
Traditional Medicine and Restoration of Wellness Strategies

Dawn Martin Hill, PhD, Cultural Anthropology, Academic Director Indigenous Studies, McMaster University

INTRODUCTION

This paper will review literature on the topic of traditional medicine and indigenous knowledge as protective factors for at risk Aboriginal populations and communities. Aboriginal peoples will be used to define First Nations, Métis and Inuit peoples of Canada. According to the National Aboriginal Health Organization, Aboriginal peoples in Canada are identified in the following ways:

ABORIGINAL PEOPLES: Is a collective name for all of the original peoples of Canada and their descendants. Section 35 of the Constitution Act of 1982 specifies that the Aboriginal Peoples in Canada consist of three groups – Indian (First Nations), Inuit and Métis. It should not be used to describe only one or two of the groups.

ABORIGINAL PEOPLE: When referring to Aboriginal people with a lower case people, you are simply referring to more than one Aboriginal person rather than the collective group of Aboriginal Peoples. (NAHO, 2007, p. 32).

The following discussion will outline the basic tenants of indigenous knowledge, traditional knowledge, medicine, and healing as preventative factors for Aboriginal communities. The overview provides emergent themes of literature on the topic of Aboriginal health, culturally oriented interventions and prevention strategies. Recommendations are also provided on how to apply indigenous knowledge and traditional medicine approaches in the intervention for at risk Aboriginal populations or communities in crisis.

DEFINING TRADITIONAL MEDICINE

Traditional medicine and healing are difficult concepts to define, as many Aboriginal peoples describe the medicine and practices within the localized geographical context of their community or nation. However, working definitions are provided by the World Health Organization (WHO) and the Royal Commission on Aboriginal Peoples (RCAP).

The term “traditional medicine,” as defined by WHO:

Is the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences Indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness (WHO, 2001).

The *Report of the Royal Commission on Aboriginal Peoples* (1996) defines *traditional healing* as:

Practices designed to promote mental, physical and spiritual well-being that are based on beliefs which go back to the time before the spread of western ‘scientific’ bio-medicine. When Aboriginal Peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders (RCAP, 1996, Vol.3, p. 348).

The terms *Elder* and *healer* are used interchangeably since traditional teachings are considered “healing for the mind.” “Elder” is another term attached to traditional healing that is discussed in the Gathering Strength Volume of the *Report of the Royal Commission on Aboriginal Peoples*. The report states that Elders are “Keepers of tradition, guardians of culture, the wise people, the teachers. While most of those who are wise in traditional ways are old, not all old people are Elders, and not all Elders are old” (ibid).

Through a literature review of indigenous knowledge, it is proposed by several Indigenous scholars that the wellness of an Aboriginal community can only be adequately measured from within an indigenous knowledge framework which is a holistic and inclusive approach that seeks balance between the spiritual, emotional, physical, and social spheres of life (Stewart, 2007; Martin-Hill, 2003; Kelm, 1998; Duran & Duran, 1995). Martin-Hill (2003) suggests Elders and healers frequently frame western concepts as disconnected from culture, families and community. Several Elders interviewed in Martin-Hill's (2003) research found that traditional medicine and knowledge are not to be isolated from a way of life; it's all encompassing of diet, physical, spiritual, and emotional thoughts and actions. Healing is one aspect, and as stated, "a smile or words of encouragement" can be good medicine (workshop interviews, 2002; *ibid*). As such, the Elders address intervention and prevention with an emphasis on lifestyle not curative ceremony. Data gathered by the First Nations and Inuit Regional Health Survey (RHS) in 2002 presented progress amongst Aboriginal communities in the areas of community well-being by integrating traditional activities including those used to enhance self-esteem. It is the position of this analysis that only through an integrated approach to community health services that supporting traditional medicine and practices within culturally sensitive environments will the current state of crisis within Aboriginal communities find remedy. This includes promoting culture and self-esteem among Aboriginal peoples and their communities (RHS, 2002).

The assumptions presented by Aboriginal traditional world-views have been articulated by several scholars as fundamental for framing a system of knowledge that is valid and based on sound science. Currently, there are emerging discourses that explain and define traditional thought as a part of indigenous knowledge.

INDIGENOUS KNOWLEDGE

Dr. Daes (1993), *Report on the Protection of Heritage of Indigenous People* (as cited in Battiste & Henderson, 2000) states:

Indigenous knowledge is a complete knowledge system with its own concepts of epistemology, philosophy, and scientific and logical validity...which can only be understood by means of pedagogy traditionally employed by these people themselves (p. 44).

According to Marlene Brant-Castellano's article in Dei, Hall and Rosenberg's (2000) *Indigenous Knowledge's in Global Contexts*, indigenous knowledge has a multiplicity of sources including:

Traditional - passed on through generations through oral stories, histories and inter-action with the environment.

Empirical - observations made over time and incorporated into ecological knowledge.

Spiritual - revelation understood through dreams, visions or even as divine messengers.

Vandana Shiva (2000) states that indigenous knowledge is a pluralistic system that has been delegitimized by western science. She writes:

Indigenous Knowledge's have been systematically usurped and then destroyed in their own cultures. Diversity and pluralism are characteristic of non-western societies. We have a rich biodiversity of plants for food and medicine. Agricultural diversity and the diversity of medicinal plants have in turn given rich plurality of knowledge systems in agriculture and medicine.

However, under the colonial influence the biological and intellectual heritage of non-western societies was devalued...transformed the plurality of knowledge systems into a hierarchy of knowledge systems. When knowledge plurality mutated into knowledge hierarchy, the horizontal ordering of diverse but equally valid systems....(p. vii).

The displacing of indigenous knowledge will be addressed in the literature overview of numerous authors examining traditional knowledge (also identified as indigenous knowledge). Before over viewing the literature on the topic of traditional knowledge and communities in crisis, a discussion of statistics and Aboriginal demography will provide insights to population trends and identify target groups providing a context for a population in crisis.

STATISTICS & DEMOGRAPHY

An Overview

Cloutier et al., (2008) write in the Statistics Canada analysis of 2006 Aboriginal census data, that according to information collected, the current socio-economic status of First Nations children is bleak. Nearly half (49 per cent) of off-reserve First Nations children under the age of six live in low-income families, compared to 18 per cent of non-Aboriginal children. While 57 per cent of young off-reserve First Nations children living in large urban cities are living in low-income families. Registered Indian status First Nations children are more likely to live in low-income families than non-status Indian children, 55 per cent and 38 per cent respectively (Statistics Canada, 2008). There has also been a growing movement of First Nations children living in urban areas, 78 per cent compared to a remaining 22 per cent living in rural areas and Aboriginal communities (Cloutier et al., 2008, p. 12).

Statistics Canada reports that in 2006 census data, the majority of Aboriginal children aged 14 and under (58 per cent) lived with both parents, while 29 per cent lived with a lone mother and 6 per cent, with a lone father, 3 per cent of Aboriginal children lived with a grandparent (with no parent present) and 4 per cent lived with another relative (Cloutier, 2008; Statistics Canada, 2008). In other words, almost half of Aboriginal children are being raised with one or less parent.

Furthermore, the current age demographics of Aboriginal Peoples in Canada illustrates an urgent need to address the despair experienced among many in Aboriginal populations and communities. The majority of the Aboriginal population is young with the median age of 27 as compared to the non-Aboriginal population which median age is 40 (Cloutier, 2008, p. 7). Among all Aboriginal people, almost one-half (48 per cent) are children and youth aged 24 and under, compared to only 31 per cent of the non-Aboriginal population. Similarly, 10 per cent of the Aboriginal population is aged five to nine, compared with only 6 per cent of the non-Aboriginal population. Based on this data, Statistics Canada reports the population projection for Aboriginal people in the next decade could account for an escalating share of the young adult population of Canada. In fact it is anticipated that by 2017 Aboriginal people in their 20's could make up approximately 30 per cent of the whole population in a similar age categories in provinces across Canada (Statistics Canada, 2008).

Literature Overview

The proceeding literature overview provides a number of articles and books that address issues facing Aboriginal populations and communities in crisis and/or address the topic of traditional knowledge, medicine and culturally relevant intervention and prevention strategies. Youth, women and mental health were frequent themes discussed in the literature. The historical colonialism, oppression, displacement, and assimilation of Aboriginal peoples and communities arises as a central factor influencing the array of social, environmental, political, and health issues impacting Aboriginal communities. A discussion of the current state of Aboriginal health and well-being cannot be complete without first examining the historic legacy of colonialism that has shaped Aboriginal life. Colonialism is identified by several authors as the source of historical oppression and the cause of the current health status of Aboriginal people.

What is colonialism and how is it directly linked to historical and current influences that determine such conditions as poverty, educational non-achievement and socio-economic status? According to sociologist James Frideres (2008), colonialism is best understood in seven parts. He outlines the key processes as synthesized into the following points:

- The incursion of the colonizing group into a geographical area.
- Colonization's destructive effect on the social and cultural structures of the indigenous group. Colonizers destroyed the people's political, economic, kinship, and in most cases religious systems.
- Interrelated processes of external political control and Aboriginal dependence, (Department of Indian and Northern Affairs Canada, 1999) is the "representative ruler" in this model of Aboriginal economic dependence.
- Colonization is the provision of low quality social services for the colonized Aboriginal people in education and health.
- Related to the social interactions between Aboriginal people and white people referred to as the color-line or racism. Racism is the belief in the genetic or cultural superiority of the colonizing and the inferiority of the colonized.

- Prevention from entering into the economy – creating a “culture of poverty” – creating two economies; one for Canadians who have the skills required and one for Natives who do not.

An example of an ill informed social policy is the Children’s Aid policy of adopting out Aboriginal children during the sixties. The policy known as the 60’s scoop, removed over 1500 children from their homes based on Eurocentric assessments of Aboriginal families. The impact of colonialism on Aboriginal people’s lives is beyond measure and has exacted a significantly terrible toll on Aboriginal families and children specifically. *A National Crime* by John Milloy (1999) reported further that the conditions Aboriginal children faced in government child care and the residential school system were deplorable due to poor nutrition, hard labour and unsanitary conditions. Furthermore, the sexual, emotional, physical, and cultural abuse in the system was widespread and severe, serving to erode the traditional knowledge, practices, identity, pride of heritage, and language of Aboriginal peoples (Milloy, 1999).

Healing Traditions: Culture, Community and Mental Health Promotion with Canadian Aboriginal Populations by Laurence Kirmayer, Carl Simpson and Margaret Cargo (2003) reviews literature examining links between the history of colonialism, government interventions and the mental health of Aboriginal Canadians. Their findings indicate that high rates of social problems, demoralization, depression, substance abuse, and suicide are prevalent in many Aboriginal communities. They suggest evidence of linkages between the poor mental health of Aboriginal peoples and the history of colonialism. Conversely, there is sufficient evidence that strengthening cultural identity, community integration, and political empowerment contributes to improvement of mental health in Aboriginal populations (Kirmayer, 2003).

Walking in a Sacred Manner, Healers, Dreamers, and Pipe Carriers- Medicine Women of the Plains Indians by Mark St. Pierre and Tilda Long Soldier (1995) explores the interconnectedness of the spiritual with the everyday life of Plains Indian culture. The Plains culture observed spiritual laws as a way of life that promoted core values of cherishing children, women and the elderly. The creation stories and spiritual laws were interrupted by missionizing and massacres which left the Plains culture in a state of grief and loss. The central thesis is that women have always played a critical role as spiritual leaders and healers and were the backbone of their societies. Throughout the colonial era, the Plains culture adopted western views of women and children

which led to a state of social disarray. Mark St. Pierre and Tilda Long Soldier (1995) suggest the need to re-instate the traditional laws to improve the quality of life for Plains people, families and communities.

In her publication entitled *Colonizing Bodies, Aboriginal Health and Healing in British Columbia 1900-50*, Mary-ellen Kelm (1998) examines the impact of colonization on the health of Aboriginal people in British Columbia. Kelm’s analysis of Aboriginal health statistical data demonstrates critical factors such as how colonization impacted traditional diets and nutrition that led to severe erosion of Aboriginal peoples’ health. The under-served health care compounded by loss of traditional subsistence and healing practices led to the current poor health of Aboriginal people. Her linking the loss of traditional knowledge in preventative health practices to that of colonial policies that outlawed ‘a way of life’ is detailed with both quantitative and qualitative data. Much of the literature suggests there is a linkage between colonialism and ill-health of Aboriginal people and Kelm’s in-depth analysis is evidence to the commonly held view. She also suggests that loss of autonomy over one’s body is similar to the continued government practice of controlling Aboriginal peoples. Restoring traditional healing practices and knowledge is a pathway to both empowerment and healthy communities.

Aboriginal Suicidal Behavior Research; from Risk Factors to Culturally-Sensitive Interventions by Laurence Katz et al., (2006) state that: “There is a significant amount of research demonstrating the rate of completed suicide among Aboriginal populations is exceedingly higher than the general populations” (p.159). They suggest there is a shortage of research on evidence based interventions for suicidal behaviour. The results of their study suggest developing a research program that tracks intervention is a solid evidence based process to study risk factors and interventions. They conclude that identifying risk factors for Aboriginal suicidal behaviour is required to develop appropriate interventions. The multi-faceted problem of suicide requires increased knowledge of the types of culturally sensitive suicide prevention strategies identified (Katz et al., 2006, p. 165).

In his book *Fighting Firewater Fictions, Moving beyond the Disease Model of Alcoholism in First Nations* Richard Thatcher (2004) describes that traditional knowledge needs to be restored as an intervention to the addictions facing Aboriginal communities. Thatcher (2004) describes the role colonialism played in missionizing that led to spiritual bankruptcy in Aboriginal peoples and is seen as a precursor to poor coping skills with alcohol and other substances. He explains that recovery must provide Aboriginal people with the skills to heal from historical trauma.

Walters, Simoni and Evans-Campbell's (2002), *Substance use among American Indians and Alaska natives: incorporating culture in an "indigenist" stress-coping paradigm* proposes a new stress-coping model that manifests a paradigm shift in the conceptualization of health. They conclude cultural identity is part of traditional medicine and healing paradigms. Through decades of assimilation policies in Canada and the residential school suppression of Aboriginal language, drumming, singing, or spiritual practices, many have lost connection to their cultural belief systems and knowledge. Cultural identity was identified as an issue for traditional healing as many Aboriginal people have never been exposed to traditional practices and do not identify with the belief system embedded in traditional healing practices such as sweat lodges, false face healing rituals or other indigenous healing methods. These ceremonial practices would be as foreign to highly acculturated Aboriginal people as it would be to non-Aboriginals who have no context in which to decipher what is transpiring in the ceremony. However, many Aboriginal people are attempting to recover and revitalize their heritage and ceremonies as a means of healing.

Access to Traditional Medicine in a Western Canadian City, by James Waldram (1990) examined research in Saskatoon with 147 Aboriginal people and found that there were a number of factors that influenced the individuals' choice and usage of traditional medicine. Waldram identified at least six distinct Aboriginal cultural groups in Saskatoon. One group in the study had concerns over the use of "bad" medicine. One of the major differentiating characteristics between traditional medicine and biomedicine is the duality that many indigenous groups believe there is "good" and "bad" Aboriginal medicine. Respondents to the questionnaire clearly indicated that they would use a traditional healer, but the issue of "bad medicine" is a complex belief that clearly demarcates traditional medicine from western biomedicine. Also, people who have adopted a variety of spiritual beliefs, such as Pentecostalism, Catholicism and other organized religious beliefs, would not support traditional healing approaches from a spiritual/ritual perspective. Religious affiliation, however, may not be a barrier for Aboriginal people when choosing a specialized Aboriginal health service outside of the spiritual, ceremonial realm, for example, herbalism and midwifery (Waldram, 1990, pp. 325-348).

Language is also identified as an important factor in traditional knowledge and or the practice of medicine. The expert paper written for the United Nations Permanent Forum on Indigenous Issues, *Indigenous Children's Education and Indigenous Languages*, identifies language as the key

success factor for educational achievement in indigenous communities. The panel concluded that:

Present-day indigenous and minority education shows the length of the mother tongue medium education is more important than any other factor (including socio-economic status) in predicating the educational success of bilingual students (UN, 2008, p. 2).

The report explains that the dominant language is often from a colonizing framework which subtracts and displaces indigenous languages rather than approaching education as a bi-lingual enterprise providing an additional language in educational repertoire. The subtractive model of education, taught to Aboriginal children, implies an inferiority of their language and culture which inhibits pride, self-esteem and empowerment (ibid).

In his book *Unfinished Dreams: Community Healing and the Reality of Unfinished Dreams*, Wayne Warry (2000) suggests that communities in crisis require a degree of self-governance and empowerment to meet their unique needs. He suggests that for communities to be successful in crisis intervention there must be a concerted effort to train them and provide them with the tools for skill enhancement. Warry (2000) also emphasizes the need for community members to develop skills that would assist them in identifying suicidal behaviour, communications and facilitation of traditional healing practices, and western specialized approaches. His analysis of services in Aboriginal communities concludes that Aboriginal self determination and the improvement of mental health services would serve to repair the current status of northern communities in crisis (ibid).

In Maria Brave Heart's (1998), *The Return to the Sacred Path: Healing the Historical Trauma and Historical Unresolved Grief Response Among the Lakota Through A Psycho Educational Group Intervention*, she integrates the concept of Post-Traumatic Stress Disorder (PTSD) and psychic trauma with traditional healing methods. Her seminal work includes acknowledging the behaviours associated with this diagnosis of historical trauma as effecting Indigenous populations. She explains historical trauma is unresolved grief and the behavioural responses are: 1) withdrawal and psychic numbing; 2) anxiety and hyper vigilance; 3) guilt; 4) identification with ancestral pain and death, and 5) chronic sadness and depression. Brave Heart's research conducted with Lakota human service providers concluded that the Lakota suffer from impaired grief of an enduring and pervasive quality.

The root cause of communities in crisis is driven

by collective impaired grief that results from massive cumulative trauma associated with “such cataclysmic events as the assassination of Sitting Bull, the Wounded Knee Massacre, and the forced removal of Lakota children to boarding schools” (Brave Heart, 1998, p. 50). Brave Heart also encourages the enhancement of training for service providers and intervention strategies that incorporate traditional healing methods to help facilitate the recovery of historical trauma. Brave Heart’s (1998) work is in the same conceptual framework as mental health profiles found in the *Aboriginal Healing Foundation Research Series: Mental health profiles. British Columbia’s Aboriginal survivors of the Canadian residential school system* states that:

Three-quarters of the case files (74.8 per cent) provide information about the current mental health of the subjects. Of these case files, only two indicate that the subject did not suffer a mental disorder. As expected, based on the mental health literature on residential school Survivors, the most commonly diagnosed disorder is post-traumatic stress disorder (64.2 per cent), followed by substance abuse disorder (26.3 per cent), major depression (21.1 per cent) and dysthymic disorder (20 per cent) (Corrado & Cohen, 2003, p. 68).

Mitchell and Maracle’s (2005) publication *Healing the generations: Post traumatic stress and the health Status of Aboriginal populations in Canada* confirms the role of historical trauma and the need to develop a model for mental health services to Aboriginal populations. They suggest that the following criteria are necessary to develop an efficient model:

1. An acknowledgment of a socio/historical context.
2. A reframing of stress responses.
3. A focus on holistic health and cultural renewal.
4. A proven psycho-educational and therapeutic approach.
5. A communal and cultural model of grieving and healing (p. 18).

They further suggest that there are four phases for community healing which include getting a core group together to address healing needs, increasing healing activity, recognition of root causes of addictions or abuse, building capacity by providing training, and lastly, shift from fixing problems to transforming systems (Mitchell & Maracle, 2005, p. 20).

Aboriginal children and youth mental health literature entitled, *Mental Health and Well-being of Aboriginal children*

and Youth: Guidance for New Approaches and Services summarize the state of Aboriginal children and youth’s mental health as a consequence of the following historical and contemporary issues:

- Profound impacts of residential school experience on family functioning.
- Multi-generational losses among First Nations people.
- Emphasis on collectivist rather than individualistic perspectives education and health.
- Relevance of community-based healing initiatives (Mussell, Cardiff & White, 2004, p. 4).

Their findings offer several recommendations for long term commitment to building capacity in Aboriginal communities. The action items should:

- Recognize the role that culture plays in determining health.
- Focus on implementing ecological, community level interventions.
- Promote local leadership and develop high quality training.
- Provide mentoring and support.
- Foster links between communities.
- Support on going capacity building.

They also suggest large scale interventions are needed with regards to First Nations families, which encompass the entire ecological nature of the issue. They state that:

It is not expected that individually focused models of treatment strategies must understand that the problems facing First Nations communities are complex and involve multiple factors including individuals, families, peers, schools, community’s culture, society and environmental factors. Children and youth safety, health and well-being are linked to quality interaction not only within family but across these other sectors of influence. The development of effective approaches must involve input from a wide array of sectors, organizations and individuals (Ibid, 2004, p. 19).

Furthermore, Suzanne Stewart (2007) writes that despite elevated rates of mental health issues among Aboriginal populations that contribute to overwhelming rates of suicide in Aboriginal youth, mental health services are underused by Aboriginal peoples. Lee and Armstrong (1990) explain that throughout history cultures have

found methods for dealing with psychological distress and behavioural deviance. They further state that in the interest of developing awareness, knowledge and skills to promote cultural responsiveness, counseling professionals need to appreciate traditional healers. Likewise, Stewart (2007) asserts that incorporating indigenous approaches to helping and healing are essential methods for addressing the mental health crisis in Aboriginal communities and populations. She describes indigenous models and practices of helping and healing as:

- Storytelling.
- Advise from Elders.
- Interconnectedness with family and community.
- Healing circles.
- Ceremony.

Stewart (2007) further explains that these indigenous methods and practices for helping and healing need to include the involvement of local communities, Elders and traditional helpers.

Duran and Duran's (1995) *Native American Postcolonial Psychology* observed the ways in which western constructions of mental health have had serious consequences for Native Americans. They explain:

A good example of how some of the ideology of biological determinism affects people is seen in the field of psychometric assessment. The relevant literature is filled with studies showing cultural bias and outright racist practices, yet researchers continue to use the same racist tools to evaluate the psyche of Native American peoples (p. 19).

They suggest the current tools to evaluate Aboriginal mental health do not take into consideration the colonial context or the Euro-culture based assessment methods which have not worked well for improving the mental health of Native Americans. The lesson learned is the critical need to develop culturally sensitive assessment tools and intervention strategies.

These studies exemplify the significance of culture, and community in intervention programming and community services. Their analysis also demonstrates the need to employ a multiplicity of services and for Aboriginal families and services to work together to address collective mental health needs. Another target group, Aboriginal women, has been identified as marginalized within its own community.

Lisa Udel's (2001) *Revision and Resistance, The Politics of Native Women's Motherwork* concludes that, Native

women require men's social and cultural participation in tribal life in order to ensure survival of specific collective experiences and to perpetuate their traditions in their communities (p. 61). The cultural networks, both mothers and fathers enjoyed, have been diminished due to colonialism and have resulted in Aboriginal children suffering. This is why it is urgent to move swiftly to find new ways to improve their quality of life which would include recovery of traditional practices in contemporary settings.

Traditionally, Aboriginal women were highly regarded as the mothers of our nations as they were seen as "givers of life" through their ability to bear children, and foster the healthy development of the future generations (Benoit & Carrol, 2001, p. 1). Similarly, Long and Curry (1998) suggests that women were the primary transmitters of wisdom and culture through oral traditions. The authority and the esteemed positions that Aboriginal women held in their societies have been severely eroded through federal policies that have disrupted women's roles (Long & Curry, 1998).

The objective of the *Aboriginal Women's Health Research Synthesis Project Report* states:

Our agenda is to illustrate traditional Indigenous knowledge and practices concerning traditional parenting as essential methods to improving the health and wellness of Aboriginal families. Namely by supporting First Nations in restoring women's traditional knowledge and roles within the family, clan and community is an essential cultural healing tool (Stout, Kipling & Stout, 2001, p.12).

In the article, *Identity, Recovery, and Religious Imperialism: Native American Women in the New Age*, Cynthia Kasee (1995) asserts Aboriginal women often lack the economic means to access traditional medicine. Thus the ill health of many Aboriginal women within Aboriginal communities is often a direct result of poverty and low cultural identity, demonstrating the unequal power-relations found in communities. It is a battle for Indigenous women to access traditional healing even though their lack of wellness is greater than men's. Aboriginal women have been both formally and informally marginalized through legal, social and economic impositions into the family and community (Kasee, 1995, p. 85).

In *A Recognition of Being* Kim Anderson (2000) states that Aboriginal women's societal positioning and authority were undermined by missionaries and the government, influences severely impacting their economic and social autonomy. Anderson explains that the diversity in socio-cultural arrangements allowed, in both matrilineal and

patrilineal cultures, gender autonomy through a women's voice. She outlines the specific impacts of colonialism in displacing Aboriginal women from their rightful positions within their own societies. The main issues Indigenous women identify are power and domination, cultural constructs of Aboriginal women's identity, and knowledge which assumed the inferiority of Indigenous women. Women have taken up the issue of Indigenous women's resistance to dominant hegemony and their constructions "of them." The western literature had been primarily concerned with responding to legal-social policies implemented through colonialism.

In *Black eyes all of the Time; intimate Violence, Aboriginal Women, and the Justice System*, McGillivray and Comeskey (1999), suggest that the normative socialization through years of colonialism within Aboriginal communities has the effect that violence against women is no longer viewed as deviant behaviour. McGillivray and Comeskey (1999) state the rate of intimate violence against women is consistently higher than violence against men. Eight in 10 Aboriginal women witnessed or experience intimate violence in childhood, and the same number have been child or adult victims of sexual assault. Between 75 and 90 per cent of northern Ontario's Aboriginal women are assaulted in an adult relationship. Aboriginal women typically endure 30 to 40 beatings before calling police, and physical injury is the leading cause of death of Aboriginal women on reserve. Statistical relationships between intimate violence and the death of women in geographically culturally remote populations require further investigation (McGillivray & Comeskey, 1999).

In *Aboriginal Single Mothers in Canada: An Invisible Minority*, Jeremy Hull (1996) explores the challenges facing Aboriginal mothers in Canada today. Hull overviews the statistical data of single mother's housing and income, exposing the challenges Aboriginal women face in achieving the most basic quality of life. The ability to raise consciousness and empowerment for Aboriginal women however, is contingent on several variables including poverty, suicide and violence, which plague Aboriginal women and youth.

In *Identity Formation and Cultural Resilience in Aboriginal Communities*, Christopher Lalonde (2005) describes resilience as the ability of whole cultural groups to foster the healthy development of children and youth. In examining high suicide rates among Aboriginal communities, he found that the rates are unevenly distributed with communities that have enhanced "cultural continuity" having the lowest suicide rates. Lalonde (2005) suggests that what is needed to find solutions for improving well-being for Aboriginal youth lies with the communities, lateral knowledge exchange efforts, and cross-community

sharing of indigenous knowledge. Furthermore, Lalonde (2005) asserts that success in improving the status of First Nations communities lies in efforts to restore cultural sovereignty to expand the indigenous knowledge that has allowed First Nations peoples to overcome historical and present adversities.

DISCUSSION

The Impact of Colonialism on Communities & Emerging Factors

Inter-generational trauma is exacerbated by the ongoing colonial framework Aboriginal people have to struggle with. The Royal Commission on Aboriginal Peoples (1996) emphasizes the need to contextualize Aboriginal health within a historical framework of colonialism. Research by Kirmayer, Simpson and Cargo (2003) found that high rates of social problems, demoralization, depression, substance abuse, and suicide are prevalent in most Aboriginal communities. They suggest there is evidence of linkages between the poor mental health of Aboriginal peoples with the history of colonialism and oppression. Mary-Ellen Kelm's (1998) Aboriginal health statistical data analysis demonstrates how colonization impacted traditional Aboriginal people's health. Kelm links the loss of traditional knowledge of health practices to colonial policies that outlawed 'a way of life' and suggests there is a linkage between colonialism and ill-health of Aboriginal people. Richard Thatcher (2004) explains that colonialism played a significant role in destroying this knowledge through colonialism, and that missionizing has led to spiritual bankruptcy, leading in turn to alcohol and other substance addictions among Aboriginal populations and communities. Likewise, Voyle and Simmons (1999) write that the "... alienation and marginalization within their own countries have had deleterious consequences for [Aboriginal] cultural traditions and identity, social cohesion and self-esteem" (p. 1035).

Authors Mark St. Pierre and Tilda Long Soldier (1995) write that the creation stories and spiritual laws of Aboriginal peoples were interrupted by missionizing and massacres which left Aboriginal culture in a state of grief and loss. The authors state that Aboriginal women have always played a critical role as spiritual leaders and healers and were the backbone of their societies. However, through the colonial era, Aboriginal culture adopted western views of women and children which led to a state of social disarray (St. Pierre & Long Soldier, 1995). There is no doubt colonialism has had both direct and indirect negative consequences for Indigenous people's health.

According to Fournier and Crey (1997), “[A]boriginal children were taken away in hugely disproportionate numbers less for reasons of poverty, family dysfunction or rapid social change than to effect a continuation of the colonial argument” (p. 85). They further state that in the East side of Vancouver, social workers had noted that most Aboriginal people living in the depths of addictions, sex trade and extreme poverty are graduates of residential schools and the sixties scoop. There are Aboriginal communities in crisis that do not have access to their traditional practices, knowledge and culture, leaving the sense that assimilation policy has achieved its goal (ibid). The historical policies that attempted to assist Aboriginal people have failed miserably, creating social chaos and alienation of Aboriginal people from dominant society and their own heritage. The overview clearly suggests adopting new strategies for intervention and prevention, and learning from historical wrongs to ensure future policies support of the restoration of traditional practices, language and knowledge as a means of developing strategies for this generation’s healing and wellness.

Factor: Colonialism as the Root Cause of Communities in Crisis:

Literature on the state of Aboriginal communities’ health and health care services confirm the need for Aboriginal community control over health care, which must include access to traditional medicine as a critical aspect to community well-being and health. The recognition of the validity and importance of traditional medicine within the mainstream health care system is also a key component to improving the status of Aboriginal health. There was a general consensus that throughout history, Eurocentric education curriculums and residential schools regarded indigenous knowledge as unscientific and superstitious. Further, the consensus among anthropologists is that indigenous knowledge of medicine has suffered even greater stigmatization through missionaries, through assimilation policies that successfully outlawed ceremonies from being practiced, and even jailed many political and spiritual leaders up until the mid-1900s (Cummins & Steckley, 2000).

Factor: Education as a Tool for Assimilation:

The legacy of education within Aboriginal communities is not a positive one. In light of this historical context it is easy to understand why education was and is still viewed as a place where one is disempowered, not liberated. Education is not viewed as a tool for liberation and success which may explain the poor retention rates of Aboriginal people in the education systems. According to a world panel for the U.N.,

Indigenous Children’s Education and Indigenous Languages expert paper written for the United Nations Permanent Forum on Indigenous Issues:

They learn a dominant language at the cost of their mother tongue which is displaced, and later often replaced by the dominant language. Subtractive teaching subtracts from the child’s linguistic repertoire, instead of adding to it. Research conclusion about the results of present-day indigenous and minority education show the length of the mother tongue medium education is more important than any other factor (including socio-economic status) in predicating the educational success of bilingual students (UN, 2008, pp. 2-3).

Factor: The Loss of Value and Support for Woman:

Women were impacted by the dominant society’s historical views of women’s place in society. The erosion of their traditional positions of value was significant and unique to their gender. Few people have the experience of having their children removed to attend residential schools and later to experience the sixties scoop. It was stated that the sixties scoop, the removal of children en-mass from their families, was due to ‘poor living conditions’. Children were removed by the Children’s Aid Society because their assessments were based on western constructs of child care and welfare. The 15,000 children removed were taken out of state and country and the families had no recourse to have their children returned (Steckley & Cummins, 2000; Fournier & Crey, 1997).

The continued assault on Aboriginal people’s culture and heritage had inter-generational impacts on societal mores and ethos. People were demoralized in childhood by the education system and further harmed through authority figures and the dominant society. The outcomes of such experiences are embedded in current statistics showing a number of social ills. The state of Aboriginal women in Canada is another indicator of families in crisis. Current statistics reveal Aboriginal women have a higher chance of incarceration. RCAP’s (1996) report states:

The imposition of the Indian Act over the last 120 years, for example, is viewed by many First Nations women as immensely destructive. Residential schools and relocations subjected Aboriginal communities to such drastic changes in their way of life that their culture suffered immeasurable damage...Our re-

education will serve to bring more people home, to encourage our youth and lost ones to safely reconnect with their past communities (pp. 18-19).

A century of persecuting Indigenous Peoples' spiritual practices has left many communities traumatized and fearful of traditional beliefs, practices and medicines. Many Elders consistently underscored the current reality that they are no longer authority voices in their communities. While Elders were the lead advisors and decision makers in Aboriginal communities, historically Indian Agents, Priests and their appointed Aboriginal "Chiefs" undermined their roles because they represented tradition, culture and spiritual leadership. The loss of Elders and diminishment of their roles and relationships with the broader community is one more fracture that leads communities into crisis.

Anderson (1999) argues that many urban Aboriginal people know they are Native but have no idea what it means which leads to poor self-esteem and feelings of alienation. She also concludes that not knowing what it means to be "Indian" is this generation's common experience tie as "Indians." She concludes finding ones cultural roots and heritage is deeply meaningful and has healing value. To have a sense of self, belonging and dignity is essential. The inter-generational impact of colonization resulted in a generation of children that were raised unaware of their heritage, roles and responsibilities (Pierre & Long Soldier, 1995). She argues that the historical authority many Aboriginal women once enjoyed was diminished through adoption of European ideals, displacing women from decision making. The recovery of traditional knowledge would improve the status of Aboriginal women and their families' overall well-being (Anderson, 1999).

Factor: Youth Suicide Prevalence in Communities in Crisis:

Nancy Miller's (1995) *Suicide Among Aboriginal People*, a report prepared for the Royal Commission on Aboriginal Peoples, provides the following:

The Commission report identified four groups of major risk factors generally associated with suicide; these were psycho-biological, situational, socio-economic, or caused by culture stress. Culture stress was deemed to be particularly significant for Aboriginal people. Situational factors were considered to be more relevant. The disruptions of family life experienced as a result of enforced attendance at boarding schools, adoption, and fly-out hospitalizations, often for long-term illnesses like tuberculosis, were seen as contributing to suicide.

Socio-economic factors, such as high rates of poverty, low levels of education, limited employment opportunities, inadequate housing, and deficiencies in sanitation and water quality, affect a disproportionately high number of Aboriginal people. It is obvious that in conditions such as these, people are more likely to develop feelings of helplessness and hopelessness that can lead to suicide and high risk behaviors such as alcoholism and drug abuse. Miller (1995) further describes 'culture stress' as a term used to explain the loss of confidence in the traditional ways of understanding life and living that have been learned within a culture (1996, p. Mr-13IE).

She recommends that the Royal Commission develop a strategy of action and a national campaign to address the incidence of suicide in Aboriginal communities, one that is developed and driven by the community. These services need to include provisions for building capacity for self determination, self-sufficiency, healing, and reconciliation. She reports, that "this approach is to be based on seven elements: cultural and spiritual revitalization; strengthened family and community bonds, children and youth; holism; whole-community involvement; partnership; and community control" (p. 7).

The documentary '*Place of the Boss*' chronicles the experiences of the Innu of Labrador. Elders recall the Catholic Priest insisting to them that they do not drum, sing or conduct ceremonies claiming that it was a sin. Several Innu elders featured in the documentary felt the loss of their traditional activities was directly related to their peoples addictions and high suicide rates. Davis Inlet and Sheshesit are examples of Aboriginal communities in crisis suffering devastatingly high suicide rates (Survival International, 2008). *A Way of Life that Does not Exist: Canada and the Extinguishment of the Innu*, explains that the Innu of Eastern Canada have extremely high suicide rates, ranking among the highest in the world (Survival International, 2008). This illustrated report describes their way of life, religion and society, and investigates their current situation. It explains how their forced transformation from a nomadic hunting people into a settled and dependent population has brought terrible social problems, and details the communities own suggestions for regaining control of their land and their future (Survival International, 2008).

The Innu elders had identified the need for the Innu youth to know traditional ways. This knowledge was critical for suicide intervention and would help them heal, have self-esteem and assist in empowerment. This goes hand

in hand with economic growth, educational success and Innu strategies for self-help and intervention. While there are no established indicators that conclusively define what constitutes a 'community in crisis,' there are communities that are fully aware their people are in need of significant support and assistance. The Elders voiced their concerns at the International Indigenous Elders Summit, 2004, suggesting they have answers but their views fall on deaf ears (International Indigenous Elders Summit:2004, Six Nations).

Recommendations: Traditional Knowledge and Medicine as Protective Factors:

Indigenous knowledge enhances an inter-connected, inter-related holistic approach to addressing and analyzing social phenomena. This theoretical framework is drawn from a body of research that critiques western science from an indigenous viewpoint. It contributes to the emergent articulation of indigenous experiences with colonialism and oppression. The literature overview of indigenous scholarship demonstrates that the basis of indigenous knowledge is related to an indigenous understanding of identity, self-worth and self-determination.

The spiritual, emotional and physical well-being is dependant upon a number of variables including the political, social and economic positioning of Aboriginal peoples and communities. However, a community that is doing well, economically, does not mean they will automatically have lower suicide rates than a community that is considered impoverished. There are several factors determining the well-being of Aboriginal communities and this section will demonstrate how indigenous knowledge and traditional medicine can facilitate health and well-being by acting as preventative factors to many of the crises facing Aboriginal communities. Recommendations include identifying the leading factors that sustain communities in crisis and need to be addressed by intervention and prevention strategies as follows:

1. Colonialism as the root cause of communities in crisis.
2. Education as a tool for assimilation.
3. The loss of value and support for women.
4. Youth suicide prevalence in communities in crisis.

Restoring traditional healing practices and knowledge is a pathway to both empowerment and health for communities. The traditional knowledge once practiced in historical Aboriginal societies needs to be restored as an intervention to addictions and the epidemics facing

Aboriginal peoples (Thatcher, 2004). There is also sufficient evidence that strengthening ethno cultural identity, community integration and political empowerment contributes to improving mental health in Aboriginal populations (Kirmayer, 2003). The Gathering Strength Volume underscores the need for Aboriginal people to restore healthy communities by restoring traditional preventative practices in health services as determined by the community. Overall, RCAP (1996) provided over 500 recommendations for Aboriginal people in all spheres of their lives. Only a handful has been implemented thus far.

Lesley Malloch (1989) writes that through teachings from Elders, there is a strong belief that traditional principles of health based on the balance between the physical, emotional, mental, and spiritual elements, hand in hand with a traditional healthy lifestyle prevents sickness. Malloch writes that the Elders she spoke with were understanding of the need for western medicine but also expressed that it is vital that Aboriginal peoples return to core cultural values and traditional medicine. The Elders state: "This is the only way the people will become strong again" (Malloch, 1989, p. 10). Colomeda and Wenzel (2000), write that "[f]or Indigenous peoples good health includes practicing cultural ceremonies, speaking the language, applying the wisdom of the elders, learning the songs, beliefs, healing practices, and values that have been handed down in the community from generation to generation" (p. 245). The authors note that in indigenous health and healing, Elders have always played a crucial role in maintaining the health of the people. The Elders are the key players as they are considered to be wise and responsible for educating the people (Colomeda & Wenzel, 2000).

Indigenous literature on the topic of traditional approaches to enhancing well-being emphasizes ties to the land, language and culture. The land and physical environment shapes the cultural knowledge in achieving community well-being as practiced historically by Indigenous people. Definitions and measures of well-being include everything from diet, lifestyle, identity, knowledge of language and culture, positive verbal reinforcement, herbal and ritual knowledge, and traditional knowledge (heritage). In short, community wellness is connected to all areas of human activity; good medicine is a lifestyle that encourages a good state of being. It is a common Aboriginal belief that traditional culture and knowledge are important for promoting community health and well-being.

Furthermore, Svenson and Lafontaine (1999) report in their research that over 80 per cent of Aboriginal respondents answered 'yes' to the question, "Do you think a return to traditional ways is a good idea for promoting

community wellness?” According to Nancy Zukewich’s (2008) article, *First Nations Children Six Years Old Living off Reserve: Statistics Canada*, 46 per cent of young off-reserve children had engaged in “traditional First Nations, Métis, or Inuit activities such as singing, drum dancing, fiddling, gatherings or ceremonies” (p. 2). Also, 45 per cent of off-reserve children had someone teach them, had someone who helped them understand First Nations history and culture. Most of these children were being taught by their parents (60 per cent) and grandparents (40 per cent). She also states those with status were more likely to have access to traditional knowledge (Zukewich, 2008, p. 1).

Recommendations: Traditional Medicine as a Protective Strategy:

Given the previously illustrated young demographic of Aboriginal peoples in Canada, it remains crucial to focus on the health and well-being of Aboriginal children and youth. Furthermore, because mental health is one of the most extreme issues facing Aboriginal communities, it requires significant attention including the promotion of intervention and prevention strategies that encompass traditional medicine and healing approaches. The demography also indicates that the young Aboriginal population is increasingly expanding which speaks to the current needs of young families. Therefore, the need for policies and practices supporting solutions for communities in crisis is critically urgent as was pointed out by RCAP (1996), approaches in preventing crisis and providing intervention strategies for Aboriginal communities. Integrating traditional practices was also identified by the RCAP (1996). It states that cultural and spiritual revitalization would strengthen family bonds since the activities of drumming, dancing and singing are collective and social by nature. Furthermore, Struthers et al., (2004) conclude that traditional medicine is still in widespread use and it is critical for health care professionals to have an understanding of the basic ideologies of holistic health which underscores an indigenous approach to health.

The host site of healing for Aboriginal peoples is within the ceremonial context. There, ideas and beliefs emerge and are reinforced through the physical, mental and spiritual experiences. The above literature reviewed and outlines ways to restore balance in all areas of life, including education, raising self-esteem, claiming their identity, asserting their dignity, learning their traditions, customs and spiritual teachings, and letting go of pain – all approaches have many facets. The healing is holistic, inclusive of improving mental, emotional, psychological, and spiritual states. The

improvements of economic, political and social standings are interlocked with holistic aspirations of traditional healing practices.

The traditional knowledge Aboriginal societies possessed concerning the emotional and mental health, reproduction, nutrition, prevention and intervention, and physical care had been suppressed through the missionary and colonial era of the eighteenth century. The objective of the literature review is to gain an understanding how traditional healing traditions from across Canada share their experiences, and how thoughts and aspiration are constructed in healing strategies. Aboriginal voices have been silenced in their struggle to heal Aboriginal communities which have often been recipients of ill informed government policies that privilege western approaches over indigenous approaches.

Aboriginal people would better assess the cause and treatment of Aboriginal mental health. Also, this work importantly serves to validate Aboriginal experiences which have often been denied by mainstream institutions and methods. Culturally sensitive assessment tools have the greatest relevance in ‘treatment.’ The authors argue that the role of colonialism in diminishing Aboriginal identity as a root cause to a myriad of mental health problems. The wounds of the past continue to fester and it is often in silence. The path to healing is voicing the abuse and receiving validation from culture. The high suicide rates indicate a crisis in mental health and maybe due to under servicing of First Nations communities’ health systems. Aboriginal mental health strategies should be a priority in any current mental health initiatives within Canada (Warry, 2000). Aboriginal mental health issues are best understood in the context of colonialism.

The overarching themes suggest restoring cultural practices of Elders, transmitting knowledge and teachings to youth. The only barrier to this practice is youth not having access to them so they can inherit the knowledge. Elders have in the past been role models to community members guiding moral and spiritual teachings and providing emotional support. This has been disrupted by a variety of colonial influences. The traditional ways are viewed as an essential solution to community wellness (Soucy & Martin-Hill, 2005).

The works of several Indigenous scholars presented expose the direct link between historical events and contemporary circumstances for Aboriginal communities. Within an indigenous knowledge framework, identified as having excessively high incidence of addictions and or youth suicide.

The leading factors that sustain communities in crisis and need to be addressed by intervention and prevention strategies are as follows:

1. Colonialism as the root cause of communities in crisis.
2. Education as a tool for assimilation.
3. The loss of value and support for women.
4. Youth suicide prevalence in communities in crisis.

Health is viewed as a state of well-being not the absence of illness. An indigenous knowledge framework also places emphasis on collective forms of preventions and intervention at the family and community levels. The bio-medical model poses a one dimensional view of mental health and therefore justifying an Aboriginal specific strategy within an indigenous knowledge framework or paradigm. Key characteristics in indigenous knowledge systems are the inter-relatedness and interconnection between social, political, economic, and spiritual life intersecting with emotional and physical well-being. The variables of poverty, low-self worth and powerlessness are predicating factors to problems such as addictions. Overall, the summary of literature on mental health and youth brought out several themes and recommendations.

Indigenous Knowledge and Traditional Healing as key to Empowerment and Prevention

Synthesizing Warry's (2000) work, the following practices are fundamental components to ensuring a culturally strategic approach to addressing Aboriginal communities in crisis, utilizing traditional medicine and healing in an indigenous knowledge framework:

- Prevention over intervention.
- Cultural care including traditional practices.
- Collective care on a holistic scale.
- Long term care for children and youth, including prenatal care.
- Develop programs that include family support versus individual support.
- Culturally informed diagnosis and tools of assessment.
- Interagency collaborative strategies.
- Education of institutions and communities.
- Capacity building, recruitment and retention of Aboriginal health care professionals.

Warry (2000) suggest the community workers in the mental health sector are under-funded and have few community services at a historical time when they are critically needed. He underscores that the thematic areas listed are consistent in Aboriginal health literature but there does not seem to be policy changes to implement identified solutions to communities at risk or in crisis. Traditional medicine and healing are a substantial consideration for at risk or high risk communities experiencing high levels of addictions, suicide or violence (Warry, 2000). Again, traditional revitalization is underscored as a way to altering behaviours that are destructive or pathological. Traditional ways require personal responsibility and accountability for one's well-being (ibid).

Mussell, Cardiff and White (2004) suggest the state of Aboriginal children and youth's mental health is a consequence of the following historical and contemporary issues:

- Profound impacts of residential school experience on family functioning.
- Multi-generational losses among First Nations people.
- Emphasis on collectivist rather than individualistic perspectives.
- Relevance of community-based healing initiatives. (p. 4)

Duran and Duran (1995) suggest that development of assessment tools that are culture-based are needed for improving the mental health status of Native Americans. The authors explain that the lessons learned from history need to be acknowledged and it is critical to develop culturally sensitive assessment tools and intervention strategies (Duran & Duran, 1995, p. 19).

A recommendation identified in the literature includes finding ways to restore balance in all areas of life for Aboriginal people, by incorporating traditional knowledge, bilingual education as a means of increasing self-esteem, reclaiming identity and asserting dignity, learning traditions, customs and spiritual teachings, and letting go of the pain. All the approaches have many facets and include multi-dimensional culture-based approaches. The emphasis of intervention and prevention strategies through the application of traditional practices requires communities, Elders and healers to develop these strategies in collaboration with community health service providers. Most important is to ensure the leadership, education and health institutions work together to move their communities out of crisis

(Duran & Duran, 1995; Mussell, Cardiff & White, 2004; RCAP, 1996; Warry, 2000).

Stewart's (2007) work provides a description of the tools or methods that could be developed as indigenous models and practices of helping and healing. These tools are described as:

- Storytelling.
- Advice from Elders.
- Facilitating interconnectedness with family and community.
- Healing circles led by professionals and Elders.
- Ceremonies.

These tools are examples of approaches to developing culturally significant intervention and prevention strategies that can be incorporated into health services for Aboriginal communities. Stewart (2007) further explains that these indigenous methods and practices for helping and healing need to include the involvement of local communities, Elders and traditional helpers.

The overarching themes in the literature are congruent with self-determination and enhancement of restoring traditional knowledge, medicine and healing which are rapidly becoming vulnerable due to lack of transmission and training. Currently few communities have the resources to recover and revitalize their language and culture. Policy should acknowledge traditional knowledge as a critical component to success of preventative and intervention strategies for Aboriginal communities. Indigenous knowledge is a key to resolving communities in crisis however, it must be noted that it is a rare resource due to the age demography, loss of identity, cultural knowledge, and healers; therefore incorporating traditional knowledge should take priority. Furthermore, efforts should be made to retain this knowledge as a community resource for helping and healing in the future. The most important recommendation is to develop resources for the continuance of traditional healing, language and knowledge with vigor.

REFERENCES

- Anderson, K. (2000). *Recognition of Being: Reconstructing Native Womanhood*. Toronto: Second Story Press.
- Armstrong, J. (1992). Anthology of Canadian Native Literature in English. In Moses and T. Goldie, (Eds.) *The Disempowerment of First North American Peoples and Empowerment Through Their Writing*. Oxford U Press.
- Amnesty International (2005). *Stolen Sisters, Discrimination and Violence Against Indigenous Women in Canada*. http://www.amnesty.ca/campaigns/sisters_overview.php.
- Ball, J. (2005). Early Childhood Care and Development Programs as Hook and Hub for Inter-sectoral Service Delivery in First Nations Communities. *Journal of Aboriginal Health*, 1(March), 36-49.
- Ball, J. (2007). *Fatherhood: Indigenous Men's Journeys*. Produced by the Early Childhood Development Intercultural Partnerships.
- Battiste, M. & Henderson-Youngblood, J. (2000). Protecting Indigenous Knowledge and Heritage: A Global Challenge. *Purich's Aboriginal Issues Series*, Saskatoon, Saskatchewan: Purich Publishing.
- Brave Heart, M. (1998). The Return to the Sacred Path Healing The Historical Trauma and Historical Unresolved Grief Response Among the Lakota Through a Psychoeducational Group Intervention. *Smith college Studies in Social Work* 68(3).
- Benoit, C. & Carroll, D. (2001). Aboriginal Midwifery in Canada: Blending Traditional and Modern Forms. *Canadian Women's Health Network* 4(3), 6-7.
- Castellano, M. B. (2000). Updating Aboriginal Traditions of Knowledge. In B. L. Hall, G. J. S. Dei & D. G. Rosenberg (Eds.), *Indigenous Knowledges in Global Contexts: Multiple Readings of Our World* (pp. 21-36). Toronto: University of Toronto Press.
- Colomeda, L. A. & Wenzel, E. R. (2005). Medicine Keepers: Issues in Indigenous Health. *Critical Public Health*, 10(2), 243-256.
- Cook, K. (1985). *Using the Berry Plants for Women's Nutrition and Medicine*. Available from: <http://www.nativemidwifery.com/Articles.html>.
- Corrado, R. & Cohen, I. (2003). *Mental Health Profiles for a Sample of British Columbia's Aboriginal Survivors of the Canadian Residential School System*. Ottawa: Aboriginal Healing Foundation.
- Cloutier, E., Costa, R., Germin, M. F., Janz, T., Levett, A., Loder, R., Simon, P., Stobert, E., Tait, H., Trachtenberg, I., Turner, A., & Zukewich, N. (2008). *Aboriginal Peoples in Canada in 2006: Inuit, Metis and First Nations, 2006 Census*. Ottawa: Statistics Canada.

- Department of Indian Affairs and Northern Development (1999). Registered Indian Mobility and Migration Analysis of 1996 Census Data.
- Dion Stout, M. & Kipling, G. (1999). *Aboriginal Peoples and Bill C-31: Position Paper*. Ottawa: National Association of Native Friendship Centres.
- Duran, E. & Duran, B. (1995). *Native American Postcolonial Psychology*. New York: SUNY Press.
- Esquimaux, C. C. & Smolewski, M. (2004). *Historic Trauma and Aboriginal Healing*. Ottawa: Aboriginal Healing Foundation.
- First Nations Regional Health Survey (2002/2003). The Peoples Report. Available from: http://www.rhs-ers.ca/english/pdf/rhs2002-03reports/rhs2002-03-the_peoples_report_afn.pdf.
- Frideres, J. S. (1998). *Aboriginal Peoples in Canada*. (5th Ed.) Scarborough, Ontario: Prentice-Hall.
- Frideres, J. S. & Gadacz R. (2001). *Aboriginal Peoples in Canada: Contemporary Conflicts*. (6th Ed.). Toronto: Prentice-Hall.
- Frideres, J. S. & Gadacz, R. (2005). *Aboriginal Peoples in Canada*. (7th Ed.) Scarborough, Ontario: Pearson Education.
- Frounier, S. & Crey, E. (1997). *Stolen From Our Embrace*. Toronto: Douglas & McIntyre.
- Gunn Allen, P. (1986). *Recovering the Feminine in American Indian Traditions in the Sacred Hoop*. Boston: Beacon Press.
- Heilbron, C. L. & Guttman, M. A. J. (2000). Traditional Healing Methods with First Nations Women in Group Counselling. *Canadian Journal of Counselling*, 34(1), 3-13.
- Hull, J. (2000). *Aboriginal Single Mothers in Canada, 1996 an Invisible Minority*. Winnipeg: Prologica Research Inc.
- Jamison, K. (1978). *Indian Women and the Law in Canada: Citizens Minus*. Advisory Council on the Status of Women.
- Johnston, S. M. (1987). Epidemics: The Forgotten Factor in Seventeenth Century Native Warfare in the St. Lawrence Region. In B. A. Cox (Ed.), *Native People Native Lands: Canadian Indians, Inuit and Métis*. Ottawa: Carleton University Press.
- Kasee, C. (1995). Identity, Recovery, and Religious Imperialism Native American Women and the New Age. *Women & Therapy*, 16(2/3), 83-93.
- Katz, L., Elias, B., O'Neil, J., Enns, M., Coz, B., Belik, S. L., & Sareen, J. (2006). Aboriginal Suicidal Behavior Research: From Risk Factors to Culturally-sensitive Interventions. *Canadian Academy of Child and Adolescent Psychiatry*, 15(4), 159-167.
- Kelm, M. (1998). *Colonizing Bodies, Aboriginal Health and Healing in British Columbia 1900-50*. Vancouver: University of British Columbia Press.
- Kingsley, M. (2000). Sacred Lives: Canadian aboriginal Children and Youth Speak Out About Sexual Exploitation. *Ontario Health Promotion E-Bulletin*, 2002, No. 279.
- Kirmayer, L., Simpson, C. & Cargo, M. (2003). Healing Traditions: Culture, Community and Mental Health Promotion with Canadian Aboriginal Populations. *Australasian Psychiatry*, 11(1), s15-s23.
- Lalonde, C. (2005). Identity Formation and Cultural Resilience in Aboriginal Communities. In R. J. Flynn, P. Dudding & J. Barber (Eds.), *Promoting Resilience in Child Welfare*. (pp. 52-71). Ottawa: University of Ottawa Press.
- Long, C. R. & Curry, M.A. (1998). Living in Two Worlds: Native American Women and Prenatal Care. *Health Care for Women International*, 19, 205-215.
- MacMillan, H., Walsh, C., Jamieson, E., Crawford, A., & Boyle, M. (1996). Children's Health. In *First Nations and Regional Health Survey*. (ISBN 0-9685388-0-0, pp.1-26). Available from: http://www.hc-sc.gc.ca/fnihbdgspni/fnihb/aboriginalhealth/reports_summaries/regional_survey.htm.
- Malloch, L. (1989). Indian Medicine, Indian Health Study Between Red and White Medicine. *Canadian Women's Studies*, 10(2-3), 105-114.
- Martin-Hill, D. (2003). *Traditional Medicine in Contemporary Contexts: Protecting and Respecting Indigenous Knowledge and Medicine*. Ottawa: National Aboriginal Health Organization.
- Martin-Hill, D. (2006). *Mothers of Our Nations*. Produced by the Indigenous Elders and Youth Council.

- Martin-Hill, D. (2008). *Lubicon Lake Nation: Indigenous Knowledge and power*. Toronto: University of Toronto Press.
- McGillivray, A. & Comaskey, B. (1999). *Black Eyes All of the Time: Intimate Violence, Aboriginal Women, and the Justice System*. Toronto: University of Toronto Press.
- Miller, N. (1995). Suicide Among Aboriginal People: Royal Commission Report. Political and Social Affairs Division MR-131E.
- Milloy, J. (1999). *A National Crime: The Canadian Government and the Residential School System*. Winnipeg: University of Manitoba Press.
- Ministry of Children and Youth Services (2006). *A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health*. Ontario Government.
- Mitchell, T. L. & Maracle, D. T. (2005). Healing the Generations: Post-Traumatic Stress and the Health Status of Aboriginal Populations in Canada. *Journal of Aboriginal Health*, 2(1), 14-25.
- Monture-Angus, P. (1999). *Journeying Forward: Dreaming First Nations Independence*. Halifax: Fernwood Publishing.
- Monture-Angus, P. (1995). *Thunder in My Soul: A Mohawk Woman Speaks*. Halifax: Fernwood Publishing.
- Mussel, B., Cardiff, K. & White, J. (2004). *The Mental Health and Well-being of Aboriginal Children and Youth: Guidance for New Approaches and Services*. Chilliwack, BC: British Columbia Ministry for Children and Family Development.
- Royal Commission on Aboriginal Peoples (1996) *Report of the Royal Commission on Aboriginal Peoples: Perspectives and Realities*, Volume 3, Ottawa: The Commission.
- Sefa Dei, J., Hall, B. L. & Rosenburg, D. G. (Eds.). (2000). *Indigenous Knowledge in Global Contexts: Multiple Reading of Our World*. Toronto: University of Toronto Press.
- Shiva, V. (1997). *Bioethics: A Third World Issue*. Research Institute for Science, Technology and Ecology. India: New Delhi.
- Shiva, V. (1989). *Staying Alive: Women, Ecology, and Development*. New Jersey: Zed Books.
- Smith, T. (1999). *Decolonizing Methodologies Research and Indigenous Peoples*. London: University of Otago Press, Zed Books.
- Soucy, D. & Martin-Hill, D. (2003). *Ganono'se'n e yo'g'wilode', One Who is Full of Our Traditional Knowledge, Ethical Guidelines for Aboriginal Research Elders and Healers Roundtable*. Report to the Indigenous Health Research Development Program.
- Speck, D. (1985). *An Error in Judgment: The Politics of Medical Care in an Indian/White Community*. New Haven and London: Yale University Press.
- Statistics Canada (2008). *Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census*. Statistics Canada – Catalogue no. 97-558.
- Steckley, J. L. & Cummins, B. D. (2001). *Full Circle: Canada's First Nations*. Toronto: Prentice Hall.
- Stewart, S. (2007). Indigenous Helping and Healing in Counselor Training. *Centre for Native Policy and Research Monitor*, 2(1), 53-65.
- Struthers, R., Eschiti, V. S. & Patchell, B. (2004). Traditional Indigenous Healing Part 1. *Complimentary and Alternative Therapies in Nursing and Midwifery*, 10(3), 141-149.
- St. Pierre, M. & Long Soldier, T. (1995). *Walking In a Sacred Manner, Healers, Dreamers, and Pipe Carriers--Medicine Women of The Plains Indians*. New York: Simon & Schuster Inc.
- Swamp, S. (2006). *It Takes a Community to Raise a Child*. McMaster University, Unpublished thesis.
- Thatcher, R. (2004). *Fighting Firewater Fictions, Moving Beyond the Disease Model of Alcoholism in First Nations*. Toronto: University of Toronto Press.
- Udel, L. J. (2001). Revision and Resistance, The Politics of Native Women's Motherwork. *Frontiers: A Journal of Women Studies*, 22(2), 43-62.
- Van Kirk, S. (1983). *Many Tender Ties: Women in the Fur Trade Society, 1670-1870*. University of Oklahoma Press.
- Voyle, J. A. & Simmons, D. (1999). Community Development Through Partnership: Promoting Health in an Urban Indigenous Community in New Zealand. *Social Science and Medicine*, 49(8), 1035-1050.

- Waldram, J. (1990). Access to Traditional Medicine in a Western Canadian City. *Medical Anthropology*, 12(3), 325-348.
- Walters, K. L., Simoni, J. M. & Evans-Campbell, T. (2002). Substance Use Among American Indians and Alaska Natives: Incorporating Culture in an "Indigenist" Stress-Coping Paradigm. *Public Health Rep*, 117(1), s104-117.
- Warry, W. (1998). *Unfinished Dreams*. Toronto: University of Toronto Press.
- World Health Organization (2000). *General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*. Geneva.
- Wotherspoon, T. (1994). Colonization, Self-determination and the Health of Canada's First Nations Peoples. In B. Bolaria & R. Bolaria (Eds.), *Racial Minorities Medicine and health*. (pp. 247-2). Halifax: Fernwood Publishing.