An Aboriginal Mental Health Approach To Personal Wellness:

A Formative Evaluation

William Thomas

BFNAC, Brandon University, 2000

Thesis Submitted In Partial Fulfillment Of

The Requirements For The Degree Of

Master Of Social Work

The University Of Northern British Columbia

November 2005

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Your file Votre référence
ISBN: 978-0-494-28378-3
Our file Notre référence
ISBN: 978-0-494-28378-3

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Abstract

This study field-tested a six-session Aboriginal mental health personal wellness program. The cross-cultural integrated program combined the Aboriginal healing circle with the psychotherapy technique known as "focusing." This study located in Winnipeg, Manitoba and involving 6 Aboriginal participants was formative in nature and grounded in qualitative inquiry. Conversational style interviews were conducted with each participant, followed by a participant focus group. Out of the data analysis process, five salient themes surfaced that captured the breadth of the participants' first-hand experiences of the piloted program.

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Acknowledgments

I wish to acknowledge the Creator for life and health and for giving me the inner strength to achieve my academic and personal dreams.

I wish to acknowledge my mother, who has passed on to the spirit world, for giving me inspiration to further my academic and personal healing.

I wish to acknowledge my wife Ely, who has supported and motivated me in my darkest moments during this process.

I wish to acknowledge the survivors of the Residential School Experience and their voice, as without their voice, pain, suffering and spirit to carry on after this Aboriginal holocaust this study would not have been possible.

I wish to thank Anne and Shirley who have guided, motivated and supported in fulfilling my academic and career dreams.

I wish to acknowledge the social work educators of the University of Northern British Columbia for their dedication and commitment to Aboriginal and Northern social work practice.

Chapter 1: Introduction

The domination, oppression, and exploitation of the Aboriginal peoples[1] in Canada is well documented in a large number of governmental committee and task force reports (Alberta, 1991; Manitoba, 1991; Nova Scotia, 1989; Saskatchewan, 1992), scholarly publications (Adams, 1999; Armitage, 1995; Assembly of First Nations, 1994; Fournier & Crey, 1997), academic research journals and articles (Chrisjohn, 1991; Ing, 1990), and critical policy reviews by royal commissions and parliamentary committees (Berger, 1977; Canada, 1996a; Penner, 1983) dating back over several generations.

Regarded as a watershed event in the history of Aboriginal Canadians, the Mackenzie Valley Pipeline Inquiry, commonly known as the Berger Commission,[2] is largely credited with raising public awareness of the plight of Aboriginal peoples when it ruled that a 10-year moratorium should be placed on the construction of the pipeline (Berger, 1977). In the commission's final report, entitled *Northern Frontier, Northern Homeland: The Report of the Mackenzie Valley Pipeline Inquiry* (Berger, 1977), Justice Thomas Berger presented a retrospective assessment of the cultural impact of white civilization on native people. He described this relationship as follows:

> Euro-Canadian society has refused to take native culture seriously. European institutions, values and use of land were seen as the basis for culture. Native

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[1] The term *Aboriginal peoples* does not imply or refer to one homogeneous group. The Aboriginal population is described as including four categories: North American (First Nations) Indians registered under the *Indian Act* (Registered Indians); North American Indians not registered under the *Indian Act*; Métis people; and Inuit (Canada, 1996a).

[2] The Berger Commission was established in 1974 "to consider the social, environmental, and economic impacts" of building a pipeline from the shores of the Arctic Ocean south through sections of the Yukon Territory and the Northwest Territories (Berger, 1977).

> institutions, values and use of land were rejected, ignored or misunderstood and—given the native people's use of land—the Europeans had no difficulty in supposing that native people possessed no real culture at all. (p. 85)

The Penner Report,[3] released by the Special Committee on Indian Self-Government six years later, in 1983, described the relationship between Indian people and the federal government as not working. While the focus was on control of the system rather than on designing a new approach, it emphasized the need for a more holistic approach to health care. It also suggested that Canada's federal policies and agencies were operating in a manner that was leading to increased Indian poverty and dependence (Penner, 1983):

> We have come to appreciate very much the relevance and the utility of traditional approaches, particularly to mental health problems—approaches which address the suicide rate, approaches which address addiction problems. We believe that in areas such as those the application of traditional medicine and native culture perhaps can be more successful than anything we could offer in terms of contemporary psychiatric approaches to those kinds of problems. (p. 35)

More recently, the Royal Commission on Aboriginal Peoples' (RCAP) five-volume report, released in October 1996, not only linked the disproportion of social and health problems among Aboriginal peoples to decades of oppressive social policies, it also underscored the inability of "mainstream" institutions to effect significant change (Canada, 1996a). The report (Canada, 1996b) observed that:

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[3] The Special Committee of the House of Commons on Indian Self-Government, also known as the Penner Commission, was appointed in 1982 to review legal and institutional issues related to the status, development, and responsibilities of band governments on reserves (Penner, 1983).

> ...non-Aboriginal health and social programs have not served Aboriginal people very effectively, and in response to pressure from Aboriginal organizations, the courts, and human rights authorities, policy makers have instituted a number of strategies over several decades in an attempt to sensitize mainstream health and social services providers to the needs and aspirations of Aboriginal peoples. It is instructive to examine some of these approaches, to analyze why they have generally produced such limited results, and to explore what can be done differently in the future. (section 3.4, para. 11)

The report also acknowledged that "a clinical one-to-one approach" does not work well for Aboriginal people because they "cannot divorce the healing of individuals from the healing of families and communities" (section 2.1, para. 43), and stressed that Aboriginal people "need to redefine professional training to make it more holistic, more grounded in Aboriginal experience, and more relevant to Aboriginal circumstances" (section 3.3.19, para. 14).

Hart (1997) further insisted that ethnocentric social work practice maintains a condition of colonial domination over Aboriginal peoples. This view is also expressed in a report submitted to RCAP by the Canadian Association of Social Workers (1994), where it was argued that mainstream ethnocentric social work practices contribute largely to the distrust and rejection of the social work professional by the Aboriginal community. The report called upon the social work academic establishment to support the development of culturally relevant social work education and models of practice.

Purpose of the Study

This study field-tested a six-session Aboriginal mental health personal wellness program that brought together the healing properties of the Aboriginal healing circle and the self-awareness and empowerment powers of the psychotherapy technique known as "focusing" to form a safe, effective, and culturally appropriate means for Aboriginal people to meet their healing needs. This study located in Winnipeg, Manitoba and involving 6 Aboriginal participants was formative in nature and grounded in qualitative inquiry.

Rational of the Study

Aboriginal issues have achieved a prominence on the agendas of governments, the media, and the public that would scarcely have been imaginable a decade ago. Yet this heightened interest in and attention to Aboriginal issues has not been matched by a decolonizing pedagogical approach to education that is currently grounded by dominant cultural theories using Western frameworks for teaching (Battiste, 1998; Castellano, 2002; Smith, 2001). The forms, content, and intent of post-secondary social work education have not been challenged nor has there been reconsideration of the practice of social work from an Aboriginal worldview. Sinclair (2004, p. 49) argues that "culturally appropriate and sociologically relevant teaching and healing models must evolve and translate into practice and service delivery that will meet the needs of future generations." While I acknowledge that schools of social work are beginning to address the demands for Aboriginal social work education by hiring Aboriginal faculty, developing curriculum and educational streams that focus on specific Aboriginal issues, and offering culturally

appropriate practicum placements, the gap remains wide.

The rapid devolution of social programs and services to Aboriginal authorities has dramatically increased employment opportunities for Aboriginal people and raised the demand for new culturally appropriate services and models of practice. The increased interest among both Aboriginal and non-Aboriginal people in Aboriginal traditions, culture, and spirituality has resulted in the use of spiritual healing, traditional healers, and ceremonies and rituals in Aboriginal homes, communities, institutions and workplaces. Aboriginal spirituality is not perceived as a "cure-all," but is effective in conjunction with certain mainstream treatment modalities. Thus, it is increasingly important that Aboriginal and non-Aboriginal graduate social work students and educators take a more active stance and engage in research opportunities that can contribute to the knowledge base of Aboriginal social work education and practice.

Research Design

The case study design employed a formative approach to evaluation and was grounded in qualitative inquiry. Conversational style interviews were conducted with each participant, followed by a participant focus group. Out of the data analysis process, five salient themes surfaced that captured the breadth of the participants' first-hand experiences of the piloted program. The three research questions addressed in the study were:

1. What is the perceived experience of Aboriginal participants engaged in the piloted personal wellness program?
2. Can combining a mainstream psychotherapy technique (focusing) with the

traditional healing approach of the Aboriginal healing circle provide an effective cultural alternative to mainstream mental health treatment models?

3. What are the implications of the results of this study for social work practice and education?

Theoretical Orientation of the Research

This study is informed by the theory and practice of the "seventh moment" of qualitative inquiry, which "asks that the social sciences and the humanities become sites for critical conversations about democracy, race, gender, class, nation-state, globalization, freedom, and community" (Denzin & Lincoln, 2003, p. 3). Further, the study is informed by critical theory, which raises the questions of knowledge defined by whom, about whom, and for what purpose (Lather, 1986; Wallerstein, 1999), and invites a more critical stance by challenging current ideology and initiating action towards the search for social justice (Foucault, 1980; Freire, 1982; Gitlin & Russel, 1994). It views knowledge as historically and socially constructed and mediated through perspectives of the dominant society. The main task of critical inquiry is seen as being one of social critique, in which the restrictive and alienating conditions of the status quo are brought to light. Thus, it calls for knowledge that challenges researchers to go beyond conventional worldviews and create new social relations (Guba & Lincoln, 1994; Habermas, 1987; Kemmis, 2001).

To date, traditional social work education and research has led to little advancement in practice within the Aboriginal community (Canada, 1996a; Collins & Colorado, 1987; Hoare, Levy, & Robinson, 1993; Morrisette, McKenzie, & Morrissette,

1993; Webster & Nabigon, 1992). From a critical perspective, this is largely the result of the dominant epistemological European positivist paradigm upon which Western social work education and research was founded (Beardsley, 1980; Ellis, 1990). As Hartman (1994, p. 459) asserts in *Setting the Theme: Many Ways of Knowing*, there is "nothing more crucial in shaping and defining the social work profession and its practice than that profession's definition of the truth." According to Hartman, it is essential that researchers declare their epistemologies and worldviews, their biases, and their convictions about the nature of knowledge and knowledge-seeking, as these affect the entire research process, from conceptualizing a problem, to collecting and analyzing data, to interpreting findings.

My own theoretical foundation—that is, the context within which I undertake this study—is firmly grounded in critical theory, including feminism, anti-oppressive theory, Aboriginal worldview, structural social work, and social constructionism. As an Aboriginal person committed to anti-oppressive practice, I am conscious of the broader issue of the research context in relation to the history of Aboriginal people in this country. I submit that the direction of much research under the Eurocentric "positivist" research paradigm since the early 1800s has acted to oppress Aboriginal peoples and served to literally destroy entire communities and ways of life (Collins & Colorado, 1987; Hoare, Levy, & Robinson, 1993; Webster & Nabigon, 1992).

Hart (1997) points to the conflicting values inherent in Eurocentric research approaches. He explains that the natural worldview is based on natural knowledge that originates from Mother Earth, whereas the technological worldview is based on man-made technology. According to Hart (1997), the natural worldview is in direct conflict with the technological worldview, an approach which aggressively exploits and

dominates the natural world for monetary gain or academic acclaim.

From this starting point, I elected to proceed with a qualitative approach, because it is more in line with the cultural oral traditions (Clarkson, Morrissete, & Régallet, 1992) and non-positivist epistemological worldview of Aboriginal people. Unlike a positivistic approach, which would "tend to discount intuitive wisdom, and indigenous knowledge" (Hoare, Levy, & Robinson, 1993, p. 46), a qualitative method allows participants to be more actively involved in the research process. I believe that a qualitative approach can better address the previously mentioned issues of distrust, oppression, and lack of involvement in the research process experienced by Aboriginal people. A qualitative approach also allows participants to have and give voice, and captures unique contextual nuances within the research process.

Chapter 2: Literature Review

In order to frame the issues that provide relevance and background to the study, an extensive literature review was conducted. The review encompassed a critical review of the literature on the colonization of Aboriginal peoples in Canadian society and its impact on the well-being and health of Aboriginal peoples, an examination of the literature on the psychotherapy technique of "focusing" and Aboriginal healing circle as established methods of interventions within the field of mental health, and a review of integrated approaches in dealing with mental health needs of Aboriginal peoples.

The Colonization of Aboriginal Peoples in Canada

The history of the European colonization of North America is a disturbing story of the Aboriginal population's decimation by infectious disease, the destruction of Aboriginal social and cultural institutions, and the active suppression of culture and identity, which was tantamount to genocide (Frideres & Gadacz, 2001). It is estimated that before the arrival of the Europeans, there were thousands of autonomous Aboriginal bands, tribes, or nations, with a population of about 7 million (Trigger & Wasburn, as cited in Kirmayer, Brass, & Tait, 2000). It is further estimated that 90% of the Aboriginal population died "as a result of the direct and indirect effects of culture contact" (Kirmayer, Brass, & Tait, 2000, p. 6).

The colonization of Canada's Aboriginal peoples is a legacy of over a century of colonial policies (Canada, 1996a). Both the federal and provincial governments have subjected Aboriginal people to many forms of systematic abuse and discrimination over several generations in an attempt to assimilate them into the dominant society through education, religion, law, and theft of land (Morrissette, McKenzie, & Morrisette, 1993; Waldram, 1997). The impacts of these policies are clearly visible today among the Aboriginal peoples of Canada. While the federal government has made some effort to rectify this situation by developing programs specifically designed to assist Aboriginal people in their healing processes, significant change in the overall social, economic, and health status of Aboriginal people has not occurred (Smylie, 2000; Voss, Douville, Soldier, & Twiss, 1999).

The Residential School Era

Residential schools for Aboriginal children were established by the Canadian government, and run by churches and governments, to provide for the education of Aboriginal children (Miller, 1996). Under the authority of the Indian Act, children were forcibly removed from their parents, homes, and communities and relocated to residential schools (Chrisjohn, Young, & Maraun, 1997). It is estimated that from 1879 to 1973, over 100,000 children were taken to residential schools, often far removed from their home communities, for the entire school year (Law Commission of Canada, 2000).

According to RCAP (Canada, 1996b), the removal of Aboriginal children to residential schools was based on an explicit policy of assimilation:

> Residential schools were more than a component in the apparatus of social construction and control. They were part of the process of nation building and the concomitant marginalization of Aboriginal communities. The department's inspector of education wrote in 1900 that the education of Aboriginal people in frontier districts was an important consideration, not only as an economical measure to be demanded for the welfare of the country and the Indians, themselves, but in order that crime may not spring up and peaceful conditions be disturbed as that element which is the forerunner and companion of civilization penetrates the country and comes into close contact with the natives. (residential schools, para. 8)

Sealey (1980, p. 34) explains, "the ties between parents and children were broken during the years of school attendance." The vast majority of the children who returned to their home reserves after their years of residential schooling felt out of place and confused, and were not well received by their communities:

> Upon returning to the normal social and economic life of the reserves, the students were baffled and discouraged. They are often condemned as shiftless because most lack finesse and the skills necessary to follow the traditional means of livelihood such as trapping, hunting and fishing. (Sealey, 1980, p. 34)

Kelm (1988, p. 79) further points out, what better way to break down a culture than by attacking the weakest link, "the defenseless children." Not only did children experience trauma as a result of being taken away from their parents, but many experienced added trauma upon their return, as they were not easily accepted back into the community, having "changed" as a result of their assimilated residential school

experience.

The physical and sexual abuse that some of the survivors lived through was not spoken about for many years, as the survivors carried the shame of what they had experienced. Dolha (1998, p. 1), in a study of the impact of the residential school system on individuals, offers the following account of the experience of Nahanee, a residential school survivor: "I didn't bring it to mind (sexual abuse) until 1984, when my daughter committed suicide. Then I began to look at myself. Why I was addicted to alcohol? Why I wasn't a good parent?" This is one of many similar stories that are now told by other survivors as they continue on their healing journey. In the same interview, Nahanee describes the torture that she witnessed as a child in residential school:

> Before speaking of the murder she witnessed at the age of 11, Nahanee stopped to compose herself to dry her eyes. I did not consider it a murder because when you are just a kid it is just another painful memory. On December 24, 1946, school administrators told Nahanee she would not go home for the holidays because she did not bow her head in prayer. While in the playroom, she heard someone shouting. Nahanee followed the sound, went to the bottom of the staircase, and climbed them half way. She saw Mr. Caldwell and a female supervisor at the top of the stairs. There were arguing about a little girl who was running up and down the stairs. Mr. Caldwell was always drunk. You could smell the liquor on his breath all the time. While batting her eyelashes to hold back the tears. Nahanee continued telling her nightmare. He kicked a little girl and she fell down the stairs and died. That's murder. There are other kids in the infirmary that had their appendix burst. That is murder. Other children were beaten so badly they died.

That's murder no one bothered to take to hospital. (Dolha, 1998, p. 2).

It has been estimated that two-thirds of Aboriginal people have suffered a trauma as a direct result of the residential school era (Manson, 1996, 1997, 2000). The unfortunate reality of this number is that the effects of the residential school era can be expected to be felt for many generations to come (Canada, 1996b).

Residential school syndrome.

According to Fournier and Crey (1997, p. 63), far from becoming assimilated members of mainstream Canadian society, many residential school students went on to "experience symptoms of post-traumatic stress disorder." Fournier and Crey (1997, p. 63) further argue that survivors of residential schools experienced symptoms "not unlike those suffered by war veterans or police officers," including "panic attacks, insomnia, uncontrollable anger, alcohol and drug use, sexual inadequacy or addiction, the inability to form intimate relationships, eating disorders." Similarly, Brasfield (2001), a British Columbia psychiatrist with over 20 years of experience working with Aboriginal people traumatized by their time spent in residential school, writes:

> Whether residential schools are seen as an attempt at benevolence or a plan to annihilate a culture, many native people who attended the schools present with symptoms similar to those of post-traumatic stress disorder. This constellation of symptoms has come to be known as residential school syndrome. (p. 1)

Brasfield is an advocate for having the disorder Indian Residential School Syndrome (IRSS) included in the *DSM IV TR* (personal communication, January 13, 2003).

The American Psychiatric Association (2000) *Diagnostic and Statistic Manual of*

Mental Disorders (*DSM IV TR*) describes Post Traumatic Stress Disorder (PTSD) as an experience of or exposure to a traumatic event with the presence of actual or threatened death or serious injury, or a threat to the physical integrity of self or others. The symptoms of PTSD include persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma) indicated by at least three of the following symptoms: (a) efforts to avoid thoughts, feelings, or conversations associated with the trauma, (b) efforts to avoid activities, places, or people that aroused recollections of the trauma, (c) inability to recall an important aspect of the trauma, (d) markedly diminished interest or participation in significant activities, (e) feeling of detachment or estrangement from others, and (f) restricted range of affect (g) sense of foreshortened future (American Psychiatric Association, 2000). There also may be persistent symptoms of increased arousal (not present before the trauma), as indicated by at least two of the following symptoms: (a) difficulty falling and/or staying asleep, (b) irritability or outbursts of anger, (c) difficulty concentrating, and (d) hyperviligence and exaggerated startle response. If the symptoms last less than three months, then it is considered acute PTSD. If the symptoms last three months or more, it is considered chronic PTSD. With delayed onset, the symptoms occur at least six months after the stressor (American Psychiatric Association, 2000).

As revealed by this literature review, the process of colonization has had an ongoing impact on the health and well-being of Aboriginal peoples. Virtually every contemporary social pathology or health issue facing Aboriginal peoples can be attributed directly to the fallout of colonialism (Midgely, 1998).

Impacts of Canadian Social Policy on the Well-Being and Health of Aboriginal Peoples

That the framework of colonial policies directed towards the Aboriginal peoples of this country has severely weakened the social, economic, political, and cultural foundations of Aboriginal societies (Adams, 1999; Chrisjohn, Young, & Maraun, 1997; Pino, 1998), critically altering their way of life and engendering a legacy of racism and oppression (Adams, 1999; Haig-Brown, 1994), is well documented in the literature.

According to RCAP (Canada, 1996a), Aboriginal peoples have a life expectancy 7 to 8 years shorter than non-Aboriginal Canadians; a higher incidence of low educational attainment and welfare dependency; a greater prevalence of family violence, physical and sexual abuse, and suicide; and elevated rates of ill health such as heart disease and cancer.

Another disturbing consequence of the colonization of Aboriginal society is the disproportionately high numbers of Aboriginal youth warehoused in federal and provincial jails (Roberts & LaPrairie, 1996). In a judgment rendered on April 23, 1999 (Regina v Gladue), the Supreme Court of Canada observed that "prison has replaced residential school as the likely fate of all too many modern-day Aboriginal Canadians" (Canadian Strategy on HIV/AIDS, n.d). The court pointed out that although Aboriginal peoples only make up approximately 3% of the Canadian population, they represent 15% of the federal male penitentiary population and 16% of total provincial/territorial sentences. According to Haslip (2000, p. 1), "the trend towards the over-incarceration of Aboriginal offenders is even more pronounced" at the provincial level, particularly in the Western provinces.

With respect to the health status of Aboriginal peoples, Health Canada's (1999)

report, *A Second Diagnostic on the Health of First Nations and Inuit People in Canada,*[4] deserves special attention. The report describes the overall health status of First Nations and Inuit people living in Canada as much poorer than the non-Aboriginal population (Health Canada, 1999). In 1997, as shown in Table 2.1, the prevalence of self-reported chronic diseases in First Nations and Labrador Inuit people was higher than in the general Canadian population (Health Canada, 1999).

Table 2.1

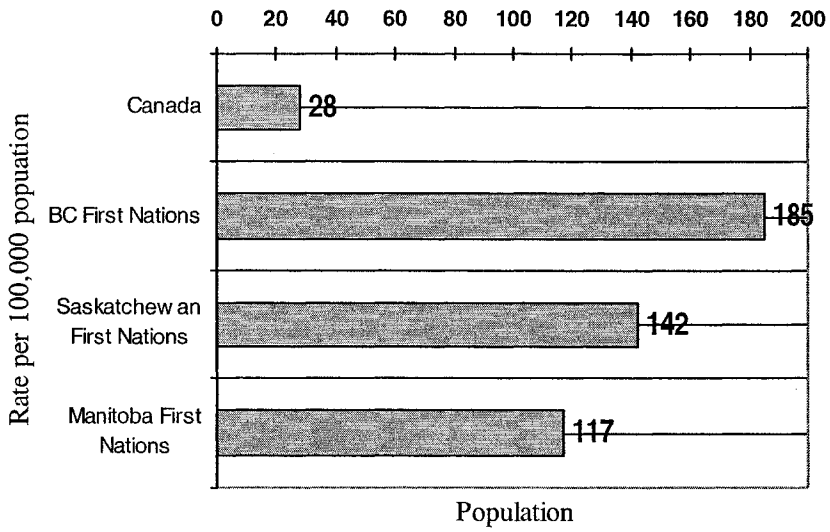
Chronic Disease

		Age-adjusted prevalence	
Chronic condition	Sex	First Nations and Labrador Inuit	General Canadian Population
Heart problems	Male	13	4
	Female	10	4
Hypertension	Male	22	8
	Female	25	10
Diabetes	Male	11	3
	Female	16	3
Arthritis/rheumatism	Male	18	10
	Female	27	18

Sources: First Nations and Inuit Regional Health Survey and National Population Health Survey, as cited in Health Canada (1999).

[4] "Due to limitations in the availability of information on the Métis and the Non-status Indian populations, the content of this document relates primarily to First Nations and to a lesser extent to the Inuit population. However, information is provided on the Métis and the Non-status Indian where data are expressed for the total Aboriginal population." (Health Canada, 1999, p. 4)

In 1996/97, First Nations and Inuit people from Eastern Canada, the Prairies and the Western provinces had mortality rates up to almost 1.5 times higher than the 1996 national rate. As Figure 1 illustrates, First Nations and Inuit people were up to about 6.5 times more likely than the total Canadian population to die of injuries and poisonings (Health Canada, 1999).

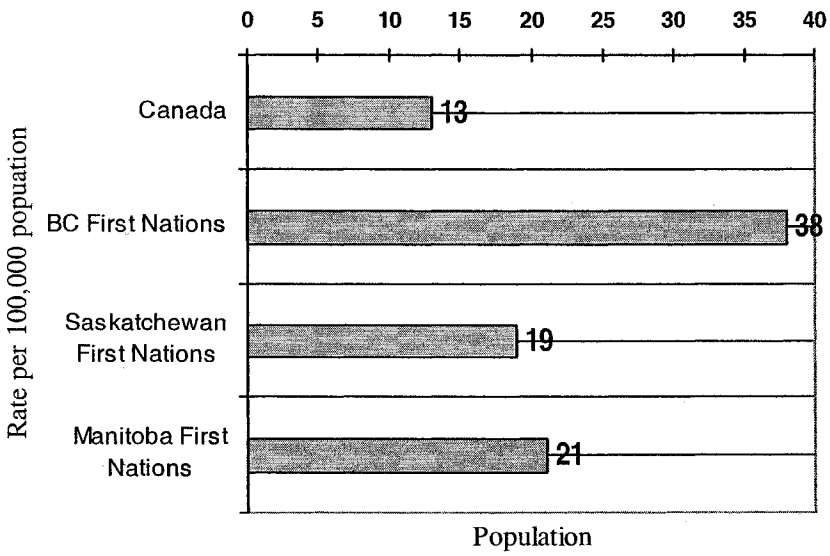


Sources: Manitoba MSB Regional Office, Saskatchewan MSB Regional Office, British Columbia Vital Statistics Vital Agency, as cited in Health Canada (1999).

Figure 1. Mortality rates, 1996/97.

In 1996, 54% of the Aboriginal population aged 15 and over did not have a high school diploma, compared to 35% of the non-Aboriginal population (Health Canada, 1999). In 1995, the average employment income of Aboriginal people was $17,382, about 1.5 times lower than the national average of $26,474 (Health Canada, 1999). The rate of Aboriginal children who lived in low-income families was more than twice the national rate, which may be partly explained by the larger number of single parent

families in the Aboriginal population (Health Canada, 1999). Approximately 44% of the Aboriginal population was below Statistics Canada's low-income cut–offs, compared to 20% of the total Canadian population (Health Canada, 1999). Aboriginal people appear to be the largest population sub-group that is the most at risk of becoming homeless in Canada (Health Canada, 1999). Risk factors for homelessness, which include high unemployment, welfare dependency, poverty, substance abuse, physical and mental health problems, and domestic and sexual abuse, tend to be more common in Aboriginal communities (Health Canada, 1999). Data from Eastern Canada, the Prairies, and British Columbia show that First Nations and Inuit people had a suicide rate in 1997 that was up to almost three times higher than the 1996 rate for the total Canadian population (Health Canada, 1999), as illustrated in Figure 2.



Sources: Manitoba MSB Regional Office, Saskatchewan Regional Office, British Columbia Vital Statistics Agency, Statistics Canada (1998).

Figure 2. Age-standardized suicide rates, 1996/97

While there is insufficient information in the literature on the racial and ethnic origins of people living with HIV/AIDS, the Centre for Infectious Disease Prevention and Control, Health Canada, as cited in Craig et al. (2003, p. 19), estimates that "in 1990 1% of all reported AIDS cases involved Aboriginal people" and "by 1999 this proportion had increased to 10.8%." This is an alarming figure, considering that "only about 2.8% of the general population" is Aboriginal (Craig et al., 2003, p. 19). Yet the Aboriginal population "accounted for about 9% of all people with newly diagnosed HIV infection in 1999" (Craib et al., 2003, p. 19).

According to Health Canada's 2003 Women's Health Surveillance Report (DesMeules et al., 2003, p. 55), "Aboriginal women now account for approximately 50% of all HIV-positive test reports among Aboriginal people, compared with only 16% of their non-Aboriginal counterparts." In addition, a recent Vancouver study comparing HIV incidence rates among Aboriginal and non-Aboriginal injection drug users (IDUs) found the incidence of HIV infection among Aboriginal IDUs in Vancouver's Downtown Eastside to be twice as high as the incidence among non-Aboriginal IDUs (Craib et al., 2003). The study found an elevated risk in equal measure among both the male and female Aboriginal participants.

The high incidence of Aboriginal family violence is seen as one of the most tragic results of the residential schools. According to Health Canada (2002), Aboriginal women in Canada are three times more likely to have experienced spousal violence than non-Aboriginal women. Moreover, the Saskatchewan Women's Secretariat (1999) reported that 8 out of 10 Aboriginal women have indicated that they contend with violence in their homes.

Of all the manifestations of ill health among Aboriginal peoples, substance abuse may be the most convincing illustration of the impacts of colonization. The 1991 Aboriginal Peoples Survey found that 73% of Aboriginal persons on reserves and in settlements[5] thought that alcohol abuse was a problem in their community (Statistics Canada, 1993). And, according to Scott (1997), one in five Aboriginal youths has used solvents, one third of users are under the age of 15, and over half began to use solvents before reaching 11 years of age.

From a critical perspective, this literature review draws attention to the need to rethink social work education and social work practice from a position of power over the less fortunate minority or disenfranchised to a pedagogy and praxis premised on indigenous knowledge that encompasses Aboriginal philosophical and healing methods, which can be incorporated into contemporary approaches to mental health and social work practices.

Focusing

Literature exploring "focusing psychotherapy" is reviewed here to demonstrate the suitability of this traditional psychotherapy technique as a culturally sensitive mental health intervention strategy for Aboriginal people. Focusing psychotherapy originates from extensive research conducted by Dr. Eugene Gendlin (1981, 1987, 1996). For Gendlin, persons apprehend the world moment-to-moment through their experiencing of it. According to Gendlin (1997), a flow of experiencing is always ongoing in a living

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[5] Statistics Canada defines Indian Settlement as "a place where a self-contained group of at least 10 Indian (Aboriginal) persons reside more or less permanently...It is usually located on Crown lands under federal or provincial jurisdiction" (Statistics Canada, 2001 Online Census Dictionary).

human being. Gendlin (1997, p. 3) refers to experience as:

> ...something so simple, so easily available to every person, that at first its very simplicity makes it hard to point to. Another term for it is felt meaning or feeling. However, feeling is a word usually used for [specific feelings] ... But regardless of the many changes in what we feel—that is to say, really, how we feel—there always is the concretely present flow of feeling (pp. 3–6).

Amodeo (2001) explains, Gendlin assumed that success in psychotherapy was largely determined not by what the therapist did, nor by what the clients talked about, but rather by how they talked. He revealed in his research that clients viewed as successful in their therapy were in fact not highly verbal or analytical, but rather had allowed themselves to experience and tolerate feelings that were vague, blurry, and unclear, and had allowed these feelings to unfold in their own time and way (Amodeo, 2001).

Gendlin (1961, p. 234) contends that one can always turn one's attention inside and "tune in to," "look at," or "listen to" one's experiencing. He coined the term "felt sense" to depict the direct reference one makes to the phenomenon of experiencing (Gendlin, 1961). He describes a felt sense as a bodily felt, implicitly rich "sense of some situation, problem, or aspect of one's life"; it is "the holistic, implicit, bodily sense of a complex situation" (Gendlin, 1996, pp. 20–58).

Gendlin (1981) maintains that individuals encounter and act upon the world with the whole of their bodies, and attending to the felt sense enables a person to draw upon the wisdom of the body in assisting with personal difficulties and in being sensitively aware in relationships. For Gendlin, then, psychotherapy begins when one makes direct reference to one's felt sense.

Drawing on his theory of experiencing and the experiential response, Gendlin (1996) formulated what he believes a therapeutic response must do—that is, to make contact with the client's experiencing process. Gendlin calls this process "focusing." Gendlin (1996) also believes that people can be taught the focusing procedures outside of traditional psychotherapy settings. As Greenstreet (1999) asserts, focusing is an awareness skill that involves sensing a certain kind of inner experience:

> Focusing involves turning attention to something called a "felt sense"—a kind of body awareness that is subtle and (at first) unclear, such as an uneasy feeling in the stomach or a fluttery feeling in the solar plexus, or a slight tightness in the chest. These sensations are subtle enough that you can easily ignore them, and in fact many of us do. (para. 2)

Focusing has also been used as a way to promote spiritual growth (Claxton, 1997; Hinterkopf, 1998), as a means of strengthening personal relationships and communication skills (Bierman, 1999; Johnson, 2002), as a technique for reducing stress and preventing burnout (Gendlin, 1981), as a technique for tapping into creativity (Ikemi, 2000; Weiser Cornell, 1996), and as a method for decision-making and overcoming procrastination or writer's block (Weiser Cornell, 1996). For this reason, focusing is widely used by experts in the healing of trauma and Post Traumatic Stress Disorder, in that it allows individuals suffering from trauma to be in contact with their bodily felt sense of a traumatic experience as a safe observer, and always at their own pace (Gendlin, 1996).

Focusing has been especially well received in Aboriginal communities because of its humanistic, person-centered approach to healing, which reflects the core values of respect and non-interference.

The following structure can be suggested as an orientation frame for both a research oriented and therapeutically oriented interview (Stelter, 2000, p. 71):

- The interviewer and interviewee choose a concrete situation which is relevant for the interviewee.
- The interviewer helps the interviewee to "clear the space" by for example asking the interviewee to close his eyes, breathe, and relax, and by asking him/her to see and imagine him-/herself in the chosen situation.
- The interviewee is trying to get a felt sense of the situation. It is very important not to go inside the situation by judging or finding reasons for his/her behaviour. The interviewee should just get a vague "internal aura" or "taste" of the situation, e.g., a sensation of jumpiness.
- The interviewee is trying to find a "handle" for the situation by letting a word, a phrase, or an image come up from the felt sense itself. In our example it could be "jumpy".
- The interviewer and interviewee try to find out how the word, phrase or image resonates with the felt sense and try to develop a clearer picture of the situation. Cox & Theilgaard (1987) suggest that the client can resonate about a metaphor presented by the therapist. The metaphor has a mutative effect, if it fits the current situation of the client.
- In a normal research interview, the intensive work with metaphors and other images would finish at this point, while a therapeutic dialogue would continue. The therapist would ask questions like "What is the worst about being as you described?". The client would then develop answers which should grow out of the

felt sense itself.

Traditional Healing Circles

Aboriginal people had many ways of healing themselves before contact with non-Aboriginal people, the European invasion of North America, and the imposition of Western epistemology and systems of knowledge (Antone & Hill, 1990; Armstrong, 1986; Bopp, Bopp, Brown, & Lane, 1985). Some traditional healing practices are still used today, including natural herbs, traditional ceremonies, song and dance, the vision quest, prayer, the sacred sweat lodge, and the healing circle (Heinrich, Corbine, & Thomas, 1990; McCormick et al., 1999). The fundamental philosophy underlying traditional Aboriginal healing practices is the interconnectedness of the individual with nature, family, community, society, and the universe (France, 1997; Garrett, & Carroll, 2000; O'Donnell, 1999). The seven teachings of love, honour, respect, caring, sharing, humility, and truth form the basic principles of a healing intervention (Brown, 2001; Green, 1997; Lee, 1996; McCormick, 1997; McCormick et al., 1999).

Based upon Aboriginal worldviews, the healing circle reflects the inter-relatedness and sacredness of all living forms (Hart, 1997; Nabigon, Hagey, Webster, & MacKay, 1998). The four directions have special meanings, elements, powers, and spirits that assist Aboriginal people in their healing journey of the mind, body, spirit, and emotions (Ermine, 1995; Hart, 1997; Nabigon et al., 1998).

Circles, being intrinsically non-hierarchical and inclusive, represent respect, equality, continuity, and interconnectedness (Absolon, 1993; Nabigon et al., 1998). "The image of a circle is recognized by many nations and territories; however, each nation and

culture may associate its own unique meanings with the circle" (International Institute for Sustainable Development, 2000, para. 1). More specifically, the healing circle has its philosophical underpinnings in the broader concept of the Medicine Wheel[6], upon which many Aboriginal communities depend for achieving balance (Hart, 1997). The medicine wheel has been used by aboriginal North Americans for thousands of years (Dufrene, 1990). One of the main teachings of the Medicine Wheel is that balance between all four elements of life, the physical, emotional, mental and spiritual is essential for maintaining and supporting good health (Bopp et al, 1985, Canada 1996, Dyck, 1996; Voss et al., 1999). It promotes the notion that the holistic needs of the individual have to be balanced in order for the individual to reach his or her full potential (Baird-Olsen, 2000).

The most commonly used form of Aboriginal healing today, the healing circle is used to facilitate group work in which Aboriginal people come together to share their common and healing experiences and to further their healing journey (Heilbron & Guttman, 2000; Latimer & Cassey, 2004). At the centre of the circle is the community, symbolizing the importance of community identity, history, heritage, and culture. Each person is of equal value to another, and has his or her roles and responsibilities within the community (Calliou, 1995; Clarkson et al., 1992; International Institute for Sustainable Development, 2000). Usually, an Elder or someone who has been taught by an Elder is asked to facilitate a healing circle. A sweetgrass or sage ceremony—in which participants are smudged with some of the sacred medicine—is often used to initiate the healing circle (Hart, 1997; Nabigon et al., 1998). It is also tradition for the Elder to say a prayer, and

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[6] Meanings of cultural symbols such as the Medicine Wheel are fluid, as they vary by degree from individual to individual (Pocock, 1988), as well as temporally.

then introduce himself or herself to the participants and share some experiences to establish an atmosphere of sharing. A stone, stick, or feather is passed to each person in the circle, moving to the right, and each person shares his or her story (Morrisseau, 1998; Vogel, 1970).

Lambert (1993) notes that the healing circle is a useful tool in community healing and development processes. Furthermore, Poonwassie and Charter (2001, p. 8) state that "healing circles are powerful vehicles for healing and transmitting values." For example, both the British Columbia Healing Our Spirit and British Columbia First Nations AIDS Society use the healing circle teaching to address the exclusion of and prejudice against those who are infected and affected by HIV/AIDS (Marsden, Clement, & Schneider, 2004).

The healing circle is also a very positive tool for Canadian Aboriginal communities striving to begin the process of healing and cultural revival (Canada, 1996a; Hart, 1997). For example, Family Violence Initiative of the Aboriginal Women's Program, Department of Canadian Heritage, hosted a Learning Circle at the Odawa Friendship Centre in Ottawa in March 2002, as a way to "share knowledge and information; explore lessons learned from the work to date, and gather community-level insight on the issues and direction for the future" (Jamieson & Semanyk, 2002, p. 4).

Any approach to improving the mental health and well-being of Aboriginal peoples must consider the use of traditional knowledge and practices, and involve more than the traditional mainstream services. A cross-cultural integrative approach is an appropriate strategy for Aboriginal people to use to further their healing journey (Culley, 1991; Graveline, 2000; McGovern, 1998).

Integrative Approaches to Mental Health

European concepts of mental health have been identified as largely ineffective in responding to the needs of Aboriginal people (McCormick, 1996; O'Neil, 1993; Trimble & Fleming, 1990; Warry, 1998). It is well documented that Aboriginal people not only avoid using mainstream mental health services (McCormick, 1996; Trimble & Fleming, 1990), but also experience an unusually high dropout rate when services are accessed (Sue, 1981). According to Smye and Mussell (2001):

> Mental health programs and services designed in keeping with dominant cultural (biomedical) views of mental health and illness ignore the unique cultural identities, histories and sociopolitical contexts of the everyday lives of Aboriginal peoples, putting them at risk of not having their health care needs recognized and met. (p. 9)

Mignone, O'Neil, and Wilkie (2003, p. 26) suggest that "there should be continued effort to adapt psychotherapeutic interventions to different First Nations cultural realities, in particular to develop culturally sensitive and appropriate practices." Mignone, O'Neil, and Wilkie (2003) also insist that it is equally important for the integration of the mental health system with Aboriginal healers.

A notable example of a cross-cultural integrative approach is the Phoenix Indian Rehabilitation Centre, which uses a standard 12-step–based AA counseling program along with several traditional American Indian spiritual treatment modalities, including participation in sweat lodges and talking circles, visits by American Indian spiritual advisers, and attendance at local cultural events such as powwows (Gutierres, Russo, & Urbanski, 1994, p. 1779).

Another cross-cultural integrative program is the Healing Forest Model of White Bison. Based on the concept of the Medicine Wheel, the Healing Forest program grouped the 12 steps of a standard AA program into four sets of three, associating each set of steps with a seasonal character (i.e., spring, summer, fall, and winter). Watts (2001) explains the significance of the four seasonally defined stages as follows:

> Generally, steps associated with the east involve the process of coming to recognize the Great Spirit as being there "to help us regain our responsibilities and model the life of our forefathers" (Simonelli, 1993, p. 2). Steps associated with the south involve letting in helpful advice by opening oneself to one's place in the circle of life, admitting weaknesses, and praying to the Creator for intercession. The west directional steps involve regaining control via mediation, as the individual gains strength through reliance on the Great Spirit's assistance and actively makes amends for weaknesses while practicing sobriety. The north stage involves being there for others, as the individual maintains a life of no longer being dependent upon alcohol or drugs and actively engages in sharing the message of these steps with others. (p. 40)

The Alkali Lake program in British Columbia is an example of a social/health initiative that has incorporated aspects of traditional healing such as the sweat lodge and pipe ceremony as part of a purposeful movement to revive and relearn Aboriginal spiritual ceremonies (Johnson & Johnson, 1993). The incorporation of these traditional practices is thought to have had an influence on the overall improved sense of community well-being (Johnson & Johnson, 1993).

Waseskun House, located in Montreal, is devoted to the healing of male

Aboriginal federal and provincial ex-offenders. The Waseskun House Program is rooted in an inclusive approach to Native cultural tradition and a here-and-now awareness of current global realities (Kelly, 2002). It takes an active and responsible approach to re-integrating male ex-offenders into their communities of origin (Kelly, 2002). Using the symbolism of the Medicine Wheel as a model for the developmental journey, and the balance of the emotional, physical, mental, and spiritual aspects of human nature as a tool for individual integration, community members are encouraged to examine their personal life experiences in the context of the principles fundamental to a traditional Native understanding of reality (Kelly, 2002).

Finally, the Stony Mountain and Rockwood Institutions program is one of a growing number of treatment programs for Aboriginal and non-Aboriginal sex offenders. The program integrates traditional practices such as healing rituals to help offenders rediscover their culture, their spirituality, their identity and their pride, which consequently requires a will to participate and an openness to integrating new practices on the part of the therapists. One of the essential stages of this process consists of approaching the Elders and integrating them into the working group as counsellors and as providers of services such as healing rituals and counseling (Williams, Vallée, & Staubi, 1997).

It can be seen from this literature review that health and wellness for Aboriginal people is seen within a holisitic and community lifestyle framework. The review also suggests that Aboriginal people can greatly benefit from a closer liaison between the Western and Aboriginal worldviews.

Chapter 3: Research Design

To explore the participants' experience of the piloted integrated personal wellness mental health program and how such experiences would help to inform models of integrated mental health services for Aboriginal people, I needed to develop a research methodology that fit the problem statement, research context, and objectives of the research question (Patton, 1990; Riessman, 1994). In this chapter, I discuss the research design, methodology, and methods employed in this study.

Case Study Design

A case study approach to qualitative inquiry is described as an in-depth, holistic description and analysis of a "bounded phenomenon (i.e., case) such as a program, an institution, a person, a process or a social unit" (Merriam, 1988, p. xiv). The paramount objective of a qualitative case study is to understand the meaning of an experience. It is an effort, Patton (1985) writes:

> ...to understand situations in their uniqueness as part of a particular context and the interactions there. This understanding is an end in itself, so that it is not attempting to predict what may happen in the future necessarily, but to understand the nature of that setting, what their lives are like, what's going on for them, what their meanings are, what the world looks like in that particular setting—and in the analysis to be able to communicate that faithfully to others who are interested in that setting. (p.1)

Further, qualitative case study research is seen as an appropriate research

approach for dealing with critical problems of practice and extending the knowledge base of education (Stake, 1995). For the purpose of this research, the type of case study design used was formative in nature. The intent of the study is to contribute to the limited body of knowledge concerning the integration of mainstream psychotherapy techniques and traditional Aboriginal healing approaches in the construction of culturally relevant mental health and clinical social work practice frameworks.

Locating the Case Study Design in Qualitative Inquiry

Qualitative research is a process of inquiry that explores a social or human condition in a holistic manner (Stringer, 1996). Sherman and Read (1994, p. 1) assert that qualitative research can be defined simply as "research that produces descriptive data based upon spoken or written words and observable behaviour." As such, it is more in tune with the culturally specific oral traditions and non-positivist epistemological worldview of Aboriginal society (Ross, 1996).

Thus, qualitative research design can serve to enhance the authentic voice of the participants in the sharing of their stories, while also enriching the healing process through the detailed descriptive and narrative richness of their experiences of survival (Gilchrist, 1997). I wanted an approach that would allow my participants to share their stories in a manner that took note of their importance. The participants were all given the opportunity to "tell their story" about their experience or sense of the six-week personal wellness mental health program. I wanted them to know they were being heard and that what they said would be used to inform new options for Aboriginal mental health services. My intention was realized, and one participant noted it this way in his interview;

"This process really helped me to overcome a lifetime of anguish and hopelessness." He further shared how this experience "opened up feelings" about himself and his sense of being Aboriginal that he had "not considered before."

In addition to the appropriateness of the cultural fit, qualitative research has emerged as a major influence in contemporary clinical practice and research (Maione & Chenail, 1999). For example, in the development of family therapy, there have been a number of influential clinical qualitative research projects in which researchers and therapists have imaginatively, intuitively, rigorously, and relevantly explored the application of metaphor in the study of clinical practice and theory (Andersen, 1991; Bateson, 1972; Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980). As my personal approach to practice is that of a clinical-healer, with a heavy emphasis upon mindfulness and reflection in my practice, it is essential for me to adopt a research approach that allows me to bring my self into the inquiry process.

A third reason to situate my research in the qualitative paradigm is that the research process itself is emergent; theory, methodology, and method may evolve in response to and in the course of the research experience. The qualitative paradigm offers me a diverse range of methodological options that can be considered to best reflect and capture the learning opportunities available within the inquiry (Cresswell, 2003; Denzin & Lincoln, 2000).

Finally, the qualitative paradigm is most congruent with the aims of Aboriginal science. Aboriginal literature is highly critical of the (white) male-dominated positivistic, rational, or quantitative paradigm because of its intent to generalize experience, find universal truth, and minimize difference and complexity. By contrast, the aim of

qualitative research is to enhance understanding. This is compatible with the Aboriginal epistemological worldview, which seeks to understand the lived experience of people in all its complexity and diversity, and without any intention of uncovering a universal truth about experience or phenomena. For example, Ermine (1995, p.103) states that Aboriginal epistemology is based upon a paradigm "congruent with holism and the beneficial transformation of total human knowledge." Colorado (1988) further explains that Aboriginal epistemology is a holistic and spiritual process whereby information is gathered from the mental, physical, social, and cultural/historical realms. The metaphor for information gathering is the tree, which exchanges and stores energy from nature. All of science has a basis in the natural world and the foundation of that knowledge must be strongly rooted in the individual's origins—that is, understanding the interconnection and interdependence of all things. In this way, Aboriginal science is a very personal journey that ideally draws upon and results in balance, harmony, and peace.

A Formative Approach

The research was formative in nature. Participants were presented with the opportunity to provide feedback throughout the six-week piloted program. This allowed for opportunities to strengthen the program during the research process and to solicit further feedback on changes that were made.

The Case Study Method

In this section, I provide a description of the process I used to conduct my qualitative case study.

Defining the case.

According to Adelman, Jenkins, & Kemis, (1983), the decision to focus an inquiry around an "instance" is what makes an inquiry a case study. In this research design, the "instance" under inquiry was the experience of participants involved in a 6-session integrated personal wellness mental health program.

Participants.

Chein (1981) explains that there are two basic types of sampling in case study research: probability and non-probability. According to Chein, non-probability is the sample method of choice in qualitative research. The difference between non-probability and probability sampling is that non-probability sampling does not involve random selection and probability sampling does (Merriam, 1988). Patton (1980) further explains that since generalization in a statistical sense is not a goal of qualitative research, probabilistic sampling is not necessary. Therefore, for the purpose of this study, "purposive" or "criterion-based" sampling was used to select and identify research participants.

One such purposive sampling strategy is unique-case selection (Goetz & LeCompte, 1984), where selection is based on a "unique attribute of a population." From this standpoint, I approached several Aboriginal residents of Winnipeg with whom I had ties as a member of the Aboriginal community. I met in person with the prospective

participants for periods ranging from 45 minutes to an hour, generally over tea, coffee, or a meal. During this time, I learned more about who they were and they learned more about both the research and me as a researcher, including why I was interested in the topic and what I thought could be learned from conversations with individuals such as themselves. All of these conversations were uplifting and informative. Out of 15 people contacted, 6 agreed to volunteer as research participants. The participants ranged in age from 25 to 65, and all had attended residential school or had been affected by an extended family member who had attended residential school. Each participant was then invited to complete a self-reporting mental health assessment[7] to assess their personal struggles in achieving personal wellness. (The results of this assessment are reported in Appendix A). It is important to note that my intention here is not to suggest that the issues reported in the self-assessment were directly or indirectly related to their experience with residential school, but rather to provide some evidence that the participants involved in the study were besieged by a variety of mental health issues affecting their sense of personal wellness.

Data Collection Method

Data for this study were collected from two primary sources: conversational-style interviews and a focus group. The idea of employing multiple data sources, known as data triangulation, was used to strengthen the credibility (i.e., the convergent validity) of the study (Clarke, James, & Kelly 1996; Denzin & Lincoln, 1998; Koch 1998).

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[7] The self-reporting mental health assessment is a non-scientific tool developed by Registered Clinical Counsellor Shirley Turcotte and used as a self-measurement guide for clients who have experienced some form of trauma in their lives.

The Conversational Interview

In qualitative case study research, the main purpose of an interview is to understand the world from the subjects' point of view, to unfold the meaning of their experiences, and to uncover their lived world (Kvale, 1996). A conversational-style, face-to-face interview guided by a standard set of open-ended questions (see Appendix B) was used to interview the research participants (Monette, Sullivan, & Dejong, 1994). Interview questions were formulated to assess the effectiveness of both the "focusing" technique and "healing circle." A non-scheduled format was used to allow for the flexibility required to form a personal connection with each of the research participants (Colorado, 1988; Gilchrist, 1997).

Interviews were conducted at the conclusion of the final session, at the location where the program was delivered. Before the interview, participants were given the opportunity to review the questionnaire and consent form, which outlined the purpose of the study. A tape recorder was used for all of the interviews.

The conversational approach to the interview encouraged an open, interactive, reflective, and engaged discussion, which is considered to be consistent with qualitative inquiry (Kvale, 1996; van Manen, 2003). Eisner (1991, p. 183) states that "conducting a good interview is, in some way, like participating in a good conversation: listening intently and asking questions that focus on concrete examples and feelings rather than abstract speculations..."

Following introductions, an initial 5 to 10 minutes was spent reviewing the purpose and process of our conversation. This helped to establish a warm atmosphere, encouraging the participants to talk about their experiences. A number of interview

techniques were used to elicit further commentary on selected aspects of the participants' experiences (e.g., probing, reflection, silence). Flexibility was also needed. Many participants valued the new insights and meanings that arose in their discussions of various experiences. On average, the conversations lasted 30 to 40 minutes, concluding when the participants indicated that there was nothing further to add.

The Focus Group

According to Patton (1990), focus groups can be used at any point in a research program: as part of a needs assessment, during a program, at the end of the program, or months after the completion of a program to gather perceptions of the outcome of the program. A positive feature of this data collection strategy, according to Krueger (1994), is that it provides a social forum, allowing participants to hear and consider other opinions. Developing this emphasis on interaction, Kitzinger (1995, p. 299) writes that "the idea behind the focus group method is that group processes can help people to explore and clarify their views in ways that would be less easily accessible in a one to one interview." Focus groups are also an effective means of promoting dialogue and exchange that can help participants clarify their own ideas and opinions on a subject (Morgan & Krueger, 1993; Orbe, 1998). Bloor, Frankland, Thomas, and Robson (2001) note that "focus groups provide a valuable resource for documenting the complex and varying processes through which group norms and meanings are shaped, elaborated and applied" (p. 17).

Stewart and Shamdasani (1990) summarize the more common uses of focus groups: they include obtaining general background information about a topic of interest;

generating research hypotheses that can be submitted to further research and testing using more quantitative approaches; stimulating new ideas and creative concepts; diagnosing the potential for problems with a new program, service, or product; generating impressions of products, programs, services, institutions, or other objects of interest; learning how respondents talk about the phenomenon of interest which may facilitate quantitative research tools; and interpreting previously obtained qualitative results.

According to Stewart and Shamdasani (1990), focus groups should grow directly from the research questions that were the impetus for the research. When formulating questions for the focus group, Stewart and Shamdasani (1990) suggest that the questions be ordered from the more general to the more specific, and that questions of lesser importance be asked early in the process (to build trust and safety of members), while those of a greater significance should be placed near the end.

The focus group questioning guide for this study was based on the key themes that emerged from the interview data. The focus group was conversational in nature and framed by the opening invitation to participants to speak openly and freely about how they experience the six-week program. The focus group lasted about two hours.

As the principal facilitator of the focus group, I was mindful of the role of the facilitation process in relation to the nature and quality of the data collected (Vaughn, Schumm, & Sinagub, 1996). Basch (1987, p. 415) points out how important it is for the moderator to "create a non-threatening supportive climate that encourages all participants to share views, facilitating interaction among members, and interjecting probing comments, transitional questions and summaries without interfering too brusquely with the dialogue." As moderator, I paid close attention to issues of power and domination by

keeping track of who spoke and for how long. I facilitated interaction by inviting each participant to make comments (e.g., "Is this similar to your experience?"). I also posed probing questions to draw out different points of view (e.g., "How does this experience of trust relate to your other experiences with mental health services?"). This allowed participants to move back and forth between the whole and the parts in order to elaborate meanings and to consider possible relationships between experiences on the fundamental phenomenon of sense of community.

Following the conclusion of the focus group, participants were afforded an opportunity to comment on their focus group experience. Overall, the participants reported that they found the conversation thought-provoking and stated that they "gained personally from their involvement." The focus group was tape-recorded and transcribed. As with the individual interviews, the focus group data was reviewed within 48 hours to increase accuracy.

Data Analysis

Data analysis in qualitative research is an inductive process (Guba & Lincoln, 1989), meaning that the critical themes emerge out of the data (Patton, 1990). It is defined by Bogdan and Biklen (1982, p. 145) as "working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others." The primary method used for data analysis was a grounded theory approach (Strauss & Corbin, 1990) that involved a process of coding transcripts to generate categories.

In the present study a fully developed grounded theory approach was not utilized. Rather, a method of thematic analysis (Lewis, 1995), which draws on principles of grounded theory, was utilized to identify themes in individuals' accounts of their experiences of the six-session Aboriginal mental health personal wellness program. In other words, the grounded theory method was not used in an interpretative way to develop a "theory," but as an aid to identifying and organizing themes in participants' accounts (Glaser & Strauss, 1967; Strauss & Corbin, 1990). The generated analysis is grounded not only in participants' accounts, but also in researcher subjectivity, which ultimately shapes the whole research process, including the analysis (Henwood & Pidgeon, 1994). The open coding method of data analysis provides the opportunity to "open inquiry more widely" (Berg, 1995, p. 236). Crang (1997, p. 186) describes the coding process as getting as close to the material as possible and keeping notes that make up "theoretical memos" to trace the development of new ideas and insights. Procedures that were followed are outlined in more detail below.

Stage 1: Transcribing

The audio recordings of the interviews were transcribed into text within 48 hours of the interviews by two transcribers who have bachelor's degrees and had agreed to respect the anonymity of the participants by not identifying them in the text.

Stage 2: Getting to Know the Data

The interview transcripts were read several times by me and two other independent reviewers to provide an overall idea of the content.

Stage 3: First Level Coding

Open coding was then used in a line-by-line analysis of the text. Thematic statements or meaning units that seemed particularly revealing about the phenomenon under investigation were isolated and inserted into Column 1 of the data analysis worksheet (see Table 3.1). The thematic statements could be one or several statements. The following guidelines, as outlined by Holsti (1969, pp. 99–100), were also adhered to in the category/theme building process:

1. The categories should reflect the purpose of the research.
2. The categories should be exhaustive.
3. The categories should be mutually exclusive.
4. The categories should be independent in that "assignment of any datum into a category [will] not affect the classification of other data."
5. All categories should be derived from a single classification principle.

Table 3.1

Columns 1, 2, and 3 of the Data Analysis Worksheet

Column 1 Interview question	Column 2 Meaning Unit	Column 3 Open Coding Themes
Can you describe your experience as a participant in this program?	Actually I find the facilitator helpful and friendly.	Facilitator
	He knows what he is talking about. I like the fact that he is Aboriginal. He seems to understand us.	Trust
	I felt that I could trust him right away.	Aboriginal Facilitator
	He is very respectful.	

Stage 4: Second-Level or Axial Coding

The next stage of analysis involved re-examination of the categories identified in

Stage 3 to determine how they are linked, a complex process sometimes called "axial coding" (Strauss & Corbin, 1990). This step enables the researcher to link subcategories to a category in a set of relationships, and also enables further dimensionalization of categories (Strauss & Corbin, 1990). Glaser and Strauss (1967) state that the lower-level categories (or codes) emerge relatively quickly and that higher-level categories tend to come later, when integrating concepts. As illustrated in Table 3.2, the initial list of categories or themes changed as we worked with the data.

Table 3.2

Columns 2, 3 and 4 of the Data Analysis Worksheet

Column 2 Meaning Unit	Column 3 Themes	Column 4 Axial-Level Themes
Actually I find the facilitator helpful and friendly.	Facilitator	Relationship
He knows what he is talking about.	Trust	
I like the fact that he is Aboriginal.		
He seems to understand us.	Aboriginal	
I felt that I could trust him right away.	Facilitator	
He is very respectful.		

Stage 5: Selective Coding—Bringing It All Together

During the selective coding process, all three interpretations of the data by the two independent reviewers and me were brought together to form one case study record. Following a creative and iterative process to discover the core categories, we reached a consensus on five central themes: experience, relationship, spiritual connectedness, empowerment, and self-awareness.

Stage 6: Checking It Out

The data analysis in the form of the constructed themes was then returned to the participants in the form of a focus group to review for accuracy and enhance the trustworthiness of the data.

Ethical Considerations

Qualitative research often involves the researcher exploring very personal experiences of other people, and in so doing the researcher must ensure that the rights of their human participants are not violated (LoBiondo-Wood & Haber, 1994). The proposal for this study was submitted to and approved by the University of Northern British Columbia's Human Research Ethics Committee. All participants were provided with an information letter (see Appendix D) that outlined the process and purpose of the study and warned of potential risks. Participants were assured of the voluntary nature of their participation and that complete confidentiality and anonymity would be maintained. Participants were also presented with a consent form to be signed before their participation in the face-to-face interview. The consent form indicated that consent could be withdrawn at any time without penalty or need for explanation.

Methodological Integrity

Regardless of the research paradigm, it is now commonly accepted that the quality of scientific research done within a paradigm has to be judged by its own paradigm's terms (Healy & Perry, 2000). For the purpose of this study, I chose to use Lincoln and Guba's (1985) four criteria (credibility, transferability, dependability, and

confirmability) for trustworthiness in qualitative studies within a critical or constructivist paradigm.

Credibility

The notion of credibility in qualitative research, the counterpart of internal validity, depends less on sample size than on the richness of the information gathered and on the analytical abilities of the researcher (Denzin & Lincoln, 1998; Patton, 1990; Schwandt, 2001). It refers to the truth, value, or believability of findings as "known, experienced, or deeply felt by the people being studied" (Leininger, 1994, p. 105). It reflects the efforts made to address the issue of "fit" between respondents' views and the researcher's representation of them (Ray, 1994; Sandelowski, 1995; van Manen, 2003).

Credibility was enhanced in this study by sharing with the participants the results of the intensive data analysis process. Other procedures used to increase the level of credibility in the current study included the judicious use of illustrative quotations, the convergence of multiple sources of data (method triangulation) through the use of interview and focus group data collection methods and the employment of two independent second readers.

Transferability

Transferability (comparable with external validity) refers to the degree to which particular findings from an interpretive study "can be transferred to another similar context or situation and still preserve the particularized meanings, interpretations, and inferences" (Leininger, 1994, p. 106). Transferability suggests that detailed, rich (or

"thick") description is required in order to provide sufficient information to enable reviewers to judge the applicability of the findings to other settings (Seale, 2002). Congruent with the term *transferability,* the concepts of applicability and fittingness also have been used in the literature (Sandelowski, 1986). I attempted to meet these criteria in the detailed writing-up of the results of the study. This is commonly referred to as "thick description" of methods and findings; it is important because it allows readers to make an informed judgment about whether they can transfer the findings to their own situation (Denzin & Lincoln, 1998; Patton, 1990).

Dependability

Dependability (comparable with reliability) refers to the extent to which people not involved in the study can track the research process and determine which raw data were used to reach corresponding conclusions (Erlandson, et al., 1993; Schwandt, 2000). It also addresses the extent to which the research process is consistent across researchers (Benner, 1994; Lincoln & Guba, 1985).

In this study, dependability was ensured through a trail of raw data, what Padgett (1998) refers to as an "audit trail." I kept detailed records of the data collection process and analysis procedures, allowing interested people to reference exact quotes and corresponding interpretations.

Confirmability

Confirmability is described as being parallel to objectivity. It is the need to show that data, interpretations, and outcomes of inquiries are rooted in contexts and persons

apart from the evaluator and are not simply figments of the evaluator's imagination. All data must be trackable to its source, and the logic used to assemble the interpretations into structurally coherent and corroborating wholes is both explicit and implicit in the narrative of the case study.

Confirmability was achieved in this study through the researcher's critical self-reflection about his assumptions, world views, biases, theoretical orientations, values, and epistemological stances (Merriam, 2000). These biases were also moderated and checked by having two independent readers.

Limitations of the Research

Small Sample

In this case study, a small non-representative sample of 6 participants was selected with whom I had ties to as a member of the Aboriginal community in Winnipeg. While the sample of participants was intended to represent Aboriginal people who have experienced the adverse affects of residential school, the sample was small and the participants may have been uncharacteristic of the stakeholder group they represented. Therefore, while the collection of thick data is theoretically useful in order to increase comparison of the study context to other contexts (Caelli & Mott, 1997), this study makes no claim that it is inevitable. For instance, van Manen (2003) writes that it is inappropriate to ask for a conclusion or a summary of an interpretive qualitative study. Instead, describing original experience is primal telling.

Researcher Bias

A further limitation of this study is the way in which my theoretical bias and position as an Aboriginal person might influence this research. Despite the fact that qualitative research allows the researcher to be an active participant in the study, all scholars occupy a particular social location, and theories derived from that location might not be inclusive of voices from the margins, where culture or ethnicity are defining dimensions of the experience. Arbitrary formulations of pre-understanding or lack of reflexivity during the research process could have led to potential bias in the findings. To address the potential for researcher bias, the research design included a team of two independent readers.

Another source of researcher bias was the multiple roles I played as therapist, interviewer, and focus group facilitator.

Language

Another potential limitation of this study was that the interviews and focus group were performed in the English language. This was an issue because many of the concepts and traditional values that reflect the Aboriginal worldview are most effectively expressed in Aboriginal languages.

Chapter 4: Data Analysis

This chapter presents the findings from the evaluation that emerged from the interviews and focus group. This study has been driven by Aboriginal values and beliefs and the analysis has been based on Aboriginal participants, which is, to the investigator, Aboriginal research. Having the participants evaluate the program and give feedback contributes to its cultural appropriateness. This method allows the participant's voice to be heard and put into action, where the program fits the participants—not the participants fitting into the program.

In the first level of the data analysis process, five salient themes surfaced that captured the breadth of the participants' experiences of the six-session mental health personal wellness program. In reviewing these findings, it is important to understand that the Aboriginal worldview is one of an interconnected and interrelated world. As such, it is not surprising that the themes that emerged in this review reflect that worldview.

The first theme, *experience*, speaks to the value Aboriginal people place on the importance of "experiential" knowledge over "objectivist" knowing. This point is illustrated by Bourgeois (1998), who writes:

> The Anishinaabeg have no term for [the separation of] man/nature, or [this] subject/object dichotomy in their language, because there is no nature, or environment, as such, understood to be separate from the self. In my initial research in the [Anishinaabemowin] dictionaries I did not find words for art, philosophy, mind, and knowledge. There certainly is religion, art and philosophy in Anishinaabe life. However, they exist as abstract nouns. What I am talking

> about is a completely different worldview, a worldview where we relate and interconnect everything with a manido (spirit) dwelling within everything. (p. 9)

The second theme, *relationships*, highlights the Aboriginal way of understanding the world, through looking at the relationships among all parts of creation. Relationships appear at the heart of Aboriginal knowledge. These relationships are symbolized through sweat lodge ceremonies and healing circles that enable people to connect with all creation. In *Anishinaabe Philosophy: An Introduction,* Rheault (1999) observes:

> An underlying truth for the Anishinaabe is the inherent relationship, and belief in a relationship, with Mother Earth. The Anishinaabe are physically and spiritually bound in this relationship, and this relationship defines each person as child of this Mother...the one fact that seems to distinguish the Anishinaabe from those who live in a Western Euro-American way is that the Anishinaabe understand that the umbilical cord was never cut. Like a fetus in its mother, we are constantly drawing nutrition and life from our Mother. We cannot go anywhere without her, and even in our most far reaching voyages we are dependent on the life our mother provides for us; ask any astronaut. So what is it about the Earth Mother that permeates Anishinaabe philosophies? In a word: circularity. We are witnesses to the circularity of the seasons, of life and death and life again, to the cycles that drive our very existence. The Circle of Life, the inter-connectivity of all Beings, is the primordial worldview and it is the very essence of Anishinaabe-ness as well as the foundation of Anishinaabe cultural and spiritual codes. (pp. 1-2)

The third theme, *spirituality and connectedness*, reflects the holistic nature of the Aboriginal worldview. Central to this holistic approach is the assumption that balance is

the ideal to strive for and that all activity, human and otherwise, is directed toward this goal (Kirmayer, Simpson, & Cargo, 2003; Scott, 1994). With respect to the self, the person is made up of four equal parts (the physical, the emotional, the mental, and the spiritual) and each of these parts must be nourished in order to live a healthy, happy, and productive life (Canada, 1996a; Scott, 1994). As stated by Scott (1994), Aboriginal culture advocates that "spiritual needs are every bit as important as hunger and thirst" (p. 152).

The theme of *empowerment* demonstrates the deep desire of Aboriginal people to regain their voice and place in the world as equal citizens, not second-class citizens, in their own homelands (Assembly of First Nations, 1994; Bopp et al., 1985). Through empowerment, Aboriginal people are able to tell their stories as they have been witnessed and experienced. When therapists share a small piece of their own story, this role models empowerment and is important for development of a meaningful connection with the people with whom they work.

Finally, the theme of *self-awareness* is further evidence that people can truly find their own answers when they seek their own inner truths and indicates the power of healing from within, with the integration of a non-traditional, non-intrusive, client-centred psychotherapy with the healing circle means of self-healing is possible.

Experience

For Aboriginals, one of the most important gifts that a person can possess is the gift of experience (Castellano, 2000; Colorado, 1988). One of the themes that quickly emerged in the data analysis process was experience. It was quite clear that the

participants who volunteered to participate in the pilot program were doing so to add another experience to their lifelong healing journey. It was important to all of the participants that the therapist came from a place of experience as well, rather than a place of "knowing" and telling. Participants often commented on the balance between the therapist's personal life experience and formal academic training. This balance gave participants a sense of safety:

> *"Just knowing the person who did the focusing was educated and experienced many traumas as well as having experience in this type of field made me at ease in this healing process, this is what our people need in order to heal."*[8]

It was vital for the participants to know the therapist's direct experience with focusing from an educational and personal point of view. From an Aboriginal perspective, to be an effective counselor or therapist you are expected to come from similar experiences and be well on your way with your healing journey and to share what has worked for you in your healing journey. Several participants made comments about the importance of bridging the Western way and the Aboriginal ways of healing to integrate them in a balanced way. One group member concluded:

> *"Dealing with the mental, emotional, spiritual, and physical realms as an experiential process using western and traditional methods adds to the healing journey as they are all connected."*

The therapist needs to acquire, through his or her own personal experience, the ability to balance and integrate healing methods from Western therapies and traditional healing methods.

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[8] The quotations from the participants used in Chapters 4 and 5 are taken largely from transcripts of the interviews and focus group, and are verbatim (i.e., have not been edited or corrected in any way).

In the healing process for many Aboriginal people, it is vital for them to own the healing journey, as ownership of one's experiences provides a sense of empowerment, which is needed for a successful intervention. Many of the participants spoke about the importance of their own experience over the course of the pilot program:

> *"My experience in the program was delightful, trusting and confidential. Gave me a sense of belonging to an important group and allowed me to share my story with others."*
>
> *"Experiencing this process offered me an opportunity to move forward in my healing journey."*

The experience of going through a healing program and sharing the information on how it was beneficial to the participants links indirectly to community healing and development. In many Aboriginal communities, sharing information through telling stories of personal experiences is a way of healing.

Participants expressed a desire to experience something new and different to assist them in maintaining a forward direction in their personal healing. Many times during the program, participants who had sought therapy previously stated that they noticed more of a difference in themselves as a result of the program than in other types of therapy:

> *"This process offered me an opportunity to move forward and acknowledge my own person as an observer than a critic enabling me to express myself."*

The sharing of new information is vital for growth in the healing process for Aboriginal people. How the information is shared in an experiential format, however, is just as vital to the healing process. It is important to introduce new information in small

chunks and back it up with a personal example to relate it into real-life situations; this creates a sense of connection and comfort for some Aboriginal people in a group setting:

> *"The process thinking carefully and communicating and our thoughts were clear and understood and the new information was broken up into small pieces and this added to my healing."*

For many Aboriginal cultures, experiential learning, slowly and with limited information, through the sharing of stories and working through them at the same time, is the most practical way to incorporate theory and practice.

Relationships

Relationships with the earth, air, water and the creator are a crucial part of many Aboriginal tribes' healing processes and ceremonies. Similarly, relationship building is vital in making a strong emotional connection during the healing process. Participants talked a great deal about the value of the relationships they had built among themselves; they also emphasized that they had met previously and developed relationships during the initial contact with each other, which made it easier to establish a sense of safety within the group:

> *"The experience in the group was very supportive it felt like I was part of a family. What really helped a lot was the group knew each other which made very comfortable and very open to express yourself fully."*

When a strong relationship is formed within a group, it takes the members' healing to a deeper level to access the core issues and to wholly deal with behaviours, emotions, and psychological barriers, to release them through the healing process in a holistic manner.

When forming relationships to assist in a group healing process, it is important for the therapist to form a link with the participants:

> *"The process met my needs because I need to go look in these spaces that I would not be able to do so by myself. I was able to do so with the help of our instructor because he didn't leave me alone and also made sure I felt safe and was not leaving the session in my teen state. I left in my adult state this made me feel a connection to him."*

When the therapist has established a strong bond with the participants, they are able to take their healing to a deeper level, enabling them to go through the process in a positive, respectful, trusting, and safe way:

> *"(therapist) walking with us through the Focusing issue was supportive, you never left us alone when it was scary to share our felt sense and I was able with your assistance to move beyond the scariness."*

Walking beside the participants as they explore a past traumatic experience throughout their healing journey deepens the relationship and the healing process.

Trust was another important factor in the relationship building, ensuring that confidentiality was maintained throughout the process for the participants. Trust is a catalyst for growth and healing for many Aboriginal people when they are sharing their stories:

> *"the process of letting the participants know that confidentiality is very important was really important in establishing trust in the group."*

Sharing of personal stories by each of the participants enabled all of the group members to develop trust and open up with their own stories to further their healing

journey:

"I feel safe with my classmates to share my feelings as I listened and learned to other's stories."

Trust builds safety and plays a vital role in the healing process of Aboriginal people. Such trust was broken many times and for many generations by governmental authorities. Trust clearly has to be established when beginning to work with Aboriginal people. With trust also comes safety. For generations, the safety of Aboriginal people has been jeopardized through many thoughtless programs, interventions, and therapeutic techniques. Many of the programs developed for Aboriginal communities have not been mindful of the safety Aboriginal people feel in being in a trusting and empathetic relationship as opposed to the objective arms-length approach of Western professionalism:

"Bill walked us through it and made it safe in a kind, compassionate and respectful way."

By connecting in a natural way, the therapist establishes a meaningful relationship through which to assist the participants in their healing journey:

"Trust at all other levels by Bill.."

In many Aboriginal communities, helpers go above and beyond the call of duty to assist in capacity development and societal healing.

Safety in Aboriginal communities is often established through sharing a part of yourself with others. Helpers role model, showing that they are able to trust people in the community they work with:

"And safety was given by Bill sharing some of his experiences enhanced the trust

in the group. Also the tone was reassuring and a lot of positive respectful communication."

The sharing and engaging a small part of their personal experiences by therapists in an Aboriginal community is a sign of respect.

Participants indicated that the physical environment further reinforced the sense of safety that enabled them to move forward in their healing journey:

"The room was relaxing and group was trusting and this gave me the ability to move forward in my healing."

The setting is therefore an important factor in creating a safe, nurturing place in which healing can take place.

Participants placed a great deal of emphasis on sharing and listening to one another's stories:

"Share with another or other's stories help me in my healing process."

The power of sharing in Aboriginal healing circles has moved mountains in the healing journeys of many Aboriginal people and communities. The sharing of stories has the ability to touch the lives of each participant in the group, allowing them to make a personal connection to assist them in their own healing journey:

"Part of my healing journey is wanting to help someone, who is in need, how everybody is willing to help one another in the group."

The natural capacity of Aboriginal people to assist people through giving of self also applies in the self-healing process, through the sharing of one's story to assist others in their healing process.

The participants' ability to listen to one another as they share their stories is

another important aspect of the healing process:

> *"Sharing these words can generate strong positive feelings among those sharing and assist others in their own healing."*

Another participant reinforced the importance of reciprocal sharing in the healing process for Aboriginal people:

> *"They listened and shared and this helped me learn more about myself to move forward."*

When people share their stories, a sense of connection and safety is created, allowing others to open up to further their healing.

Support from other group members is another important factor in establishing a trusting environment. Support makes it safe for participants to take risks to further their healing journey:

> *"I felt safe and also a lot of support from my group for me to move forward in my healing journey."*

Spirituality and Connectedness

In Aboriginal culture, one must have a connection with the Creator to be spiritual. In counselling and group therapy, this connection with the Creator forms a vital link with the therapist and the participants. Participants described how they felt a sense of connection, and likened it to cultural appropriateness:

> *"There was a sacred rapport and the group was very compassionate and the participant's attitude was very important that enabled me to enhance my healing."*

The sense of sacredness that was created through the connection made the healing journey of this participant deeper and more enriching.

Participants talked about the connection in many realms as important in their healing journey, and culturally appropriate:

"It was also helpful to have someone who understands and connects with me emotionally, mentally, and I found it culturally appropriate."

Another participant agreed that the multi-level connectedness formed a holistic balance to their healing:

"It dealt with the mind body, spirit and emotions. Taking care of it all to have balance to move forward in my healing is important."

There was strong support from the participants for a holistic way of healing:

"Because we went around the medicine wheel. Dealing with the mental, emotional, spiritual, and physical realms of a person, which they have to be balanced in keeping the body in a healthy and in a good way."

Conducting the program in a healing circle format fit the participants and provided a holistic way of assisting in their healing process.

The strong sense of connection reveals that Aboriginal people can once again trust in their own healing methods:

"I found it culturally appropriate as the group had a good sense of connection."

"Respect in group. I was comfortable with group and to take that risk without judgments and this allowed me to open up and deal with my past hurts when I allowed myself to connect with others."

"It dealt with the mind body, spirit and emotions. Taking care of it all to have

balance to move forward in my healing is important."

A holistic integrated approach works well for Aboriginal people because that is what they strive for throughout their lives. With the knowledge gained through this integrated approach to the healing process, participants were able to approach all aspects of their lives, as in a Medicine Wheel, which will help with other issues that may arise in their lives in the future. Participants expressed the importance of sharing their knowledge, wisdom, and experiences to assist others in their healing process and to build capacity in our families, communities, and nations:

"Because we went around the medicine wheel. Dealing with the mental, emotional, spiritual, and physical realms of a person, which they have to be balanced in keeping the body in a healthy and in a good way."

The Aboriginal way examines all the physical, emotional, spiritual, and mental realms to seek out answers to assist in the healing process:

"Because this process of Focusing is almost identical to the four elements in aboriginal ways."

The group process focuses on the body, mind, spirit, emotions, and healing, which is likened to Aboriginal traditional healing methods:

"The process of focusing reminded me the four aspects of life in the Aboriginal way. Absolutely, I am sure when a native leader needs a dream or session in time of crisis he has given a message which is of a similar process it seems."

One spiritual component of this process is in the therapist preparing spiritually, emotionally, and physically before beginning the process with participants, as instructed by Elders, to ensure safety and connectedness in healing.

There are many versions of the Medicine Wheel, depending on the region; it differs from one First Nation to another. One participant linked this integrated process and the Medicine Wheel to the internal and the external part of their healing process:

> *"Because it's positive. Also to have a better knowledge of focusing and the wheel and connecting with the internal and external part. Take all the negative out and not to take them home with this healing process."*

With this connection we are able to examine how the external environment has affected us from the inside and how we can heal our inner being so we can make a better and healthier life for ourselves and our families.

The integrated process gave the participants the ability to connect their past with their present to create a healthier future. Participants described the importance of story telling about the past in their future healing:

> *"Yes, because we sat in a circle that was the past, present, future as we did in the past. When we sat together as an extended family and began to make a strong connection with one another by sharing some of our stories we developed a sense of spiritual connection."*

Establishing a connection between the past, present and future is a vital to the effectiveness of Aboriginal healing.

The first thing the participants learned in the integrated process was how to breathe, relax, and connect with ourselves, as was done in the past:

> *"What made it safe for me was the relaxing and breathing exercise during clearing space. I was able to finally connect with myself as my ancestors done in the past."*

When we breathe, we are able to set aside many intrusive thoughts and feelings and connect with our true self. When we connect to ourselves in this process in order to seek answers and healing, it is similar to the vision quest or a sweat lodge ceremony:

> *"I found that it was culturally appropriate to the Aboriginal ways, such as being almost identical to a vision quest and sweat lodge."*
>
> *"Yes, it was similar because it's like a vision guest as in the Aboriginal way, or when you're in a sweat."*

The connection between the integrated process and Aboriginal spiritual healing is quite clear. The integrated method also fits and can be used with other tribal ceremonies for healing:

> *"The process in our healing journey was culturally appropriate because you clear space when you are smudging yourself in the morning to begin your day."*

Smudging and clearing space can easily be integrated and can complement one another if used together, making this part of the healing process more culturally appropriate:

> *"To be able to smudge when and before we begin to clear space will make more culturally appropriate."*

This adds to the sacredness of the healing process. When we clear space through smudging or the clearing space step, we clear out negative thoughts and feelings:

> *"Because you clear all bad feelings when you clear space and think about the positive things in you're life just like in a sweat lodge."*

Elders tell us that we need to see our negative experiences and behaviours as learning experiences, taking the negative of a story and turning it into a positive teaching to correct our behaviours.

Using prayer along with the medicines can also make this process more culturally appropriate for Aboriginal participants. We can begin the healing process with prayers and tobacco to make it more culturally appropriate:

> *"Before we begin this process we can offer own prayers and tobacco to the spirit for this process and ask the spirit to help you find the people you need, and trust that they'll come."*

Praying and using the sacred medicines are key components in the healing of Anishinaabe people and can also be integrated in traditional mental health practice to make it more culturally appropriate.

One participant recalled that a similar method was used in the past:

> *"Because this focusing was done in many different ways in our culture. When you smudge yourself you are breathing and flushing out all negative energy from your body and mind."*

The fundamental process is similar to ceremonies used in the past to let go of negative hurts and emotions in order to aid in the healing process.

For along time, many Aboriginal people (including me) sought out ways of healing in mainstream methods and found them ineffective and harmful. We were unable to connect with the therapist, counselor, or psychologist. Aboriginal people often did not continue in conventional therapies with non-Aboriginal professionals, as we did not fit into their boxes of understanding from a psychological perspective. The integrated approach is flexible enough to fit the needs of Anishinaabe people:

> *"Yes, the process of culturally appropriate and was very good for my healing."*
>
> *"People where they are – physically, emotionally, spiritually whatever that's*

needed. I have been looking at experiences that can assist in building up trust, namely through acceptance of self-revelations of self to other's, faith sharing or sharing personal experiences and understanding of one another, through sharing of feelings, ideas, beliefs and values."

A true client-centred method such as this approach will put the client and his or her customs and traditions above those of the therapist.

Empowerment

For many decades, Aboriginal people's voices have been masked or hidden by various aspects of assimilation or colonization. The resurgence of traditional ceremonies and healing practices has reawakened the voice of many Aboriginal nations. The result of this reawakening through the healing process is the empowerment of Aboriginal people.

This research was designed for this purpose to listen and hear what the people want and what they do not want in regards to assistance with their healing process. What is appropriate for their healing journeys? One participant said:

"It's always been our way to look after our own, that is why we need to be more educated aboriginal people to look after ourselves."

The ability of Aboriginal people to look after their own people was never an issue; it was the perception of foreigners who were not accustomed to witnessing people of the earth taking care of themselves in a holistic manner that was the problem.

The ability to connect in many ways is a common thread in these themes. Here a participant describes the importance of sharing with one another:

"To fully meet the needs for our people we must be able to connect with our own

similar experiences, that's how we survived as people it's important to pass these stories of survival on."

The healing process should not be taught for personal gain, but to teach others to heal themselves. That is what empowerment is about. Healing happens through a constant connection with others throughout the healing journey:

"It made me feel good, it made me feel like I wasn't alone, one day I hope to teach others to help themselves."

When assisting people going through trauma healing, it is vital for the therapist to have a strong connection with the people as they do their own work, to witness and share in their healing journey. Sharing and experiencing the teachings and information enables Aboriginal people to pass the information along to assist others in their healing process:

"We would carry that knowledge and that wisdom with us, wherever we walk. We would share with them and it would come from our spirit, from our own being, from our own hearts, it was part of our life, everyday life."

This is the circle of sharing that is passed on to others and may assist them in their healing process for generations to come.

The sense of empowerment that comes from people knowing that they have choice and control in their healing process and in their everyday lives is the most beneficial aspect in the counseling process:

"It is up to you to decide whether you agree or disagree or think something is missing. The ideas presented are meant to be used as guides and learning how to listen and to use what you need and leave the rest and teach others."

The method that was taught to the participants gives people total control over their

healing process, as they are in full control of what and how they choose to deal with their past issues. The therapist does not add or take away from their stories.

The shared experience of someone sharing their story and their voice is heard is another form of empowerment. Others can benefit in their own healing journey from hearing shared stories similar to their own:

> *"The experience in the group was very supportive. What really helped a lot was the group knew each other which made very comfortable and very open to express yourself fully and learn and heal from listening to one another's stories."*

This is a clear indication that sharing a story can benefit others in their healing journey.

Sharing can happen in many ways; one of them is through listening:

> *"They listened and shared and this benefited my healing."*

Listening to stories is just as empowering as the sharing of stories in Aboriginal healing practices. When Aboriginal people get together to share their stories in a healing circle and learn from one another, the healing process can also contribute to capacity building in communities.

Safety in sharing is another factor in empowerment. When people feel safe, they are able to express themselves emotionally, spiritually, and physically, and more openly and honestly, to aid in their healing:

> *"I feel safe with my classmates to share my feelings and this was important for my healing journey."*

When a safe environment is created, it allows participants to share their stories and experiences and empowers them to move forward in their healing. Creating safety is vital when working with a population that has been betrayed and disempowered by

governments for many generations; this enhances the healing process for many Aboriginal people. When there is a feeling of safety in a group setting, there is support for each group member:

"I felt safe and also a lot of support from my grouping this healing circle."

Safety and support within a group greatly enhances participants' ability to go further in their healing process. The effectiveness of the healing process is enhanced through the support of group members for one another when expressing their emotions:

"I felt very safe to express emotions and this was vital for me to gain trust and move ahead."

When people are able to safely express their emotions, without being judged, the healing process in a group setting may begin, thus creating empowerment.

Confidentiality is another means of providing safety and empowerment in the group process. Acknowledging and discussing confidentiality establishes a safe environment and allows people to share their stories in a trusting environment:

"The process of letting the participants know that confidentiality is very important and the participant's attitude was very important created another level of safety."

When an atmosphere of confidentiality is maintained in the group, the expression of emotions can be free and the healing can begin. Allowing people to fully express themselves, without judgment or repercussion is true empowerment and healing.

Self-Awareness

An important part of healing is in achieving empowerment through finding voice,

along with having the control to observe, listen, and act on one's own behalf. This is when a sense of self-awareness occurs and catharsis happens, as one group member illustrates:

> *"This process helped me in my healing journey. I was able to look somewhere where I didn't want to, it was painful. I was able to go back there at that time and able to say I am okay and am here today. I am a survivor. I could breathe and focus clearly."*

True self-awareness comes with the re-visiting of the past and reframing it into a positive-past perspective, incorporating it into current behaviours and making the necessary positive changes for healing.

Once the empowerment of self-awareness begins, the sense of self-control for the participant reemerges towards growth. The ability to look at oneself in an honest and compassionate way without self-judgment and having a sense of control over one's life is a major part of the healing journey. As one group member shares:

> *"Facing the person that hurt me in my head and telling him, 'he can't hurt me no more.' Made me feel relief and at ease with what I did. That is one battle kicked down the hill were all my other garbage is."*

The courage of this participant to honestly look at what some one has done to him or her, to re-evaluate the past and come to the conclusion that the past can never hurt him or her again is where the healing of the old wounds takes place.

When people begin to address their past hurts, their emotional state alters and they are more comfortable with and aware of their emotions, as this participant describes:

> *"What had changed for me was my emotional state has become more in control*

and more at peace with my life."

Once people notice change in their emotions and perceptions of themselves and of the past, they acquire a sense of being in more control over their lives, as they release their past hurts and become more a peace with themselves. Another participant shares a similar reaction to the healing process:

"Yes, the emotion I had dealt with during this process and find myself very comfortable internally."

Being aware and being comfortable inside oneself is part of the healing and the movement towards freedom from the past and personal growth.

Many people assume that healing has to be painful, because it involves dealing with past wounds. However, this integrated process does not have to be painful, and one does not have to relive painful memories. The process is gentle, compassionate, respectful, and safe:

"It helped me look at something that was somewhat more painful than set out to be and knowing that the past can never hurt me ever again was very helpful for me I was able to move ahead."

The integrated method allows people to deal with and reach closure on past issues in a more adult state. As one participant shared:

"Yes it was very helpful in my healing journey because it helped me put old feeling away or close it."

The method can give participants control over their trauma memories to effectively deal with past hurts and lay them to rest.

Self-awareness allows people to reflect and notice the changes from within, as

one participant states:

> *"The change was good. Because we use tools that were applied and show us how to heal or take that block away and move in a forwarding a safe way."*

The more in tune people are with themselves, the more progress they make in their healing journey.

Seeking self-understanding allows for exploration of other life paths that people might not have thought of before their healing journeys. The more we learn about ourselves in the healing journey inward, the more we are able to get to the subconscious issues where we are stuck in our lives:

> *"This process helped me get unstuck in my life through seeking my answers inward."*

Reaching an awareness of being stuck in life and using this method to find out where and why we are stuck, and then finding out what we need to do, is an empowering mechanism for the healing process:

> *"This process really assist me were I felt stuck in my life by looking at it and seeing if it felt safe and to store it in a safe place and knowing that I am in full control of my healing."*

Once people know what to do with this stuck place, they are able to move in a forward direction in their healing journey. Another participant shares a similar perception of dealing with the stuck-ness in his or her life:

> *"Finding out that sometimes I was stuck in my life, by using the skills I learned through basic skills focusing, I can help apply to daily routines and move forward in my healing journey."*

This is where many conventional therapies fail to address core issues, resulting in no change in behaviours that would lead to a healthier way of living.

Self-exploration allows us to look and listen from within, as one group member describes:

> *"I found that the whole process of clearing space in focusing was very helpful for me because it assisted to bring attention to my body and emotions and enabled me to explore them."*

Seeking wisdom from within is part of both the Aboriginal way of healing and focusing. The closer we look within, the more we uncover from our past. One participant stated:

> *"I found it most interesting in how a group session can also help us as well individually, by discovering the new stuff hidden in our sub-conscious self and examine it."*

Discovering the hidden events that lie beneath our consciousness is the path to holistic healing and personal growth. The more we discover about ourselves, the more we are in tune with ourselves, the Creator, and the Universe, and this is the magic of the Aboriginal way of healing.

Many alternative therapeutic techniques have been used with Aboriginal people, and many of them have little or no effect, as they are often based on talk therapy, not holistic therapy, which comes from the heart:

> *"Yes it did, it came from the body, spiritual and emotional rather than coming from just the head."*

When working with Aboriginal people, it is vital to connect with them at the heart level rather than the head level. Another participant reinforces the heart connection:

"Heart-to-heart communication made the difference in my healing process."

When the heart-to-heart connection is made through the therapist and the client, many core issues can be resolved. Through the heart-to-heart connection, the client and therapist are able to touch the core or internal issues that cause the client to be stuck in his or her life, as participant hints:

> *"Yes, the internal feeling and the connection with the therapist I felt I didn't know existed before were still there, but now they are dealt with internally."*

Awareness of the internal issues is heightened and can be dealt with when connecting heart-to-heart in a counseling session.

In some Aboriginal communities, family comes first, before self, but sometimes we forget to take balanced care of ourselves and we get emotionally or physically sick:

> *"Connecting with self, because sometimes we are so busy in taking care of others and not ourselves may lead to ill health mentally, physically, spiritually and emotionally."*

Family and community are important, but we need to remember that we can only help if we are healthy physically, emotionally, mentally, and spiritually, as many Elders advise people in the helping field. Once we have experienced a degree of healing through this integrated method, we are able to use the method in our daily lives:

> *"We would carry that knowledge and that wisdom with us, wherever we walk. We would share with them and it would come from our spirit, from our own being, from our own hearts, it was part of our life, everyday life."*

Using this method in our everyday routine can dramatically enhance the healing process.

Self-awareness brings attention to our feelings and how we deal and cope with

uncomfortable places from the past:

"The healing journey took me to the felt sense with safety and time and honesty to effectively deal with some of my past."

Through deep self-awareness, we allow ourselves to become in tune with our body's felt-senses and deal with the past. Once feelings can be established, a connection to the past can occur that allows us to examine past issues:

"By understanding felt senses that needed attention. Attention to the loss in my life, the disconnection. It helped to reconnect and feel!"

With the connection made with those past issues, we can begin working with what is there:

"It aloud me to eliminate the glittering of minor issues due to the process and place focus on the felt sense stuff to move forward in my healing."

Being finely tuned to ourselves brings on deep healing of past hurts. When we deal with those past issues, we are able to experience the growth and the shifts in our body and our perception, and to realize how this process is beneficial to us:

"I realize because of experiencing the process the beneficial aspects that have received."

The benefits are priceless and gratifying for the participants in their healing journey. Self-awareness is best summed up by this participant:

"To understand and explore myself I am able to grow more in my healing journey."

The ability to live today as a full adult, acting and reacting from a respectable adult place inside, is the true result of Aboriginal healing and empowerment.

Chapter 5: Discussion on the Research Findings

The purpose of this study was to conduct a formative evaluation of an Aboriginal personal wellness program designed as an alternative approach to traditional mental health interventions. In this chapter, the research findings are interpreted using the therapeutic criteria (outlined in Appendix C) for both the focusing and healing circle components of the personal wellness program.

Focusing

To understand the focusing method, one must first recognize that it involves another way of knowing. Like Gestalt therapy, this method avoids reasoning and using the mind to figure things out. The method involves focusing on the "felt senses." "Felt sense" is where body memories of traumatic events are stored and come alive through sensory triggers. While the wisdom is not well understood or identified in Western culture, it is the basis of Aboriginal culture (Bellrose, 1985). Gendlin (1996) believes that by letting the body talk and listening to its wisdom, people can help themselves, a concept not much different from the centuries-old Aboriginal sweat lodge.

Essentially, focusing is a self-awareness technique that seeks to help people overcome self-criticism, overcome feelings of being stuck in life, deal with unsure feelings, get what they are seeking from within themselves, better handle emotions, shift out of old routines, and deal with past traumatic events. The following discussion will examine focusing as an effective method for working with Aboriginal people in a mental health context.

Overcoming Self-Criticism

The focusing process begins by bringing in self-compassion instead of self-criticism, through the clearing and containing of negative emotions and thoughts to get to the original self. This alone begins the process of release, because self-criticism is the glue that holds the action block in place. Focusing can assist in modifying the negative self-tapes that may arise from time to time from our childhood experiences, as explained by one participant:

> *"This process offered me an opportunity to move forward and acknowledge my own person as an observer than a critic that has held me back."*

Focusing assists in clearing any intrusive thoughts and feelings that one may encounter in group sessions, allowing for clear thought processes to naturally occur in the healing process, as another group member describes:

> *"Because you clear all bad feelings and think about the positive things in you're life that helps me in my healing journey."*

Once people are able to clear out their critical thoughts and feelings, they are able to process their past negative experiences and incorporate the new knowledge into their lives today.

Overcoming Feelings of Being Stuck in Life

A key element of the focusing process is the exploration of the feeling of being "stuck" in life. Aspects of ourselves that we do not directly feel (felt sense), and that we know only though their effects, are a crucial factor in the dynamics of stuck process. The focusing technique encourages us to listen to the part of us that wants to change. After

spending time listening to the part that says, "I won't," participants are encouraged to listen to the part that says, "I want to...and here's why," rather than focusing on the pain and struggle of not being able to do what they want to do. Once participants go through the focusing process, they are able to imagine that they are living a life where they have the ability to live without the stuck-ness:

> *"This process really assist me were I felt stuck in my life by looking at it and seeing if it felt safe and to store it in a safe place enabled me to move in a forward direction in my life."*

This place of unstuck-ness is where most people in therapy end their sessions, as most therapists cannot take their clients any further in their healing journey.

Dealing with Uncertain Feelings

After listening to many hours of taped therapy sessions, Gendlin (1996) discovered that successful therapy seemingly did not depend on the model of therapy being employed, or even on the skillfulness of the therapist, but rather on something that the clients did instinctively and organically within themselves that took them beyond the limits of rational knowing into a realm of inner knowing. This is consistent with many Aboriginal healing practices.

This inner knowing had its own reality and wisdom. Experience was registered in a bodily-felt way, what Gendlin came to call the *felt-sense*, something like saying:

"This is what I think....and this is what my body thinks."

Many body experiences can be released, and wisdom is gained when this occurs. Focusing is about learning how to listen to what the body is saying so that there is a fit or

match between what we think and what we feel, as in the Aboriginal ways of healing. When there is a match, the body immediately eases up, responding with a strong "Yes, that's it!" "That fits!" Conversely, when there is no match, the body does not react, something doesn't feel right, there is no connection. We often say "I knew it wasn't right all along." So focusing is about learning how to listen to those vague or gut instincts out of which so many of our crucial decisions are made. It is a process that validates our finding out intrinsically, according to our own felt-rightness, what is appropriate and fitting for us by learning how to recognize and affirm the body's subtle signals and cues, and how to be respectfully congruent in thought, feeling, and ultimately in action. This comment from a participant is an example of this:

> *"the internal feeling I felt I didn't know existed before were still there, but now they are dealt with internally and I can go on living my life."*

The ability and self-power for one to safely go back and effectively deal with the past is a great sense of empowerment.

Better Handling of Emotions

There is a strong emphasis in focusing on the bodily potential for connecting with the "spiritual" or the "transcendence," which is very much aligned with the Aboriginal tradition of seeking wisdom and knowledge from within themselves to aid in the healing process. It is claimed that focusing will lead to spirituality because the personality at this spiritual threshold will become aware of interwoven webs of personal fears and will be guided to deal with these if and when the personality is ready, as opposed to forcing on it any controlled spiritual ideals and methods, which in the long run could be manifested as

obstacles in themselves:

> *"I found that the whole process of clearing space in focusing was very helpful for me because it assisted to bring attention to my body and emotions and it assisted me to rekindle my spirituality."*

The cultural appropriateness of this method allows many Aboriginal people to deal with their past traumatic events, allowing for healing in a forward motion in many communities.

Shifting out of Old Routines

The critical factor for change is not understanding a thought process or analyzing, or replacing emotions and egotisms with better ones, but rather an experience of body-shift or movement in bodily awareness on a given issue. This is seeing things in a new way; it is an experience of inner release which has no particular way of being established as a way:

> *"Because you clear all bad feelings and think about the positive things in you're life and this adds to my healing as I noticed my body changing inside."*

Once able to clear out critical thoughts and feelings, people are able to process their past negative experiences and incorporate the new knowledge into their lives.

The Healing Circle

Integrating the focusing methods within the healing circle was a smooth process, as the values of both are very similar. The following discussion will examine the impact of the healing circle, based on the criteria developed at the outset of the research, listed

below (and described in more detail in Appendix C), as an effective component of the piloted personal wellness program. The program met the following criteria: safety, cultural appropriateness, non-intrusiveness, meeting emotional needs, empowering (voice), respect, and compassion.

Figure 3 is a model of the integration of the two approaches, illustrating the four quadrants of the Medicine Wheel. The first quadrant represents the emotional impacts of trauma and how Focusing and the Healing Circle is able to explore the emotions in a safe and non-triggering way. The second quadrant captures the physical aspect of trauma and deals with the bodily reactions to ensure they are no longer non-intrusive in the clients physical response. The third quadrant is the spiritual journey inward in which the client takes to be free of the past negative experiences. The last quadrant reconfigures the client's perception of the negative experiences and enables them to let go of the past and become empowered for their future. The seamless joining of both methods fit together as they are flexible enough to work in tangent to complement one another to meet the needs for the client's healing journey.

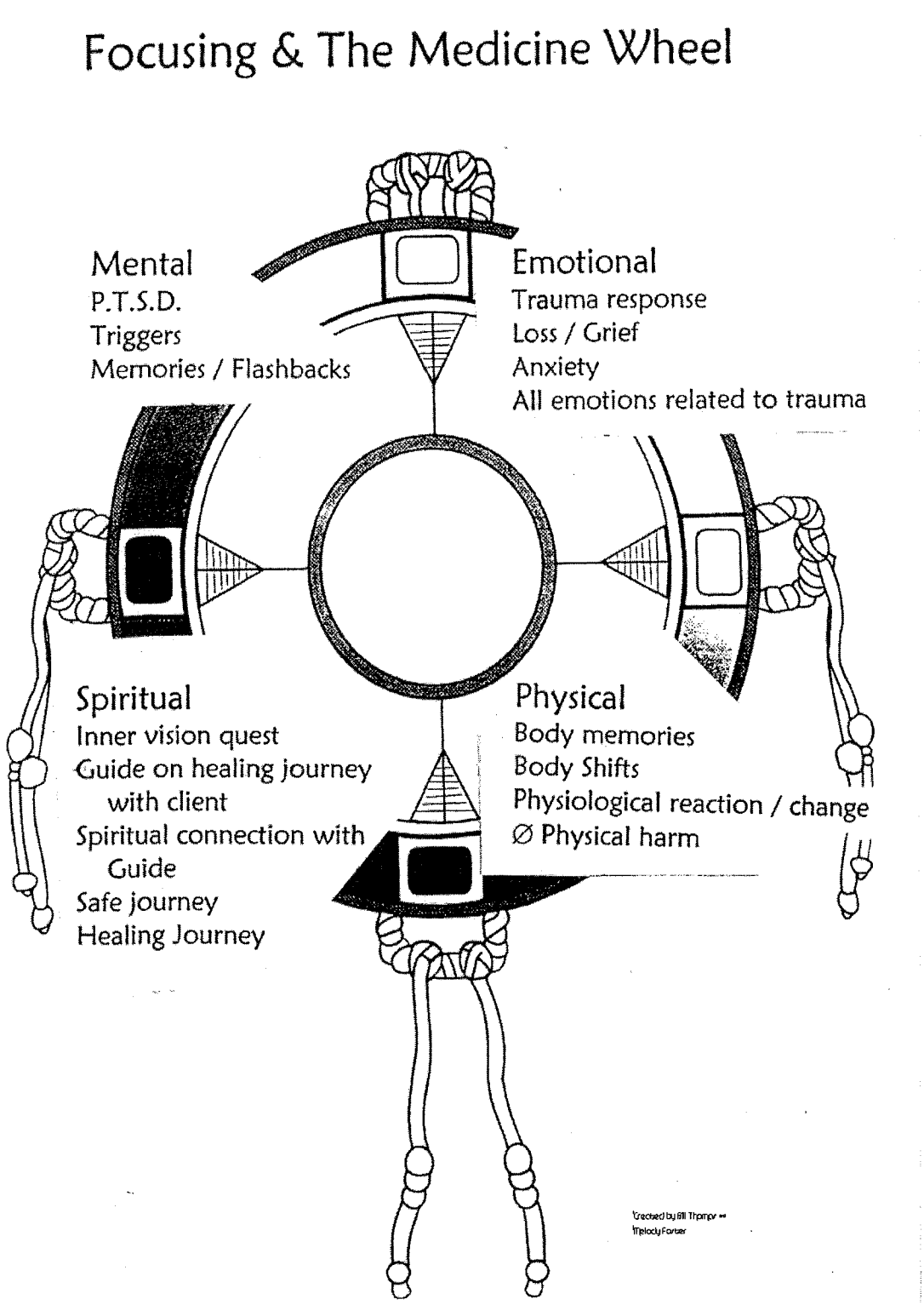

Figure 3. Integrated medicine wheel and focusing model

Safety

The healing circle creates a safe environment where each story that a group member shares is sacred (Heilbron & Guttman, 2000). A place of safety can allow people to identify with and rectify behaviours that are detrimental to themselves and others. A healing circle can provide this. In the circle, each person has the opportunity to share without interruption. By being allowed to share without interruption, people are given a sense of dignity and respect for their input. They have a sense of safety and distinction:

> *"I felt safe after the first session and this was truly beneficial for my healing and was able to move forward."*

Providing a feeling of safety is one of the most important criteria to meet when working with Aboriginal people.

Cultural Appropriateness

As highlighted in the literature review, mainstream helping professionals often find Aboriginal people passive, difficult to assess, and not forthcoming. These characteristics, which are often interpreted as evidence of resistance, passive aggression, opposition, depression, or withdrawal, are learned responses and stem from the domination of Aboriginal people by European culture. The professional's failure to recognize this has led to errors in formulation, diagnosis, and treatment (Brant, 1990). In contrast, one participant said:

> *"Because this focusing was done in many different ways in our culture. When you smudge yourself you are breathing and flushing out all negative energy from your body and mind. The sweat ceremonies are relaxing and incorporating focusing to*

clear your mind."

This was a strong theme in the participants' feedback.

Non-Intrusiveness

From an Aboriginal perspective, non-intrusiveness means that other people listen with respect and without judgment, not contaminating or interfering with the story that is being shared in the healing circle (Heilbron & Guttman, 2000). The non-intrusiveness of the healing circle is illustrated in the following comment offered by one of the participants:

"Respect in group. I was comfortable with group and to take that risk without judgments and I was able to go forward in my healing."

This criterion is vital to the well-being and health of the client in any therapeutic situation.

Meeting Emotional Needs

Healing in the Aboriginal way examines all realms of human functioning in a holistic manner. One of the many needs that the healing circle meets is the emotional need, as one participant noticed:

"Because we went around the medicine wheel. Dealing with the mental, emotional, spiritual and physical it was very traditional. That they have to be balanced. Also to keep the body in a healthy and good way."

For effective therapy to take place, the clients attend therapy to resolve their issues and to deal with their emotions in a cathartic environment.

Empowering (voice)

One of the key means of Aboriginal healing in a healing circle is the voice. Listening to one another, sharing their stories, and hearing their authentic voice is healing in itself, as described by one participant:

> *"I felt comfortable sharing; I felt heard what I experienced with our group as others had also shared without being judged."*

Once they get their voice back from the victimization, they are empowered and are able to take more control over their lives and their environment.

Respect

The sharing of past hurts in a healing circle strengthens the individual and forms more group cohesion, allowing for others to share their stories. The sharing of stories of negative experience must be done in a respectful way to ensure the safety of the person who is sharing. It is vital for this to occur in healing circles, as many Aboriginal people have been and continue to be taken advantage of in places where healing occurs:

> *"Respect in group. I was comfortable with group and to take that risk without judgments to be able to assist in my healing."*

In many Aboriginal communities, seeking and obtaining respect is the way to work towards healing and capacity development.

Compassion

Compassion and respect can be integrated with one another as they complement

one another in a healing circle. Together they form a catalyst for healing to take place within a healing circle:

> *"There was a sacred rapport and the group was very compassionate and the participant's attitude was very important for me to further proceed in my healing journey."*

Compassion is the key component when working with Aboriginal people and their communities towards healing.

Chapter 6: Implications of the Research Findings

In this chapter, I present the participants' reflections and my personal reflections on our joint experience as learners in this research process. I then take the liberty of sharing some personal reflections on what I think are important implications for social work practice and social work education. These implications concern the need for research by Aboriginal practitioners on Aboriginal issues, the need for greater numbers of Aboriginal therapists, and the need for Aboriginal research frameworks of social work education.

The Participants' Journey

The participants found that learning was meaningful through interactions with one another in which they modified their ideas through reflection and action. Their shared journey has brought them to a better understanding of themselves. The personal changes that the participants experienced enabled them to develop a clearer perspective both on their personal lives and on their collective existence in the world. In reflecting upon his experience as a participant, one participant spoke of a hopeful future: "I feel stronger and look forward to each new day now that I have a new way of thinking about things." Another participant said, "I am thinking more about what relationship means to me and how. This process is really causing me to question who I am."

As Freire (1970/2005) contends, social change will come about as individuals realize their oppression, and transform their world as they transform themselves. In other words, a shift in perspective is more than a change in political parties and their respective

ideologies. It is a shift in consciousness and a way of thinking. A shift in consciousness involves a knowing inwardly or "to know with" (Goswami, 1995). To "know with" is a community attitude of learning and working together, rather than competing to win over others. On reflection, it is reasonable to suggest that as the six-week program unfolded, the participants moved into deeper awareness of their inner selves.

My Journey

Although it was not my intention at the beginning of the study, the research has been as much a personal journey as one that was focused on methodology. Like other journeys in my life, it now makes a different sense to me as I reflect back on it.

As I moved through the research process, I did not always trust what I was doing. However, I relied heavily on my intuition, which requires a certain amount of confidence and trust in myself as well as trust in my methodology. I took solace in knowing that qualitative inquiry shares this uncertainty. Hence, the analogy of "journeying along a path" seems an appropriate metaphor for describing how this study progressed.

Through the conversations with my participants, I began to understand something about my "self," in that "the other voice thereby becomes a moment in my own understanding and self-understanding" (Jardine, Clifford, & Friesen, 2003, p. 176). For example, when listening to participants' experience of "showing up for others," I wondered about my own status as one-who-shows-up. In these moments, my participants were teaching me about my self. It was in these moments that I recognized the tremendous possibility of this integrated model.

Research on Aboriginal Issues by Aboriginal Practitioners

Clearly, further research of this nature needs to be conducted with, for, and by Aboriginal people to ensure that their worldview is acknowledged and put into practice in the healing process for their people (Hart, 1997). The prevailing view in our society is that research is something that academics do. Furthermore, we often assume that research must look a certain way. An Aboriginal approach to science reflects a clear shift away from the ways in which research has been understood and organized in Western culture. Once understood more as the object of research, Aboriginal peoples are increasingly being seen as researchers conducting research within Aboriginal knowledge traditions, using Aboriginal methodologies as well as methodologies drawn from interaction with non-Aboriginal intellectual traditions. In this context, Aboriginal research is more a method of study than an area of study and derives its dynamic from traditions of thought and experience developed among and in partnership with Aboriginal communities and nations.

In addition to the need to recognize a paradigm shift in Aboriginal research, it is important that Aboriginal communities be given the opportunity to decide what the research priorities should be for their communities. Therefore, it is imperative that "funders" demonstrate a commitment to changing these old patterns of research within Aboriginal communities by allowing Aboriginal scholars, in consultation with these communities, to set research agendas and to determine what areas need to be addressed. The current targeted program areas for funding are not necessarily the top priority among Aboriginal groups.

The Need for Greater Numbers of Aboriginal Therapists

From my vantage point, there remains a disparity between Aboriginal and non-Aboriginal conceptions of social work practice and mental health services. The current approach, in which students learn a little about Aboriginal society and then use this knowledge to make decisions on the peoples' behalf, is not working. We need to recognize this disparity, which has long been identified by Aboriginal people. For Aboriginals, mental health must be considered in the wider context of health and well-being. For many First Nations and other Aboriginal people, healing means dealing with approaches to wellness that draw on the culture for inspiration and means of expression (Gladstone, 1994, p.8). Hence, acknowledgment of the existing frameworks of healing and knowledge within Aboriginal communities, and in particular those pertaining to the resolution of mental health disorders, is needed. There must be an opportunity within the assessment process to explore the extent to which the particular mental health issue is symptomatic of the individual's underlying cultural and/or spiritual issues. Cultural congruence ensures that the client's value system, life experiences, and expectations about the therapeutic process will be integrated into the therapeutic process even when the client is not fully conscious of these factors.

Participants interviewed in this study acknowledged that there was a lot of cultural information for the non-Aboriginal practitioner to understand in order to work effectively with Aboriginal individuals, families, and communities. They recognized that the majority of non-Aboriginal practitioners with whom they had previous contact did not fully understand their lived experiences. They suggested that properly trained Aboriginal counselors or therapists would better understand their realities and have the insights and

skills to engage them in a healing journey.

Therefore, a high priority must be given to prepare and equip practitioners of First Nation and Aboriginal backgrounds (as well as non-Aboriginal people) with the knowledge, values, and skills required to promote holistic wellness within their families and communities. It is also very important to provide these practitioners with the foundation necessary to undertake advanced accredited courses of study and to develop and demonstrate capacities for ongoing self-care, commitment to lifelong learning, and the capacity to provide leadership in the field of mental health.

Aboriginal Frameworks for Social Work Education

The findings of this study suggest that effective social work practice with Aboriginal people and communities must reflect a commitment to social justice, a critical pedagogy of decolonization and a strength-based philosophy of personal, community, and cultural capacity building. As articulated by McKenzie & Morrissette (2002):

> The effects of colonization have continuing implications for Aboriginal social work practice because these shape many of the initial meanings attached to the roles of service user and social worker, particularly if that worker is non-Aboriginal. In a sense, all of us carry the baggage of colonization, either as victims or oppressors. (p. 35)

Such a commitment might include a strong recognition within the curriculum of the historical and ongoing effects of colonization on Aboriginal people; a critical appreciation of the importance of Aboriginal culture to the healing process; and an understanding of the diversity of Aboriginal cultural expression and the way this diversity

affects people's sense of identity and approaches to social work practice.

Conclusion

As an Aboriginal social work practitioner, this study was undertaken to advance my understanding of the effectiveness and appropriateness of cross-cultural approaches to mental health services for Aboriginal peoples. The information obtained from the study has increased my level of confidence as a clinical practitioner committed to serving my people and was informative in my quest to construct a mental health approach specific to residential school survivors, their families, and their communities.

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Appendix A: Self-Reporting Mental Health Assessment

Symptom	3–5 per week	1–2 per week	Per month	Not at all
Recurring				
Intrusive thoughts and images			ADEG	BCF
Recurring dreams/nightmares			DEG	ABCF
Flashbacks			BCDFG	AE
Anxiety attacks		E	ABC	DFG
Crying spells and tearfulness			ABEFG	CD
Feelings of shame or embarrassment	B	A	DEFG	C
Guilt feelings (if only)	B	AE	DFG	C
Avoidance				
Withdrawal	B	EG	ACDF	
Depression/diminished interest	B		ADE	CFG
Feeling of detachment	AB	DE	G	CF
Inability to recall specific events	B		DE	ACFG
Disorientation, confusion		A	BDE	CFG
Restricted affect		ABD		CEFG
Avoidance of thoughts of trauma		BF	ADG	CE
No sense of future in life				ABCDEFG
Fear	B	ADEF	G	C
Job difficulties		A	CDG	BEF
Sexual dysfunction		AB	DF	CEG
Numbness emotional/physical		B	ADG	CEF
Helplessness, loss of control		B	ACDEF	G
Arousal				
Sleep disturbance	BE	AD	CFG	

Anger/rage	E		ABCGDF	
Difficulty in concentrating	BE	AD	CG	F
Hyper vigilance	B	A	DEF	CG
High startle response		A	BCDEG	F
Headaches	E	B	AD	CFG
Muscle tension	BE		ACDFG	
Nausea		E	ADG	BCF
Eating disturbance	AB	E	DF	CG
Difficulty in breathing		BE	AD	CFG
Cold sweats		B	ADFG	CE
Increased alcohol use				ABCDEFG
Increased drug use		E		ABCDFG

Note: To maintain confidentiality, each of the participant responses were coded and reported as follows: Participant #1: (A); Participant #2: (B); Participant #3: (C); Participant #4: (D); Participant #5: (E); Participant #6: (F); and Participant #7: (G).

Appendix B: Interview Questions

1. Can you describe your experience as a participant in this program?

2. Which features of the program, if any, did you find most supportive to your healing journey?

3. Which features of the program, if any, did you find the least supportive to your healing journey?

4. Did you find this process culturally appropriate?

5. Did this process assist you in areas that you felt that you were stuck in you life?

6. Did this process meet you needs? Please explain?

7. What could be changed in this process to assist you more? What did you like about this process?

Appendix C: Therapeutic Criteria for Integrated Psychotherapy and Healing Circle Aboriginal Personal Wellness Program

Focusing

- How to deal with feeling stuck in your life
- The ability to deal with your unsure feelings and how to get what you were seeking from within yourself
- Assisting in handling your emotions
- Assisting in shifting you out of the same old routine
- Assisting with self-criticism

Healing circle

- Feeling safe to share your story
- Culturally appropriate healing method
- Non-intrusive healing
- Meeting your emotional needs
- Finding your authentic voice
- Respectful
- Compassionate

Appendix D: Information Letter and Informed Consent

Dear Participant

The purpose of this information letter and informed consent form is to inform you of my thesis project and to outline your possible role in the study.

Researcher: William Thomas, Master of Social Work Student
3660 Winslow Drive
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Thesis Title: An Integrated Psychotherapy and Healing Circle Approach To Aboriginal clinical Social Work Practice.

Purpose:

The purpose of this study is to implement and evaluate a six session (6 two hour sessions over a period of six sessions) personal wellness Aboriginal mental health program. The two hour sessions will guide you through a self-awareness process using a technique call focusing within a traditional healing circle setting.

Goals of the Study:

When I graduate from the social work program, my intention is to offer this program in my home province of Manitoba to Aboriginal persons seeking a culturally sensitive alternative to mainstream mental health services.

Selection of Participants:

I am seeking Aboriginal individuals between the ages of 25 and 65 who either attended residential schools or feel that they were personally impacted by a close family member who attended residential school.

Voluntary Nature of Participation:

Your involvement is completely voluntary and you can choose to leave the study at any time without consequence. In addition to agreeing to attend 6 two hour group sessions over a period of six sessions, your involvement in the study will include participating in a individual interview (confidential) and a focus group at the end of the program.

Confidentiality and Security:

Please note that *all* information collected is highly confidential and cannot be traced to the participants in the study. The interview responses will be coded to ensure there is no identifying information, stored in a secure location and destroyed at the conclusion of the research process.

Accountability of Findings:

I will meet with each participant to check the accuracy of the findings prior to writing up the results of the study and make all recommended chances requested by group participants.

Each group participant will be offered a copy of the final report. In addition, I will also arrange a group meeting to discuss the results of the study.

Potential Risks:

There are no known risks associated with participating in this study. In terms of benefits, I hope that the study will provide assistance in the participant's healing journey and to help shape more culturally sensitive approaches to Aboriginal social work/mental health practice.

Contact Information:

If you have any questions about the study, please feel free to contact the researcher or her supervisor at the numbers provided above.

Should you have a complaint or concern about the study you can contact Dr. Max Blouw, UNBC Vice President Research at 960-5820.

Appendix E: Informed Consent

I understand the purpose of the research study.

I have read and received a copy of the attached information letter.

I understand that I am a free to refuse to participate or to withdraw from this study at any time without penalty.

I understand that I have complete anonymity in that all data (e.g., survey and questionnaire responses) are confidential and cannot be traced to the participants engaging in the study.

I understand that I will have an opportunity to ask questions and discuss this study with the social work program.

I understand that I will remain anonymous in the written report.

The researcher has answered all of my questions about the study.

I agree to participate in this study.
Signature or Research Participant Date

_____ _____

Printed Name of Research Participant

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

William Thomas January , 2004
Principal Investigator Date