Towards An Aboriginal\textsuperscript{1} Model of Community Healing

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Abstract

This paper presents a community development model that discusses the resistance and resiliency of Aboriginal communities who have endured long histories of traumatic events and experiences through the processes of colonialism, genocide, residential schools and assimilating government policies. It presents an Aboriginal perspective that focuses on the traditional knowledge and cultural practices which is foundational to many nations of Aboriginal people. By using the medicine wheel as premise for this model, practitioners and community workers have a tool to assist Aboriginal communities in regaining community health through the process of vision and self determination. Thus, creating and maintaining direction and sustainability for Aboriginal control over their destinies and for future generations. This paper also briefly reviews the limitations that may be encountered within a community, thus providing an opportunity to work with all members.

\textsuperscript{1} The term Aboriginal is widely used in Canada to refer the ancestors of the original people who first occupied the North American continent. This term encompasses the First Nations, Inuit, and Metis people. In the United States, they refer their original occupants as Native American Indians or Native Americans. For some First Nations people the term Indian is offensive (Barber ed., 2001: 967; Brave Heart, 2003), however, some Native American writers uses the term “Indian.” This paper will be using Aboriginal, First Nations, Anishnabe, Native American, and Native people when referring to the original people of North America.
Introduction

Aboriginal people are not a people without hope. We have overcome seemingly insurmountable obstacles in our long and painful histories, because our creator has given us the tools necessary for survival. We must not be shy to use them... We must look to ourselves for our own guarantees, for we are the only ones that we can trust to ensure that our needs are met (Judge Murray Sinclair quoted in The Dispossessed by Geoffrey York, 1992).

The importance of healing has been a major focus of Aboriginal concern for over the last two to three decades (Antone, Miller & Myers, 1986; McKenzie & Morrissette, 1992; Hick, 2002). This remedial movement is the result of generations of traumatic and violent experiences encountered by Aboriginal people through corrupt residential schools, encroachment of Aboriginal territory and resources, relocation to reservations, the imposition of Euro-centric political systems, and the continuous discriminative and assimilationist policies and practices of the Canadian state (Antone, Miller & Myers, 1986; Lee, 1992; Chappell, 2001; Hick, 2002). In the last thirty years, a number of programs have been developed that focus on individual and family healing, with the aim of restoring Aboriginal people to a positive lifestyle. More recently, and perhaps not always so clearly, the importance of community has become a prevalent and crucial aspect in working with Aboriginal people in the healing process (Lee, 1992; Warry, 2000). This understanding of community as a site of care has been recently affirmed in the social science literature (McGrath et al, 1999; McKnight, 1995; Kretzman & McKnight, 1993). As the movement towards self determination gathers momentum, it is also becoming obvious that this will become an increasingly important notion in the development of Aboriginal communities. While colonial policy and ongoing governmental practices have attempted to destroy Native communities (Lee, 1992; York, 1990), Aboriginal people have resisted (Warry, 2000; Antone, Miller & Myers, 1986; Robertson, 2001). Despite the best (or worst) efforts of the succeeding governments, people of the First Nations continue the struggle to develop viable places to live, raise families, and pursue self determination. As we can see from the quote from Judge Sinclair and the writings of First Nations Elders (Porter, 1984; Lyons, 1992; Thomas, 1994,), academics (Alfred, 1999; Colorado, 1988; Deloria Jr., 1999; Montour-Angus, 1995), and activists (Benton-Benai, 1988; Nahwegahbow, 1991) there is evidence that Native communities
are turning increasingly to the strengths that allowed them to resist assimilation and uphold their Indigenous knowledge, culture, traditions, and spirituality. It is the position of this paper that community can and must be a place to regain overall health (physical, mental, emotional, and spiritual), as well as to heal from the historical and ongoing trauma endured by many Aboriginal people.

**Defining Community – The Aboriginal Perspective**

From a social work perspective, Barker (1991) defines community as individuals and/or families who exist among each and “...share certain values, services, institutions, interests, or geographic proximity (Barker, 1991:43).” Community suggests a web of human relationships wherein its members develop their identity, values and lifestyles. It is a sum greater than its parts. In many indigenous cultures, the impact of community encompasses a broader relationship with the natural and spiritual world (Cajete, 1994). Cajete (1994) defines the understanding and importance of community among Aboriginal people as:

Community is the natural context of human life and activity. We are, one and all, social beings living in relation to one another. Our physical and biological survival is intimately interwoven with the communities that we create and that create us. The community is a complex of physical, social, and psychical relationships that are ever changing and evolving through time and the generations of people who identify with it (Cajete, 1994, 167).

Traditionally, prior to the colonial onslaught, Aboriginal communities were structured to protect and sustain the existence of the people, nurturing the young and the old. Children were considered a gift from the creator and the heart of the nation (Anderson, 2000). They offered promise in sustaining the future, as well as, carrying forward the knowledge and traditional practices of the people (Anderson, 2000). It was quite important for all people to interact and have responsibility for children, “...producing life and raising children are understood as the creation of a people, nation and a future (Anderson, 2000, 170).” The older people possessed knowledge and experience relating to the environment and the cultural practices that respect and honour relationships among people, as well as, the spiritual and natural realms.
Women were considered the strength of the nation because they had the ability to produce life and to provide guidance and leadership among the people (Anderson, 2000). In some Aboriginal communities this was known as a matrilineal society; the children would follow and honour the bloodlines of women. In some cases, women were appointed as chiefs and leaders of their nation or totem. In other Aboriginal societies, women fulfill the important leadership roles as clan mothers (Anderson, 2000); they would advise appointed (by women) male leaders as to the consensual decisions of the people (Anderson, 2000, 170). In other Aboriginal societies, the same respect and honour towards women and their leadership existed. The children, however, would follow the bloodlines of the men in a patrilineal society. The men were the protectors, leaders and providers of the people (Anderson, 2000). Whether the Aboriginal community was a matrilineal or a patrilineal society, the roles and responsibilities within that society were of equality and respect; no person or people had greater power or control over another. This is illustrated in figure 1.

**Figure 1**

The Impact of Colonialism on Aboriginal Communities

Traditional structures of Aboriginal communities possessed highly developed social, political, and economic components that sustained their existence and lifestyle in their natural environment. As they were impinged upon by European colonizers, they experienced trauma and decline. Warry (2000), quoting Scott, illustrates the devastation to Aboriginal communities.

Indigenous groups epitomized the state of human health and environmental harmony with sophisticated systems of kinship and exacting medicinal practices. But with the encroachment of Euro-American influence, captivity and dysfunction resulted. Captivity is a complex web of geographic, economic, legal and social isolation which significantly segregates Indigenous peoples so they cannot benefit from the range and quantity of human services enjoyed by other Canadians. The dysfunction is nowhere more apparent than in the health status of Indigenous people (Warry, 2000, 83).

This reflects the long reality Aboriginal people have had to endure as a result of colonialism, genocide and assimilation. While there have been many government policies and practices, a revised Indian Act continues to govern the lives of Aboriginal people. “First passed in 1876, the Indian Act was designed to facilitate the administration of programs to Indians, as well as the assimilation of Indians into mainstream Canadian society. It included definitions of who was an ‘Indian,’ and how such status could be gained or lost” (Waldram, Herring & Young, 1997, 10). At one time, this policy was so powerful that, if an Aboriginal person were to move or work off the reservation, they would lose their rights and entitlement as “Indian” (Waldram, Herring & Young, 1997). This next quotation illustrates the social, economic and geographic hardships Aboriginal men encountered in losing their role within their traditional society.

Our communities moved away from the land where men could hunt and provide into a more urban, industrialized society where men had to “find jobs” to provide. And of course, racist barriers kept Native men out of jobs. The introduction of the social welfare system intensified a dependency that Native men had
never experienced before. These are things that pushed the men further away from their roles (Anderson, 2000, 239).

This exemplifies the power of colonialism, which is defined as the “…subjugation of one people by another through the destruction and/or weakening of basic institutions of the subjected culture and replacing them with those of the dominate culture (Lee, 1992, 212-213).” Colonialism forces the colonized to the margins of society where they are faced with continuing oppression (Freire, 2000). The impact of colonialism has greatly contributed to the poor health of Aboriginal people (Lee, 1992; Warry, 2000) on physical, mental, emotional, and spiritual levels. Many Native people have internalized the oppression and marginalization, leaving them with feelings of inadequacy, low self-esteem, and poor self-image (Warry, 2000; Antone, Miller & Myers, 1986). It is important to understand that people do not suffer the effects of marginalization in isolation alone or simply on an individual level. As noted above, a community is a “whole” made up of its individual parts. Therefore, the damage done to Aboriginal individuals and families is also done to the Aboriginal community. Thus, Aboriginal healing involves the community, which, in its organization and processes, is an expression of culture. As Warry (2000) notes Aboriginal people are beginning

...to move beyond blame, and to assume responsibilities for breaking the intergenerational cycle of violence. The re-valuation of Aboriginal culture, therefore, is viewed as critical to processes of individual recovery and community revitalization. Self-determination is not simply an abstract political concept, but one that is integral to the social, physical and mental health of individuals and Native communities as a whole (Warry, 2000, 84).
Community Organization

Community organization is a process that brings people together with similar circumstances and/or geographical location for the purpose of positive change, cohesion, or development. Community leaders and members have fought for the constitutional rights of the disadvantaged. We have witnessed their strategies and techniques, some of which we use today. We have all learned from their experience, as well as their mistakes. Despite these achievements, social justice and social action continue to be at the foreground in the struggle against inequality. Efforts by workers and concerned citizens take on the functions relating to community development and organizing. This deed influences empowerment among community members to take action and work together toward social justice.

The future of our families, communities, nations and planet depend on us finding our voices, nurturing ourselves and reclaiming our authority and power. Women are instilled with the responsibility to speak out about injustices and they must act in positive ways to address those things in need of direction (Anderson, 2000, 238).

The figure below illustrates an Aboriginal Community Development Model that may assist and aid First Nations communities in striving towards self-determination. This model has been developed from a perspective that incorporates Aboriginal culture and traditions into rebuilding a community that honours Aboriginal knowledge and understanding.
“In our Native culture, we relate to and learn much by observing nature over a long period of time. The First Nation worldview is divided into four sacred directions. These directions are used to search for harmony and peace from within. The Cree and other North American aboriginal cultures use the medicine wheel to heal individuals, communities, and nations. The medicine wheel uses the compass points of the four directions to help each person to rediscover and find the way back to his or her path. In Cree [and Anishnabe] teachings, the healer starts the helping process in the east” (Nabigon & Mawhiney, 1996, 28).
Regaining Community Health through Vision and Self-Determination

Colonization has weakened the basic community institutions of Canadian First Nations. Community focuses individual and collective energy, allowing members to act on their vision of life. It is the place where individuals both learn their identity and develop attitudes, skills and confidence necessary for participation in the larger political arenas. In effect, community composes the heart of the Nation. Thus as Aboriginal people organize in the long struggle to recreate their nationhoods and attain a place of consequence in Canada, communities and community development are, and must be, a major focus for thought and action (Lee, 1992: 218).

Figure 2 above illustrates a community development model based on the concepts and teachings of the medicine wheel. While these ideas apply to building and restoring the health of a community, they may also be applicable to assisting individuals and family’s well-being. For thousand of years, Aboriginal people refined their sciences and oral traditions through their understanding and relationship with the natural world. These teachings describe the interaction people had with the world and the dimensions around them. In most Aboriginal cultures, the medicine wheel symbolizes one of many teachings used as a teaching or healing circle. The medicine wheel is illustrated by a circle, which represents life and all creation. This shape of the wheel characterizes the earth, the sun, the moon, the cycles of life, and the seasons. The circle is divided by two lines to create four equal quadrants, which represent balance, equality and harmony. The quadrants represent the four cardinal directions (east, south, west and north), four sacred colours (yellow, red, white, and black), four elements of humans (physical, mental, emotional and spiritual), and the four races. The movement around the perimeter of the medicine wheel is in a clockwise direction simulating the natural rotation of the earth. This dimension of movement represents the universal cycles of life: the changing of the seasons, the movement of the stars and the stages of life (from conception to death).

The concept of the medicine wheel serves as a multidimensional map that can be carried in one’s mind and actions. The symbols and directions are codes and pathways which are easily followed once one
understands their meaning. The “medicine” inherent in the wheel exists on many planes, and as long as the relationships between all forces are maintained in a balanced and positive way, the medicine will flow, providing vision, strength and healing. The medicine wheel teaches us that we’re all part of a family and community, and it’s our obligation to plan for the future so the decisions we make don’t negatively affect the people seven generations from now.

In this model, the circle represents the community as a whole, as well as the process that will guide practitioners through each stage of the development. Before the community can begin to heal or regain health, the members need to begin their personal healing process (Warry, 2000). In doing so, these individuals will gain the ability to take on tasks and responsibilities (Warry, 2000; Lee, 1999) that will build a sense of community (Lee, 1999) and contribute to the empowerment of the community. Lee (1999) articulates five objectives that are important in addressing the goals of community empowerment and social justice in community organizing, including: “...citizen participation, sense of community, organizational development, concrete benefits and social learning (Lee, 1999, 42).” These concepts parallel the process of this model, which involves the community to define vision and self-determination in organizing social action within a community.

The horizontal line in this model symbolizes the vision or the ability to create and define their community on their own terms, aspiring toward a bright, healthy and sustaining future. The vertical line represents self-determination or the ability to establish community empowerment that transmits into social action in carrying through the vision determined by community.

Lee (1992) suggests four areas where Aboriginal community development work could usefully focus. The first involves the strengthening of community traditions and culture. Without a belief and confidence in who they are, Aboriginal people would not have a basic rationale for the development of their communities. We would add that it is also important to understand how the culture has been damaged so that there is a realistic understanding of the context in which tradition and culture must be practised today. Second is the development of culturally appropriate community-based organizations. Unless there are well-organized communities, workers cannot help to sustain the effort that
will be required over time to effect positive change. At the same time, the organizational forms must be consistent with the culture of the people. That is, they must be egalitarian and open for wide participation. Third, the importance of land as an economic base and as a cultural value must be part of the process. Finally, recognizing that community issues do not exist in a vacuum; there needs to be a continual forging of links between local and national issues. The four quadrants of the model presented here connect with this orientation but further recreate and ground community within Aboriginal contexts. The hope is to contribute to the health and well-being of Aboriginal individuals, families, clans, and nations in honouring their traditional practices and knowledge that remain as the foundation of who they are as people. Each quadrant of the model will be discussed, starting with the top right section, moving clockwise to the bottom right then to the bottom left and finishing with the top left section. Because many Aboriginal communities are at different levels of growth and re-building, a practitioner or community worker may start where the community is and work through the model. There is no beginning and no end; the model suggests a continuous cycle of growth and change.

1. **Present: Challenges, barriers, and hope - linking the past to the present; Strengthening community traditions and culture.**

In this first area, community members would begin with constructing a historical timeline of the events which have impacted their nation and brought them to their present lives. The timeline will begin in identifying the traditional territories of the people; it will gather information and stories regarding the first contact with European settlers and other groups of people. By linking the past with the present, it is possible to compile a historical account of what a community has endured to put the present issues in an explanatory context. It recognizes the depth of problems and issues within a community. Brave Heart (2000) examines the psychological impact that colonialism, government policies - the Indian Act, genocide, racism and discrimination, oppression, dislocations

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3 The clockwise movement honours the Anishnabe values of respect, balance, harmony, and wisdom of the natural environment’s flow of life, time and change (Benton-Banai, 1988).

4 This model is applicable and can adapt to working with individuals and families.
from traditional territories to reservation, prohibiting of traditional practices - have had on Aboriginal people. She terms this experience as ‘historical trauma’ and defines it as “…cumulative trauma – collective and compounding emotional and psychic wounding both over the life span and across generations” (Brave Heart, 2000, 288). Through her original research with the Lakota in South Dakota, she has determined that many of the challenges and barriers faced within First Nations communities stem from a much deeper level of wounding among all community members throughout the generations. This experience of trauma continues to impact even the present conditions and mentality of the community. Brave Heart (2000) defines this as “historical unresolved grief” which “…involves the profound, unsettled bereavement that results from generations of devastating losses which have been disqualified by prohibiting indigenous ceremonies and by the larger society’s denial of the magnitude of its genocidal polices” (Brave Heart, 2000, 288).

As this information is collected, documented and presented to the community, it is important to not only focus on the hardships and the problems of the community, or the members of the community may feel re-victimized, depressed, apathetic, stressed, and hopeless (WARRY, 2000; ANTONE, MILLER & MYERS, 1986). It is also important to recognize the strengths of the community, such as the valuable cultural tendency to see issues as interrelated or the actual long term resistance to the colonial enterprise of Euro-North American society. It is also important to offer cultural initiatives that will strengthen the participation and sense of community (Lee, 1999). In each of our practices, we have found that community members often find it easier to identify serious community problems if they do so within a context of an articulation of a health vision. This resonates with a point made by Cajete (1994):

It is true that much has been lost in the wholesale assaults on Indian culture during the past 500 years. But, the cultural roots of Indian ways of life run deep. Even in communities where they seem to have totally disappeared, they merely lie dormant, waiting for the opportunity and the committed interest of Indian people to start sprouting again. Indian education is one of those dormant roots. The tree may seem lifeless, but the roots still live in the hearts of many Indian people (192).
Bringing into the development process community members who possess the traditional teachings and knowledge allows cultural information and understanding to be shared. This can begin to restore a balance of understanding which values traditional knowledge, as well as what Lee (1999) calls, social learning. This can lead to a restoration of an energizing sense of pride within the community. At this point, vision and self-determination are beginning to generate within the community. “Indian self-empowerment takes commitment; it takes hard sustained work by individuals and communities. It also requires an honest self-examination of where we are individually and collectively” (Cajete, 1994, 191).

It should be pointed out that the individuals producing this information will need to have interview and some research skills; this will allow them to obtain the data from archives, public documents, treaties, and personal interviews with community members. If these skills are not present, some basic training will be required.

2. Revitalization: Community Building - wholistic solutions. Reflection on the importance of land for local community.

This next phase can be thought as building on the participation and sense of community developed in the first area. In addition, community members begin to seek solutions that honour and respect the people and the environment where they live. Indigenous knowledge and culture are based on the relationships and understandings relating to the natural environment:

The indigenous people of the world possess an immense knowledge of their environments, based on centuries of living close to nature. Living in and from the richness and variety of complex ecosystems, they have an understanding of the properties of plants and animals, the functions of ecosystems and the techniques for using and managing them that is particular

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5 Because many Aboriginal communities are based in oral traditions, some members may not want to record or document this knowledge, a position that is important to be respected and honoured. To be able to transmit information throughout the community this is an issue that will have to be dealt with in a very sensitive manner.
and often detailed. In rural communities in developing counties, locally occurring species are relied on for many—sometimes all—food, medicines, fuel, building materials, and other products. Equally, people’s knowledge and perceptions of the environment, and their relationship with it, are often important elements of cultural identity (Battiste & Youngblood-Henderson, 2000, 30).

Knowledge building can take on many forms, such as observation, participation and listening. In many Aboriginal communities, Western society has had a great impact on the forms of social learning and education. It is important to take those skills learned within Western education and use them to the benefit of the community and its cultural knowledge. Lee (1999) articulates the concept of social learning as associated with a level of power, the notion that “power is knowledge, and knowledge is power.” In assisting Aboriginal communities in regaining community health, it is vital that they acquire the skills, knowledge and the ability to analyze (Lee, 1999) their current status. In revitalizing the opportunity and means for learning, this phase of development takes on the power to transform the community, while building concrete benefits and resources (Lee, 1999).

3. **Resistance: Grassroots movement, the development of culturally appropriate and effective community-based organizations.**

Up to this point, this model has centred on past to present realities, while attending to the reawakening and strengthening of cultural practices and knowledge. It is also important, however, for community members to focus on addressing some of the issues that are the result of the historical process of colonial polices and practices. In embracing this task the development of grassroots organizations is essential. Organization allows community members to tackle the range of tasks that are required to deal with community issues, share information (on the problems they face), identify, share, and mobilize resources (physical ones or their own skills). Organizations also provide a structure that allows for the division of the tasks that need to be done to achieve their objectives in an effective manner (Lee, 1999, 47).

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6 This of course builds on the history of resistance that has allowed Aboriginal communities to survive and persevere.
An important issue here is not only that organizations are formed that can take action, it is also crucial that they be effective. That is, community members must be able to recognize themselves not only in what the organization strives for but, in the means and the structures it utilizes to achieve its goals. A community organization must have the confidence and trust of its members. Without it, the purpose and energy that is necessary to drive the work will dissipate over time. Too often organizations purport to represent the interests of their community members while the members feel unheard and unrepresented. An important means in addressing the issue of effectiveness is to seek guidance from Elders and grassroots people; they assist in the complex task of determining how to develop culturally appropriate, community-based organizations that resist the oppressive structures of Western culture. By encouraging community organizations to work with community Elders and traditional grassroots people in developing culturally centered structures, policies and practices, the hope is that it will result in a ripple effect of pride and positive attitudes throughout the organizations and into the community. There are a number of Aboriginal organizations throughout Canada - the Anishnabe Health Centre in Toronto, the Lone Eagle Treatment Centre in Big Cove New Brunswick, Laurentian University Native Social Work program in Sudbury, the Nechi Institute in Alberta, for example - which strive to incorporate Aboriginal values into their overall policies and practices.


In Aboriginal philosophy, the importance of remembering the future of the children and those who are not yet born is central (Montour-Angus, 1995). It is the responsibility of the community to ensure that the legacy of culture, knowledge, language, and traditional practices are carried on to future generations (Anderson, 2000). If this is to occur, Aboriginal people must achieve and carry forward a significant measure of control over the policies and institutions which impact on community life. Aboriginal people are aware of the great depth and responsibility Aboriginal control has in the direction and sustainability of Native people as a whole. Prior to the arrival of Europeans, many Aboriginal societies had their own well-organized governing system that looked after the community (Alfred, 1999). Aboriginal governance continues to be a contentious issue brought forward by Aboriginal people to the Canadian government (Alfred, 1995).
Unfortunately, the voices of Aboriginal leaders continue to go unheard. The government suggests Aboriginal people strive for self-government. This means developing partnerships between the Federal and Provincial government bodies, along with Aboriginal people (Alfred, 1999). This form of governance can provide room for specific determination and/or control but it continues to perpetuate the paternalistic and oppressive power over Aboriginal people (Alfred, 1999). A good example of the complexity of these issues have for Aboriginal people is the Canadian Constitution. This document recognizes the right to democracy and equality, yet it does not recognize the inherent rights of Aboriginal people to their traditional governing structure (Mohawk, 1992).

The meaning of self-government and self-determination varies from nation to nation and often from community to community. Thus, the idea of Aboriginal communities gaining control over their political life connects directly to honouring the treaties and agreements that have been established between nations of Aboriginal people and the Crown. Similarly, issues of land claims and resources represent the political, economic and spiritual struggle for many local communities. In traditional times, everything Aboriginal people required was found on the land.

The way people have related to and lived on the land (and in many cases continue to) also forms the basis of society, nationhood, governance, and community. Land touches every aspect of life; conceptual and spiritual views; securing food, shelter and clothing; cycles of economic activities including the division of labour; forms of social organization such as recreational and ceremonial events; and systems of governance and management (RCAP, 1996, v.2:448).

The ability to develop a community on an economic basis (Lee, 1992), as well as maintain particular ties to the land, can be a double edged sword in modern times. First, of course, it must be realized that the existing land base (around two percent of the land south of 60 degrees) is inadequate. Local Aboriginal communities face powerful authorities in attempting to resolve such claims; this becomes a frustrating and delaying tactic by the Federal government. National Aboriginal organizations seem to have a great power and clout in the political arena and, in some cases, this may be true. In other cases however, people at the community
level have had a significantly stronger presence in overcoming issues of injustices. A prime example of this is Bill C-31. While there may be many debates surrounding this government policy, a small group of Aboriginal women fought and won for the representation of inherent rights of women and their children (Silman, 1997).

Many Aboriginal communities have enriched themselves through vision and self-determination. These communities have forged strong connections to their cultural traditions and practices. They acknowledge the past and how it contributes to the ability to engage current issues. They recognize the importance of land and environment in preserving cultural knowledge and traditional medicines. At the organizational level there are a number of culturally centred groups across Canada that focus on the cultural values and principles in the work they do within the community, such as: Anishnabe Health Centre in Toronto, and the Nechi Institute in Alberta.

**Dilemmas for this Model**

While this example of Aboriginal community development is exciting, there may be limitations and implications that arise within the process. One concern is the depth of internalized colonialism and oppression (Freire, 2000; Burr, 1995) among individuals, families, communities, and nations. “Foucault’s point here is that...the practice of surveillance became internalised by those who were watched (in theory all members of society),...came to monitor and control their own behaviour... [in fear of being punished]” (in Burr, 1995, 67). The internalizing of the oppressive messages conveyed by the powerful forces in society can inhibit community members from participating in, or even sabotaging, the efforts to create positive change for the community. Freire (2000) discusses the detrimental impact this has on those who are oppressed:

The “fear of freedom” which afflicts the oppressed, a fear which may equally well lead to desire the role of oppressor or bind them to the role of oppressed, should be examined. One of the basic elements of the relationship between oppressor and oppressed is prescription. Every prescription represents the imposition of one man’s choice upon another, transforming the consciousness of the man prescribed to into one that conforms with the prescriber’s
consciousness. Thus, the behaviour of the oppressed is a prescribed behaviour, following as it does the guidelines of the oppressor (pp. 46-47).

As practitioners or community workers, if we are to start where the community is, it is important to recognize the great number of constituencies and factions that exist within an Aboriginal community. This could limit the establishment of cohesive approaches within a community. Because of colonialism, Aboriginal communities have been faced with conflicting governing structures. On the one hand, there is the traditional Aboriginal governance structure based on Aboriginal tenets. On the other, the colonial government has introduced a Band Council in each Aboriginal community that is directed by the Indian Act.

Another problematic element is the varying religious practices which have been imposed or assumed by Aboriginal people and communities. Baptist, Catholic, Presbyterian, and other denominations continue to have a direct impact on many Aboriginal lives. While some denominations have modified some of their more destructive policies and practices, their legacies remain. Thus, traditional practices and ceremonies may be resisted. Indeed, many Aboriginal people are unaware, or even afraid of, their traditional ceremonies and practices.

Another limitation is the inadequate amount of funding and resources to support Aboriginal community initiatives. The intentions of funders may be positive but the dollars are often inadequate to the task of helping Aboriginal individuals, families and communities regain a healthy life. To compound the problem, the timelines, imposed by funders concerned about efficiency, are rigid and short. In 1998, the Government of Canada offered Aboriginal people a one time grant of $350 million that was originally to cover a nine-year period. The funding was to assist people in addressing and healing the unresolved trauma of physical, emotional, mental, and sexual abuse experienced in residential school (AHF Report, 2003).

The Aboriginal Healing Foundation’s original mandate …., the $350 million fund will have been spent [2003 Annual Report]. If the Foundation itself as an entity were to continue beyond that point, it would have to secure other monies. To date, the Foundation has succeeded in bringing many individuals and
communities forward on the path of healing (AHF Annual Report, 2003, 18).

The mandate of this Foundation was Aboriginal control of Aboriginal dollars. The goals and objectives of this funding certainly aimed to assist many people. Unfortunately, the amount of funding lasted only five years. The damage done to communities took place over decades. Strategies to deal with the trauma may take an equal period of time.

Another limitation is Western discourse versus Aboriginal in the education system. Through the experiences and events of residential schools, assimilation, etc. most Aboriginal people use the official languages (English and/or French) established by Canada as their first and only language. There are declining numbers of Aboriginal people who are fluent in their own Aboriginal language.

Language is an important barrier to successful participation. The inability of the larger society to receive Native people, even occasionally, in the Native people’ own language was identified above as a source of frustration to Native people. Sometimes First Nation people and the bureaucracies of the larger society simply operate in different universes of discourse, to the detriment of First Nation people’s effective participation in them (Ponting, 1997, 237).

While Native languages are becoming a scarce resource, serious consideration will have to be given to addressing this dilemma. It is important for Aboriginal people to incorporate their language and concepts into the written and oral practices of their community. This has the potential to create a sense of pride and encourage the language to be learned.

Conclusion

This paper has attempted to put forward a model that can address healing and regeneration within the context of Aboriginal communities. We realize that models are simply ways of thinking and broad ways of approaching issues in which strategies are suggested according to an understanding of the causes of those issues. Thus, while we have put forward the model as a series of phases, it is important to reiterate that
the four are not necessarily strictly sequential. They are perhaps better seen as a holistic gestalt that suggests the tasks that are required for basic community healing to take place.

Finally, this paper recognizes the limitations and implications this model may have in working with an Aboriginal community. A major concern was the internalized colonialism and oppression that has developed over the long period of state oppression. Coupled with the problem of the limited resources provided for the restoration of the health and well being of communities, this has resulted in the development of factions that separate and divide communities - politically, socially and in religion. Indeed, in our practices we noted that community members have identified these issues as an important aspect of the healing journey.

Lastly, there is a fear in Aboriginal communities of losing important cultural knowledge. Clearly this fear is a realistic concern. Elders are dying. Many young people who might carry on local traditions are leaving to live in cities. Communities (for example, Kasheshewan in Ontario and Davis Inlet in Labrador) face drastic social and physical conditions. Basic survival becomes the paramount issue and nurturing a concern for traditional knowledge takes a back seat. But communities are by no means always in crisis and this paper has attempted to articulate our belief that, in Aboriginal knowledge, there resides a potentially powerful energy that could fire and sustain action to confront the challenges of healing and struggle. It is for this reason that we have placed traditional knowledge and practice at the centre of the model. It is our belief that honouring the traditional culture of peoples will sustain their well being into the future.
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