

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

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### WALKING ALONG THE PATH

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

### HOW WE CAME TO BE HERE

*Janice:*

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

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

*Nancy:*

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

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

## **B'SAANIBAMAADSIWIN PROGRAM HISTORY**

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

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

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

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

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

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

### **OUR ROLES AS HELPERS: “HYSTERICAL CONTEXT OF MENTAL HEALTH...”**

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

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

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

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

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

### *Direct Service*

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

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

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

### *Community Development*

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

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

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

### *Indirect Service*

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

## **ENTER THE TRICKSTER OR WHEN LIFE ISN'T SO SERENE AND PEACEFUL...**

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

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



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

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

## **IDENTITY: WHO DECIDES WHO IS WHAT**

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

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

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

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

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

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

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

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

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

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

## **LEARNING FROM THE TRICKSTER**

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

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

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

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

### *Case Study 1*

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

### *Case Study 2*

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

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

### *Case Study 3*

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

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

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

### *Case Study 4*

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

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

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

### *Personal Survival Strategies*

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

### **CONCLUSION: EMBRACING THE TRICKSTER**

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

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

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



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