

“*Wise Practices*”: Integrating Traditional Teachings With Mainstream Treatment Approaches

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Abstract

This article addresses the integration of traditional wisdom with “mainstream” (medical model) approaches to healing in First Nations communities, and with Aboriginal peoples in off-reserve settings. The “wise practices” concept that emerged from the Canadian Aboriginal Aids Network (Thomas, 2007 as cited in Wesley-Esquimaux & Snowball, 2010, pp. 390-391) is a “best practices” model for integration of approaches. A wise practices approach facilitates good clinical judgement in complex cases (O’Sullivan, 2005). The Seven Grandfather Teachings and the Cree Medicine Wheel are presented in brief, not as the main focus, but as examples of traditional teachings which can be integrated into some contemporary mainstream theoretical approaches. Cognitive Behaviour Theory and General Systems Theory are used as examples.

Introduction

In the current climate of mental health and addictions treatment there is disagreement on the best practices concept. Practitioners using differing theoretical perspectives have conflicting opinions about what constitutes best practice. In working with Aboriginal treatment populations the goal is to create wise practices that are both effective and culturally safe (Smye & Browne, 2002; Wesley-Esquimaux & Snowball, 2010). Incorporation of traditional healing and other theoretical approaches can potentiate good outcomes (Duran & Duran, 1995; Duran, 2006; Hill & Coady, 2003; McCormick, 2000; McCormick, 2005; Menzies, Bodnar & Harper, 2010; Moodley & West, 2005; Rice, 2005). Contemporary best practices show increasing recognition of the concurrent role of cognition, emotion, relationships, and spirit in healing (Mehl-Madrona, 2007; West, 2005). Integrative approaches are also effective for physical illnesses not remitted by solely using a medical model (Koerner, 2003).

Exploring the concept of “promising practices” is useful for guidance where few standard integrative approaches exist (Dell, Lyons & Cayer, 2010). A more thorough unpacking and envisioning of details on how this can be done is beyond the current scope of this paper. The authors take the stance that exploring the concept of integration of core traditional spiritual strategies and mainstream approaches can stimulate thinking among practitioners regarding their own unique situations. No one format or particular approach can be prescribed or will fit all circumstances. Careful thought must be given to the requirements of each setting, with practitioners taking responsibility for appropriate formulation of applicable integrative strategies.

Traditional healing approaches represented in Medicine Wheel Teachings and Seven Grandfather Teachings (or Seven Sacred Values) (Benton-Banai, 1988; Mawhiney & Nabigon, 2011; Morrisseau, 1998; Nabigon, 2006; Wenger-Nabigon, 2010; Wesley-Esquimaux & Snowball, 2010) can be used as a framework for applications of the two mainstream approaches the authors have chosen for brief review – Cognitive Behavior Theory (Thomlison & Thomlison, 2011), and General Systems Theory (Andrae, 2011)¹. Practitioners are encouraged to consider choices carefully when integrating approaches. The Elders counsel that reflection

and prayer must go into personal change, and the implications of change must be considered prior to action. It is Spirit who effects change, and the helper’s job is to know and understand practices that can be used within relationships, where healing occurs. When additional training is required, either in traditional practices or mainstream practices, communities should support their workers in gaining the necessary on-going professional upgrades. Sustaining practices of accountability through appropriate supervision should be implemented. No one works well in a vacuum.

Critical Analysis –Looking at the Bigger Picture

The dominant empiricist tradition of science provides the background for much of what happens in contemporary treatment settings, contributing capacity for helping but leaving contemporary Aboriginal life invisible (Menzies, Bodnar & Harper, 2010; Smye & Browne, 2002; Waldram, 2004; Waldram, Herring & Young, 2007; Wesley-Esquimaux & Snowball, 2010). Critical analysis provides a tool for contextualizing historical and contemporary Aboriginal realities (Pollock, Weaver & Levandosky, 2004). Critical analysis provides a reasoned contextual critique of structural inequities that must be taken into account for wise practices to emerge, and widens the field of responsibility beyond the individualistic structures of the “silos” in many contemporary treatment settings. The constraint of authoritarian hierarchical structural organization does not blend with traditional values, and is a reflection of the dominant society.

The contemporary reality of structural factors perpetuating systemic over-representation of Aboriginal peoples in poverty, ill health, incarceration, in the child welfare systems, etc., is now generally known by any Canadian resident paying attention to the daily news, and reflects the context of many Aboriginal communities across Canada. In Ontario there are 133 First Nations, with approximately 158,395 First Nations people residing in Ontario. This represents about 65 per cent of the total Aboriginal population in Ontario, according to the 2006 Census. About 30 per cent of this population lives on reserves. Approximately 29 per

¹ ‘Theory’ is not a statement of ‘truth’, and should be understood to mean ‘a statement with some predictive qualities’.

cent of the First Nations people in Ontario are under the age of 15, with only about 58 per cent of youth completing high school. The First Nations unemployment rate in Ontario is about 14 percent, with a labour force participation rate of about 63 per cent. The average personal income is estimated to be \$24,000 per year, with on-reserve First Nations people averaging \$17,000.²

This reality exists in the context of a resource rich province where extraction of wealth from traditional territories has long been the norm. Inadequate education and job training opportunities, and communities underserved by health care, housing, and other social services, are not what mainstream Ontario communities would find acceptable. Small, medium and large cities in Ontario could not survive such a disastrous structural situation. What would be considered intolerable by political leaders and the general population is tolerated for First Nations. This reality is an aspect of the context within which lateral violence is generated.

The issue of lateral violence in all First Nations is extreme to a point where it disables healthy families, and too often isolates those who desire to help in a variety of ways. Lateral violence is the manifestation of hierarchical violence distributed horizontally among members of a community which suffers historical and on-going oppression from external dominant state/economic systems (Smye & Browne, 2002). Power imbalances trickle down, and are systemically disproportional. Lateral violence is visible across communities at all levels, disallowing leadership to deal with conflict constructively, fairly, and respectfully. The conclusion of the legacy of physical, social, and spiritual impoverishment can be seen in the depression and despair that so often manifests in communities in various ways. This is a sad state of affairs, and it will take a long time to turn around, but it is only the communities and people themselves who can take on the task of changing this reality. Appropriate relationships with allies from various directions can assist the change process, but no “quick fix” exists via any treatment format.

²Source: Data from Statistics Canada, 2006 Census and INAC Ontario Region. Seven First Nations chose not to participate in the 2006 Census, and three First Nations were incompletely enumerated. http://www.aboriginalaffairs.gov.on.ca/english/services/datasheets/first_nations.asp

A view of the well-spring of strength in the communities must lead any analysis of the current picture. The generalizations of unemployment and lack of education has exceptions. As an example, the Chippewa's of Rama, and other communities, have a majority of employment, and many communities evidence entrepreneurship contributing significantly to the capacity of that community. Also, many communities support advanced education for their members and on-going training for their workers and community members. Many communities have Elders with strong practices and interventions around all forms of imbalance and harm to self and others. They utilize the Seven Grandfather Teachings, sweat lodges, talking circles, and many different traditional ceremonies, medicines, and good food in their approach to treating disturbances in relationships (Koerner, 2003; Menzies, Bodnar & Harper, 2010; Moodley & West, 2005; Morrisseau, 1998; Nabigon, 2006; Rice, 2005; Smith, 2005; West, 2005). They know that relationship is the key to successful interventions in areas of trouble. Some Elders have treatments for physical disorders such as cancer, diabetes, thyroid problems, hepatitis, and others. All treatments are premised on natural herbs (medicines) and ceremony, and are powerful for many people using these approaches. Natural helpers and community leaders who collaborate with Elders can achieve healing and positive structural solutions.³

In addition to the Elders, many people who have worked hard to obtain higher education and employment have returned to serve their communities. Youth are encouraged to get education and avoid a lifestyle of addictions. Youth and adults have greater interest in their traditional spiritual ways, and strengthen their identities through learning and practicing their cultures and languages, some even when not identifying with traditional spiritual ways. There is growing understanding of historical trauma, the impact of Residential Schools, and opportunities to participate in healing programs. Mainstream allies contribute to supporting the goals of Aboriginal peoples, and communities are working toward and gaining increased self-governance. A good critical analysis

³An “Elder” is not necessarily a “healer” and vice versa. Each community has its’ own way of designating “Elders”, and natural helpers. Some communities will prefer to rely on other more mainstream approaches.

shows that “the dominant mental health problems for aboriginal people are social in nature, rooted in a long history of oppression and current social conditions” (Smye & Browne, 2002, p. 43). A good critical analysis shows that the picture is bright with hope for change and desire for better futures for Aboriginal peoples.

Foundational Structure of Traditional Knowledge

Traditional knowledge regarding wisdom teachings, sweat lodges, the medicine wheel and pipe, etc., was transmitted and preserved by oral methods, and is referenced in the following quote from *The hollow tree: Fighting addiction with traditional native healing*:

The Grandfathers can be understood in terms of spirit guides who possess all the knowledge of the universe. They are available to everyone. Sometimes they may plant thoughts in our minds to give us direction and guidance. These thoughts always make the utmost sense. Their purpose is to help us in our spiritual evolution. I believe the terms Grandfather and Grandmother were coined eons ago when the traditions were being laid down because they were words that people connected with the wisdom of ages. (Nabigon, 2006, p.89)

The Cree Medicine Wheel has been recognized in the academy as useful in healing work (Mawhiney & Nabigon, 2011). It conveys the principle therapeutic goal of “... [promoting] 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” (p. 22). The Cree understanding of the medicine wheel is similar to other understandings (Benton-Banai, 1988; Morrissette, 1998; Rice, 2005), and provides a circular template with which to understand the problems being faced and the directions for finding solutions. The four quadrants of the medicine wheel cover four aspects of human life – feelings (vision), relationships (time), respect (cognition), and caring (action; physical; spiritual) (p.23), around the core “fire” of the person, or what is considered the central location of healing in the heart. Treatment processes need to consider emotional, cognitive, social, and physical functioning in a spiritual context.

Nabigon (2006) writes:

To take care of the Earth and the community of life we need to remember the teachings of the little boy. He handed all the gifts of knowledge that he received from the Seven Grandfathers to us so that we would know where we stood in the scope of the universe. These Grandfathers implicitly give us direction to resolve the conflicts of our inner demons ...The sacred fire represents the Creator who is inside every human being. Our responsibility is to keep that fire alive (pp.86-87).

For helpers/healers who are grounded in these teachings, it is a natural process to discover what is needed for people to find their identity, balance, and solutions for their problems. With this grounding, any method or technique can be applied if it is in the context of the traditions. With a solid grounding in a spiritual life guided by these teachings, a helper will be able to create appropriate working partnerships. The most complex situations can be addressed comprehensively if the necessary framework is in place. This understanding cannot be handed to someone – it comes through committed personal work on oneself.

Brief Review of Cognitive Behavioral and General Systems Theories

Advances in research in psychology, neuroscience, and social work practice have shown improved understanding of cognitive functioning in human life. Cognitive Behavior Theory (CBT) focuses on the “inclusion of thoughts and beliefs in the determination of clients’ problems and their alleviation” (Thomlison & Thomlison, 2011, p. 77). CBT based therapy techniques are taught and used widely in both mental health and addictions treatment, based on the premise that changing one’s thoughts can lead to emotional and behavioural changes.

General Systems Theory (GST) is a holistic “methodological approach to understanding the world” (Andreae, 2011, p. 243). Over the past 200 years the scientific community has grown in the understanding of systems and how the theory explains environmental and human phenomena in a non-reductionist manner. GST has provided a framework for the mainstream scientific community to understand connectedness, complexity, and

relationship. GST is widely applied in many fields, and is compatible with a holistic understanding of human functioning and healing, particularly in Family Therapy contexts.

The traditional Aboriginal worldview is vastly different from the scientific, capitalistic, modern worldview dominating today's societies. Through the traditional teachings people are guided to understand "the natural laws of balance" (Mawhiney & Nabigon, 2011, p. 27). The Seven Grandfather Teachings of Love, Bravery, Honesty, Wisdom, Respect, Humility and Truth, and the template of the Medicine Wheel Teachings, provide guidance for creating balanced relationships (with people and the natural world). These teachings encompass strategies that address the emotional, cognitive, social and behavioural aspects of life in a systemic fashion. With thought and focus, any helper trained in CBT, or knowledgeable about GST, or Family Systems Therapy, can see how all of this knowledge is already carried by the traditions.

The traditional approach can assist a helper in knowing how to best organize their work. Assessment, treatment planning, therapy strategies, and follow-up care can all be built around the structure of the teachings, and incorporate knowledge, strategies, and techniques from other theoretical positions. GST and CBT approaches are particularly beneficial in providing specific tools to change thought, heal negative emotions, understand things from different viewpoints, and try new behaviors. The traditions give the guidance and support that is necessary for on-going healing and change. They convey a core understanding of a spiritual life. Without Spirit, and personal commitment, it is unlikely that any teaching or any strategy, from whichever direction, will help people attain and maintain balance. The Sacred Circle of the Medicine Wheel, and the Sacred Teachings, encapsulate all the spiritual wisdom required to guide the healing journey, sustain healing relationships, and promote positive change.

Wise Practices in Integrating Different Approaches

Integrating different helping approaches calls for a broad range of knowledge. The terms "eclectic", "braided", or "blended" can describe the practice of drawing on different theoretical approaches. The authors

have used the term wise practices to describe the integration of knowledge in order to provide the best help possible in a given situation. People are encouraged to learn and use terms and practices that fit their own working environment (Nabigon, Hagey, Webster & MacKay, 1999). The goal is to help people help themselves, and to mostly stay out of the way, yet be “on their side” by offering strategies that fit their unique needs.

A traditional understanding of healing implies more than an understanding of holistic health. It flows from knowledge of the inter-relatedness of everything. Health arises from all aspects of life being in right relationship. Sickness arises from disruption, or imbalance. Any method or technique that ignores the foundation of respectful, balance with all aspects of life will have limited benefit. In the long run, what we eat, drink, do, feel, think, believe and intend is part of the wholeness that is the essence of healthy living and right relationships. As long as humans live in disruption of relationships and environments there will be difficulties. People, including helpers, need assistance to turn things in better directions. It is incumbent upon helpers to take responsibility and learn as much as possible from all directions, yet always hold this knowledge in the light of traditional guidance.

When it comes to a consideration of a critical examination of the nature of integration when designing best practices in Aboriginal contexts, it is important to remember that traditional Elders almost never engage in argument over issues of privilege and disadvantage. Stating the obvious is not a customary traditional form of teaching. Leading through example, through sharing wisdom, and through acknowledgment that the winds of change are always moving people along the path of life is the traditional way of promoting healing and change. It is obvious that there are tensions in integration, but it is important to not kill the Spirit of knowledge and growth. Nothing can stop pain except change. Healing is a process, a change process, and pain is inevitable along that path. The practitioners who do the necessary work of helping people and communities to heal must expect to encounter difficulties, and must prepare themselves spiritually to manage their own necessary growth and change. Sometimes integration of two ways can be helpful, but not always. No Elder, or mainstream practitioner, can take away the strength of the process which is not often an easy one, nor should it be expected to be thus. Balance, like

mental health, can be understood to be the ability to hold opposites within the same field at the same time. The greatest wisdom often comes from integrating paradoxical truths. This is a wisdom that must be infused into the hearts of willing helpers if the journey to health is to be realized. There are no simple prescriptions except doing the work that is required by the process.

Conclusion

Real tradition has substance, and comes from the heart. It is not simply another technique or form to be assumed by someone who wants to be a healer/helper. Integrating traditional and medical model /mainstream healing approaches requires strength and vision. Traditional teachings cannot be used as if they were a medical prescription, or an empty container to be manipulated for gain or appearance. Neither traditions nor other strategies can be imposed from the outside in, but must come from the inside out – from the heart.

Helpers who seek wise practices must seek their own healing. They need to be able to truly listen to their own heart before they can hear the heart of another. Training can be gained, but learning and healing is an on-going growth process. Helpers who are able to apply the lessons of the Medicine Wheel and the Seven Grandfather Teachings in their life will be able to develop wise practices in their work and learn the art of working from the heart.

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