

COMPARING EURO-WESTERN COUNSELLING AND ABORIGINAL HEALING METHODS: AN ARGUMENT FOR THE EFFECTIVENESS OF ABORIGINAL APPROACHES TO HEALING

Gus Hill, M.S.W., Ph.D. (Candidate)
Faculty of Social Work, Wilfrid Laurier University

Nick Coady, Ph.D.
Faculty of Social Work, Wilfrid Laurier University

INTRODUCTION

The purpose of this paper is to provide an overview of an Aboriginal approach to healing and to establish the theoretical grounds for its effectiveness. Toward this end, this paper considers a number of issues. First, the similarities and differences between various Euro-Western theories of counselling or psychotherapy¹ and Aboriginal approaches to healing are examined. Second, an overview of major cumulative findings from research on psychotherapy is presented toward establishing major curative factors that are common across various therapy approaches. Third, related to these psychotherapy research findings, Jerome Frank's (1961, 1982, 1991) theory of common factors is reviewed toward establishing parallels between psychotherapy and traditional healing approaches. Fourth, a traditional (Ojibwe) approach to healing and associated healing methods are discussed. Finally, the theoretical arguments for the effectiveness of Aboriginal healing methods are summarized and implications for Euro-Western helping approaches are considered.

The main reason for advancing theoretical versus empirical arguments for the effectiveness of Aboriginal approaches to healing, and doing so by comparing these methods to Euro-Western counselling theories and considering the outcome of psychotherapy research, is because there is a scarcity of research on Aboriginal healing methods. Although Lane, Bopp, and Norris

(2002) have noted that "There is considerable anecdotal evidence that traditional healing practices have profound effects" (Lane, Bopp, and Norris, 2002, p. 22), they acknowledge the necessity of developing tools and processes to document the outcomes of Aboriginal healing. This is a laudable long-term goal; however, in the meantime, we believe that it is useful to develop theoretical arguments for the likelihood that Aboriginal healing methods will prove to be at least as effective as Euro-Western counselling, particularly for Aboriginal people.

SIMILARITIES AND DIFFERENCES BETWEEN EURO-WESTERN COUNSELLING THEORIES AND ABORIGINAL APPROACHES TO HEALING

In an effort to examine similarities and differences between the various Euro-Western approaches to counselling and Aboriginal healing methods, Coady and Lehmann (2001a) that presented the distinguishing characteristics of various classes of clinical theory (psychodynamic, cognitive-behavioural, humanistic, feminist, and postmodern) and modified it to include an Aboriginal classification along the continuum of theory. Beyond the inclusion of Aboriginal practice, this new construction includes the additional characteristics that are pertinent to comparing psychotherapy to Aboriginal healing: (a) specific models of helping (within each class of theory); (b) role of helper; (c) degree of importance placed on the therapeutic relationship; (d) degree of importance placed on holistic health; (e) aspect of holism underattended to; and (f) primary methods of healing.

It should be emphasized that the characterization of the various classes of theory presented in this paper are very general and do not do justice to the complexities of how theories are translated into practice. The broad characterizations are meant to describe the primary emphases in the different theories. Thus, to say that the major focus in cognitive-behavioural theories with regard to time is the present is not to say that these theories never consider the past. Similarly, to say that humanistic theories focus primarily on affect is not to say that they never focus on cognition or behaviour. Another caution is that overgeneralization tends to mask differences within classes of theory (e.g., although most psychodynamic theories are expert-oriented, attachment theory is

more collaborative) and to exaggerate differences across groups of theory (e.g., although psychodynamic and feminist theories seem quite antithetical in some respects, the fact that many workers have integrated them in practice speaks to the fact that they can be compatible). It is beyond the scope of this paper to discuss any of the Euro-Western theories in more depth (see Coady, 2001 for an overview of these categories of theories); however, the reader is referred to the discussion of an Aboriginal approach to healing later in this paper.

A consideration of the above shows that one of the most striking differences between Euro-Western counselling theories and Aboriginal methods of healing relates to the degree to which a holistic focus is achieved. One of the hallmarks of an Aboriginal approach to healing is the focus on holism, specifically a consideration of the spiritual, mental, physical, and emotional aspects of the person. This consideration points to the fact that Euro-Western psychotherapies as a group have a much more circumscribed focus than an Aboriginal approach to healing in many different regards. This overall difference is elaborated upon, below.

It is clear that each of the five categories of Euro-Western counselling theory are less holistic in scope than an Aboriginal approach to healing. Psychodynamic approaches focus primarily on the mental/cognitive aspect of the person. Although psychodynamic approaches talk about the importance of working through emotional issues and about insight being both emotional and cognitive, the process of therapy is primarily cognitive. This leaves the emotional aspects of life underattended to, as well as the spiritual and physical aspects of holistic health unattended. Cognitive-behavioural theories focus primarily on cognition and behaviour, leaving the spiritual, emotional, and physical aspects of the person relatively neglected. Feminist approaches have a more integrated focus on cognition, behaviour, and, to a lesser extent, affect (emotions), but this still leaves the physical and spiritual aspects of the person relatively unaddressed (although some feminist approaches attend to spirituality). Humanistic theories have more focus on affect (emotions) than other psychotherapies, and pay some attention to cognition (mental processes), and, in some body therapies, the physical, but they lack focus on behavioural and spiritual aspects of existence.

Postmodern approaches address primarily the cognitive (mental), and to a lesser extent, the affective (emotional) aspects of the person, leaving spiritual and physical aspects of holism unattended.

Our contention that emotion is one of the aspects of existence that Euro-Western psychotherapies tend to ignore may be somewhat surprising. Although many psychotherapies acknowledge the role and importance of emotion theoretically, we believe that very few translate this into practice. Although some feminist and humanistic approaches include a focus on emotional discharge, the majority of Euro-Western approaches to counselling shy away from catharsis. This lack of attention to emotional expression in therapeutic situations may come partially from the focus of the model, and partially from the therapists' reluctance to evoke strong emotions in clients (Binder and Strupp, 1997; Frank and Frank, 1991). Therapists may feel uncomfortable with emotional displays by clients because they lack comfort in staying in the moment and lack the ability to improvise and work through situational emotion with clients (Binder and Strupp, 1997; Frank and Frank, 1991).

There is little doubt that Euro-Western psychotherapies pay inadequate attention to the physical and spiritual aspects of existence. Although some humanistic approaches (e.g., bioenergetics; Lowen, cited in Frank and Frank, 1991) focus on the connection between mind and body and incorporate elements of body therapy, these approaches are often considered on the "fringe." Similar to how physical health has been seen by psychotherapists as the purview of the medical doctor, spiritual issues have been seen as the purview of religion. Some authors (Canda, 1988, 1998, 2001; Carroll, 1998) have argued for the need of Euro-Western counselling approaches to integrate consideration of spirituality; however, it has been largely neglected.

There are two other ways in which Aboriginal approaches to healing are more holistic than Euro-Western approaches. First, with respect to the time dimension, whereas Euro-Western psychotherapies tend to focus on the present and relatively recent past, in an Aboriginal world-view "...time extends from far in the past to far into the future" (Nelson, Kelley, and McPherson, 1985, p. 237). Second, in contrast to the Euro-Western focus on the

individual, Aboriginal healing is viewed as a process that "...restores the person, community, and nation to wholeness, connectedness, and balance" (Regnier, cited in Hart, 1999, p. 95).

In addition to having a more holistic focus, there are a number of other characteristics that differentiate Aboriginal approaches from most Euro-Western psychotherapies. Another major difference between Euro-western and Aboriginal methods of healing is the degree of reliance on talk-therapy. In Euro-western psychotherapy, there is no process without talking; whereas in Aboriginal methods of healing, the process is not dependent on a high degree of verbal communication, and, in fact, the process of healing can be impaired by too much talking. This de-emphasis on verbal communication is reflective of Aboriginal culture, which places emphasis on connection, sharing, being together, and movement. Relatedly, Aboriginal approaches to healing are much less structured and directive than Euro-Western approaches.

Although there are clear differences between Aboriginal and Euro-Western approaches to healing, it should be noted that the former has more similarities to some categories of the latter than others. The egalitarian stance of the helper in feminist, humanistic, and postmodern theories fits better with an Aboriginal helping role than the more expert-oriented helping role in psychodynamic and cognitive-behavioural theories. Relatedly, the same similarities hold for the importance placed on the therapeutic alliance. Although the concept of the therapeutic alliance originated in psychodynamic theory and its importance has been embraced by both psychodynamic and cognitive-behavioural theories, the degree of warmth and mutuality, and the person-to-person (versus therapist to client) nature of interaction, is more similar in feminist, humanistic, postmodern, and aboriginal helping approaches. There are also similarities between the emphasis on narrative reconstruction in postmodern approaches and the use of storytelling in Aboriginal helping, and the emphasis on emotional discharge in Aboriginal healing and some humanistic approaches.

CUMULATIVE FINDINGS OF PSYCHOTHERAPY RESEARCH AND IMPLICATIONS FOR PRACTICE

We believe that there are three major cumulative findings that can be culled from decades of psychotherapy research and that, considered together, have significant implications for the theory and practice of helping of all kinds. First, "...there is little doubt that psychological treatments are, overall and in general, beneficial" (Lambert and Bergin, 1994, p. 144). Furthermore, the beneficial effects of a wide range of therapies have proven to be "...not only statistically significant but also clinically meaningful" (Lambert and Bergin, 1994, p. 180).

Second, research has failed to demonstrate differences in outcome across the wide variety of therapeutic approaches (Lambert and Bergin, 1994; Wampold, Mondin, Moody, Stich, Benson, and Ahn, 1997). Decades of research that sought to determine which of the "competing schools" of psychotherapy was most effective has resulted in what is commonly referred to as the "equal outcomes" or "Dodo bird" (from Alice in Wonderland) effect; namely, that "Everybody has won and all must have prizes" (Carroll, cited in Wampold et al., 1997).

Third, cumulative research on the client-centered conditions of empathy, warmth, and genuineness and the more general concept of the therapeutic alliance has established that relationship factors are the best predictors of client outcome (Horvath and Symonds, 1991; Orlinsky, Grawe, and Parks, 1994). "A strong association between therapeutic alliance and outcome has been found with clinical problems that range from substance abuse, to depression, to anxiety disorders, and interpersonal problems" (Binder and Strupp, 1997, p.121). Research has demonstrated that a good helping relationship characterized commonly by mutual trust, liking, respect, and collaboration is necessary for good client outcome regardless of the approach to therapy.

Together, the latter two major cumulative findings from psychotherapy research discussed above have lent support to the longstanding "common factors" hypothesis (Rosenzweig, 1936; Frank, 1961) that "factors specific to the various therapies (i.e.,

distinctive theory and techniques) had less impact on outcomes than factors that were common across therapies, “particularly relationship factors” (Coady and Lehmann, 2001b, p. 11). In their review of psychotherapy research, Lambert and Bergin (1994) conclude that “Factors common across treatments are accounting for a substantial amount of improvement, and common factors may even account for most of the gains that result from psychological intervention” (p. 163). Together with this empirical support for the importance of common factors in psychotherapy outcome, the cumulative research finding about the overall effectiveness of psychotherapy leads to the suggestion that any approach to healing that incorporates important common factors is likely to be effective. This is, in fact, a central argument in Jerome Frank’s (1961, 1982, 1991) theory of common factors, which helps to further the comparison of Euro-Western and Aboriginal approaches to healing.

COMMON FACTORS THEORY

The term common factors refers to the effective aspects of treatment shared by diverse approaches to helping (Weinberger, 1993). Jerome Frank’s classic book *A Persuasion and Healing*” (1961), with a later edition co-authored with his daughter (Frank and Frank, 1991), has been seminal in promoting the theory of common factors. Frank’s thesis, supported by extensive references to a wide range of research, is that not only do diverse types of psychotherapy share the same effective features, but also that they share these features with other forms of healing, from traditional approaches to healing in nonindustrialized societies to faith healing in modern religions and cults. He contends that “...all psychotherapeutic methods are elaborations and variations of age-old procedures of psychological healing” (Frank, 1982, p. 9).

Frank and Frank (1991) contend that all forms of healing help people to overcome a state of “demoralization” through the instillation of “hope.” They describe four common factors that are shared by all approaches to healing and that work to instill hope and overcome demoralization. The first and most important factor is “...an emotionally charged, confiding relationship with a helping person” (Frank and Frank, 1991, p. 40). To achieve this, helpers must possess the ability to inspire people’s confidence in them as

competent and as concerned with their welfare. The therapeutic alliance implies the helper's "...acceptance of the sufferer, if not for what he or she is, then for what he or she can become" (p. 40).

The second common factor is a healing setting that heightens the sufferer's perception of the helper as competent and socially sanctioned and that creates a feeling of safety. The healing setting provides a sense of safety so that sufferers can freely express feelings, dare to reveal aspects of themselves that they have concealed from others, and do whatever else the therapy prescribes" (Frank and Frank, 1991, p. 41).

The third common factor across all types of effective helping is a rationale that explains the person's difficulties and suggests a method for resolving them. It is important to note Frank and Frank's (1991) contention that in order to be plausible and to inspire hope, a therapeutic rationale (as well as therapeutic procedures) must be linked to the world-view of a sufferer's culture.

The fourth and last common factor is a set of prescribed treatments or rituals for alleviating the problem. The participation and collaboration of both sufferer and helper in such rituals enhances expectations of relief because something is actually being done about the problems. Frank and Frank (1991) cite research to support their contention that such rituals will be effective to the extent that they arouse emotions and provide experiences of mastery.

Frank and Frank (1991), although both psychiatrists, are critical of Euro-Western psychotherapy on a number of counts. First, they are critical of the tendency of Euro-Western psychotherapy to presume to be "scientific," to corner the market on "truth," and to denigrate alternate forms of healing. They argue that psychotherapy is better understood as a form of rhetoric than a behavioural science (hence the title of their book, "Persuasion and Healing"). In their review of what they refer to as "religiomagical healing" in nonindustrialized, traditional societies, they go so far as to suggest that "...curative forces may exist that cannot be conceptually incorporated into the secular cosmology that dominates Western scientific thinking" and that it is possible that A some healers serve as a kind of conduit for a healing power

in the universe” (p. 111). This raises the neglect of the spiritual dimension in Euro-Western psychotherapies.

Two other related critiques of Euro-Western psychotherapy by Frank and Frank (1991) also relate to the earlier critique of these therapies not being holistic. They are critical of the tendency of secular therapies to avoid arousing intense emotions and cite evidence to suggest that doing so “could enhance the overall effectiveness of psychotherapy” (p. 69). Relatedly, they are critical of the mind-body split that is prevalent in Euro-Western thinking and cite evidence to suggest that body manipulations and exercises can help to “release bottled-up emotions” and “induce healing states of consciousness” (p. 130).

Although there is much that remains speculative in Frank and Frank’s (1991) theory of common factors, there is empirical support for many of its ideas. The general thesis that it is the features shared by all forms of helping that make them effective is supported by the “equal outcomes” phenomenon in psychotherapy research. The contention that the most important common factor is an emotionally close, confiding relationship is now generally accepted by virtue of the large body of research that documents the importance of relationship factors to client outcome. The research on relationship factors also lends indirect support to the ideas that a central impact of any helping process is to instill hope and overcome demoralization and that a setting that provides a feeling of safety can be important toward these ends. There is also considerable research to support the ideas that treatments or rituals that involve emotional arousal and release, as well as experiences of mastery, are effective (Orlinsky et al., 1994). Finally, although there is little research on the issue, there is intuitive appeal to the argument that “therapeutic rationales and procedures acquire plausibility through their links to the dominant world-view of their particular culture” (Frank and Frank, 1991, p. 42). Relatedly, the openness of Frank’s theory to the effectiveness of alternative approaches to healing speaks to the reality that all cultures in all times have found effective ways to minister to people’s suffering. With these ideas in mind, we now turn our attention to a consideration of aboriginal methods of healing.

Aboriginal Methods of Healing

The specific Aboriginal methods of healing that are discussed in this paper are from traditional Ojibwe culture and have been passed down through the oral tradition. It needs mention that these oral traditions rarely appear in literature due to the fear felt by knowledge keepers and trusted elders that Euro-Western individuals may abuse or disrespect the oratories. This fear and mistrust stems from, and has been nurtured by, the lengthy history of betrayal and abuse toward Aboriginal people. The first author of this paper followed the traditional process of elder consultation and the respectful request for permission to discuss traditions in such a forum. Although permission was received, there is a limit to the extent of sharing contained within this paper. Hopefully, with the continued building of trust, in time contemporary Aboriginal social workers will be able to share more completely the methods of healing that have served Aboriginal people so well for so long.

There is no clearly defined Aboriginal theory of healing. This is due, in part, to the oral tradition and evolving nature of indigenous cultures. The principal model of healing that Aboriginal people use is the Medicine Wheel (see Nabigon and Mawhiney, 1996). The Medicine Wheel is a conceptual worldview, and the cultural doctrine for Aboriginal people. It is an ancient symbol for the unity of all things in the universe, and reflects interrelated concepts such as “wholeness, balance, connectedness or relationships, harmony, growth, and healing” (Hart, 1999, p. 92). The Medicine Wheel will not be discussed in this paper; however, all of the aspects of healing discussed form part of the Medicine Wheel.

Before discussing some of the specific traditional methods of healing, it is important to review the principles, values, and beliefs that underlie these healing methods, as well as the general approach to helping within Aboriginal communities. As discussed previously, one of the core principles associated with the Aboriginal holistic world-view is that effective healing requires an integrated attention to the physical, mental, emotional, and spiritual aspects of the person. It is held that health represents balanced attention to all four of these aspects of humanness, as well as balance (i.e., peace and harmony) with other people and with the natural world, “Aimbalance is considered the source of a person’s disease or problems” (Hart, 1999, p. 93). Related to this

holistic focus is the idea that the individual's well-being is linked to that of the community: "An individual's healing is not only necessary for that individual, but it is also important for all people around that person since they are all interconnected" (Hart, 1999, p. 95).

With regard to values, the Seven Grandfathers' Teachings of humility, respect, love, truth, honesty, bravery, and wisdom underlie all aspects of holistic healing. These are traits or ways of being to which one should aspire. These values are reflected in a helping process that is gentle, supportive, and non-coercive. They are also reflected in a view of the ideal helper as one who listens and supports, and who is respectful, patient, and humble. For aboriginal people, a helper's "...personal and spiritual attributes are more important than his or her absolute knowledge or skills" (Nelson et al., 1985, p. 238). Being a good Aboriginal helper involves "...expunging the expert role, maintaining humility, demonstrating centeredness, listening, being patient, using silence, and speaking from the heart" (Hart, 1999, p. 105).

More specifically, with regard to beliefs about activities that promote healing, seven natural ways of healing are proposed. These include (a) voice (yelling, talking, hollering, singing, screaming, moaning, and weeping); (b) shaking, which prepares us for confrontation and is a manifestation of nervousness; (c) crying, which is cleansing, and a way to flush out anger and pain; (d) laughing, which releases tension, and is good for the heart; (e) sweating, which purifies the soul; (f) kicking; and (g) hitting--which, along with kicking, if done in a constructive manner, allows for a physical release of pain and anger. Although not all healing methods focus on all seven of these ways of healing, they do attend to the four aspects of the person in a holistic manner and they aim to promote the seven Grandfathers' Teachings.

One of the important and most intense methods of healing for Aboriginal people is the Sweat Lodge. The Sweat Lodge entails intense physical healing through sweating in a forum of emotional, mental, and spiritual exploration and healing. The Sweat Lodge is symbolic of the womb where safety and security are paramount and it provides emotionally intense, supportive relationships, with an elder and/or fire keeper, and other people in the lodge. Participants are given teachings beforehand and the

setting of the Sweat Lodge and the rituals performed within can enable the person to attain a spiritual state of transcendentalism. In terms of common factors theory, the Sweat Lodge provides a culturally sanctioned setting of safety; an intense, emotionally charged confiding relationship (with an elder and/or firekeeper); a rationale for or way of understanding one's situation (the teachings); and a set a rituals that arouse emotions and inspire the expectation of help.

Another traditional healing method for Aboriginal people is the Healing Circle. The circle is symbolic of the cycle of life and the interrelatedness of all beings (Stevenson, 1999). A male and female Circle Keeper open the Circle with a ceremony called Smudging, which involves burning a traditional medicine (e.g., sweetgrass) and bringing the smoke over one's body in order to cleanse oneself of negativity. After a prayer, an explanation of the protocol of the circle, and brief introductions, an object (e.g., Eagle Feather) is passed around the circle in turn. When one is holding the object, one may talk about anything he or she wants with no time limit and others respect this with silent listening. The emphasis is on talking about painful events or issues and letting go of emotions (through talking, crying, laughing, yelling, etc.). Expressing one's emotions in a supportive environment leads to understanding and acceptance. The circle closes with a prayer and hugs or hand shakes (Stevenson, 1999). Again, in terms of common factors theory, the Healing Circle provides a safe setting; supportive, emotionally charged relationships with others in the Circle; a general rationale for one's difficulties (negative emotions that have arisen from hurtful events); and a set of rituals that arouse emotions and provide support.

There are many other traditional Aboriginal healing methods (e.g., the healing lodge, the cedar bath, the pow wow, fasting and feasting). Most of these ceremonies are holistic in that they address all aspects of the person and they incorporate the four common factors. Beyond such specific traditional healing methods, there are more general, but important Aboriginal approaches to healing.

One general approach to healing involves following the traditional teaching about the four aspects of physical healing, which are diet, breathing, water, and movement/exercise. The diet is extensive and involves eating foods that are native to one's land

(e.g., in Northern Ontario, game meats, wild rice, sweet potatoes, maple syrup products, etc.). The attention paid to breathing is premised on the belief that when people are unhealthy they tend to breath shallowly, and this affects the entire body because there is not enough oxygen being transmitted throughout the person. People often need to re-learn breathing techniques in order to achieve optimal holistic health. With regard to water, attention is paid to the common problems of drinking too much or too little water. Exercise is the last component of holistic physical health. Exercise can take any form, including walking, running, sports, stretching, and more detailed fitness programs. The focus is not so much on exercise as it is on movement.

Another more general approach to healing involves reconnection with mother earth. There is a spiritual connection between Aboriginal people and mother nature. A walk in the bush, for example, provides a natural, stimulating, healthy, pure, and peaceful environment free from hustle and bustle, judgement, and chaos. The spirit of the bush is strong, and this strengthens the spirit of the individual. Many helpers and healers start a helping relationship with a simple walk in the bush. This can build a foundation for trust, respect, honesty, and sharing, which are the cornerstones of a helping relationship.

Just as Aboriginal helping incorporates a wide range of activities, there are a wide range of helpers. Elders fulfill many roles, including conductors of ceremonies, spiritual guides, counsellors, and role models (Hart, 1999). There are many professional indigenous human service workers in fields such as child welfare, alcohol and drug services, and mental health. There are informal helpers who carry "bundles" (a highly personal "tool kit" of spiritual healing medicines and items relevant to Aboriginal teachings) and who follow traditional ways of healing. There are also many informal leaders in Aboriginal communities who function as counsellors and role models. What is common across these types of helpers is a natural, casual, and informal style of helping that embodies acceptance and respect; that focuses on a flexible, non-imposing provision of support (Nelson et al., 1985); and that incorporates a holistic focus on the physical, mental, spiritual, and emotional aspects of the person.

AN ARGUMENT FOR THE EFFECTIVENESS OF ABORIGINAL APPROACHES TO HEALING

There are strong theoretical arguments, as well as indirect empirical evidence, to suggest the effectiveness of Aboriginal approaches to healing. With regard to indirect empirical support, it is evident that Aboriginal approaches to healing incorporate common factors that research has established as having an association with positive outcomes in psychotherapy.

The first and foremost of these important common factors is a good helping relationship. The ideal Aboriginal helping relationship mirrors the type of therapeutic alliance that has been found to be the best predictor of psychotherapy outcome. There is general acceptance within psychotherapy that a relationship characterized by warmth, acceptance, mutual liking, empathy, and collaboration is necessary for good client outcome. Although there is debate about whether or not this type of relationship is also sufficient for therapeutic change, other bodies of research suggest that this is often the case. Research on the effectiveness of paraprofessionals suggests that client outcomes for non-professional helpers with minimal training are often as good as or better than those for highly trained and experienced professional therapists (Christensen and Jacobson, 1994; Lambert and Bergin, 1994). Furthermore, social support research shows that having an emotionally close, supportive, confiding relationship is associated with psychological health across various life-stress situations (Wills, 1985). Thus, there is a persuasive argument for the effectiveness of any helping approach, professional, paraprofessional, or non-professional, that features a good relationship between two people. Clearly, Aboriginal approaches to healing place a very high emphasis on building the type of relationship that research has found to have strong associations with good helping outcomes.

A second common factor inherent to Aboriginal approaches to healing that has received empirical support in psychotherapy research is emotional arousal and discharge (Frank and Frank, 1991; Orlinsky et al., 1994). The seven ways of Aboriginal healing include a strong focus on the therapeutic value of emotional discharge and emotional arousal is clearly central to traditional

healing methods such as the Healing Circle, Healing Lodge, and Sweat Lodge.

Beyond the indirect empirical support cited above, there are strong theoretical reasons to suggest the effectiveness of Aboriginal approaches to healing. First and foremost is the fact that Aboriginal helping has a more holistic focus than psychotherapy. There is much intuitive appeal to, as well as some empirical support for, a holistic focus. In addition to the empirical support for focussing on emotions, Frank and Frank (1991) cite clinical and epidemiological studies to support the argument that physical and psychological processes are interdependent and interact in complex ways. They argue that Euro-Western psychotherapy has ignored the mind-body connection and has overlooked the potential value of such things as body manipulations and exercises. Aboriginal approaches incorporate a strong focus on the physical aspect of experience through general attention to diet and movement, as well as through rituals such as fasting and the Sweat Lodge that have a profound physical impact.

Furthermore, Frank and Frank also suggest that attention to the spiritual dimension of existence, which is clearly evident in Aboriginal healing, can be very helpful. They argue persuasively that spiritual healing approaches "...share the ability to arouse the patient's hope, bolster self-esteem, stir emotion, and strengthen the patient's ties with a supportive group" (p. 112). If Euro-Western psychotherapy has proven effective even with its rather narrow focus on cognition, and to a lesser extent, emotions, then Aboriginal approaches that include attention to the physical and spiritual aspects of experience, as well as heightened attention to emotions, should prove to be at least as effective. Given the range of human problems and the range of individual preferences for attention to one aspect of experience over another, it makes sense that a more holistic focus holds a greater likelihood for successful helping. One additional aspect of holism in Aboriginal approaches to helping that also heightens the likelihood of their success is frequent integration of personal and community healing. "Aboriginal communities and the Aboriginal >healing movement' have long argued that healing and community development are inseparable" (Lane et al., 2002, p. 29). Simultaneous focus and work on the individual and community level, as well as a

recognition of the inherent interconnectedness among mind, body, spirit, and emotion, just makes good sense.

The effectiveness of Aboriginal healing methods is also suggested by Frank and Frank's (1991) theory of common factors, which they have buttressed with references to a wide variety of research. Aboriginal healing methods encompass the four factors that Frank and Frank purport are common to all types of effective helping. We have already reviewed how the therapeutic relationship (the first common factor) in Aboriginal helping meets empirical and theoretical criteria for being effective. Descriptions of the Sweat Lodge and Healing Circle, as well as the more general use of nature as a therapeutic setting, demonstrate how Aboriginal methods create a healing setting (the second common factor) that is safe and that has symbolic power. It is also clear that the well-developed holistic worldview within which Aboriginal approaches to helping are embedded and the traditional practices that are part of this meet the criteria for the last two common factors: a rationale for problems and rituals or procedures for overcoming them.

Frank and Frank (1991) argue persuasively that an important part of the power of therapeutic rationales and procedures, as well as of the therapeutic relationship and the healing setting, stem from their being a part of the sufferer's worldview or culture:

In the Middle Ages, therapeutic symbols drew their power from their association with Christian belief. Indigenous healing rituals in non-Western societies inevitably draw upon the cosmology of their particular group. . . In the contemporary United States, faith in science still seems to provide the predominant source of symbolic healing power (p. 42).

The point is that to maximize the likelihood of effectiveness, the approach to helping should be consistent with the person's culture. This reinforces the likelihood that Aboriginal approaches to helping are likely to be proven effective for Aboriginal people, at least for those who ascribe to an Aboriginal belief system or worldview.

Research on the effectiveness of Aboriginal approaches to helping needs to be a priority (Lane et al., 2002); however, in the meantime it is important to acknowledge the likelihood of the effectiveness of Aboriginal methods of healing for Aboriginal people, and in fact for any person who is open to embracing Aboriginal beliefs. All too often helping approaches that are different from Euro-Western models and that do not meet “scientific” criteria are viewed skeptically or dismissed. It is hoped that our review of Aboriginal methods and the indirect empirical support and theoretical arguments for their effectiveness contributes to a recognition of their legitimacy. It is also our hope that Euro-Western approaches to helping might learn from the integrated attention to all aspects of experience (physical, mental, spiritual, and emotional) that is the hallmark of Aboriginal healing.

REFERENCES

- Binder, J. L., and Strupp, H. H. (1997). A "Negative process": A recurrently underestimated facet of therapeutic process and outcome in the individual psychotherapy of adults. *Clinical Psychology: Science and Practice*, 4, 121-139.
- Canda, E.R. (1988). Conceptualizing spirituality for social work: Insights from diverse perspective. *Social Thought*, 14, 30-46.
- Canda, E. R. (1998). Afterword: Linking spirituality and social work: Five themes for innovation. In E. R. Canda (Ed.), *Spirituality in social work: New directions* (pp. 97-106). New York: Haworth.
- Canda, E. R. and Smith, E. D. (2001). *Transpersonal perspectives on spirituality in social work*. Binghamton, NY: Haworth Press Inc.
- Carroll, M. M. (1998). Social work's conceptualization of spirituality. In E. R. Canda (Ed.), *Spirituality in social work: New directions* (pp. 1-13). New York: Haworth.
- Christensen, A., and Jacobson, N. S. (1994). Who or what can do psychotherapy: The status and challenge of nonprofessional therapies. *Psychological Science*, 5, 8-14.
- Coady, N. (2001). An overview of theory for direct practice and an artistic, intuitive-inductive approach to practice. In P. Lehmann and N. Coady (Eds.), *Theoretical perspectives for direct social work practice: A generalist-eclectic approach* (pp. 27-45). New York: Springer.
- Coady, N. and Lehmann, P. (2001a). Revisiting the generalist-eclectic approach. In P. Lehmann and N. Coady (Eds.), *Theoretical perspectives for direct social work practice: A generalist-eclectic approach* (pp. 405-420). New York: Springer.
- Coady, N. and Lehmann, P. (2001b). An overview of and rationale for a generalist-eclectic approach to direct social work practice. In P. Lehmann and N. Coady (Eds.), *Theoretical perspectives for direct social work practice: A generalist-eclectic approach* (pp. 3-26). New York: Springer.

Frank, J. D. (1961). *Persuasion and healing: A comparative study of psychotherapy*. Baltimore: John Hopkins University Press.

Frank, J. D. (1982). Therapeutic components shared by all psychotherapies. In J. H. Harvey and M. M. Parks (Eds.), *The master lecture series, Vol. 1: Psychotherapy research and behaviour change* (pp. 9-37). Washington: American Psychological Press.

Frank, J. D., and Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Baltimore: John Hopkins University Press.

Hart, M. A. (1999). Seeking Mino-pimatasiwin (the Good Life): An aboriginal approach to social work practice. *Native Social Work Journal*, 2, 91-112.

Lambert, M. J., and Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin and S. L. Garfield (Eds.), *Handbook of psychotherapy and behaviour change* (4th ed., pp. 143-189). New York: Wiley.

Lane, Jr., P., Bopp, M., and Norris, J. (2002). Mapping the healing journey: The final report of a First Nation research project on healing in Canadian Aboriginal communities. Ottawa: Solicitor General Canada, Aboriginal Peoples Collection and the Aboriginal Healing Foundation. Retrieved March 25, 2003 from http://www.sgc.gc.ca/abor_corrections/publications_e.asp

Horvath, A. O., and Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38, 139-149.

Nabigon, H., and Mawhiney, A. M. (1996). Aboriginal theory: A Cree Medicine Wheel guide for healing First Nations. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (4th ed.; pp. 18-38). New York: Free Press.

Nelson, C. H., Kelley, M. L., and McPherson, D. H. (1985). Rediscovering support in social work practice: Lessons from indigenous human service workers. *Canadian Social Work Review*, 2, 231-248.

Orlinsky, D. E., Grawe, K., and Parks, B. K. (1994). Process and outcome in psychotherapy: Noah einmal. In A. E. Bergin and S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 270-376). New York: Wiley.

Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, 6, 412-415.

Stevenson, J. (1999). The Circle of Healing. *Native Social Work Journal*, 2(1), 8-21.

Wampold, B. E., Mondin, G. W., Moody, M., Stich, F., Benson, K., and Ahn, H. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, AAll must have prizes". *Psychological Bulletin*, 1997, 203-215.

Weinberger, J. (1993). Common factors in psychotherapy. In G. Stricker, and J. R. Gold (Eds.), *Comprehensive handbook of psychotherapy integration* (pp. 43-56). New York: Plenum Press.

Wills, T. A. (1985). Supportive functions of interpersonal relationships. In S. Cohen and S. L. Syme (Eds.), *Social support and health* (pp. 61-82). Orlando, FL: Academic Press.

Footnote

¹We use the terms psychotherapy and counselling interchangeably in this paper, and these terms are meant to subsume clinical social work. The Euro-Western theories that are reviewed in this paper are those that are commonly used by clinical social workers and the research on psychotherapy that is reviewed has commonly included social workers. We chose not to include a consideration of social work as an approach distinct from other Euro-Western clinical approaches because it uses the same theory base and it does not have a large empirical base separate from counselling/psychotherapy. We acknowledge that social work may differ from other counselling approaches in the degree that it includes a person-in-environment perspective and a consideration of issues of diversity and oppression; however, we believe that overall our discussion of counselling/psychotherapy applies to clinical social work.

SPECIAL EDITION

NATIVE SOCIAL WORK JOURNAL

**Articulating Aboriginal Paradigms:
Implications for Aboriginal Social Work
Practice**

The Native Social Work Journal is a member of the Canadian Association of Learned Societies

EDITOR (Special Edition)

Roger Spielmann, Ph.D.

Volume 5, November, 2003

© Native Social Work Journal

Published by the Native Social Work Journal
Laurentian University
Sudbury, Ontario
www.laurentian.ca/www/nhs

Printed by the Laurentian University Press
Laurentian University
Sudbury, Ontario

Cover Artwork by Leland Bell

Journal Layout by Roger Spielmann

ISSN 1206-5323

All rights reserved

NISHNAABE KINOOMAADWIN NAAMAADWIN