

# Aboriginal Healing Methods for Residential School Abuse and Intergenerational Effects: A Review of the Literature

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## Abstract

*Residential school abuse and its intergenerational effects have created devastating impacts on entire Aboriginal communities. Much has been written about the history and experiences of Aboriginal people who attended residential schools, including the impacts on individuals, families, communities and nations. The purpose of this literature review was to examine the area of healing from residential school abuse and intergenerational effects. Important to this exploration was a focus on Aboriginal healing methods.*

*It was found that only a small amount of literature exists in the area of appropriate and effective therapeutic or healing strategies for dealing with residential school abuse. Further, the Canadian residential school system is only one of many forms of oppressive measures that have impacted upon Aboriginal peoples. Therefore it is difficult to separate what form of oppression has caused which impacts. These various forms of oppression exacerbate and intensify each other. Further, rather than tracing the cause of present social conditions of Aboriginal people down to residential schools, most researchers broaden their scope of oppression, going beyond residential schools alone. This paper explores how Aboriginal communities are using Aboriginal healing methods to deal with oppression, colonization and its resulting social conditions, and demonstrates how the emerging body of literature is clearly relevant to our understanding of healing from residential school abuse and its intergenerational effects.*

## **Introduction**

The residential school era has created devastating impacts upon Aboriginal communities. The impacts of the residential schools will affect Aboriginal people for years to come, both for those who attended and those who did not attend. The healing process for these impacts will be long and arduous, complicated by the fact that generations of individuals, families, communities and nations have been affected intergenerationally. The history of residential schools, and the experiences of the Aboriginal people who attended them, have been well documented and substantiated. Impacts of residential schooling on individuals, families, communities and nations, have also been addressed in the literature. Only a small amount of literature, however, exists in the area of appropriate and effective therapeutic or healing strategies for dealing with these devastating impacts.

Milloy (1999) and Miller (1996) provide extensive accounts outlining the history of the Canadian residential school system. Also, within the body of literature about residential schools, many writers have endeavored to record individuals' "stories" of their residential school experiences (Assembly of First Nations, 1994; Deiter, 1999; Fournier & Crey, 1997; Grant, 1996; Jaine, 1993). Interwoven within these personal narratives are detailed accounts of the abuse suffered, impacts of that abuse which include intergenerational effects, and healing paths undertaken. Today, Aboriginal people continue to speak out about their residential school experiences. According to the Assembly of First Nations (1994), this marks the beginning of healing from the wounds of residential schools (p.169). Talking about the experiences also provides a framework for learning about and dealing with the history (p.141). It is out of this growing body of literature that information about the history, impacts and healing methods will further expand. For example, in 1998, the Aboriginal Healing Foundation was established. One of the established projects, Healing Words, provides a forum for Aboriginal people to write and communicate information about healing from residential schooling.

Initially, the aim of this review was to explore how Aboriginal communities were dealing with residential school abuse and intergenerational effects through the use of Aboriginal healing methods. There was not a lot of literature, however, that focused on this particular area. As a result of the shortage of literature that addressed therapeutic

healing strategies, the search for literature expanded beyond that which focused specifically on residential schools to include literature from the fields of social work, sociology, psychology, psychiatry, education, and mental health. Further, the scope of this review was broadened to identify and focus upon how Aboriginal communities are healing from colonization through the use of Aboriginal healing methods. It was thought that since residential schooling was one form of colonization, that the literature on healing from colonization would be applicable to residential school healing methods. It was also thought that relevant work addressing the social conditions of Aboriginal communities, such as family violence, justice, mental health, and education, could also be useful.

Expanding and broadening the initial focus of the literature review can rectify the gap noted above. It can also be shown that the healing work conducted in other areas of literature can be applied to the context of healing from residential school abuse and intergenerational effects. Further, it can be demonstrated that particular Aboriginal communities are, in fact, defining a healing process, which can be applicable, and adapted for use in other Aboriginal communities.

### **a. Diversity and Similarity**

Before considering impacts of residential schools and healing strategies, an examination of the diversity and similarity among Aboriginal peoples must be provided prior to any analysis.

“The Aboriginal peoples of Canada include First Nations, Inuit and Metis peoples” (Indian and Northern Affairs Canada, *Perspectives and Realities- INAC, P& R*, n.d., p.1). There is now a significant body of literature which acknowledges the importance of recognizing the diversity among Aboriginal peoples (Culture & Mental Health Research Unit-C&MHRU, 1994; INAC-GS, n.d.; Lowery, 1998). Diversity is important to acknowledge and recognize because, in the past, Aboriginal people have been treated as if they were all of one large group, or as a monolithic entity (C&MHRU, 1994; Duran, Duran & Yellow Horse Brave Heart, 1998). For example, in the past, researchers studying the mental health of Aboriginal peoples applied and over-generalized statistics, derived from one or a few groups, to the entire Aboriginal population (C&MHRU, 1994). Interestingly, Barman (1996) also concludes “within the Canadian system of residential schooling, it was assumed that aboriginal peoples were the

same across Canada. Differences among tribes, bands and individuals played no role in a federal policy that viewed aboriginal peoples as a singular “object” to be acted upon” (p.274).

The literature outlines a significant number of aspects that exist to define this diversity. “There is great cultural diversity among Aboriginal groups with some 596 bands located on 2,284 reserves and crown land, 10 different languages and more than 58 dialects” (C&MHRU, 1994, p.12). Within all of these, there are significant “regional, cultural, socioeconomic, and community differences” (Novins et al., 1997, p.2). Geographical locations such as “coastal, mountain, prairie, arctic and sub-arctic (boreal) ecosystems” and “urban or rural reservation environments” differ in terms of “economy, subsistence patterns, educational opportunities, practices of traditional lifestyle, transmission of language and culture, and experience of minority status and discrimination” (C&MHRU, 1994, p.12). Traditions, languages, belief systems and outlooks differ from one another in important respects. Therefore, in consideration of the multiple realities of Aboriginal peoples, it is misleading to conclude that all share identical concerns and priorities (INAC, P & R, p.1). Each has their different problems, needs and solutions (C&MHRU, 1994).

At the same time as outlining the diversities and differences among Aboriginal peoples, the literature also points to many similarities shared amongst them (C&MHRU, 1994; Duran, Duran & Yellow Horse Brave Heart, 1998; INAC- P & R).

Speaking of Aboriginal peoples in a collective then, is a way of acknowledging shared values, historical experiences of contact with European societies, and common political concerns and aspirations in the contemporary scene. This shared reality is a source of political strength and positive ethnic identity (C&MHRT, 1994, p.12).

One approach recommended by the Culture and Mental Health Research Unit (1994) is to recognize that the Canadian Aboriginal population is heterogeneous, but, at the same time, since many Aboriginal communities share certain similarities, detailed case studies of successful and unsuccessful programs can be used to harness the strengths of some communities (p.42). It is with this recommendation in mind, that this

literature review was conducted. The focus, however, was on successful programs.

## **b. The Negative Impacts of Residential Schools**

In order to address the issue of healing properly, the impacts of residential schooling must first be explored. Just as there is a great diversity among Aboriginal peoples, so too are there individual experiences in residential schools. Some communities have been more impacted than others (Duran, Duran & Yellow Horse Brave Heart, 1998; Native Counselling Services of Alberta, 2001). Another complicating factor in determining the impact of residential schooling is the fact that the Canadian residential school system is only one of many forms of oppressive measures that have impacted upon Aboriginal peoples. Therefore, it is difficult to separate what form of oppression has caused which impacts. Further, these various forms of oppression exacerbate and intensify each other.

The literature urges that, within the context of understanding impacts, all forms of oppression need to be considered. For example, Ward and Bouvier (2001) refer to different forms of oppression as “the oppression of poverty, the oppression of being without work, the oppression of racism and sexism and the oppression of colonization” (p.51). Each form of oppression has immense effects that need to be better understood. Ward and Bouvier (2001) clearly illustrate their view by taking the “oppression of poverty” alone, and then expanding upon it. They state, “Poverty arises out of situations of chronic unemployment, poor education, illness and deep-seated systemic issues”. Further, “poverty involves economic deprivation with its own brand of social and psychological impact, regardless of who the people are in a cultural sense” (p.51). Therefore, the literature calls for a holistic approach in addressing healing and health of Aboriginal peoples, supporting the ideology that problems cannot be addressed in isolation from each other.

Many scholars have researched the impacts of residential schooling on Aboriginal peoples. The Assembly of First Nations (1994) catalogues lists of impacts such as “loss of memory, innocence, meaning, family, connection, language, childhood, feeling, pride, community, identity, trust, confidence, spirit, skills, morality, life, and control” (p.167).

Barman (1996) states, “the high rates of impoverishment, incarceration, suicide and alcoholism in Canadian Indigenous peoples, can be traced back to the abuse received at residential schools” (p.273). Grant (as cited in Friesen, 1999) catalogues impacts to include “an inability to express feelings, apathy, and unwillingness to work, values confusion and culture shock, anti-religious attitudes, and long-term negative impact on succeeding generations” (p.274). Graveline (1998) strongly believes that “colonial forms, particularly residential schools, have contributed to the eradication of Traditional forms of Aboriginal consciousness” (p.27). Miller (1999) demonstrates the negative consequences of residential schools upon Native families:

The lack of support and nurturance has had severe consequences for many residential school survivors. Students who had not learned how to relate to others in a familial setting grew into adults who often did not know how to act as parents. The lack of parenting skills has frequently been cited as a major problem affecting native families and communities down to the present day. The breakdown of families that has resulted in spousal and child abuse, desertion, alcoholism, and substance abuse has been a plague in native communities (p.339).

Rather than tracing the cause of present social conditions of Aboriginal peoples down to the residential schools, most researchers broaden their scope of oppression, going beyond residential schools alone. These researchers conclude that symptomatology, such as extreme social disintegration, trauma or underdevelopment, is a well-known and long-studied response of human beings living under conditions of severe and prolonged oppression (Awasis Agency of Northern Manitoba, 1997; Craven, 1999; Duran, Duran & Yellow Horse Brave Heart, 1998; Hazlehurst, 1994; Waldram, 1997).

The consequences of this oppression are noted extensively in the literature, and include: high rates of substance abuse (Awasis Agency of Northern Manitoba, 1997; C&MHRU, 2002; Duran, Duran & Yellow Horse Brave Heart, 1998; Hazlehurst, 1994; INAC-GS); poverty (Duran, Duran & Yellow Horse Brave Heart, 1998); violence (Awasis Agency of Northern Manitoba, 1997; C&MHRU, 2002; Duran, Duran & Yellow Horse Brave Heart; Hazlehurst, 1994; INAC-GS); poor parenting (Hazlehurst, 1994); learned helplessness and dependence (Duran, Duran

& Yellow Horse Brave Heart, 1998); break down of values that correlate with healthy living (Awasis Agency of Northern Manitoba, 1997; Duran, Duran & Yellow Horse Brave Heart, 1998); physical disease (C&MHRU, 2002); self destructive behavior and suicide (Awasis Agency of Northern Manitoba, 1997; INAC-GS); incarceration and trouble with the law (Awasis Agency of Northern Manitoba, 1997; Hazlehurst, 1994; INAC-GS); educational failure, unemployment, welfare dependency (INAC-GS); shattering of spiritual beliefs, and a profound disintegration and loss of personal and collective propriety, or rules of conduct, which traditionally provided the checks and balances in human relationships (Awasis Agency of Northern Manitoba, 1997).

### **c. Resilience**

A small, but significant, emerging area in the literature deals with the resilience of Aboriginal peoples. This relatively new area focuses upon the strengths of Aboriginal peoples and their cultures, providing a needed alternative to the focus on pathology, dysfunction and victimization in Aboriginal communities. Despite the hardships that Aboriginal peoples have been through, including residential schooling, many have overcome great difficulties and continue to work towards the achievement of health and healing. Some sources of literature attribute this resiliency to spirituality, which has assisted generations of Aboriginal people to survive through great adversity (Long & Fox, 1996; University of Minnesota, 1999). Hampton (1995) strongly speaks of the resilience of Aboriginal peoples:

It is a mark of human strength and resilience that Indians continue to survive and individual Indians manage to make productive lives despite the extremes of oppression that they face. The problem is how to paint a picture of the horrors that is not overwhelming and that does full justice to the strengths and resilience of Native people. We have been through the fiery furnace of war for a continent, and we have been quenched in the icy waters of indifference. We lost the continent, and for five generations we have been told that we are a 'vanishing race.'

Statistics show the inroads of winter. Just as counting the dead plants is an inadequate measure of the life of the seeds, so counting the deaths, the alcoholism rates, the suicides, the murders, and the dropouts is inadequate to measure the vitality of Native life.

The horrors and indescribable pain of Native existence after the European conquest cannot be minimized. Neither can the vitality of Native resistance and resurgence (p.35).

Researchers at The University of Minnesota (1999) take the concept of resilience one step further in their studies researching protective strategies that foster cultural resilience. The protective strategies identified are: “tribal identity, spirituality, elders, ceremonies and rituals, humour, oral tradition, family, support networks, caring communities, strong identities, cultural values, world-view, and tradition” (np).

#### **d. Aboriginal Healing Methods**

There is a body of literature emerging that deals with how Aboriginal communities are using Aboriginal healing methods to deal with colonization and its resulting social conditions. Further, many themes are detailed to help describe “what the healing looks like”. This emerging body of literature is clearly relevant to our understanding of healing from residential school abuse and its intergenerational effects.

#### **A Critique of Western Therapy Methods**

Many scholars who have written about Aboriginal healing methods offer an analysis or a critique about the use of Western therapy methods with Aboriginal peoples. Within this body of literature, many researchers discuss reasons why Western methods have failed to address the needs and unique issues of Aboriginal peoples (Centre for Addiction & Mental Health, 2002; Duran, Duran & Brave Heart, 1998; INAC-GS; Lowery, 1998; Waldram, 1997). These reasons range from the fact that Western medicine misses the spiritual aspect so important to Aboriginal healing (Centre for Addiction & Mental Health Research, 2002), to how “an intellectual colonization persists in representations of Native Americans in social science research and mental health literature” (Duran, Duran & Yellow Horse Brave Heart, 1998, p.68).

Low utilization rates of the mainstream mental health system by Aboriginal people confirm the system’s irrelevance and ineffectiveness (Duran, Duran & Yellow Horse Brave Heart, 1998, p.69):



Researchers and practitioners using western methodologies fail to realize how incompletely their methods capture the truth of Native American tribal lives and pathology. Western methods infiltrate Native American life worlds as epistemic violence, replacing them with foreign idioms, definitions, and understandings (Duran, Duran & Yellow Horse Brave Heart, 1998, p.69).

One implicit assumption, which exists in Western views, is that “everyone should be treated the same and should assimilate” (Ward & Bouvier, 2001, p.26). It is apparent that the average Western therapist has little understanding of the unique world-views of Aboriginal peoples, the experience of racism, the history of colonization, and of the history of residential schooling endured by Aboriginal peoples (Duran, Duran & Yellow Horse Brave Heart, 1998; Katz & Craig, 1988; Tuhiwai Smith, 1999). Lowery (1998) states that: “The social work profession has much work to do in providing adequate healing in a cultural context for American Indians” (p.9 of 10). McKenzie & Morrissette (1992) argue, “conventional services have been slow to incorporate more than a token appreciation about issues such as Aboriginal culture and self-identity or to realize that Aboriginal people need to be recognized as a specific consumer group requiring uniquely designed and delivered services” (p.118).

### **Key Elements of the Healing Process**

Clearly, Aboriginal peoples recognize that Western approaches have not validated their world-view, experiences and needs. Now, “Aboriginal peoples want to exercise their own judgement and understanding about what makes people healthy and use their own skills in solving health and social problems” (INAC- GS, p.11). Providing culturally relevant care that incorporates the Aboriginal world-view may lead to better treatment outcomes for Aboriginal people (Centre for Addiction & Mental Health, 2002; Proulx & Perrault, 2000).

The literature stresses that healing approaches and strategies need to be determined by, and within, Aboriginal communities themselves (Assembly of First Nations, 1994; Hazlehurst, 1994; Healing Words, 2001; INAC-GS; Long & Fox, 1996). For example, Hazlehurst (1994) states, “Indigenous leaders have increasingly recognized that community ownership of community problems, and community solutions, are

fundamental to the process of re-empowerment” (p.33). Yet there has not been one way of healing determined as the right way (Fournier & Crey, 1997; Waldram, 1997). Some people will heal using traditional methods, others through contemporary methods, and others through a combination of approaches (Assembly of First Nations, 1994). Individual choice about healing needs to be respected, as there are a multitude of healing approaches and techniques (Assembly of First Nations, 1994; Fournier, 1997; Healing Words, 2001).

A debate exists in the literature around the blending of Aboriginal approaches with Western approaches. Some, scholars believe that a successful approach incorporates Aboriginal perspectives, strategies, techniques, and practices with non-Aboriginal approaches (Duran, Duran & Yellow Horse Brave Heart, 1998; Long & Fox, 1996). For example, Frank (1993) (as cited in Long & Fox, 1996) believes that “non-aboriginal approaches such as conflict resolution, support-group therapies, and community health and development programs” are useful (p.260). However, Proulx and Perrault (2000) urge careful consideration in blending of contemporary and traditional programming, citing the need to maintain the integrity of the cultural aspects of the traditional programming. There has not been enough actual research into the effectiveness of blended programming. As a result, the offering of blended programming is a learning experience where programs may need to be modified. It is hoped that as more programs are initiated, “Aboriginal communities can learn from each other and benefit from various programming and implementation strategies” (p.118).

Important to the healing process is the provision of adequate resources (Duran, Duran & Yellow Horse Brave Heart, 1998; INAC-P&R). Duran, Duran & Yellow Horse Brave Heart (1998) contend that the current social conditions of Aboriginal peoples partially stem from the fact that they have not been given adequate resources or time to address these issues (p.62).

The literature reviewed demonstrates the need to have a strength-based approach (Duran, Duran & Yellow Horse Brave Heart, 1998; Healing Words, 2001). A strength-based approach allows for the goal of community empowerment. Further, due to the complex nature of problems evident in communities, “Native organizations have sought to respond

with a multi-service, multi-interventionist approach” (Hazlehurst, 1994, p.149).

Many scholars point to the need for approaches which draw on traditional practices (Awasis Agency of Northern Manitoba, 1997; Fournier & Crey, 1997; INAC, P&R; McKenzie & Morrisette, 1992; Waldram, 1997). Approaches must be holistic and address the four areas of physical, mental, spiritual, and emotional well being (Assembly of First Nations, 1994; Long & Fox, 1996). Therapeutic approaches for Aboriginal peoples must be characterized as “affirming physically of who they are as a people; it must be intellectually engaging, spiritually embracing and emotionally supportive” (Ward & Bouvier, 2001, p.53).

### **Aboriginal Spirituality**

As residential schooling severely impacted the spiritual aspects of the Aboriginal world-view, part of the solution for healing must be “spiritual” healing (Assembly of First Nations, 1994; Fournier & Crey, 1997; Lowery, 1998). In fact, Proulx & Perrault (2000) state that spirituality is the foundation of traditional Aboriginal healing (p.82). Napoleon (1991) (as cited by Lowery, 1998) characterizes the problem of alcoholism as a “crisis of the spirit.” He further states, “The primary cause of alcoholism is not physical but spiritual and the cure must also be of the spirit” (p.4).

Waldram (1997) conducted a study about Aboriginal spirituality in Canadian prisons. He described Aboriginal spirituality as “symbolic healing” defined as “a new cognitive approach to life” (p.131). It must be added, however, that Aboriginal spirituality is not a new approach but has been practised for infinite generations. In his description of symbolic healing Waldram found that it was not possible to present a definitive explanation of the world-view and healing symbols of Aboriginal spirituality. The reason he states is because “Aboriginal spirituality is very individualistic, and Elders from the same culture and even the same community will likely have a somewhat different approach to various ceremonies. There is no one way” (Waldram, 1997, p.81).

Waldram (1997) concluded a process by which Aboriginal spirituality works: “Aboriginal spirituality presents a variety of prescribed, positive values and behaviors. Insofar as individuals come to understand these values and behaviors, the symbols and their meanings, they may begin to change their own behaviors and attitudes” (p.98). Recovery is not a dramatic, instantaneous recovery, but a slow process (Waldram, 1997, p.116 & 139). In fact, Elders suggest that there is no finality to the path. Healing is a lifelong process of learning and transformation (Waldram, 1997, p.211).

## **Colonization**

Numerous scholars, within the body of literature reviewed, place great importance on the need to address colonization (Native Counselling Services, 2001; Proulx & Perrault, 2000; Tuhiwai Smith, 1999). Historical events have brought great trauma upon Aboriginal peoples. These traumas have had severe negative consequences (Awasis Agency of Northern Manitoba, 1997; Duran, Duran & Yellow Horse Brave Heart, 1998). As a result, part of the healing process lies in the area of assisting Aboriginal peoples to understand how historical events have impacted them. The teaching of history provides a method which assists Aboriginal peoples to understand intergenerational trauma (Duran, Duran & Yellow Horse Brave Heart, 1998; Healing Words, 2001; McKenzie & Morrisette, 1992; Proulx & Perrault, 2000; Waldram, 1997).

The language used within the literature to describe or address healing is varied. Words used to describe healing from colonization include: restoration, reclaiming, resurgence, reawakening, reconstruction, retelling, reintroducing, reestablishing, reviving, renewing, resistance, recover, remake, retrieve, reinvent, and renaissance (Centre for Addiction & Mental Health, 2002; Fournier & Crey, 1997; Friesen, 1999; INAC-P&R; Proulx & Perrault, 2000; Tuhiwai-Smith, 1999; Wastasecoot, 2000;). Tuhiwai Smith (1999) details this type of language as “decolonization.” Through the processes of the above “re” words, increasing numbers of indigenous academics and researchers are addressing social issues in a framework of self-determination, decolonization and social justice (Tuhiwai-Smith, 1999). Important to the process of decolonization is an analysis of colonialism, an indigenous response, and a reclamation of communities, cultures, languages, and social practices (Tuhiwai-Smith, 1999).

### **Individual and Community Healing: A Collective Reclaiming of Identity**

According to the literature, the key to healing from residential school abuse, and its intergenerational effects, lies in the area of reclaiming identity (Tuhivai Smith, 1999; Waldram, 1997). Reclaiming Aboriginal identity means recovering traditional values, beliefs, philosophies, ideologies, and approaches, and adapting them to the needs of today (INAC- P&R; Proulx & Perrault, 2000). This reclamation process encompasses both individual and collective identity.

As residential schooling was a collective experience, impacting generations of Aboriginal peoples, so too must solutions require change at a collective level (INAC, G-S, p.1). Healing begins with the individual and carries through to families, communities and nations (Assembly of First Nations, 1994).

The literature widely discusses the Medicine Wheel, one of the main tools by which identity can be reclaimed on an individual basis. The Medicine Wheel assists an individual to examine imbalance of mind, body and spirit (Centre for Addiction & Mental Health, 2002). Through the use of the Medicine Wheel, an individual works towards the process of self-actualization, self-development and self-knowledge (Ermine, 1995). By examining the components of one's life as represented by the Medicine Wheel, balance and harmony are maintained (Centre of Addiction for Addiction and Mental Health, 2002; Couture, 1996; Lowery, 1998). "Within this wheel, to be healthy means to live a meaningful vision of one's wholeness, connectedness, and balance in the world" (Haig-Brown, Hodgeson-Smith, Regnier, & Archibald, 1997, p.37). Illness results from imbalance (Centre for Addiction & Mental Health, 2002; Ross, 2000). Wholeness in human growth requires the development of the physical, mental, spiritual, and emotional aspects (Assembly of First Nations, 1994; Haig-Brown, Hodgeson-Smith, Regnier & Archibald, 1997, p.35). The Medicine Wheel is rarely used alone, but is part of an insight-based healing process (Centre for Addiction & Mental Health, 2002) which leads to awareness and healing (Proulx & Perrault, 2000, p.78).

For community healing to occur, resources that address what was taken away need to be made available. For example, classes or workshops need to be offered in areas such as Native culture, traditional languages,

parenting skills, communication skills, anger management, and problem solving skills. All of these areas can be taught in both a traditional and a contemporary manner (Assembly of First Nations, 1994). Duran, Duran & Yellow Horse Brave Heart (1998) outline an intervention model for the entire community: "This intervention model includes catharsis, abreaction, group sharing, testimony, opportunities for expression of traditional culture and language, ritual, and community mourning" (p.72).

Another method of healing is through the Sacred Circle. The Sacred Circle is evident in all Aboriginal rituals and ceremonies such as in "sweat lodges, sweet grass ceremonies, pipe ceremonies, sun dances, feasts, and important meetings" (Haig-Brown, Hodgeson-Smith, Regnier & Archibald, 1997, p.34). To this list Regnier (1995) adds talking and healing circles, storytelling circles, and drumming and dancing circles (p.315). "Ceremonial events such as the Sweat lodge, Sundance, Vision Quest, Fasting, Namegiving and Puberty Rites, are ways of establishing and reaffirming one's identity and giving meaning into one's life" (Halfe, 1993, p.10). It is through these community and individual rituals and ceremonies that individuals are restored to right paths, and harmony and balance are promoted. "These rituals were regularly held as it was understood that people require continuous support and guidance in their journeys" (Awasis Agency of Northern Manitoba, 1997, p.41).

As an aspect of the Sacred Circle, the talking circle is being used extensively as a tool to achieve healing. Native Counselling Services (2001) concludes the success of the Hollow Water program is due to the strong belief that "all successful healing work is unhesitatingly attributed to using the circle" (p.20). Within the literature, the talking circle is referred to as "an ancient form of traditional therapy or community healing process" (Native Council of Nova Scotia, n.d.), or as a ceremonial form of Native group therapy (Ross, 2000, p.223; Waldram, 1997). "The talking circle facilitates sharing and the resolution of personal issues and problems" (McKenzie & Morrissette, 1992, p.123). Group objectives are simply "caring, sharing, mutual support, teaching, listening and learning" (Hazlehurst, 1994; Ross, 2000).

### **e. Conclusions**

The literature that has been reviewed demonstrates that Aboriginal communities are developing culturally relevant approaches that address the current social conditions, and that this knowledge can be applied to healing from residential school abuse and its intergenerational effects. Many Aboriginal approaches and methods are applicable and can be adapted for use in other Aboriginal communities. Although this is a relatively new research area, the body of knowledge will continue to grow. It is important, however, that Aboriginal communities are provided with the resources necessary for this research to continue. Also, researchers must recognize the diversity and similarity amongst Aboriginal people.

Further research about residential schools and its intergenerational impacts needs to be conducted, especially in the area of therapeutic healing strategies. Adequate resources need to be provided to Aboriginal communities in order to address residential school abuse and its intergenerational effects. The healing process needs to be decided by the Aboriginal communities themselves. The healing process may include traditional Aboriginal, contemporary, or a blend of approaches. The healing process must be wholistic and must focus on the strength and resilience of Aboriginal communities. The foundation of Aboriginal healing, spirituality, may be incorporated into practice if communities chose.

Further research into blended programming needs to be done. This research needs to take place with Aboriginal researchers at the forefront. No more can the present system of Western therapy as the expert persist. Both systems need to work together in a relationship based on equality, realizing that both have much to offer. Western therapists need to work with the Aboriginal communities and take steps to learn about the history of oppression, their world-view, the residential school era, and the racism to which Aboriginal peoples have been subjected. Aboriginal researchers need to analyze and critique Western models while Western researchers need to analyze what Aboriginal healing methods have to give.

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