one particular Nation's worldviews.	Recognizes differences, however, these applications do not address the differences since they are highly focussed on one Indigenous nation's worldviews.
examples of theories, approaches, practices, authors, or publications	classical psychodynamic theory and classical cognitive-behavioural practices	ecological practice, strengths perspective	multicultural counselling and therapy (MCT), structural social work, a critical social work approach	Heilbron and Gutterman (2000), McKenzie and Morrissette (2003)	An Aboriginal Approach (2002), Anderson's (2000) A recognition of being	Absolon's Healing as practice, Taiaiake Alfred's Peace power righteousness	Elders and traditional healers, Russel Willier in Cry of the eagle

1. I wish to emphasize the spectrum is not made up of clear isolated categories, meaning that the parts of the spectrum would likely blend into the other parts to varying degrees. I would also imagine that some of the examples could be debated for being aligned in the manner which I have done here. Despite these possible debates, I hope the point that there degree to which practices relate to Indigenous peoples worldviews, and that even within Indigenous worldviews and practices there are significant variations.

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