Resilience and Aboriginal Communities in Crisis: Theory and Interventions

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ABSTRACT

Resilience in Aboriginal communities is a long process of healing that allows to supersede the multiple trauma and the loss of culture experienced during the colonization and after. The presence of social capital is central to this process in building bridges between persons, families and social groups with the aim of developing a spirit of civic culture. The process usually relies in the first stage on the vision of a few leaders whose example brings forward a larger segment of their community. Characteristics specific to the notion of resilience in Aboriginal cultures are: spirituality, holism, resistance and forgiveness. The main obstacle to overcome in the process of resilience is the phenomenon of codependency which leads to superficial attachment, lack of trust, and refusal of authority. The concept of cultural identity is central to resilience in this context and there is a need to create a new cultural ethos in continuity with the traditions. Each community has to undergo its own course and cannot copy success stories, mainly be inspired through a process of lateral knowledge transfer. Finally, community resilience has to rely on the capacity of families to be resilient themselves which involves breaking the law of silence, naming problems and coping with them with the support of networks and institutions.

INTRODUCTION

This report is an attempt to explore the pathways to resilience among Canadian Aboriginal communities facing a period of social crisis. The challenge for many of these communities is to overcome the historical burden of colonization, to repair their social fabric, and to assert pride in their culture. Some attempts to put an end to violence and social disorganization have achieved important marks but there is no single model to reach solutions; these experiments represent nevertheless a source of inspiration, hope and wisdom for the future.

The first part of this report reviews basic theoretical concepts omnipresent in this literature. The central concepts are resilience and family resilience, social capital, cultural identity, and spirituality. Resilience will be the guiding concept. It refers to an ongoing, process extending over many years even in the best of cases. In order for resilience to take form, a community should include a minimal number of persons with sufficient psychological and social resources to initiate a movement towards change. They can then progressively build efficient organizations, both formal and informal, to apply solutions. This process requires the empowerment of strong and reliable leaders at all levels, in women and men of all ages, in order for the community to recapture a sense of dignity.

The second part of this report focuses on Aboriginal experiences, mostly Canadian, which have tried to enhance

the social capital and resilience of communities in crisis. Other interventions were based on culturally adapted programs, targeting more specific groups, with outcomes that have contributed to the well-being of the whole community.

1 Resilience

1.1 The long road towards resilience: a global framework

A large number of Canadian Aboriginal communities are experiencing a period of acute crisis due to historical policies whose explicit goals were to annihilate their culture. On the psychological level, many factors have contributed to the diminishing strength of the family and to increase the vulnerability of the children who were socialized in these families during the last two generations. The goal of this report will not be so much to document this process of disintegration which has been fully described elsewhere (Royal Commission on Aboriginal peoples, 1995; O'Nell & Mitchell, 1996), but rather to indicate paths to resilience for these communities. As mentioned by many authors and as experienced by communities which have gone through a process of healing, building resilience is a process extending over many years, requesting a strong commitment from key leaders followed by a significant portion of their community. The consequences of many centuries of colonization, repeated trauma, both historical and contemporary, and an explicit national project of ethnocide, cannot be eradicated by a short-term intervention or a well-thought culturally adapted program. These events left deep scars on individuals, such that a state of codependency associated with alcohol abuse and lack of trust exist. In the best of cases, healing will require many years, involve some failures with lessons to be learned from, and may include only a handful of visionary individuals in the first step, setting the mark for others to follow.

A large space will be devoted to Sousan Abadian's doctoral thesis (1999) at this point because her work is the most ambitious attempt to understand the multiple challenges, psychological, social and political to be met by Aboriginal communities in order to become resilient. It has heuristic value in the sense that it offers a model to guide both thinking and interventions. The merits of her argumentation is to reiterate the central point of Putnam's demonstration (1993), that social capital is based on a civic culture or civic-ness, harboring such values as civic engagement, the pursuit of the public good, political equality, solidarity, trust, and tolerance. Once these values are sufficiently established, legitimized and shared in a given social group, they will lead to a rich network of

local groups and associations devoted to the well-being of their community. Among Aboriginal communities, these initiatives can take the form of brotherhoods or sisterhoods, political lobbies, vigilante organizations, and suicide prevention groups. In Putnam's view, these so-called civic values evolved out of dense networks that are the multiplication and reinforcement links within a community. Members who form organizations have to submit to a basic discipline in order to attend meetings or to fulfill concrete tasks; the social regulation of these groups should temper extreme or unrealistic discourses and favor the expression of a variety of opinions; these groups will also provide rewards when the tasks are completed. This social climate of trust characterizing these organizations should invite individuals to experiment with new ideas to change society and the organizations to take a collective responsibility for the outcomes. This is the essence of the concept of social capital which "...refers to the features of social organization, such as networks, norms, and trust that facilitate coordination and cooperation for mutual benefits" (Putnam, 1993, pp. 35-36).

Another important component of social capital is the interconnection of dense networks with information and activity flowing between them. For this to happen a number of individuals need to belong to many networks and these networks have to complement rather than to oppose each other. Without this central bridging dimension, social capital will be at the service of a few individuals only.

Unfortunately, social capital is sparse in Aboriginal communities facing a chronic state of crisis. As documented in Putnam's work in Italy and as observed in Canada, history matters. Traumatic events such as the period of the Residential Schools, often concurrent with forced permanent settlement, the loss of hunting and traditional lands and, with them, the loss of traditional survival means, has broken the social cohesion. Central means of identity such as rituals and religion were destroyed and traditional leaders replaced by missionaries and bureaucrats. In other words "collective trauma razes to the ground existing associational ties….and at the same time, it inhibits individual capacity to re-create viable and productive social ties" (Abadian, 1999, pp. 81-82). As a result, traumatized and confused survivors resort to drugs and alcohol to assuage their personal and collective sufferance's, their physical and mental morbidity increases, and they are not able to compensate their narcissistic or self-image wounds by identifying to a culture to which they would be proud. As shown by Taylor (1997), if someone cannot feel proud of the cultural group to which he or she belongs (collective identity), he or she will hardly be able to maintain a positive

evaluation of him or herself (personal identity).

Abadian (1999) also argues that if the number of people with emotional vulnerability is too high in a community, they will view the world with distorted perceptual filters and a subculture of trauma and addiction will emerge. Consequently, the main challenges to overcome psychological trauma is to get rid of co-dependency, antiauthoritarian attitudes and identification with the oppressive authority.

The presence of a large number of poly-traumatized individuals is one of the main obstacles to resilience in Aboriginal communities according to Abadian (1999). Traumas transform the minds of their victims by producing symptoms such as intrusion of painful memories, hyper-arousal, or strong emotional reaction to innocuous events, constriction of the mind, and a detached state of consciousness which make social engagement difficult. Victims of trauma, retreat from taking any risk that could rekindle their pain. Their emotional state is unpredictable, often chaotic and almost always painful if not under the influence of substances. Because of that, they don't trust themselves, and even more so, other people and institutions.

One of the components of the traumatic experience is the condition of captivity, or the incapacity to escape the control of the perpetrator. The space for captivity can be a home, a Residential School or a prison. In the case of Aboriginal peoples, their place of captivity can be the reservation where violence and unlawfulness is rampant. Some have compared reservations to refugee settlements (Duran & Duran, 1995). This metaphor would not apply to all reservations, but there are certain common characteristics with some of them: forced displacement of heterogeneous groups into a small territory, absence of means of production, high dependence on a central authority, and a low rate of ownership of residences. An additional outcome of traumatization is the phenomenon of codependency, well-known in the field of alcohol and substance abuse. It can be described as a strong need to relate to other people, to form intense and superficial relationships, but paralyzed by a fear and incapacity to develop trust and genuine intimacies. Central to our purpose is the fact that these individuals become dysfunctional parents and foster abusive family environments. The key note is the rule of silence or denying the existence of problems, the fear of emotional expression, and an exclusive and perverse loyalty to the family, which prevents interaction with other families.

The reason why codependency is important for the topic of social capital is that it prevents the creation of a sense of community. When people stop to trust each other, it nurtures paradoxically anti-dependent attitudes or a fear

to rely on others and to be betrayed later on. These co-dependant individuals are known for their reluctance to any form of authority, and they are the ones who strongly oppose decisions reached by the majority on the basis of compromise, dramatically torpedoing hardly fought consensual decisions. Institutions and organizations, on the other hand, are built on social contracts based on mutual trust and a process of give-and-take. These ingredients are the prerequisites of social capital.

Another issue related to Residential Schools is the identification with the aggressor. This well-known defense mechanism of the psyche is a recurrent theme in dominant-submissive relationships and a survival tool for the oppressed. Victims, in order to avoid the punishment from their torturers, have to get into the mind of the aggressor in order to predict their behaviour. In other words, they have to become like the bad authorities to read their intentions in order to please them, and avoid being hurt or destroyed. The snag is that the victims can unwittingly adopt the same frame of mind as the aggressor and feel the same need to dominate more vulnerable human-beings around them. This happened when some Residential School students returned back home and brought with them the "boarding school management style" they had been subjected to. Such a testimony is provided by Former Chief Harley Frank (as cited in Abadian, 1999). In the end, collective trauma originating from the government and the Church crushed the individual energies, depleting the "collective immune systems" (Abadian, 1999, pg. 203) in such a way that Aboriginal peoples were dispossessed of their cultural tools to resist colonial aggression. According to Lear (2006), a political philosopher, the disappearance of the Aboriginal culture had dire consequence in depriving whole cultures of their ethos, of what made a man or a woman a human being. This is equivalent to the French anthropology term ethnocide (Jaulin, 1974), an expression first coined by Raphael Lemkin to whom we also owe the term genocide. Briefly said, Aboriginal peoples not only had to endure trauma, but they were at the same time deprived of the tools of resiliency (beliefs, rituals and institutions) which usually help traumatized societies to reconstruct their identity.

1.2 The concept of resilience: a theory or a dream?

The concept of resilience has been a rallying emblem among Aboriginal communities and other oppressed populations because it inspires hope in the face of harsh adversity. A short history of the concept brings us back in the late seventies when workers in the field of psychiatry, Anthony (1983) and Garmezy (1983) among others, asked

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the question why some children raised in conditions of high adversity were coping better than others. The concept of resilience as a trait similar to a personality factor has been gradually replaced by the notion of trajectory of adaptation (Luthar & Cicetti, 2000). Many authors who have recently written on this topic would agree that resilience is a long process of interactions between an individual and his or her environment to face adversity, and lead to the emergence of moral strength and a sense of optimism. There is good evidence that individual factors play a role in the construction of resilience (genes, personality traits and intelligence). However, key adult figures or "tutors of resilience" can initiate a change for the better in the life of a child (Cyrulnik, 2000). Characteristics of the environment and the culture are also necessary to support the process of resilience (Tousignant, 2004). A culture can offer models of success for instance, and this is the basis of an ongoing work in the Mohawk culture in the project Roots of Resilience: Transformations of Identity and Community in Indigenous Mental Health (Kirmayer et al., 2009). Other narrative studies have shown that culture presents a system of meaning to make sense of catastrophes and provide a minimal sense of coherence to its members (Ehrensaft & Tousignant, 2006). This is done by telling stories and providing an explanation for catastrophes such as the civil war in Rwanda. Similarly, Colson (2003) proposed the idea that refugees create myths in order to survive their ordeal.

If the social sciences have not been able yet to validate the concept of resilience as scientific at the level of the person, the concept of community resilience can only be conceived as a metaphor describing groups that manage their crises through a process of healing. The use should be parsimonious and authors ought to detail the characteristics of what makes a community resilient. So we can only refer to community resilience with caution, as a heuristic concept and work in progress. But it has a lot of appeal among Aboriginal academics because it points to the forces of a community aside from its limitations. In a short caption, it is rhetoric of hope.

1.3 Defining resilience in the Aboriginal context

Within the Aboriginal perspective, Healy proposed a general definition of community resilience as the capacity of a distinct community or cultural system to absorb disturbances, reorganize while undergoing change, retain key elements of structure, and identity that preserve its distinctness (as cited in Ledogar & Fleming, 2008). One of the challenges of applying universal literature on

resilience to Aboriginal people is to keep in mind that resilience may be viewed differently in these cultures. There are certainly universal, cross-cultural elements, but resilience should at the same time correspond to what these cultures recognize as familiar. There is a culture specific ethos supporting this concept in the social sciences literature which should not be uncritically transplanted to Aboriginal peoples. For Burack and colleagues (2007), resilience has to be integrated into a holistic world view uniting the mental, the physical and the spiritual. It would be difficult for a linear epidemiological model based on risk and protection factors to capture this reality.

Andersson and Ledogar (2008) reviewed a long series of studies on youth resilience in Aboriginal peoples of Canada. They found that personal assets were associated with individual resilience as found in the general literature but the factor of pride in one's heritage also came out as significant. There was no clear association with spirituality but with the way to assess the various forms of spirituality. With regard to social resources, parental care and support, and peer support came out as important.

Because most resilience literature is centering on positive psychology and concepts of high social desirability, there is an aspect sometimes forgotten which is 'rebellion'. For instance, an explorative work with four resilient Aboriginal informants showed that three of them rebelled against the situation they were experiencing (Sebescen, 2000). Projecting aggression outward allowed them to separate themselves from an abusive environment and find solutions. With regard to outside institutions, resistance can be a way to refuse policies detrimental to the well-being of the community. In the Zuni Pueblo village of New Mexico, a tourist guide describes the importance of a local brotherhood centered on this sacred value (personal observation). In an analysis of the Residential School legacy, Dion Stout and Kipling (2003) described how former students recalled that they were maintaining their pride by resisting and rebelling against the system or were wearing an imaginary mask to hide feelings. According to James Clairmont, a Lakota Elder, "the translation of resilience is a sacred word meaning resistance, to resist to bad thoughts and bad behaviours. We accept what life has to offer us, good or bad, as gifts from the Creator. We try to overcome stressful and difficult periods with a good heart. The gift of adversity is the lesson we learn when we pass through it" (as cited in Graham, 2001, pg. 1). It is not merely survival, it is about attachment, love, learning, laughing, and having a grasp on life (McAdoo, 1999). These notions of celebration and joy, less familiar in the universe of task-oriented academic psychology, could also be regarded as particular to

resilience in Aboriginal cultures.

Another characteristic mentioned by three informants in Sebescen's (2000) master thesis was *forgiveness*. This concept evokes the word reconciliation at the heart of the Canadian Commission of Truth and Reconciliation. There is an actual debate within the Commission and in similar peace initiatives regarding the possibility of reconciliation. Galtung (1996), a Norwegian peace expert, concludes that mutual respect is easier to achieve than reconciliation, a goal that he considers too idealistic. However, given the multiple intra-familial and intra-communal instances of abuse in Aboriginal communities, it is difficult to foresee how trauma can be superseded without creating peace through a form of forgiveness. Forgiveness is probably too difficult to reach in many situations, and interventions may have to remain satisfied if respect of the other has been attained.

Other researchers propose a holistic view of resilience around the concept of the spirit to replace or supersede the more familiar concept of self-esteem (Dell et al., 2008; Dell et al., 2005). They maintain at the same time a more classical definition of resilience as a balance between individual strategies of coping with adversity and the availability of community support. The spirit, contrary to the self-concept or self-esteem, is at the limit within the inside and the outside world, an entity one can identify with but also a presence one interacts with. This re-definition of resilience in Aboriginal terminology avoids the pitfalls of an academic solipsist psychology where the personal mind is the central concept.

1.4 Resilience and cultural identity

The discourse on resilience within Aboriginal communities has envisioned enculturation or a return to the traditional culture of the past as a fundamental path to healing. This movement contributed to promoting the revival of ancient or borrowed rituals in order, for instance, to prevent youth suicide attempts and alcoholism. As formulated by Santiago-Irizarry in 1996 (as cited in Holton, under press), the loss of culture is a constitutive part of the demoralization of communities, and cultural revival should therefore become a necessary aspect of the treatment. Holton and colleagues (2009), present a critique of a narrow view of traditionalism, supporting their position with works trying to offer a more dynamic and modern conception of culture. In this view, a culture is a social instrument to cope with contemporary challenges and it cannot be reduced to its past. This is the danger of the mummification of the past culture, turning it into a rigid mythical reconstruction of the past when in fact a culture is a living entity, repeatedly (even in the past) borrowing from neighbours. Along the

same line, Sissons (2005) coined the expression "oppressive identity" which opens up new forms of exclusion of people who don't fit the definition, forcing a constricted and narrow definition of Aboriginal.

Another issue regarding identity is how to define Aboriginal culture for the half of the Aboriginal population now living in cities (StatsCan, 2001). Enculturation for these people means a complex reconstruction of their cultural identity and this will be the challenge of many young people migrating to an urban life.

Kirmayer and colleagues (2003) stress the importance of collective identity as a lever to promote mental health in Aboriginal communities. This identity encompasses a pride in history and traditional culture but also in all the contemporary achievements and new ways of being Aboriginal. Instead of relying on a position of retreat from the outside world and interpreting the universe in a dichotomized way, the will to maintain a strong Aboriginal identity is not in opposition to some form of integration to the global culture.

Cultural revival can be healthy as claimed by so many authors and communities. But, for the process of resilience to take place, cultural revival should be reparative and not toxic according to a conference on the theme of Healing Our Spirits given by Abadian (2006). She reiterates Colson's idea (2003) that Aboriginal people have always recognized the power of stories. These stories or narratives help members of a community, particularly children, to attribute meaning to their tragedies and to anticipate a more positive future. They include moral lessons to confront adversity.

When individuals or collectivities undergo repeated trauma, they tend to build narratives that are disempowering. People feel shameful, that they deserve what happens to them, that it will always be so (permanency), and that everything is spoiled (pervasiveness) (Abadian, 2006). This discourse is similar to conversations recorded by the late Nova Scotian psychiatrist Leighton when he interviewed informants living in disintegrated villages; the daily conversations reflected their low morale. According to Abadian, the sentiment of defeat can also lead to its contrary, which is a falsely empowering narrative. In this case, people regard themselves as superior to others and the world as hostile. Using psychiatric metaphors, we could translate both types of discourse respectively as depressive and paranoid. Whatever the choice, the consequences are the same: people are generally viewed as unreliable, unworthy of trust and cynicism prevents will for action and change.

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In contrast to this gloomy picture, Abadian (2006) adds that, "a healthy society has a medicine cabinet full of balanced, optimistic, gratitude-inspiring, and abundance-oriented narratives that tell of getting through dark times, the goodness of life on earth and the goodness of people, and how people are deserving of love, abundance and joy" (p. 20). In the ancient times, Aboriginal people were experiencing trauma from time to time due to the climatic conditions for instance, but their cultural mechanisms helped them face these hardships and reestablish confidence. When those cultural remedies were lost, narratives became debilitating and could lead to the dehumanization and the demonization of others. In Aboriginal communities, Christianity was forced on the Aboriginal people with a theology centering on an apocalyptic message of the end of the world, a glorification of self-denial and of total sacrifice. More recently, some form of extreme traditionalism may have contributed to maintaining a strict view of the culture and to operate divisions within communities.

The habit of constructing the world through stories has been found at the core of Canadian Aboriginal youth's discourse on identity. This conclusion is based on one of the most ambitious research programs in Canadian Aboriginal studies, aiming to link individual development to the dynamic life of communities. This ongoing work of Chris Lalonde and Michael Chandler was first published in 1987 from observations in British Columbia and is now being tested in the Prairies. Chandler and colleagues (2003) report how personal identity is being built differently in the minds of Aboriginal and non-Aboriginal youth. Their purpose is to understand how a youth comes to think that they remain the same person despite multiple changes over a lifetime. Their interviews showed that a sample of mainstream Canadian youth use an Essentialist strategy (80 per cent) to construct their identity. In other words, they described themselves with physical attributes, permanent and more abstract personality traits, to show that they remained the same person over the years. On the other hand, the Aboriginal youth (70 per cent) described themselves with a more Narrative view. This means that they described themselves in the form of stories, bridging together various moments of their life.

Another conclusion from this series of studies is that personal identity in Aboriginal youth is closely correlated with cultural continuity as opposed to cultural disintegration. The demonstration of this statement relies on empirical observations showing that youth suicide rates are directly associated to an index of 'cultural continuity' which is used as a marker of resilience in a community (Chandler & Lalonde, 2003). Note that the authors want to avoid the expression 'resilient community' in order not to stigmatize communities not doing so well. The components of 'cultural continuity' are the following: efforts to regain title to traditional lands, to re-establish forms of self-government, and to reassert control over education; the provision of health care, fire and police services; erect facilities devoted to cultural events and practices; participation of women in government; and control over the provision of child and family services. In conclusion, this data on the distribution of suicide rates in Aboriginal communities in British Columbia brings into focus the close association between individual behaviour and the characteristics of the community.

On the other hand, these results could also indicate that social capital, cultural continuity and empowerment are most certainly acquisitions evolving a long internal process of social organization. These leaders and citizens who fought for the maintenance, the promotion and empowerment of their culture had entered a process of personal transformation, or were raised in a more protected environment. Lalonde (2006) points out to this effect that traits or solutions that worked for one community cannot be automatically applied in a process of 'standard knowledge transfer' for another community. The danger would be to process all this information in a central data bank and to promote universally a set of 'best practices.' As the reader can anticipate, this caveat also applies to the present report. It would be counter-productive to parachute solutions even coming from other Aboriginal communities. What is best is to promote a process of 'lateral knowledge' exchange (Chandler, 2006), to stimulate creative and locally adapted initiatives rather than blindly copying solutions.

Lalonde's (2006) comments underline a conception of cultural identity that is not static. In terms of personal identity or continuity, Lalonde argues that the construction of a core definition of oneself over time helps to commit oneself to the future and to face adversity. In fact, this is the whole French notion of '*responsabilisation*.' In the same way, a group with a strong sense of cultural continuity will feel responsible for youth and children because they represent the future of the society.

This notion of responsibility is central in Leroux' (1995) discussion on the consequences of Residential Schools. Parents whose children were taken away for years were told that they did not have the competence to take the responsibility of raising them. These children in return did not have a model of caring and responsible parents, nor did they acquire these skills at school. The result is that many of them felt overwhelmed by the task of being responsible for children. At the same time, tradition was that grand-parents

were sharing the responsibility, especially when parents were away on hunting trips. Now the new parents don't know what the limits are regarding the respective responsibilities of parents and grand-parents.

1.5 Comparing resilience across cultures

One of the most comprehensive comparative studies on resilience across cultures has been initiated by Ungar (2008), and Ungar and colleagues (2006), a Canadian researcher based at Dalhousie University in Halifax. This project called International Resilience Project includes samples of youths from 14 communities in five continents; Sheshatshiu, an Innu community of Labrador, being the Canadian representative in this survey. The conclusions based on qualitative interviews and on the signs of healthy development according to the communities state that there are both universal and culturally-specific aspects of resilience. For instance, ethnic identity was found relevant in many settings but to various degrees. The Child and Youth Resilience Measure (CYRM) was constructed to assess resilience, and participants were selected according to their level of adaptation as perceived by members of the community. There were 58 universal questions and 14 site-specific questions formulated by a local advisory committee. In this study, resilience is very specifically defined; it is the process by which a child is able to navigate towards or negotiate for resources and the capacity of the family, community or culture to provide these resources. But the resources searched for and provided should at the same time be meaningful to both parties. A child for instance may seek education and a good job, but if education is not valued and jobs are scarce, the youth may not become resilient. Other cultural differences were related to the style of child-rearing. In settings with a low level of safety, strict parenting was associated with a better outcome than a flexible approach more adapted to an environment where children were less exposed to danger. The main implication from this report is the necessity when intervening in a community to privilege local knowledge about the nature of resilience and evaluating the outcomes accordingly.

In a seminal work in philosophy, Lear (2006) showed that the reconstruction of the ethos is at the heart of cultural renewal. His analysis of the Crow history during the course of the nineteen century claims that, what provoked the sense of cultural disorientation in the process of brutal assimilation by the federal state was the disappearance of the ethos. In other words, all these values contributing to make a 'real man,' to attract the respect of women and to motivate mothers to reproduce these virtues in their children were lost. Plenty Coups, the Crow chief, made the conclusive

declaration that when "the buffalo went away the hearts of my people fell to the ground, and they could not lift them up again. After this nothing more happened" (as cited in Lear, 2006, p. 2). After that, there was a kind of existential pain with all the outward signs of depression, but with people able nevertheless to continue to live a normal daily life, unlike what is observed in patients with a clinical state. There was no real motive for the Crow to keep on living, or to engage in projects with meaning. But the Crow, unlike many of their neighbouring tribes, have survived with great effort, thanks to the vision of historical chiefs who acutely perceived the no-end road and showed the way to the future. The transformation was not easy; people had to work from prophetic dreams which did not map out the precise directions but from which evolved new ways of changing and continuing the culture. Others tribes, in the absence of visionary chiefs, were buried in history.

We can conclude this section on the central concept of community resilience by underlining the long-term scope of this process by which an Aboriginal community first recognizes the presence of serious crises and then elaborates and implants strategies to overcome them. The challenge of building resilience is demanding because multiple traumas have depleted personal resources and did not nurture a climate of trust, interdependency and legitimization of authority. But, specific characteristics of resilience were observed in the Aboriginal environment, among them the role of spirituality and tradition, as well as resistance to outside aggression in order to maintain identity. Resilience is also closely related to cultural identity and continuity, reflected both in the capacity of governance and the pride in the Aboriginal culture. Finally, the telling of stories to instill hope is certainly an important dimension of resilience in Aboriginal groups.

2 Social Capital

Mignone and O'Neil (2005) have proposed an operational definition of social capital adapted to an Aboriginal setting. They assert from the start that the key elements of social capital have to serve the common good at the same time that they support each of its members individually. These authors then proceeded to an in-depth enquiry integrating a variety of approaches: interviews, focus groups, informal conversations, and observations. The 89 individual interviews covered three Aboriginal communities of Manitoba, two Cree and one Ojibway. Their definition of social capital in the context of Aboriginal communities reads as follows:

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Social capital characterizes a First Nation community based on the degree that its resources are socially invested, that it presents a culture of trust, norms of reciprocity, collective action, and participation, and that it possesses inclusive, flexible, and diverse networks. Social capital of a community is assessed through a combination of its bonding (within group relations), bridging (inter-communities ties), and linkage (relations with formal institutions) dimensions (p. 16).

The bonding dimension is probably the most central for personal health because it concerns the quality of the relationships within a community. According to Putnam (2000), joining an organization cuts an individual's chance in half of dying within the next year. Bridging and linkage dimensions are more important for community resilience; otherwise, groups will consider only their own selfish interests. The resources in this model are represented by the physical (houses and roads), symbolic (cultural camp and traditional healing), financial (capital and grants), and human (formal and informal education capital) dimensions. These resources can be abundant in a setting but fail to be transformed into social capital if there is no mechanism for circulation. Culture, conceived in a very broad sense, is therefore the means by which these resources will finally serve the common good. As argued by Abadian (1999), trust is likely the foundation of a culture of social capital because individuals not trusting each other would not easily reach the necessary consensus to engage in a collective action needing a broad base of participation.

The main tools to circulate the resources are networks. The nature of these networks is probably more specific to a given culture, and to Aboriginal people. For instance, in Protestant America, we find all these social and charity associations related to churches. In French Quebec, new models of community organizations are in the form of advocacy groups which have sprouted after the retreat of the Catholic Church. In Aboriginal settings, family networks probably play an important role, but new types of brotherhoods are appearing and we will probably see new prototypes in the near future. Whatever the nature of these formal and informal networks, the important point according to Mignone and O'Neal (2005) is that they possess three basic qualities: diversity, inclusiveness and flexibility. Diversity means that these networks have different goals and types of members but their actions are to some extent coordinated; inclusiveness means that these networks are not exclusive, that some members belong to different groups, and that entrance into these networks is facilitated as opposed to restricted. Flexibility refers to the capacity to adapt rapidly to changing situations.

Mignone and O'Neil (2005) provide in their monography various perspectives to analyses on how social capital is expressed in an Aboriginal community and they complement them with detailed illustrations. There are at least 36 possible combinations in their model and one will serve to illustrate their approach. For instance the combination bonding social capital: networks: flexible, examines if the family networks are collaborative or at war with each other. A study wanting to predict health and well-being with these attributes of social capital would have to select items that seem more promising and devise measures based on qualitative measures in the first stage. For instance, trust could be assessed in the discourse of daily encounters and formal activities, whereas participation could more easily be assessed by the number of people coming to public meetings.

In brief, social capital can be conceived as the presence of various resources within a community, but these resources need to circulate between different groups, men, women, grand-parents, and youth, in order to construct social capital. That is to say that the bridging dimension is even more important than the bonding dimension, and that trust is what fuels productive exchanges.

3 Family resilience

In Aboriginal communities, the concept of family is almost coextensive to that of the community. The community is formed of nuclear and extended families and the family is at the core of a person's identity, even though a high number of families have been broken by divorce and a significant number of children are born to single mothers. For this purpose, we think that resilience of the family is a building block to resilience in the community and many initiatives of community healing processes have started by dealing with violence within the family.

The concept of family resilience is relatively new (Hawley & Dehann, 1996; Walsh, 1998) and certainly less well delineated than the concept of personal resilience. McCubbin and McCubbin (1988) propose various qualities contributing to a family's ability to cope with the change and crises taking place in their family. Later contributions have included the notions of growth, and the acquired capacity to face adversity within or outside the family (Walsh, 1996; McMillen, 1999). Hawley and DeHann (1996) argue that family resilience is not a factor easily defined and measured. According to the model of

McCubbin and colleagues (1998), the family's strengths include the personal attributes of its members, such as personality traits, coping capacities, intelligence, ethnic identity, and community resources. Families are also helped by institutions like the school, the church, the services, and public policies that will support them in facing adversity. This model borrows many elements from the classical theory of coping. There is first the necessity to define the situation as stressful, and recognize that a problem is present as opposed to the law of silence. Then the family unit has to assess its capacities, to establish a plan, take coherent action and be confident that a solution is possible.

Walsh (1998, 2006) stresses that a resilient family shares beliefs and a vision of the future to face what is within its reach and is resigned to what cannot be changed. More concretely, his approach calls for clear communication, the expression of a variety of emotions, empathy or openness to others' emotions, and joint decision making to solve conflicts. Families with positive models and the absence of alcohol and drug abuse offer feelings of security for the children (Hazel & Mohatt, 2001).

Literature on the social pathology of the Aboriginal family, have contributed to the construct of an image of the Aboriginal family as inferior to the family of the dominant culture (Laboucane-Benson, 2005). Despite this misconception, Aboriginal families can have powerful reserves of resilience (Keltner, 1993). The mere fact that these families have been able to survive oppression and assimilation is a testimony of their resilience (Laboucane & Benson, 2005; Lafrance et al., 2007).

Cross (1988) offered a cultural definition of family resilience in the context of the Aboriginal world. His model includes four fundamental dimensions for a healthy family: the contextual, the bodily aspect, the mental, and the spiritual.

In summary, with regard to the context of the Aboriginal family, we can conclude that cultural identity and spirituality are important determinants of health and resilience. But this cannot be achieved easily without strong community factors like the presence of leadership, relational capital (Mohatt et al., 2004) and peer support or natural helpers (Waller & Patterson, 2002).

Resilience intervention projects

3.1 Review of literature methodology

A trained librarian completed a survey with the following academic data banks: Pubmed, PsychInfo, Dissertation Abstracts, and Current Contents, looking for publications on Aboriginal people either in French or English covering the area of North America and Australia-New Zealand. To search for material on resilience, we used synonymous words like "resiliency," "resilient" and "hardiness," as well as expressions like "resilience psychological," "adaptability," "emotional adjustment," and "psychological endurance." Other key words were "social capital" and "well-being." The research yielded a large number of items, some of them central to the theory of resilience among Aboriginal people, but very few articles described intervention strategies or programs in these communities and even less with references to resilience or social capital. Few older items were found in the bibliography of the most recent articles. In order to reach the so-called grey-literature of non published reports, we used the search tool Amicus from the National Library in Ottawa which covers the network of Canadian libraries. An additional strategy was to search in the sites for the main Canadian Aboriginal Journals such as *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* and the *Journal of Aboriginal Health*. Finally, we used the Google internet site which provided a few items that our previous searches had not produced.

Many listed projects have recently been completed or are not yet terminated; the personnel of mental health projects in Aboriginal communities were contacted. The National Network for Aboriginal Mental Health Research (NAMHR) had just completed a list of these projects with their addresses (http://www.namhr.ca/resources/programs/). An email letter to these groups yielded very little not to say that many messages bounced back. Finally, we used the list of research members of this national network, five of which led to relevant material. We are aware that such a complex overview could not be accomplished within the time at our disposal without running the danger of missing important items.

3.2 Description of projects

3.2.1 Community projects involving the whole community

In order to create the conditions for resilience in a community, there is a need to involve a sufficient number of individuals. Four of the listed projects correspond to this criterion: Alkali Lake, Hollow Water, Nutashkuan, and Kitcisakik. The first community, where a radical transformation took place was Alkali Lake, a Shuswap group from British Columbia (Furniss, 1987; Abadian, 1999). The first signs of change appeared in 1972 but the peak of the movement was not reached until 1976. This was a landmark project because fundamental problems paralyzing the social life were confronted. There were serious attempts to stop

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bootlegging and to cope with sexual abuse from which 80 per cent of the women had suffered. Other initiatives were concerned with self-governance; the band council took control of the Social Assistance funds and distributed vouchers instead of checks to recipients with a problem of alcoholism. A network of peer support was organized for members going into treatment so as to take care of their household and rehabilitation was helped by an employment program. As a result, the majority of the population became sober only five years after the momentum, created in 1976. Consultants and professionals from the outside, especially from the Four Worlds Development Project in Alberta, and the RCMP, were called to assist. This success story became, at the time, a beacon for other Aboriginal communities in North America who wanted to enter a process of transformation.

Another similar experiment widely known in Canada took place a few years later in 1984 (Four Worlds International Institute, 1984). The setting was in the region of Hollow Water, north of Winnipeg, and it included First Nations as well as Métis populations. An initial core of three persons grew to 30, and they were first trained by practitioners in Alkali Lake. A program named Self-Awareness For Everyone (S.A.F.E), was implemented to engage the participants in a process of healing, and to develop trust among them in order to launch a strategy of social development. The problem of sexual abuse was faced by offering perpetrators the choice to go to jail or to enlist in a five-year journey of healing.

The third large scale experience has not been so minutely documented, but it is comparable to the observations of the first two locations (Leroux, 1995). In the 1980s, women from the Anishnabe-Algonquin village of Kitcisakik (Québec) decided to ask the band council to do something against sexual abuse and domestic violence. This village is among the few without native status on reservation and consequently without schools, water system or electricity despite the fact that Hydro Québec runs a plant in the middle of the village. A complex judiciary process was launched after complaints were expressed by victimized women. No less than 35 men, or about a quarter of the adult male population, were sentenced and imprisoned. A rehabilitation program monitored by Portage, a well-known detoxification center, involved the network of the family and group therapy to facilitate the integration back into community life. This intervention by legal and health services contributed to improve the security; at the same time that the community became dry, without alcohol.

A fourth community healing intervention was reported for years 1999 to 2003, in the Innu-Montagnais village of Nutashkuan on the North Shore of the St-Laurence River near Labrador (St-Arnaud & Bélanger, 2005). The intervention was centred on therapy retreats of up to ten days in a nature camp located in the ancestral hunting territories. The program was strongly influenced by traditional Aboriginal spirituality; both healers and professional psychologists collaborated in this venture. About half of the adult population (200 adults), in the form of small groups over a three-year period, participated in a camp which was accompanied by preparation and follow-up activities. An important goal was to deal with the psychological and moral pain of the participants and to bring to the surface the bad memories of the Residential Schools in order to put an end to the intergenerational transmission of traumas. The strategy led to a steep drop in the rate of consultations for domestic violence during the year after.

A lesson to learn from these wide scale community transformations is that the road to resilience follows a strenuous path, orchestrated by strong-willed individuals with a collective vision for the future. There are no easy, short-term, solutions. It has been repeated in almost each article, the legacy of the trauma of Residential Schools and the impacts of colonization still felt today cannot be eradicated within a few months or a few years. Even in these significant and highly publicized experiments, there was still a long way to go. Problems have diminished but have not disappeared. One of the problems noted in Alkali Lake and in Kitcisakik is that the next generation of young people do not automatically follow into the steps of the parents and that some further action should be taken to keep the momentum.

In most accounts, there were core individuals who first went through some form of personal healing and were ready to face all kinds of adversity and opposition in order to lead their band towards hope. Because they had been aware of their own vulnerability, they knew it was difficult to overcome a problem with alcohol and the denial of reality; they were ready to be patient with other members before they completed the various stages towards healing, a process often accompanied by relapses into alcohol and demoralization.

The healing process strongly relies on spirituality, traditionalism and the supervision of experienced healers. At the same time it includes the collaboration of Aboriginal and non-experienced healers. At the same time it includes the collaboration of Aboriginal and non-Aboriginal workers and professionals who bring their art and sciences to the service of the community. They usually have a lot to learn from each other in this mutual enterprise.

Psychological and social dimensions are both involved in the process of change. The Alkali Lake experience started

with personal self-awareness training and was later followed by a process of holistic community health development including economic development initiatives, continuing education and organizational development. The other projects also included social development and some form of individual therapy.

Another important observation is that a community can hardly build some process of resilience without facing the sensitive problem of sexual abuse and family violence. Depending on the community, it can request the support of the official system of justice or some form of community based justice programs (Aboriginal Justice Strategy). It would be important to detail how each community faced and worked through this problem in order to serve as examples for other communities. It is central to this strategy that serious crimes do not go unpunished. Women, for instance, should be assured that a sufficient number of persons are ready to support them if they feel threatened. A climate of safety and common sense should then prevail in the community.

In all these communities, there was also a strong cultural and spiritual element, providing pride in the Aboriginal identity. The spiritual element was not an attempt to go back to a lost paradise and to recreate a culture as it was believed to be before, but an inspiration coming from elements borrowed from the local tradition and other North American groups. In most of these experiments, the high moments of the spiritual and therapeutic experience took place outside the reservation. Participants felt the need to move to the more sacred space in the forest. We were also told repeatedly by Algonquin-Anishnabe and Attikamekw informants that people expressed themselves more easily in the context of nature, away from the tensions and obligations of daily life. The reservation is also perceived by some as a place of forced migration and alienation.

The national grants program of the Aboriginal Healing Foundation (2003) which included 384 grants by 2003 has been classified in this 'community category.' It is difficult to assess the impact of this huge sum of money of 285 millions dollars because projects were not individually assessed. This effort has certainly contributed to the social development and competence among Aboriginal people because 90 per cent of the staff was Aboriginal. The evaluation report of the Aboriginal Healing Foundation proposes some conclusions related to community resilience. For instance, it is said that perpetrators of crimes have to be dealt with in some form of justice in order to build a secure and predictable community. It is also repeated that healing takes time and the process can start only if a sufficient number of people are ready to join and to make personal sacrifices. When the community

denies the presence of a crisis despite strong evidence, education should be the path instead of proceeding prematurely to the stage of healing.

We have chosen to insert in this section a research-action project named Making a Difference (Smith et al., 2007), because the conclusions can apply to more general projects than the ones on parenting roles. The researchers asked community members what were, in their view, the basic ingredients required for this project to have an impact. The conclusions were similar to those presented above. The consensus was that change needed time, many years, because the long-term consequences of historical factors on individuals could not be turned around in a matter of a couple of years. This was also true at the individual level. For instance, a mother would not likely adopt a completely new ways of life after her first pregnancy. The improvement of the behaviours was gradual and was observed during her subsequent pregnancies. The second conclusion was the necessity to opt for a strengths-based approach with a positive psychology mind-set, which means to take advantage of the assets of a community rather than putting efforts in repairing what is wrong. There is the necessity to break the silence, to speak out, and in so doing, to assert a pride in oneself. The third point was the fact that you cannot change behaviours superficially with recipes and learning some basic skills. The real solution is the healing path, which requires confronting the real problems, from all forms of addiction to family violence.

3.2.2 Target-group projects

The great majority of the reviewed projects were oriented toward a specific clientele based on age, gender or a life situation, such as pregnancy. The projects selected didn't necessarily have as an explicit goal to increase empowerment or social capital. However, most were intensive and requested participation from the entire community. Some had a specific goal, such as preventing suicide or inhalant abuse, while others had more general aims like teaching skills to school children. It should be added that from an ecological perspective, if a category of persons, mothers for instance, initiates a change in their way of thinking or behaving, this change will have an impact on their family and on their community.

Three projects intended to teach skills to school children. The Zuni Life Skills Development program was only one of two U.S. programs officially recognized as an evidence-based practice by the Substance Abuse and Mental Health Services Administration of United States (LaFromboise & Lewis, 2008). It is an intensive full-year program with three activities a week. The other two

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programs from Quebec, Zippy in Kitigan Zibi (Denoncourt & Laliberté, 2007) and Nokitan II in Wemotaci (Rousselot, 2009), offer a one hour-long activity a week over the school-year. They have the same explicit long range goal as the Zuni project: to prevent suicide and other self-destructive behaviours. In fact, these projects are in the category of health promotion rather than prevention in the sense that they target all the students rather than high-risk children, although the difference between both groups is not always big in a community in crisis.

The three above projects have collaborated with local educational leaders and other adults to adapt their program and include cultural material. For instance, Nokitan II worked with a group of woman over many months to write myths and legends from the Atikamek culture. With regard to evaluation, the Zuni program has been found to decrease feelings of hopelessness in Aboriginal communities, while Zippy is in the process of evaluation in Kitigan Zibi but has been validated on large samples of European and Quebec children.

Nokitan II and Zippy both have a strong empowerment component. They adopted tested approaches like group discussions, art creation and philosophy for children. The adults who lead these activities, usually teachers or educational workers, have to go through a personal process during their training, to face their own silenced emotions, and to deal with their family and other emotional situations that are evoked in the material. The program also creates a group spirit among the educators who feel that their task is also about increasing the well-being of their students. The inclusion of cultural material is sometimes in their heritage language, which brings collective pride. What is left to know is if such a program can influence the families' climate by facilitating emotional communication. Will these students maintain the positive outcomes when they grow older and enter adult life? Whatever the response, these programs are not only about teaching skills but about changing the social culture of a community by facilitating verbal exchanges.

The Aboriginal Youth Suicide Prevention Strategy of Alberta (The Aboriginal Youth Suicide Prevention Working Committee, 2003) applies a different approach to older children and youth. It requests communities to organize creative activities of all kinds and to increase the cultural knowledge by promoting nature camps and programs integrating younger people with Elders. Many adults are supporting these activities and these programs should nurture intergenerational links as well as a sense of community. Though these projects are not oriented toward healing, they reach their goal of instilling optimism and increasing attachment toward the culture and the

community. This provincial-wide strategy covering 17 groups is a rare example of systematic evaluation, even if the pre-and post-design was absent. There was evidence from surveys that youth improved their well-being and feelings of empowerment despite the fact that core signs of social anomy like alcohol and drugs consumption and violence had not changed for the better. A long-term evaluation would be necessary to assess the community outcomes.

Another change applied through the educational systems was to offer the choice of the local Aboriginal language in the first years of the primary school (Taylor & Wright, 2003). These educational initiatives had no explicit goals of empowerment and social capital at the start. Nevertheless they strongly support the argument that introducing Inuktituut at the beginning of primary school significantly helps to acquire better intellectual capacities, taking into consideration that the native language is already mastered by the children before they enter school. They also increased personal and collective self-esteem compared to students only taught in English or French. An unintended result was that Inuktituut children had higher scores than the U.S. average for children of the same age when tested with a western standardized test of intelligence. If traditional language acquisition in primary school helps boost academic performance at the same time as intellectual capacities, then it would be interesting to test if it can prevent dropping out of school later on.

Another series of projects named The First Nations Partnership Programs (FNPP) promoted similar goals (Ball & Spence, 2003). The idea was to integrate traditional knowledge early in the curriculum, and by so doing, keep more students enrolled and attract them to stay in the community. This should be a plus for the social capital component because these students will be able to use their skills to promote the community. This project initiated in Northern Saskatchewan and applied to other sites in Western Canada could boast that four times more of its students enrolled in college programs completed their degree compared to those not enrolled and 11 per cent registered for a bachelor degree.

The last project oriented towards young people was a therapy intervention experiment outside the community with youth 12 to 26 years-old having a history of inhalant abuse, called the National Native Youth Solvent Addiction (Dell et al., 2005). The nature of this project was similar to the first four community-wide projects with a strong personal change dimension. Spiritual and therapeutic interventions were based on traditional and western knowledge. One important characteristic of this project

was the integration of the family in the process and the support of local volunteers. Youth were also taught to use local services when they returned to their community. The communities had to be considered ready to receive and to participate in order for the intervention to take place. The program also helped promote the return to school.

Another series of projects were concerned with mothers. The most structured project was the application of the PRECEDE-PROCEED model for the prevention of diabetes (as cited in Salsberg, 2007). It is a multi-year community-based participatory research project developed by Ann C. Macaulay in Montreal. In the first stage, two models were tested in two communities, Kahnawake near Montreal and Sandy Lake in northwest Ontario, to modify habits of diet and physical exercise. Moose Factory in northern Ontario discussed the results of the first two interventions and went on to build its own strategy with the mobilization of its leaders and its community workers. The latter collected the data and analyzed the results of the research-action project to ensure its ownership. By doing so, the project builds a reservoir of trust, deemed necessary for the success of the implementation of the program based on this data. The project promotes the idea of providing tools to a community and to help the implementation of their own program. The community workers are offered basic training and they take responsibility for gathering the data. This intervention is a good example of a model where research is not seen as a tool of alienation but as a means of health promotion.

Two projects belonging to the community category were implemented outside of Canada. The first one reports on a men's support group in Yarrabah, Australia (Tsey et al., 2002). Aboriginals in Australia have more than 300 such groups. The group under study promoted the capacity to become more integrated into city life. This type of initiative could be more applicable in an urban environment where the problem of isolation among men is more acute than in rural communities.

The second project was an evaluation of the 1978 Indian Child Welfare Act enacted to promote cultural and familial preservation for Indian children in the United States (Limb et al., 2004). Some similar initiatives have taken place in Canada but have not been evaluated to our knowledge. Child placement is certainly one of the biggest actual challenges in Aboriginal communities because it could perpetuate the legacy of Residential Schools and deter the image of communities. Having a more culturally adapted policy of child placement can prevent some of the negative outcomes. It was found in Southwest United States that the

1978 Indian Child Welfare Act can lead to placements more in agreement with the will of the communities. The court also took measures to prevent the breaking of the family prior to the removal of the child and applied active efforts to reunify the family if a break-up had occurred.

3.2.3 Parent-children projects

At the national public health level, a majority of projects are oriented toward family and parent-child interactions. We had anticipated more publications on that theme in Aboriginal communities of Canada but almost all of the items found came from Australia and United States. There are certainly many initiatives in this category in Canadian Aboriginal communities but they have not been assessed to this day. Because the problems encountered in other Aboriginal communities presented similarities with the challenges met by Aboriginal families in Canada, we believe that lessons learned from these projects can be useful to plan family programs in Canada.

The Healthy Families Program use home visits to improve child-care, consisting of pre- and post-birth programs to promote child care skills either with high-risk groups such as adolescent mothers or mothers in general. Two evaluations of the Healthy Families Program were quite positive, resulting in the prevention of serious injuries and even death (Caldera et al., 2007). The results indicate less stress and conflicts in participants than non-participating families. In the second evaluation, there was a significant effect on developmental and behavioural outcomes, but they were not specifically identified (Nations, 2005). As in many programs trying to improve family skills, families who did better before the implementation of the program received more benefits from the intervention. A possible explanation is that they understood the goals better than families with multiple problems because they had more personal resources, did more practice and discussed the tasks with other parents. The other intervention with adolescent mothers also improved maternal involvement with the children but not the skills to take care of children (Barlow et al., 2006). Given that the well-being of young children is an essential asset for the future of communities and given the costs of child abuse for the public health and social services, early intervention in the form of perinatal programs is usually a priority in a prevention strategy. One popular form of intervention was home visits by para-professionals to pregnant mothers for a period of many months. In the case of a high-risk pregnancy, mothers with a problem of substance abuse for instance, a more professional type of coaching may be required.

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A series of other programs have attempted to increase parental competence at a later stage. The Positive Parenting Program in Australia has put many efforts into culturally adapting its strategy to an Aboriginal environment (Turner et al., 2007). The sessions with parents were in group settings and led by nurses and other health care workers. The evaluation was done with a randomized clinical trial and with interviews. The effects included positive influence on child behaviour which was maintained six months after the end of the program. It is worthwhile to observe that the success of this program was related to a decision to adapt it during its application so that the social and political context could be discussed, in order to build trust with the participants. It was also necessary to reduce the speed of the verbal content of the material so that participants could better understand its messages. Another Australian project was a cultural adaptation of Triple P (Positive Parenting Program), and was named the Whyalla and Upper Eyre Peninsula Parenting Project (Burgess et al., 2004). The purpose of this program was to teach positive strategies for interacting with and disciplining children. The evaluation was positive but no systematic testing was done. The last project of this nature, the Indian Family Wellness, for families with preschool-aged children, had not yet reached the evaluation stage (Fisher & Ball, 2002). Its specificity included cultural activities, participation of the extended family and the use of storytelling. It would be interesting to know if this more community oriented approach has more impact on motivation than public health type projects such as the Triple-P. Another issue is whether families need to learn child-care skills as much as to define and apply priorities for their children.

The program Sing and Grow is an original Australian project which uses musical therapy to put learning into practice (Fisher & Ball, 2002). This tool is seen as more appropriate to develop close relationships of love within the family and to get closer to the traditional culture. Unfortunately, the evaluation was not completed. Another early intervention project was based on parent-child or filial therapy and aimed to increase parents' empathy towards their children and included a support group for parents (Glover & Landreth, 2000). The evaluation has shown an increase in play with children and in empathy, but there was no significant effect on the children's self concept.

Two other programs were concerned with parental competence and school preparation for young children. The national American program called The Family and Child Education (FACE) has been tested on 25 different tribes in the U.S.(Emberton, 2004). It introduces children to literacy and trains parents to play a central role in their children's education. The program is based on Aboriginal philosophy and the personnel are selected from within the community. The FACE program also includes an early intervention module to integrate families and schools (Field et al., 1996). There is in addition a literacy module for parents.

In western settings, gifted children have problems adapting to school. It is even more so in the Aboriginal environment where the school drop-out rates for these children can negatively affect the social capital of a community as these children grow into adults. Project Eagle was conceived to face this challenge in the Aboriginal communities of Australia. According to the authors (Robbins et al., 2002), the program helped students increase their self-esteem and feel more connected to their community.

One project is intended for parents with adolescents, the Resourceful Adolescent Program for Parents (RAP-P) (Harnett et al., 1998). The aim is to promote self-confidence and self-esteem in parents with the hope that it will translate to their adolescent children. An important aspect is communication within the family and the promotion of harmony.

After reviewing these parent-child oriented projects, one spontaneous question which arises is whether these interventions are sufficient to increase social capital and resilience in a community. Because the articles have not sufficiently dealt with this question, which was not central to their concern, it is difficult to provide a definitive answer. It is likely that most projects of this nature, if intensive and including a large number of participants, could have in the long range an effect on increasing the resources of the children who are going to be the future citizens of their community. They can also act on parents and change their cultural values, integrate more spirituality into their life, reinforce Aboriginal identity, offer an opportunity to experience a group situation where people share their personal concerns, and start to develop a certain degree of trust in each other.

Many of these projects were adapted from middle-class oriented programs. They require a minimal level of motivation, capacity for conversation and interaction, and sharing with others. Consequently, these programs will probably bring more profit to literate parents with less stressful conditions in life. For parents carrying the burden of multiple trauma and alcoholism, living in a family culture of silence and with a serious problem of attachment towards their children, there would be the necessity of a long process of preparation and healing before involving them in such programs.

4 Conclusion

Resilience and social capital are central issues in Aboriginal communities, and some people have evoked an interest in constructing an index for their assessment. At the end of this review, we can only say that this task would be complex and, to many authors, a dangerous enterprise threatening to stigmatize communities who would achieve a low score on such a scale. What is more appropriate is a model integrating the main themes to analyze. But in the same way, a psychoanalyst cannot make a good assessment of certain psychological dimensions of his or her client before many weeks; it would certainly take a few months before drawing reliable conclusions on how a community stands with regard to the main criteria of social capital or resilience. Only if a community stands at some positive or negative extreme would it be possible to quickly reach a conclusion but the large majority of communities stand between these two poles. The dynamic can look excellent one year and recedes to the baseline the next year, following a political crisis or a series of suicides.

With regard to social capital, Mignone and O'Neil have accomplished state of the art research and looked at every possible aspect of social organization. They concluded that the bounding dimension is the building block of social capital. The networks generated by the associations between individuals are the main tools to build social capital. Those dimensions can be operationalized to some extent, but even with a good valid grid, it would take a long time to draw the social capital map of a community. When active formal organizations are present, the task is relatively easy. When these networks are found in extended families and the level of communication between these networks is low, the assessment is much more difficult.

With regard to resilience, there is no easy way to capture the state of a community. If the best way to assess resilience is to look at its capacity to transcend a crisis, then we could have a very negative view if the community is actually going through a crisis. The question of resilience cannot be asked in the usual academic way for Aboriginal communities. History has been different. The basic question is that of healing, and healing here is not a vague metaphor but refers to the pain of multiple traumas experienced by a large number of adults and these traumas are being reproduced from one generation to the next. The process cannot be initiated without some form of *visionary leadership*. There needs to be a small group of persons who went through a deep personal change and who could envision the same kind of change for the community. From then on, they are ready to stubbornly stick to their dream, even in the face of being opposed and ostracized. That process has never been achieved in Aboriginal communities without a solid *spiritual belief* to give coherence to the project. It usually takes the form of a retreat in camps, rituals borrowed from other tribes or a form of meditation. Spirituality is important because there is the need to radically break with the past in order to be prepared to face the future. Breaking with the past here can mean detaching oneself from the fantasy of a lost paradise. For example, without healing someone becoming abstinent is still at high risk of getting hooked to video games in bars because the hope of the lost paradise is still the only thing that can lift him or her out of a depressed mood.

Spirituality in a very broad sense provides a community with a sense of pride or self-esteem, without which it could not come out of its state of perpetual crisis. This will be translated in the transformation of the public spaces with symbols of the culture, celebrations and rituals. In parallel, the hope of change will support initiatives and the organization of various groups and committees to face adversity. But, these initiatives cannot succeed if they are done in a vacuum, without interconnections. This has been repeatedly underlined in various reports, the need for all the actors, the band council, the school administration, the health and social services, and the security to cooperate in a joint effort.

Our last thought is an important aspect of resilience that is not uniquely related to the communities but to the Canadian society as a whole. Whatever the efforts done inside, a resilient process will be easier if there is openness and tolerance on the part of the wider Canadian society. There is still a strong attitude of racism that prevents the growth of pride and self-esteem in Aboriginal peoples. There is a huge effort to educate media and the political leaders in order to radically change the image of Aboriginal cultures. It is not only a question of image however. There are material conditions that plague these communities. Poverty, crowded and insufficient housing, lack of job opportunities, and security in the public and domestic spaces; all these factors are strong obstacles needing change. Healing can only do so much with regard to these basic needs. There is a necessity to rethink national policies regarding housing, employment, child welfare, and self-governance, and to bring together different levels of ministries and governments to find long-range and adaptable solutions.

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REFERENCES

Abadian, S. (1999). *From wasteland to homeland: Trauma and the renewal of indigenous peoples and their communities*. Ph.D. thesis. Cambridge: Harvard University.

Abadian, S. (2006). Cultural Healing: When Cultural Renewal is Reparative and When is it Toxic. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 4*(2),5-27.

Aboriginal Healing Foundation. (1997). *The Four Circles of Hollow Water*. Retrieved from http://ww2.ps-sp.gc.ca/publications/abor_corrections/199703_e.pdf

Andersson, N. & Ledogar, R. J. (2008). The CIET Aboriginal Youth Resilience Studies: 14 Years of Capacity Building and Methods Development in Canada. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 6*(2):65-88.

Anthony, E. J. (1987). Risk, vulnerability, and resilience: An overview. In E. J. Anthony & B. J. Cohler (Eds.), *The invulnerable child* (pp. 3-48). New York: Guilford Press.

Ball, J. & Spence, A. R. (1999). Beyond developmentally appropriate practice: Developing community and culturally appropriate practice. *Young Children* (March), 46-50.

Barlow, A., Varipatis-Baker, E., Speakman, K., Ginsburg, G., Friberg, I., Goklish, N., et al. (2006). Home-visiting intervention to improve child care among American Indian adolescent mothers: a randomized trial. *Archives of pediatrics and adolescent medicine, 160*(11), 1101-1107.

Boyd-Ball, A. J. (2003). A culturally responsive, family-enhanced intervention model. *Alcoholism: Clinical and Experimental Research, 27*(8), 1356-1360.

Burack, J., Blinder, A., Flores, H., & Fitch, T. (2007). Constructions and Deconstructions of Risk, Resilience and Wellbeing: A Model for Understanding the Development of Aboriginal Adolescents. *Australasian Psychiatry, 15*(Suppl 1), S18-S23.

Burgess, C., Cheers, B. & Fisher, D. (2004). Early Intervention Parenting Assistance for Rural and Remote Families in South Australia. *Rural Social Work, 9*(2), 72-80.

Caldera, D., Burrell, L., Rodriguez, K., Crowne, S. S., Rohde, C., & Duggan, A. (2007). Impact of a statewide home visiting program on parenting and on child health and development. *Child Abuse & Neglect 31*(8), 829-852.

Chandler, M. J., Lalonde, C., Sokol, B., & Hallett, D. (2003). Personal persistence, identity development, and suicide: A study of native and non-native North American adolescents. *Monographs of the Society for Research in Child Development, Serial no.273 68*(2).

Colson, E. (2008). Forced Migration and the Anthropological Response. *Journal of Refugee Studies 16*(1), 18.

Commission Royale sur les peuples autochtones. Choisir la vie: un rapport spécial sur le suicide chez les autochtones. Ottawa:Groupe Communication Canada Édition. 1995.

Cross, T. (1998). Understanding family resilience from a relational worldview. In H. McCubbin, E. Thompson, A. Thompson, & J. Fromer (Eds.), *Resiliency in Native American and Immigrant Families.* Thousand Oaks, CA: Sage Publications.

Cyrulnik, B. (2000). *Les nourritures affectives*, Paris: Odile Jacob.

Dell, C. A., Dell, D. E. & Hopkins, C. (2005). Resiliency and holistic inhalant abuse treatment. *Journal of Aboriginal Health* (March), 4-12.

Dell, C. A., Chalmers, D., Dell, D., Sauve, E., & MacKinnon, T. (2008). Horse as healer: an examination of equine assisted learning in the healing of First Nations youth from solvent abuse. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 6*(1), 81-106.

Denoncourt, J. & Laliberté, A. (2008). Preventing Aboriginal suicide: Where to begin? In *International Association of Suicide Prevention*. Kilarney, Ireland.

Dion Stout, M. & Kipling, G. (2003). Aboriginal people, resilience and the residential school legacy. Ottawa: Aboriginal Healing Foundation. www.ahf.ca/pages/download/28_46

Duran, E. & Duran, B. (1995). *Native American Postcolonial Psychology.* Albany: State University of New York Press.

Ehrensaft, E. & Tousignant, M. (2006). Immigration and resilience. In D. Sam & J. Berry (Eds.), *The Cambridge Handbook of Acculturation Psychology*, (pp. 469-483). U.K.: Cambridge University Press.

Emberton, S. (2004). Family and Child Education (FACE): Family Literacy Services for American Indians. In B. H. Wasik (Ed.), *Handbook of family literacy*, (pp. 483-500). Mahwah, NJ: Lawrence Erlbaum.

Field M., et al. (1996). The Family and Child Education Program at Canoncito. *Journal of Navajo Education, 13*(3), 15-17.

Fisher, P. A. & Ball, T. J. (2002). The Indian Family Wellness Project: An application of the tribal participatory research model. *Prevention Science 3*(3), 235-240.

Fleming, J. & Ledogar, R. J. (2008). Resilience, an Evolving Concept: A Review of Literature Relevant to Aboriginal Research. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 6*(2), 7-24.

Four Worlds International Institute.Social Security Reform. (2008). Part IV. Case studies. http://www.4worlds.org/4w/ssr/Partiv.htm

Furniss, E. (1987). *A sobriety movement among the Shuswap Indians of Alkali Lake.* Master's thesis. BC: The University of British Columbia.

Galtung, J. (1996). *Peace by peaceful means. Peace and conflict, Development and Civilisation*, London:Sage, 1996.

Garmezy, N. (1983). Stressors of childhood. In N. Garmezy & M. Rutter (Eds.), *Stress, coping and development in children* (pp. 43-84). New York: McGraw Hil..

George, M. A., Masotti, P., MacLeod, S., Van Bibber, M., Loock, C., Fleming, M., McDiarmid, T.,… Smith, C. (2007). Bridging the research gap: Aboriginal and academic collaboration in FASD prevention. The Healthy Communities, Mothers and Children Project. *Alaska Medical Supplement, 49*(10), 119-134.

Glover, G. & Landreth, G. (2000). Filial therapy with Native Americans on the Flathead reservation. *International Journal of Play Therapy, 9*, 57-80.

Graham, B. L. (2001). *Resilience among American Indian youth: First Nations youth resilience study*. Ph.D. Dissertation. University of Minnesota.

Harnett, P., Clarke, C. & Shochet, I. (1998). Promoting family and community resilience in Indigenous communities: Cultural adaptation of the Ressouceful Adolescent Parent Program. *AusEinetter 7*, 1-3.

Hawley, D. R. & DeHann, L. (1996). Toward a definition of family resilience: integrating life span and family perspectives. *Family Process 35*, 283-298.

Hazel, K. L. & Mohatt, G. V. (2001). Cultural and spiritual coping in sobriety: Informing substance abuse prevention for Alaska Native communities. *Journal of Community Psychology 219*(5), 541-562.

Holton, T. L., Kirmayer, L., Simpson, C., Cargo, M., & Brass, G. M. (2009). The discourses of resilience, 'Enculturation' and identity in Aboriginal Mental Health Research. Montreal: Cactus Press.

Jaulin, R. (1974). *La paix blanche: introduction à l'ethnocide. I.Indiens et colons.* Paris: Seuil.

Keltner, B. R. (1993). Native American children and adolescents: Cultural distinctivenessand mental health needs. *Journal of Canadian Preventive Nursing 6*(4), 18-23.

Kirmayer, L., Simpson, C. & Cargo, M. (2003). Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry, 11*, S15-S23.

Kishk Anaquot Health Research. (2003). *Third interim evaluation report of Aboriginal Foundation Program Activity*. Ottawa: Aboriginal Healing Foundation. www.ahf.ca/pages/download/28_31

Laboucane-Benson, P. (2005). A complex ecological framework of aboriginal family resilience. In Centre of Canadian studies 30th anniversary conference. *The Native Counselling Services of Alberta. First Nations – First Thoughts*.

Lafrance, J., Bastien, B., Bodor, R., & Ayala, J. (2006). *Leadership Development Forums in Aboriginal Child Welfare: Making our Hearts Sing*. University of Calgary.

LaFromboise, T. D. & Lewis, H. A. (2008). The Zuni Life Skills Development program: A school/community-based suicide prevention intervention. *Suicide and Life Threatening Behavior, 38*(3), 343-353.

Lalonde, C. (2006). Identity formation and cultural resilience in Aboriginal communities. In R. J. Flynn, P. Dudding & J. Barber (Eds.), *Promoting Resilience in Child Welfare* (pp. 52-72). Ottawa: University of Ottawa Press.

Lear, J. (2006). *Radical Hope Ethics in the Face of Cultural Devastation.* Cambridge: Harvard University Press.

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
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Journal of Aboriginal Health, November 2009   59

Ledogar, R. J. & Fleming, J. (2008). Social Capital and Resilience: A Review of Concepts and Selected Literature Relevant to Aboriginal Youth Resilience Research. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 6*(2), 25-46.

Leroux, J. (1995). Les métamorphoses du pacte dans une communauté algonquine. *Recherches amérindiennes au Québec* XXV(1), 51-69.

Leroux, J. (1999). Anicinabe.

Limb, G. E., Chance, T. & Brown, E. F. (2004). An empirical examination of the Indian Child Welfare Act and its impact on cultural and familial preservation for American Indian children. *Child Abuse and Neglect 28*, 1279-1289.

Luthar, S. S. & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology 12*(4), 857-885.

McAdoo, H. P. (Ed.). (1999). *Family ethnicity: Strength in diversity (2nd ed.)*. Thousand Oaks, CA: Sage.

McCubbin, H. I., Thompson, E., Thompson, A., & Fromer, J. (1998). *Resiliency in native and immigrant families.* Thousand Oaks, CA: Sage.

McCubbin, M. A. & McCubbin, H. (1987). Family stress theory and assessment: The T-double ABCX model of family adjustment and adaptation. In H. I. McCubbin & A. Thompson (Eds.), *Family assessment inventories for research and practice*, (pp. 3-43). Madison: University of Wisconsin-Madison.

McMillen, J. C. (1999*).* Better for it: How people benefit from adversity. *Social Work, 44*(5), 455-468.

Mignone, J. & O'Neil, J. (2005). Conceptual Understanding of Social Capital in First Nations Communities: An Illustrative Description. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 3*(2), 7-44.

Mohatt, G. V., Rasmus, S. M., Thomas, L., Allen, J., Hazel, K., & Hensel, C. (2004a). Tied together like a woven hat: Protective pathways to Alaska native sobriety. *Harm Reduction Journal, 1*(10), 1-12.

National Aboriginal Mental Health Network. (2009). *Roots of Resilience: Transformations of Identity and Community in Indigenous Mental Health*. *National.* Aboriginal Mental Health Network .

Nations, V. (2008). Six-year follow-up evaluation of a home visitation program: The prevention of child abuse/neglect in an Alaska native population. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 65*(10-B, 5438).

O'Nell, T. D. & Mitchell, C. M. (2009). Alcohol Use among American Indian Adolescents: The Role of Culture in Pathological Drinking. *Social Science & Medicine, 42*, 565-578.

Pellegrino, P. (2007). Sans reserve. Montreal: Productions InformAction.

Putnam, R. D. (1993). *Making democracy work. Civic traditions in modern Italy.* Princeton: Princeton University Press.

Putnam, R. D. (2009). *Bowling alone*. New York.

Robbins, R., Tonemah, S. & Robbins, S. (2002). Project Eagle: Techniques for Multi-Family Psycho-educational Group therapy with Gifted American Indian Adolescents and Their Parents. *American Indian and Alaska Native Mental Health Research, 10*(3), 56-74.

Rousselot, D. (2009). Évaluation de la phase d'implantation du projet Nokitan II. Master thesis. Faculté des sciences de l'Éducation, DÉSS Éducation, option Intervention éducative, Université de Montréal.

Salsberg, J., Louttit, S., McComber, A. M., Naqshbandi, M., Receveur, O., Harris, S. B., & Macaulay, A. C. (2007). Knowledge, capacity, and readiness: Translating successful experiences in community-based participatory research for health promotion. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 5*(2), 125-150.

Sebescen, M. R. (2000). Overcoming the odds: Resiliency in First Nations adults. Master thesis. Winnipeg, MB: University of Manitoba.

Sissons, J. (2005). *First Peoples Indigenous Cultures and Their Futures*. Chicago: University of Chicago Press.

Smith, D. A., Edwards, N. C., Martens, P. J., & Varcoe, C. (2007). 'Making a difference': A new care paradigm for pregnant and parenting Aboriginal people. *Canadian Journal of Public Health, 98*(4), 321-326.

Spence, A. R. & Ball, J. (2003). Reflective piece. Thoughts on promoting capacity in support of child well-being. *Child and Youth Care Forum, 32*(6), 313-318.

St-Arnaud, P. & Bélanger, P. (2005). Co-création d'un espace-temps de guérison en territoire ancestral par et pour les membres d'une communauté autochtone au Québec. *Drogues, santé et société, 4*(2), 141-176.

Statistics Canada (2001). Aboriginal People of Canada. Ottawa : Statistics Canada.

Tait, C. L. (2008). Ethical programming: Towards a community-centred approach to mental health and addiction programming in aboriginal communities. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 6*(1), 29-60.

Taylor, D. (1997). The quest for collective identity: The plight of disadvantaged ethnic minorities. Anonymous. Anonymous. *Canadian Psychology/Psychologie Canadienne, 38*(3), 174-190.

Taylor, D. M. & Wright, S. C. (2003). Do aboriginal students benefit from education in their heritage language? Results from a ten-year program of Research in Nunavik. *The Canadian Journal of Native Studies, 23*(1), 1-24.

The Aboriginal Youth Suicide Prevention Working Committee. (2003). Aboriginal Youth Suicide Prevention Strategy: An Alberta approach. Alberta: Alberta Children and Youth Initiative.

Tippeconnic, J. W. III & Jones, P. (1995). A Description of Family and Child Education (FACE): A Comprehensive Approach to Family Literacy. *Journal of American Indian Education, 35*(1), 6-9.

Tousignant, M. (2004). Résilience et anthropologie: Comment la culture fait face au malheur collectif? *La Revue Francaise de Psychiatrie et de Psychologie, 74*, 7-12.

Tsey, K., Patterson, D., Whiteside, M., Baird, L., & Baird, B. (2008). Indigenous men taking their rightful place in society? A preliminary analysis of a participatory action research process with Yarrabah men's health group. *The Australian Journal of Rural Health, 10*(6), 278-284.

Turner, K., Richards, M. & Sanders, M. R. (2007). Randomised clinical trial of a group parent education programme for Australian Indigenous families. *Journal of Paediatrics and Child Health, 43*(6), 429-437.

Ungar, M., Brown, M., Liegenberg, L., Othman, R., Kwong, W. M., Armstrong, M., & Gilgun, J. (2007). Unique pathways to resilience across cultures. *Adolescence, 42*(166), 287-311.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*, 218-235.

Van Stelle, K. R., Allen, G. A. & Moberg, D. P. (1998). Alcohol and drug prevention among American Indian families: The Family Circles Program. *Drugs & Society, 12*(1-2), 53-60.

Waller, M. & Patterson, S. (2009). Natural helping and resilience in a Dine (Navajo) community. *Families in Society, 83*(1), 73-88.

Waller, M. A., Risley-Curtiss, C., Murphy, S., Medill, A., & Moore, G. (1998). Harnessing the positive power of language: American Indian women, a case example. *Journal of Poverty 2*, 63-81.

Walsh, F. (1996). The concept of family resilience: crisis and challenge. *Family Process, 35*, 261-281.

Walsh, F. (2006). *Strengthening Family Resilience (2*nd *ed.)*, New York, London: The Guilford Press.

Guilmette, A. & Williams, A. M. (2001). A place for healing: Achieving health for aboriginal women in an urban context. *The Canadian Journal of Native Studies, XXI*(1), 1-25.

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
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