

From the Inside Out: Spirituality as the Heart of Aboriginal Helping in [spite of?] Western Systems

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Abstract

The degree of reclamation of culturally-based spiritual practices varies by and within communities and families, but appears to be gathering momentum. From the anecdotes provided by clients it appears that healing takes its firmest roots when the spiritual aspects of the individual's life are attended to. More clients and helpers are recognizing the need to look inward, to recognize the strength of their spirit and the role spirituality plays in fostering resiliency. Working as a helper, particularly within western systems, however, the challenges can be daunting and frustrating with respect to incorporating spirituality into the helping process. Although many helpers have begun the dialogue, spirituality – and more particularly Aboriginal spirituality – remains on the margins, raising questions and concerns that have no simple solutions. This paper is a beginning in my personal and professional consideration of how to more fully explore and integrate spirituality with individuals, families and communities.

Introduction

This paper builds on a presentation that two friends (and colleagues¹) and I prepared for the 2006 Native Mental Health Association of Canada conference held in Vancouver. Called *The Paradox of Spirit in Aboriginal² “Mental” Wellness* (unpublished), it was a presentation that drew some thoughtful and thought-provoking responses from the attendees³. It is also an issue that I personally and professionally consider integral as I continue to work with Aboriginal communities throughout the northeastern region of Ontario; the degree of reclamation of culturally-based spiritual practices varies by and within communities and families, but, as evidenced by other events I have participated in, appears to be gathering momentum. From the anecdotes provided to me by clients, as well as from my own personal experiences, it appears that healing takes its firmest roots when the spiritual aspects of the individual’s life are attended to.

It is encouraging to me that more clients and helpers are recognizing the need to look inward, to recognize the strength of their spirit and role spirituality plays in fostering resiliency. Working as a helper, particularly within western⁴ systems, the challenges can be daunting and frustrating. Having spent most of my post-secondary years in Aboriginal programs, we are taught that we must know ourselves first in order to provide effective service to clients, but to bring that knowledge from the inside out also

1 Janice St. Germaine, Anishinabe-kwe of Wasauksing First Nation, and Tracy Holman both worked at B’saanibamaadsiwin-Native Mental Health during my tenure there. While the three of us come from differing backgrounds with respect to our spiritual beliefs, we each felt strongly that spirituality is a crucial aspect of healing and wellness.

2 I use Aboriginal in this paper to refer to the many cultures and identities of Canadian indigenous peoples. I acknowledge that this may not reflect the terms used by individuals or groups, and that there is an ongoing debate regarding identifiers and identity across this country. Where “indigenous” is used, I am referring to cultures in other parts of the world.

3 Interestingly, a number of the attendees—psychiatrists, psychologists and other mental health professionals of various socio-cultural backgrounds—shared anecdotes that affirmed the direction of the presentation. All had some experience working with Aboriginal communities and/or clients, as well as other clients from other backgrounds.

4 Western is those sets of cultural values, beliefs and systems that originated in Europe. Western paradigms tend to separate things and people, to place a high degree of reliance on empirical science, and to assume an ethnocentric stance of being the only valid and universally relevant way of conceptualizing the world. (Coates, Gray & Herington, 2006; Kirmayer, Brass & Tait, 2000). In addition, there are hierarchical structures and systems that serve to classify, marginalize, oppress people and invalidate other ways of knowing and living.

places us at risk in western systems that do not understand other ways of knowing and living. It also can provide avenues for growth for those same systems, and for ourselves, and the people we service. The following is an exploration of a number of issues that I have encountered. It is far from exhaustive, but is an opportunity for me to consider a number of elements of the healing, living and helping⁵ processes I am engaged in.

Before moving on, a few words of introduction and definition are needed. My own sense of identity is cloudy, having been adopted as an infant, and raised in southern Ontario. As a mother and grandmother of Anishinabek children, however, I understand I have responsibilities to the upcoming generations, to help where and how I can to enhance the well-being of individuals, families, communities and nations. Over the past six years I have worked in the field of Aboriginal mental health⁶, providing direct service, as well as teaching for the Anishinabek Educational Institute. Currently, I am working to establish a regional Aboriginal mental health outreach service in northeastern Ontario at the Northeast Mental Health Centre⁷. I am also a Ph.D. student at Trent University in the Indigenous Studies Department. These experiences have left me with an unshakable sense of being caught between two worlds, acutely cognizant of the ramifications, should I step too far into one or the other world. They also affirm in many ways, however, the need to pay more attention to the spiritual dimension of peoples' lives in the helping process.

5 Throughout this paper, I use the term "helping" to include any form of helping practice, such as social work, nursing, psychiatry, etc. It also includes stages and activities ranging from prevention to tertiary intervention.

6 "Mental health" is a misleading term, particularly for Aboriginal workers and clients, because of the limitations it imposes. Rather, we work from a holistic perspective, recognizing that all aspects of self—mental, emotional, physical and spiritual—must be balanced within the individual's life context (i.e. historical, environmental, socio-political, etc.)

7 Establishing a culturally appropriate Aboriginal service within a western institution, from past experience, will be fraught with many challenges. It also places my co-workers and me in a position of tension, as we will be working to educate the non-Aboriginal staff to work with Aboriginal clients in ways that may go very much against western paradigms. As well, to work in Aboriginal communities and with clients requires a different mindset and set of expectations, such as the amount of time that one spends, and how it is spent. The internal conflicts that we may experience, too, will likely stem from the historical context of western institutions vigorously attempting to assimilate Aboriginal peoples. Hence, it is critical that the work we do be fully grounded in community and culture, and be guided by the communities themselves.

As many writers before me, I define “spiritual” and “religious” as distinct concepts. Spirituality is that sense of connection to something greater than self. Fyre Jean Graveline states, “A spiritual connection helps not only to integrate our self as a unified entity, but also to integrate the individual into the world as a whole. Spirituality is experienced as an ongoing process, allowing the individual to move toward experiencing connection—to family, community, society and Mother Earth.” (Graveline, 1998, p. 54). An Elder, quoted in Ellerby and Ellerby (1998, p. 39), states “Spirituality is the foundation of everything and I don’t care what colour you are.” Vine Deloria Jr. (1994) discusses how for Aboriginal peoples, “Tribal religions are actually complexes of attitudes, beliefs and practices fine-tuned to harmonize with the lands on which the people live.” (p.70). Thus, it is with little surprise that land, and the spirit of the land, are central to a sense of identity and balance, in addition to being a key political focal point. Without that connection to the land, the spirit becomes disconnected, thus impacting the wellness of individuals, families and communities (Ponting, 1997). Spirituality, in lived experiences, takes many forms: intuition, dreams, creativity expressed through dance, music, art, visions, and so on. It is seen in the way a meal is prepared, in the sharing of food and laughter, the thoughts that are present during the making of a drum or an outfit, and in the greeting of a new day. It allows people to live well in balance with all their relations, to find meaning and purpose in life, and when necessary, to heal.

Religion, on the other hand, is a structured, formal set of practices that express “an integrated belief system that provides principles of behaviour, purposes of existence, meaning of death, and an expression of reverence for a supernatural being (or beings).” (Canda 1989, p. 37 cited in Baskin 2002, p. 2). One can be religious without having a spiritual connection. One can be spiritual without being religious. Or both may co-exist. Perhaps the most harmful impact of western religions has been the rigidity that has developed over the centuries, where any belief system that is different or questions religious authority has been harshly dealt with. The Crusades, witch-hunts, Inquisition and residential schools are pointed evidence of this. The persecution and relentless missions to convert indigenous peoples across the world has left entire cultures with

fractured remnants of odd, garbled mixtures of the traditional⁸ indigenous and western colonial knowledge (see Adelson, 2000; Deloria, 1994). This splintering is still evident in communities that clash over traditional ceremonies, which have been thoroughly demonized by the various churches and missionaries during the past few hundred years.

Spirituality, as a critical component of healing, is still very much on the fringes of the dominant therapeutic modalities, generally seen as the purview of the religious institutions, although both indigenous and non-indigenous therapists, counsellors (secular and non-secular) and healers, are bringing it back from the margins (Young, Wiggins-Frame & Cashwell, 2007; Graham, Coholic & Coates, 2006; Coholic, 2005)). For Aboriginal peoples however, spirituality is a central element in the development of positive identity, resilience, and purposefulness, and is manifested in daily living⁹ (see for examples Ellerby & Ellerby, 1998; LaBoucane-Benson, 2005; Baskin, 2002; Kirmayer, Brass & Tait, 2000; Riecken, Scott & Tanaka, 2006; Iwasaki & Bartlett, 2006). In mental health, as with other western health fields, the role of spirituality is too often ignored (Hill & Coady, 2003). My experiences confirm for me, however, that, as the teachings indicate, we are—first and foremost—spirit having a human experience. And, until we connect with that spirit, our wellness and capacity as humans is not fully realized¹⁰.

8 I want to acknowledge the many difficulties that are attached to using the word “traditional.” I use it in this paper to refer to Aboriginal practices that have been utilized, and have their origins in life before European contact.

9 The significant difference between western-based religions and Aboriginal understandings of spirituality is that one cannot separate spirituality from any other aspect of life. Thus, the sense of connectedness is constantly present. The perception of the sacred includes all of creation, and rather than humans being at the top of the heap, instead we are understood to be the most dependent on all other life forms. There is no need for intercessors, such as a priest, to pray on behalf of others, pronounce judgment on the behaviours of others, and so on. There is a distinct recognition of the equality and interdependence—and thus the internalized sense of respect—of all, rather than power-based hierarchical structures that have historically marginalized entire groups, such as women, children, or people of non-western cultures.

10 Edward Benton Banai (1988), in *The Mishomis Book*, relates a number of teachings through storytelling, which underline the need for a balanced connection between the spiritual and physical dimensions of our lives. To step too far into one this traditional form of knowledge transmission also reinforces culturally based concepts and practices. The time at which this book was written being Aboriginal was not quite as acceptable as it has since become. But this book, along many others, in addition to other venues of information sharing, have revived some of the cultural pride that is a key element of positive identity formation. The spiritual elements within the stories form core practices, values and beliefs, are a major part of that cultural foundation.

A positive sense of identity is a strong protective factor, and is inextricably linked to culture and cultural worldviews (e.g. Homel et al., 1999; Wilson, 2004; Kirmayer, Simpson & Cargo, 2003), of which spiritual concepts are a key factor. This understanding has been and continues to be a central message in all areas of Aboriginal wellness (Kirmayer et al., 2003; Carriere & Scarth, 2007; Young & Nadeau, 2005; Adelson, 2000). As western mental health services become more open and supportive of addressing Aboriginal-specific needs, the incorporation of spiritual practices is not only more possible, but also poses more questions—and concerns—at many levels.

Interestingly, a development bearing many similarities to Aboriginal healing paradigms, called the “recovery” movement, has been developing in western or mainstream mental health, propelled by the individuals (and their families and friends) who have survived (*in spite of?*) the mental health system, with a corresponding development among many service providers to move beyond the oppressive, paternalistic mindset that has been—and to some degree still is—the hallmark of mental health (Jacobson & Curtis 2000; Jacobson & Greenly, 2001). The recovery movement is providing the impetus for changes within mental health services not only in Canada, but also in other parts of the western world. It is a movement that demands that helpers and systems look at the individual as a whole person, existing within the context of family, community, culture, and environment, and that they foster conditions that provide hope, healing, empowerment, and connectedness (Jacobson & Greenly, 2001).

For Aboriginal individuals and communities—indeed, for indigenous societies across the world—these are key elements in the development to reclaim recognition and autonomy as distinct peoples, to engage in decolonizing processes (even as colonization continues in more subtle forms, such as cognitive, religious and economic imperialism¹¹) and to re-strengthen cultural life ways and worldviews, and are not limited to just the “mental” health field (Young & Nadeau, 2005; Kirmayer, et al.,

11 See for example, Kirmayer, Brass & Tait (2000), Coates, Gray & Hetherington (2006), Martel & Brassard (2006), Waldram (2001). The various appellants utilized to describe the continuing experience of colonization include “intellectual” and “professional.” In effect, although colonization originated as a set of oppressive, genocidal practices during the early colonial period, there is no sign that colonization has ceased to exist. It has simply moved into more insidious and subtle forms with far-reaching global impacts.

2000; Coates, Gray & Hetherington, 2006). The emphasis on recovering and fully integrating the spiritual aspect of self has implications that are linked to identity and resilience of the individual, family and community, as well as for the practice of clinicians. “What is considered mental illness is influenced by cultural and religious factors, and the Western definition of mental illness is not always applicable to individuals from different ethnic and cultural backgrounds. . . . manifestations of mental illnesses and how people describe and interpret their symptoms vary with race, ethnicity and culture” (Agić 2003, p.5).

But incorporating the spiritual elements of healing (or recovery) poses particular issues for Aboriginal individuals and their helpers, especially when those supports are in western-based health settings. For example, western health organizations, when presented with the notion of engaging Aboriginal healers, may raise concerns of supervision (i.e. clinical and legal liability issues). Other issues that come to light are the divergence of values, ethics and cultural practices. For example, once a relationship is established within Aboriginal communities, it is expected that the relationship will endure, regardless of the initial context or purpose of that relational development. Thus, it is not uncommon to hear of complaints raised when helpers (and others, such as researchers) enter into a relationship with a community (i.e. through provision of helping or other services), and then leave to take a position elsewhere. To paraphrase Rupert Ross (1996, p.67), we are relationships, and those relationships extend beyond a specific set of functions and time. This requires an understanding that wherever we are, we are bound to our relationships, and thus have responsibility to those relationships beyond the office door.

As well, Aboriginal paradigms do not limit relationships to human-to-human, but are inclusive of animals, plants, rocks, water, spirits and all of Creation. Aboriginal ethics, or values, encourage positive, balanced relationships, not only with other humans, but also with all beings. Healing and restorative methods work to restore harmony and balance, ensuring the spirit is at the heart of the process. For example, where herbal medicines are used, the spirit of that medicine is acknowledged from the outset and is seen to be the active agent in the use of the medicine. Tobacco—a taboo material for many in the health field because of its association with cigarettes and negative health impacts—is given in some cultures as a

way of affirming a relational “contract” (e.g. asking for specific knowledge) to a depth that is untouched by signing a piece of paper. Medicines convey not only the physical element, but also the spiritual element of healing, balance and relations. Placing spirit at the core of healing requires a perception of the sacred in all life forms, both seen and unseen. It allows for the acknowledgement and fostering of strengths and gifts regardless of the form they come in, reconciliation and restoration of harmony when hurt has occurred, for the awareness that respect must be shown in thought, word and action because none of us exist in a vacuum and we cannot act carelessly with impunity.

Ethics, as a set of values or principles, guide the behaviour of helpers and their relationships with those they are helping. In *God is Red*, Vine Deloria Jr. (1994) states, “Ethics flow from the ongoing life of the community and are virtually indistinguishable from the tribal or communal customs” (p. 68). Values, stemming from spiritual beliefs, are embedded within each culture and, although there are many common values across cultures and belief systems (e.g. sharing, caring, honesty, and so on), engaging in the helping process requires that the helper be able to fully function within the range of culturally defined expectations, acting in congruence with cultural values or ethics. This includes being able to acknowledge and support the spiritual needs and practices that assist the healing process for Aboriginal clients. This can be problematic for western systems, which have a somewhat different set of ethics and values. This can include the limitation of time spent with clients, interactions with clients beyond the scope of the therapeutic setting¹², being able to smudge where and when needed, and so on.

12 I do not suggest that the helper should deliberately become involved with clients in a social or intimate sense. The helper must remain cognizant of the potential power imbalance inherent in the client/helper relationship. However, the reality of working in Aboriginal communities for most Aboriginal helpers is that they are dealing quite often with family members and community members whom they may have known since childhood. Even in urban centres, it is common to come into contact with people known in prior contexts. Community events also bring people together, which may or may not be interpreted as having a social relationship with a client, depending on one’s perception. Western ethics generally demand a clear-cut relationship between helpers and clients, which is not always possible, or necessarily desirable at times. (At times, clients will only trust someone from their community and/or family.) In essence, this particular set of ethics presents significant challenges for Aboriginal helpers, with no simple answers.

Within a number of helping professions' ethics guidelines, there is no mention of spirituality, or there are limitations on when or how the helper may discuss spirituality within the helping relationship (as an example, see the ethics guidelines of the Ontario College of Social Workers and Social Service Workers, which has no reference to spirituality, and the Canadian Professional Counsellors Association, which states the helper must not "introduce spiritual concepts unless...previously known to the client as providing spiritual or pastoral counselling"). Relationships are seen to be limited strictly to the helping process, which fails to recognize the nature of relationships as experienced in Aboriginal communities (as well as non-Aboriginal rural areas), including the idea that there are times where the individual receiving help may also be an individual who carries a specific set of knowledge (e.g. ceremonial, herbal) needed by the helper. This type of interdependence may fulfill the principle of reciprocity appropriately within Aboriginal contexts, but jeopardizes the helper's position professionally. Reciprocity is a principle that is strongly embedded in many Aboriginal cultures (Graveline, 1998; Little Bear, 2000), maintaining the connectedness between people (and other beings) and fosters values of sharing and caring. On the other hand, western ethics indicate that helpers should not accept gifts or engage in relationships that may be seen as a conflict of interest, as there are implications of favouritism, or inappropriate boundary issues. The constrictions imposed on helpers, working in an Aboriginal context, are established by western urban professional, and may be inappropriate at times, or even detrimental to the strengthening of the helping relationship¹³. Negotiating a path between two sets of expectations is complex, and can leave helpers feeling abandoned, misunderstood, and frustrated.

Issues like these remain an ongoing ordeal when working in western systems, although changes are slowly occurring. In some areas, there is increased flexibility in the methods of service delivery. As well, we are seeing a gradual opening up to the possibility there is more to healing and

13 Again, I am not suggesting that helpers should willfully disregard the ethics of their respected professions, particularly where the safety and vulnerability of an individual is concerned. I am suggesting, however, that for those of us regulated by a professional body, there must be some in-depth discussion regarding a more responsive set of ethics to address the realities of working in Aboriginal communities, as well as within other family/community centred cultures, and for rural workers. Alternatively, we could have a separate professional body to guide Aboriginal helpers, utilizing Aboriginal ethics. Again, there are no simple answers.

wellness than simple pathologization and medicating away of problems; families and individuals living with challenges currently labeled depression, schizophrenia, personality disorders, and so on, have strengths and gifts that are worth sharing and building on, and are fully capable of having a valued role¹⁴ in community. In essence, living with a “disorder” is not so different than living with a “disease;” individual identity and capability are not defined by the illness, but adapt to cope with the limitations imposed by it. Similarly, families and communities are capable of adapting to meet the needs of the individuals experiencing various challenges. Helpers need to be able to approach their work from a strengths perspective, focusing on the potential for positive change, healing and wellness.

In western mental health, much of the push to have helpers begin to regard their clients as whole persons has come from individuals¹⁵ utilizing (*not always willingly*) mental health services who experienced marginalization as a result of, and often at the hands of the very system that was intended to help. As mental health services in many parts of the so called developed world have begun to shift focus, individuals directly affected by the system have advocated and agitated for a recovery-focused philosophy to be incorporated by organizations and institutions. Researchers have shown that individuals living with schizophrenia in Third World countries, with limited or no access to pharmaceuticals have a much stronger recovery rate than individuals in western societies (see Leff et al, 1992; Hegarty et al, 1994). This has called into question the use and benefits of medications, which also have significant serious side effects. Where various psychotherapeutic modalities have been touted as each being more effective than the others, researchers have been showing that, instead, there are core helping behaviours that are far more indicative of positive outcomes—all of which are directly involved in building any re-

14 A valued role is not limited to the narrow scope of earning an income or being a parent. The gifts of some individuals may not be perceived by western society as “productive,” and yet these same individuals manage to effect profound changes for those around them. If a smile or laughter of a child is not “productive,” perhaps it is only because the values are skewed.

15 The current label for individuals using mental health services is “consumer/survivors.” While I can fully appreciate the idea of surviving a *system* that has too often been less than helpful, I take issue with this label as it continues to place people in that position of being “Other-ed.” In addition, I have never heard Aboriginal clients use the “consumer/survivor” identifier. There have been more than enough pejorative stereotyping labels attached to Aboriginal people over the centuries, that this is likely just one more unwanted, inappropriate and useless tag.

relationship or connectedness with another person (see for example Miller, Duncan & Hubble, 2004; Norcross, 2007; Riolo, 2004). What this points to is that, as helpers, we must interact with clients, understanding both the clients and ourselves as being fully human: heart, mind, body and spirit. It is the quality of our relationships—our connectedness to those we are helping—that will support the healing process and is guided by our sense of spirituality, our values, our beliefs and how we make meaning of our experiences.

Even more critical is the issue of examining how we define experiences too often labeled “psychoses” or illnesses. As previously mentioned, the cultural and religious (spiritual) lens through which experiences are viewed has a critical impact on the helping and healing processes. This is particularly relevant in light of the current push by the mental health system’s development of early psychoses intervention programs. As Cyndy Baskin (2002) so eloquently states, “I view the line between a spiritual and a psychotic experience as blurred.” Aboriginal concepts—other than western-based—are too often ignored in the mental health system’s push to address “problem” behaviours (Kirmayer et al., 2000, Timpson, McKay, Kakegamic, Roundhead, Cohen, & Matewapit, 1988). Current helping practices are firmly rooted in the development of the industrialization of western society, and the need to encourage conformity with colonial and contemporary corporate business philosophies (Sinclair, 2004; Wade, 1995; Morrissette, McKenzie & Morrissette, 1993; Hill & Coady, 2003; Duran & Duran, 1998). Wade (1995) notes that “Freud remained firmly anchored in Eurocentric notions of primitivism and deficiency...[and] many of his ideas are so thoroughly embedded in the assumptions underlying psychotherapy that they are rarely even noticed, let alone questioned.”

The impacts on Aboriginal peoples are wide ranging, such as feeling unable to share one’s experiences fully or safely in many environments, largely because of the negative stereotypes held about Aboriginal peoples and cultural practices. According to a study conducted with Mi’kmaq patients at a community health centre, over 50% of the patient’s accessed Mi’kmaq medicine, with the majority of those feeling it to be more effective than western medicine. In addition, in this study, more than 90% of the users of traditional medicine did not tell their physician (Cook, 2005).

This chasm of distrust cannot be crossed easily¹⁶. This presents a serious dilemma for the helper, as the dominant medical beliefs generally outweigh the interpretations of meaning by Aboriginal clients, their families and too often their helpers (Kirmayer et al., 2000). The end result, though, may be individuals experiencing negative interactions from the mixing of traditional and western pharmaceuticals.

Linked to this is the language used to communicate. Many Aboriginal languages are process-oriented, whereas English is more object-oriented (Duran & Duran, 2000; Little Bear, 2000). In addition, translation of concepts from one language to another can be incredibly difficult; too often there is no equivalent notion. Even though cultures (and thus languages) evolve over time due to various factors, this does not mean that ancient ideas, such as spirit illness and soul wounds should be replaced by psychoses and hallucinations as the only viable diagnoses. It does mean, however, the helper has full responsibility of being open to the client's sense of his/her challenges, to hear how meaning is made of those challenges, to grasp the client's needs and to be willing to walk the path with him/her for a while, even—or especially—when the person's spiritual needs are identified. This may not mean attending ceremony or church with the client, but the helper must be willing to take those actions that support the client's reconnection with his/her heart and spirit. The helper must understand his/her own sense of the sacred, be able to identify, or be open to the many ways in which spirituality is experienced and expressed. The client, in this relationship, is fully responsible for taking those steps to reconnect, restore and re-balance internally and externally—to live as well and fully as possible, in harmony with his/her relations in ways that are appropriate for him/her.

In conclusion, I acknowledge that this paper is more of a beginning point of exploration and discussion. As helpers working from Aboriginal paradigms in western institutions, we are faced with a number of tasks in order to restore the spirit to the heart of helping, none of which are clear

16 It should be noted that the problem of utilizing traditional medicines also has ramifications with respect to knowledge rights, and due to appropriations of resources and knowledge by unscrupulous individuals in the past, Aboriginal peoples in Canada (and indigenous peoples across the world) are reluctant to enter into conversations where sacred knowledge may be stolen or used against them.

cut or easy. We have that large mountain to climb as we work to decolonize, to educate, and to support individuals, families and communities, regardless of the setting they are in. We also need to encourage our young people to take on the responsibility of picking up those healing bundles, to carry the knowledge of the ancestors forward and to engage in those dialogues about what living well and in balance means for the coming generations. We need to ensure we care for ourselves as helpers to function effectively, to deepen our own, unique sense of spirituality, to understand our own worldviews and perceptions to avoid imposing our judgments on others, so that we are fully capable of walking with those we are helping in ways that are appropriate for them, supporting them in reconnecting with their heart and spirit, to live that good life—mino-bimaadsiwin.

Chi miigwetch.

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