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Conclusion: Healing / Invention / Tradition

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As the contributions to this volume make clear, notions of tradition and healing are central to contemporary efforts by Aboriginal peoples to confront the legacy of injustices and suffering brought on by the history of colonization. Through individual and community-based initiatives as well as larger political and cultural processes, Aboriginal peoples in Canada are involved in healing their traditions, repairing the ruptures and discontinuities in the transmission of traditional knowledge and values, and asserting their collective identity and power.

Any approach to mental health services and promotion with Aboriginal peoples must consider these ongoing uses of tradition to assert cultural identity. However, it is important to recognize that tradition itself is both received and invented: built in equal measure of wisdom transmitted across the generations and of creative visions of how the many strands of knowledge available today from diverse cultures of the world can be woven together in new patterns. Even though oral tradition works to maintain an unbroken chain of teachings, collective history is retold in new ways in each generation, using contemporary images and vocabulary. Living traditions are always works in progress.

Academics and scholars also belong to communities, professional associations, and social networks that embody traditions – a shared value system, intellectual interests, and philosophical questions that have been collectively debated and discussed for decades, centuries, or even millennia. The clinical disciplines of psychology, psychiatry, and other mental health professions are more recent traditions that consist of not only accumulated scientific knowledge or technical skills but also systems of cultural values and practices. Recognizing that mental health professionals belong to communities and that their practices are part of a "tradition" provides a way to think about the conflict and complementarity between different healing practices. Differences may reflect superficial choices of models, metaphors, or materials, but they also may point toward deeper conflicts in values. Making these different values explicit is a necessary step toward respectful co-existence or developing a meaningful integration of Aboriginal and academic psychological perspectives on mental health and healing. In this concluding chapter, we consider some of the models of healing in current circulation and discuss their implications for Aboriginal mental health policy, services, and interventions.

Universal Aspects of Healing

In his account of the universal dimensions of symbolic or interpersonal healing, Jerome Frank (1973) argued that all systems of healing involve theories of illness that characterize different types of affliction, defined roles for the healer and the afflicted person, a designated place and time for healing rituals, and expectations for recovery. Within this cognitive and social framework, the specifics of a healing ritual unfold. Frank later revised his argument in light of the elaborate nosology of contemporary psychology, which split "mental illness" into many discrete diagnostic entities with specific treatments; but at the level of general morale and malaise, and in terms of the "nonspecific effects" of expectation and placebo, this basic structure of healing remains (Frank and Frank 1991; Young 1988).

In his famous essay "The effectiveness of symbols," Claude Lévi-Strauss (1967) used the example of the Kuna healers of Panama to outline a structural theory of healing. The sick person's condition is mapped symbolically onto a mythic story or landscape. Movement along the narrative trajectory or across the symbolic landscape then corresponds to changes in the individual's condition, from sickness to health. For Lévi-Strauss, it is the structural parallels between the myth and the individual's illness that account for the effectiveness of the ritual, but this leaves unclear the actual processes of transformation and their material substrate.[1]

James Dow (1986) elaborated Lévi-Strauss's account, suggesting that personal experiences of suffering were attached to affect-laden cultural symbols. The transformation achieved through the ritual or narrative thus modifies the individual's emotional state. This emotional transformation could account for changes in the way the person thinks about and experiences body, self, and others. Through psychophysiological mechanisms, such healing could also result in actual changes in bodily functioning (Kirmayer 2003b).

In an account close to that of Dow, Kirmayer (1993) suggested that the process of transformation in healing can be understood in terms of the social, cognitive, and physiological effects of metaphor. Healing rituals redescribe individual and collective experiences of suffering in new terms. These metaphorical redescriptions can then be transformed according to the cognitive dynamics of the metaphor. There is a rich literature on the cognitive processes that underlie the production and understanding of metaphors that offers ways to further develop a cognitive account of the psychological effects of symbolic healing (Kirmayer 2003b, 2004).

Metaphor theory suggests that we can understand the cognitive transformations of symbolic healing with reference to our ability to think in terms of different images, frames, and stories. Even though metaphorical thinking allows great fluidity and creativity, strong and moving metaphors are grounded in both bodily experience and core social symbols and institutions. This cognitive process has analogues at many levels of experience, so we can recognize a hierarchy of healing processes involving transformations of experience at

multiple levels: bodily, emotional, cognitive, self-reflexive, family interactional, communal, social, and political (Kirmayer 2004). As we move up this hierarchy, we also move outward, so what heals the individual necessarily has impact on wider social and political spheres.

Spirit Matters: Myth, Metaphor, and Archetype

Metaphors work in an intermediate representational space between the archetypal and the mythic. The archetypal level refers to the universal or given in experience, which is present either because it is hardwired into our brains or because it emerges, more or less inevitably, from basic facts of human existence. These existential universals may be related to our bodily, emotional, and social experience or to our own awareness of basic experiential facts like the presence of other minds and wills as well as our own and others' mortality.

Myth refers to the overarching narratives or stories that make sense of the human condition by weaving together all its disparate strands. Myths are "maps of meaning" (Peterson 1999) but are especially those maps or narratives located at the centre of a community's identity.[2] Here, the term "myth" connotes not an absence of truth but a displacement of the literal by the metaphorical through the seamlessness, immediacy, and facticity of collective stories. The value of myth and storytelling can be easily appreciated in terms of psychological processes of making meaning and coherence from often quixotic life experience (King 2003). Traditional stories and myths are also emblems of identity that circulate among Aboriginal peoples, providing opportunities for mutual understanding and participation in a shared world.

Although this account of healing emphasizes personal and social meaning, it is rooted in the materialistic ontology and epistemology of science; it deals with what can be seen and felt, and it assumes that healing processes can be explained in terms of material forces, influences, and mechanisms. Whether healing is grounded in the body or in psychological and interpersonal processes, its mediators, mechanisms, and outcomes can, in principle, be reliably observed and measured. But many forms of Aboriginal healing are based on a different ontology, one that acknowledges the presence of a spirit world. In this view, affliction involves not only the bodies, psyches, and social relations of individuals but also their relations to a world in which nonhuman persons play an active role in the lives and fate of human beings, either through their visible actions or in an invisible spirit realm. Traditionally, shamanistic healing was based on an animistic ontology in which everything in the universe is recognized as a living being, including not only the animals and plants but also the landscape and forces of nature (Ingold 2004). In the contemporary world, healing is no longer so closely associated with this animistic ontology but invokes a broad notion of spirituality.

Spirituality refers to the sense that there is another realm of value and meaning, larger than the individual psyche or the social world, to which the person can feel connected. This connectedness has esthetic, psychological, and ethical consequences, providing a sense of calmness, clarity, and guidance in one's life. Spirituality is attractive for many because it sidesteps the politics, doctrines, and dogmas of religious institutions to emphasize the individual quest for meaning and experience of the sacred (Torrance 1994). The focus on spirituality puts Aboriginal traditions and newer hybrid forms of healing and spiritual practice on an equal footing with established, institutionalized religions in terms of truth, efficacy, and moral value.

Another way to approach spirituality is in terms of the interpretive strategies used to understand experience. Biomedical explanation uses materialist explanations: everything can be understood in terms of physical mechanisms, laid bare by technical means that allow systematic observation and precise measurement. Psychology adds another level of explanation in terms of the importance of the meanings of events to individuals. We need to know how someone understands an event to appreciate what impact it will have for them. And personal meaning derives from larger cultural meanings that give events their evocative power through developmental experiences and social reinforcement. The interaction of individual and cultural meaning opens onto a third level of interpretation of experience that has been termed the "mythopoetic" (Rowley 2002). This recognizes that the meanings conveyed by myth are not only personal but also concern larger webs of connection that draw in culture, history, the social world, and the environment. Learning from a myth, participating in a ritual, seeking spiritual wisdom are all ways of getting access to larger patterns of meaning not subsumed by material or psychological levels of explanation. Myth cannot be reduced to a psychological explanation because "the mythic narrative is an articulation of an experience with transcendence" (Rowley 2002, 494). The esthetic and psychological response to the ritual retelling of a myth is an identification not with a character but with the whole mythic structure.[3] The Haida term *qqaygaanq,* often translated as *story, myth,* or *tale,* comes from the root *qqay,* meaning *full, old,* or *round,* and from the suffix *–gaang,* meaning *enduring* or *continuing to be* (Bringhurst 1999, 27). This expresses very well the notion of myth as a story in which we apprehend the beginning, middle, and end all at once in a circle or cycle that draws us into the fullness of the timeless moment of transcendence.

Myth, dream, and ritual offer the participant a glimpse of visionary experience in which deeper connections among phenomena are felt or understood. For many Aboriginal peoples, this sense of transcendence is tied to place and landscape as much as to any specific cultural content or context. "Ontologically speaking, the mythopoetic experience articulates that creation or landscape precedes existence, which precedes essence. The preexisting state of landscape provides continuity and eventually community. As one engages the landscape and its extension, culture, individuals can engage other people" (Rowley 2002, 498-99)

The Way of Animal Powers

"If men would ... seek what is best to do in order to make themselves worthy of that toward which they are so attracted, they might have dreams which would purify their lives. Let a man decide upon his favorite animal and make a study of it, learning its innocent ways. Let him learn to understand its sounds and motions. The animals want to communicate with man."

> – BRAVE BUFFALO, TETON SIOUX, QUOTED IN F. DENSMORE,
>   TETON SIOUX MUSIC (1981), 172

Cross-cultural comparative research on healing has often used the shamanistic traditions found among some indigenous peoples as a model of the most basic system of medicine (Fabrega 1979; Waldram 2004). Shamanism was practised in small-scale hunter-gatherer societies without highly differentiated roles. Many authors have assumed that shamanism therefore resembles the forms of healing that emerged early in human prehistory, and the images found in archaeological sites have been interpreted in terms of the symbolism of contemporary shamanistic traditions (Clottes and Lewis-Williams 1996; Vitebsky 2001). This view has been criticized, however, for conflating and confounding quite different traditions and as an obstacle to understanding the specificity of Aboriginal traditions (Kehoe 1996). Nevertheless, at the level of symbolic structure and process, there are important similarities across even quite disparate forms of healing (Kirmayer 2004).

Traditionally, Aboriginal peoples had their entire religion, economy, and sense of well-being built up around arduous hunts and transactions with animals, birds, fish, and mammals as well as with other creatures and supernatural beings (Tanner 1979). Although ways of life have changed, something of this sensibility persists for many people, sustained in part by retellings of mythic stories that anchor and enliven Aboriginal identity.

The anthropologist Marie-Françoise Guedon (1984) described Tshimsian shamanism as a technology of image or metaphor. Each shaman has spirit helpers who take the form of animals or objects. In healing rituals, the patient's illness is explored and worked on through these symbols. Some of these symbols are unique to a specific tradition with its authorizing myths, arts, and ritual practices, but they may also have a level of meaning that is universally intelligible. For example, animals are natural symbols that stand for ways of being that are potentialities not only because of our mimetic capacities, or enactment of culturally acquired meanings, but because of the physical substance and organization of our being. Understanding how these images work to convey a bodily habitus and moral meaning is important for our theories of healing.

Shamanistic practice can be understood in terms of the cognitive theory of metaphor. The movement through an extended metaphor transforms the representation of experience; to the extent that the representation shapes experience, this transformation will

change the way that participants think and feel. Indeed, the ordering of a series of metaphors itself supplies an implicit metaphoric structure that may be spatial or temporal. Thinking about illness in these metaphoric terms provides the shaman a picture with which he can work. It anchors hidden and complex phenomena in something more familiar. It thus provides a readily mastered scenario in which symbolic actions make sense and can move the individual's representation of bodily suffering toward images of health and wholeness.

In many shamanistic traditions, the healer's knowledge and power come from his or her own encounter with illness. An acute illness (or self-inflicted crises through fasting and other privations during a vision quest) confirms one's calling to become a healer and begins a process of initiation through which the shaman gains spirit helpers and acquires the ability to see or travel in the spirit realm, where afflictions can be diagnosed and treated. The shaman, then, is an example of the archetype of the wounded-healer, who draws his or her authority from a personal initiatory illness and survival (Kirmayer 2003a).

In recent decades, shamanistic practices have undergone a popularization in North America both in New Age spirituality and in academic circles interested in myth and healing (Atkinson 1992). Neo-shamanism has become the subject of weekend workshops for middle-class Americans. These activities offer a pastiche of ideas and practices borrowed from diverse traditions, often with a strong undercurrent of values of individualism and self-development that mirror the dominant society. They appeal to non-indigenous people from diverse backgrounds and also provide those who claim Aboriginal knowledge or background (whether or not it is bona fide) with a marketable product in the form of their spiritual and ritual expertise. Even though the questionable authenticity and marketing of these practices raise concerns about cultural appropriation (Aldred 2000), the ongoing exchange between Aboriginal healing practices and New Age spirituality is part of a response to real problems in the dominant value systems of the West. Behind this interest in Aboriginal healing traditions lies a broader search for meaning driven by the lack of connectedness to others in community and the limitations of the materialism that characterize North American society (Kasser 2002).

Ecocentrism and Aboriginal Identity

As many of the contributions to this volume show, connection to the land has played an important role in Aboriginal conceptions of personhood and wellness. Disruption of this link has been a major contributor to the social suffering endured by Aboriginal communities. Indigenous peoples can be defined through the historical fact that they have a common experience of displacement, marked by the dispossession of their lands and way of life, due to interactions with settlers and colonial regimes. They can also be defined in terms of their relationship to the land and to place (although many indigenous peoples were nomadic, this way of life has its own strong sense of place, associated with seasonal cycles of social and subsistence activities). The traditional relationship to the land was

not ownership but something more intimate; in Chapter 2 Durie and colleagues call it "custodianship," or "looking after the land for the sustainable benefit of the environment and humankind alike, 'Mother Earth' taking on a literal meaning, the sacred inscribed in a totemic landscape." At a conference on Aboriginal mental health research in Perth in 2005, Kimberley Smith described this relationship in striking terms that evoked the qualities of emotional attachment and moral concern: "The land is our mother. We must care for it. We need to be needed by the land."

The effects of colonization, then, have not simply been displacement or appropriation of land but an undermining of the cultural meanings of land in the sense of self and personhood:

> The meaning of land emerges in the historical specificity and cultural practice of Native North American lifeworlds. It is enacted and acted upon every time Native people hunt or fish, plant gardens, visit the graves of ancestors, offer tobacco to spirit rocks, or acknowledge the interrelatedness of these experiences of everyday life. But the meaning of land is also expressed in the stories people tell about heritage and ceremony, people and places, travel, conflict and loss. Not only the ownership of land but also the meaning of land was erased and devalued on the policies that emerged to exterminate or acculturate Indians. (Valaskakis 2005, 94)

The devaluing and disruption of the communal connection to land is a pivotal historical loss in the lives of Aboriginal peoples, but it has an echo in the experience of non-Aboriginal people. Suffering from fragmentation of identity and alienation from the world around us, many individuals are attracted by a myth of Edenic harmony and more specifically by the imagery and promise of a life lived with greater simplicity and enjoyment of the natural world (Brody 2000; Merchant 2003). First Nations peoples and Inuit of Canada and Native Americans in the United States are held up as the bearers of a spiritual tradition of living in harmony with the earth. Although this should not be taken to mean that every action by every individual or community was always an expression of some ecological wisdom or equipoise (Krech 1999), it does mean that living on the land encourages a sensory and sensual connection to the physical environment, a view of the natural world as having power and presence, and a respect for the lives of nonhuman beings (Abram 1996). These connections are what have been strained, severed, or displaced by the insistence of an urban way of life that sees the environment as raw material for consumption in the ravenous hunger of commerce and industrialization. This suggests that what Aboriginal healing traditions that are rooted in the land have to offer non-Aboriginal society resides in certain attitudes that reaffirm the sensual appreciation of nature, an acknowledgment of the human dependence on the environment, and a recognition of the place of nonhuman persons in imagination and reality.

In Aboriginal understandings, "human beings are themselves powerless individuals and collectivities whose control over their lives comes from interactions with empowered spirits, from a negotiation with non-human and other-than-human forces of nature. The hierarchies of spiritual relations that sustain and empower Indians are located in the range of living beings that are embodied in the natural world, in the environment, animal, other-than-human persons, which like the land itself, specify the significance of place and extend the presence of time" (Valaskakis 2005, 100).

Among Sto:lo communities in the Fraser River Valley near Vancouver, British Columbia, for example, the focus of present-day efforts to protect sacred sites is not limited to burial mounds and other locations where ancestral activities were known to have occurred (and can be proven archaeologically) but also includes anomalous rock formations, parts of the local river, specific forested areas, and even entire mountains where mythic events are remembered to have occurred long ago and that are still regarded as containing "power" accessible to some (Carlson, McHalsie, and Blomfield 2001; Mohs 1994; Pokotylo and Brass 1997). These sacred sites are integral to contemporary community life and vital to the continuation of traditional healing and spiritual activities (Jilek 1982; Nabokov 2006) but are in direct collision with the economic interests and value system of a capitalistic industrial society intent on continued resource extraction, greater urban development, and the creation of publicly accessible spaces.

Clearly, what an Aboriginal person experiences while growing up on and continuing to live close to the land will be quite different from the experience of a Euro-Canadian born and raised in a city. The experiential and social realities of Aboriginal culture should not be confused with the imaginative projections of city folk who long for simpler times – although for many urban Aboriginal people dispossessed of land and tradition, the predicament and the longing may be similar. Defining authentic Aboriginal identity in terms of commitment to ecocentric values, however, would constitute another form of essentialism and oppression (Sissons 2005). The urban environment allows for a relocation and reinvention of Aboriginal identity in ways that can, in turn, reshape the nation-state (as has happened with the recognition of New Zealand as a bicultural state) and that can exert still wider influence through emerging notions of indigeneity that link rural and urban environments with bonds of affinity and affection.

Pan-Indianism, Hybridity, and Healing

Much work on symbolic healing emphasizes the individual level of transformations, but in reality, all healing practices have fundamental social dimensions. The greatest power and efficacy of a healing ritual may be felt not in terms of its direct impact on the afflicted person but in the ways it transforms interactions with others, changing the perception of the sick person, his or her family, or the social life of a whole community.

Notions of health, illness, and healing play a central role in the discourse of Aboriginal identity in many communities (Johnston 2002). In her ethnographic work, Naomi Adelson has shown how the Cree notion of "being alive well" (*miyupimaatisiiun*) serves both to organize social life and to create a sense of collective identity (Adelson 1998, 2000a). As described by Tanner and Adelson in Chapters 11 and 12 respectively, contemporary Cree communities have available a variety of healing practices drawn from Christianity, Cree traditions, pan-Indianism, and popular psychology that provide settings and symbols to articulate social suffering and narrate personal and collective transformations (Adelson 2000b; Tanner 2004). In some cases, there are divergences and disagreements between adherents of different traditions, but many share a concern with achieving wellness through living a morally upright life, defined not only in religious or spiritual terms but also in relation to the community and the land.

In recent years, pan-Amerindian healing movements have enjoyed increasing popularity in Aboriginal-run treatment centres (Waldram 1997; Brass, Chapter 16). Participants in Aboriginal spirituality and healing come from diverse cultural, socioeconomic, and personal backgrounds; pan-Indianism offers them membership in a larger spiritual diaspora. Often this identity is acquired through participation in healing ceremonies. To take part, one must learn the symbolic system and mythic underpinning to which the healing process is attached. This positions the healer not only as the ritual expert but also as the bearer of "tradition." Faced with a group of people who do not belong to one community with a long history of shared experience and tacit knowledge, the healer must find or develop commonalties among participants' experiences and weave them together to make a coherent story, with links to cultural identity and tradition that can foster the interpersonal and spiritual dimensions of the healing process.

The sharing, intermixing, hybridization, and marketing of healing traditions evoke two polarized positions. On the one hand are those who protest when an Aboriginal healing tradition is treated as a commodity – not only because they are angry about the appropriation and selling of indigenous cultural capital but also because they believe that to be properly understood, effective, and ethical, a healing practice must be embedded in the larger system of meanings and practices of a community, with its history and ongoing ways of life. On the other hand are those who argue that certain healing traditions are obviously of universal relevance because they tap into pan-human spiritual truths.

In traditional societies, by definition, individuals share a common background of knowledge and experience. This ensures that they have some exposure to a common core of symbols and conventional ways of understanding the world and so bring specific assumptions to the healing process. It also makes it more likely that particular symbolic actions will be powerfully and predictably evocative for them, resonating with long experience, calling forth rich memories and associations, and activating strong emotions that are shared with, or at least intelligible to, others in their family, entourage, or community.

How, then, do symbols work when they are not drawn from a shared worldview or ethos that is grounded in bodily experiences through early childhood learning? Unfamiliar symbols must be given new meaning, be accompanied by more or less explicit instructions on how to interpret or understand them, or be decoded in terms of some more universal "archetypal" understanding. In some instances, individuals first exposed to a new healing practice may be left "cold" and unmoved. Only with further preparation and repeated exposures over time do they find that the ritual or ceremony speaks to them. In other instances, individuals may have a profound and compelling experience from the start. This may reflect their own preparedness based on previous learning and expectations as well as a level of personal identification with the setting, participants, or the ceremony as a whole. Of course, throughout their participation they are reflecting on the fact that this form of healing comes from a shared heritage. It thus has emotional resonance as an emblem of identity that can be a source of collective pride and belonging. All that is needed to benefit from this aspect of the healing ritual is a sense of the seriousness of the occasion, respect for the practice, and a desire to feel connected to the other participants or to a shared history and tradition.[4]

This is illustrated in Joseph Couture's story of his pilgrimage from Alberta to visit the healer Raymond Whitehair in Wyoming:[5]

> In the spring of 1971, about eight of us with our families and girlfriends, parents, whoever, drove fourteen hours – we were only given time off from our jobs for the weekend, but we drove nonstop all Friday night to get there. And we saw things happen, so we had to stay three weeks. And during that time all of us fasted for the first time ... and saw extraordinary things I had no idea were possible. I had no inkling at all that there were such real life people called "medicine people," healers. I had no idea; that was just something Indians didn't talk about. But I thought all these years that every treaty for sure learned about these people because they were there ...
>
> The churches were down on these kind of people, but they knew about it because the families were extended families, and every extended family had a medicine person or two in there somewhere – had or still have. And so Harold and I did a lot of travelling together and went to ceremonies nonstop for the next two years, all over Alberta. There weren't many places at that time; there weren't many sweat lodges and certain ceremonies, so you travelled a long way to see the ceremony.[6]

Couture's journey – his experience of fasting and subsequent participation in the sweat lodge and other ceremonies – has all the elements of a rite of initiation identified by van Gennep (1960): separation from everyday life (the long night's journey to Wyoming); entry into a liminal state (through fasting and other ceremonial activities); and the assumption

of a new identity – in this case, expressed through a continued quest to seek out and participate in ceremonies. However, when it occurs in a situation where individuals are uprooted from tradition and community, the last phase becomes less stable and demands from participants an active effort to reconstruct communities of shared experience that can validate their new insights and stabilize their new knowledge in a way of life. This turns the heightened feeling of communion achieved during the ritual experience into a sustained and solid sense of belonging to a community – which can be a specific local community or a wider pan-Indian community of shared ceremonial experience (Valaskakis 2005). Later in his account, Couture describes how he and others worked to build new social contexts for living out one's identity as a Native, including Native study programs, counselling work in prisons with offenders, and healing practices offered as an Elder to others making journeys to visit him. He also drew from the writings of transpersonal psychology and philosophy to find perspectives consistent with his experiences in Aboriginal spirituality.

Symbol and Ceremony

Even without a strong identification with the healing ritual as part of one's cultural heritage or without formal preparation for understanding and participation, there are many levels of symbolic meaning built into healing practices that are immediately accessible to any participant. These include the basic sensory and affective meanings of natural symbols conveyed through their physical properties. Beyond this, the order or structure of a healing symbol or ceremony also conveys specific knowledge. To illustrate this natural symbolism of healing practices, consider two examples drawn from pan-Indian spirituality: the medicine wheel and the talking circle.

The medicine wheel, a circle divided into four quadrants, representing the mental, physical, emotional, and spiritual dimensions of the person, embodies the notion of wholeness and harmony in human experience (Mussell 2005; McCormick, Chapter 15). Through its roundness and symmetry, the medicine wheel is a natural symbol for balance, inclusiveness, and completeness.[7] The medicine wheel provides a model of the person that gives equal weight to the spiritual dimension of experience, which must be balanced with thinking (rationality), feeling (emotional appraisal), and the physical understanding that comes through engagement of the bodily senses. The quadrants of the circle may also be mapped onto other symbolic systems, including features of the environment and the social world. Indeed, the medicine wheel may be used to depict and diagnose imbalances in larger spheres of life.

The circle with four quadrants is a common representation of wholeness and plenitude in many traditions, notably in Buddhism, where the mandala has a similar structure (Jung 1972). The Buddhist mandala is used as an objective of meditation to guide the person toward an understanding of wholeness, harmony, and balance (Leidy and Thurman 1997).
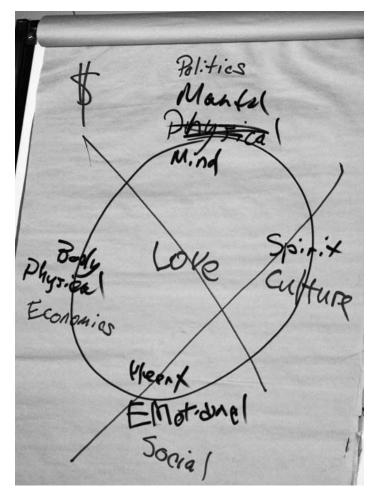
FIGURE 20.1   From a workshop on "Integrative health and healing: Co-learning our way to expanding wholeness through restoration of relationships with the land," Eskasoni, 2003. (Photo: L.J. Kirmayer)

Like the mandala, the medicine wheel may be elaborated with many levels of correspondence. The four elements of the medicine wheel – mental, physical, emotional, and spiritual – correspond roughly to Jung's distinction in the theory of psychological types between the personality dimensions, or functions, of thinking, sensation, feeling, and intuition (Jung 1976). This convergence developed before Jung had much knowledge of or contact with Native Americans (something he did pursue later), which suggests that these distinctions reflect some general insights into human experience.[8]

A talking circle sets up an order in which each person takes a turn speaking while others listen respectfully and attentively. The speaker takes as much time as needed, and

then the next person speaks. The protocol of the circle, with its turn-taking and attention given to the speaker, has multiple effects: it honours the voice of the individual, treating each person's speech as a gift to the group or community and offering in return the gift of attentiveness. The spaciousness of having enough time to speak and waiting one's turn (knowing with calm certainty that it will come) prevents a competition for the floor in which those who speak more loudly and forcefully dominate while others are silenced. The circle is inherently egalitarian insofar as each person gets a turn and all are accorded time according to the desire of each to speak. In this way, the circle honours the individual voice and gives each person's experience and perspective equal weight. The protocol of the circle is a corrective to situations where individuals have been silenced by oppressive circumstances, whether within the family, community, or larger political spheres. Of course, each circle also has its own dynamics that sometimes may re-enact situations of oppression and abuse, but hopefully these become opportunities for reflection and a corrective response from participants (Picou 2000).

Healing circles differ from talking circles in the protocol and expectations. Participants are encouraged to tell specific types of stories centred on themes of suffering, trauma, loss, grief, and healing, and there is increased tolerance for and expectation of intense affect as these stories are recounted. The healing circle thus serves cathartic functions (Scheff 1979) and allows a group to bear witness to the suffering of each individual. In telling their stories, individuals are able to narrate their experiences in ways that give them new meaning and coherence and to receive social validation. Of course, the intensity and experience are regulated by a group process that provides a narrative structure with which to make sense of an individual's experience, either by explicit example or by the group's response to specific narrative turns or modes of explanation. Thus the stories tend to fit a narrative that is structured like a journey, with specific stages or way stations marked off (Lane et al. 2002). This structure has parallels at both individual and collective, or community, levels.

Both the talking circle and the medicine wheel embody notions of balance, harmony, and wholeness. Both provide maps or models of the nature of affliction and its potential transformation. In use, both serve as vehicles to establish and affirm respect for the individual that are compensatory to the violations of these same values whether at the level of the family or at a larger political level. Indeed, part of the current healing efficacy of these protocols and symbols for Aboriginal people resides in the fact that they can work simultaneously at multiple levels to address the compounded insults and injuries that constitute historical trauma.

Historical Trauma

Healing is always predicated on some notion of the nature of affliction. In recent years, the metaphor of trauma has gained currency as a way to talk about personal and collective

injuries suffered by Aboriginal peoples (Manson et al. 1996). The suffering of current generations is understood in terms of the transgenerational transmission of collective and historical trauma (Brave Heart 1993, 1999; Duran and Duran 1995; Serbin and Karp 2004). Wider recognition of the pervasive effects of this history of violence and oppression is relatively recent, following on the oral testimony and reports of the Royal Commission on Aboriginal Peoples. One important consequence of this was the establishment of the Aboriginal Healing Foundation, which was mandated to support healing projects that would address the transgenerational effects of the residential schools. Along with the increase in attention to trauma in mainstream psychology and the experiences of American Indian veterans in the United States and Canada, this has encouraged a view of the current mental health problems of Aboriginal peoples as stemming from large-scale traumatic events that followed colonization and forced assimilation. Individuals recounting their personal stories of domestic violence or other traumatic events may situate this account as related to larger historical events affecting their community or Aboriginal peoples as a whole. Historical trauma is linked to a collective discourse of a sometimes-assumed experience of grief and loss and to an awareness of cycles of abuse in Aboriginal communities.

Notions of historical trauma have borrowed from studies of the transgenerational impact of the Holocaust, which show both enduring effects and resilience (Kellerman 2001; Sigal 1998). But the situation of Jews during and after the genocidal regime of Nazi Germany and that of indigenous peoples suffering invasion and colonization differ in many potentially significant ways, including: (1) colonization and its oppressive institutions took place over hundreds of years; (2) for Aboriginal peoples extermination was usually not so direct, systematic, and complete; in many instances, the aim of the colonizers was cultural assimilation or marginalization rather than murder; (3) in addition to enduring violent attacks and systematic oppression, Aboriginal peoples experienced nonviolent but profound transformations in ways of life that made it difficult for them to maintain their cultures, traditions, and social structures; and (4) there was no end to the war and no liberation, only a gradual and uneven recognition of injustices, limited restitution, and small changes in policies. As a result of these differences, Aboriginal people have many ongoing reminders of historical trauma that are coupled with current stresses ranging from discrimination to ambiguous social status; their losses are multiple and intertwined; and the potential communal sources of resilience, coping, and rebuilding have been undermined. Given these differences, the transgenerational effects of the history of "historical trauma" among Aboriginal peoples requires its own study.

Whitbeck and colleagues (2004) discuss the notion of historical trauma among American Indian people as developed especially in the writing of Brave Heart (1993, 1999; Brave Heart and Le Bruyn 1998). Despite the historical reality and aptness of the metaphor of historical trauma, there are two basic unresolved empirical questions: (1) Is there, in fact, a distinctive pattern of distress (what would, in medical terminology, be called a "syndrome") that characterizes the outcome of historical trauma? Or do the effects of colonization, sedentarization, violence, loss, and grief overlap completely with the same mental

health problems defined by psychiatry, differing not at the level of the individual but only in the frequency of the problem in the population and in the likelihood of multiple co-existing problems (comorbidity), especially alcohol and substance abuse? And (2) Is there a distinct, direct, and specific causality? That is: "Are we dealing with actual historical issues or more proximate grief and trauma from the daily lives of often economically disadvantaged people who live with constant overt and institutionalized discrimination, severe health issues, and high mortality rates? The current conditions may be related to historical causes, however, the origins of the symptoms may be contemporary experiences?" (Whitbeck et al. 2004, 119). This second question raises the problem of understanding the mediation of historical effects, which may be at the level of the individual through conscious memory or unconscious psychological processes or at the level of society through family, community, and larger political processes that determine the circumstances of opportunity and adversity in individuals' lives.

To address these questions, Whitbeck and colleagues (2004) examined the notion of historical trauma as a mental health problem empirically, first with focus groups of Elders and then with a survey of adults who were not directly affected by the residential schools or by the "worst atrocities of ethnic cleansing." They conducted two focus groups with Elders on two reservations in the upper midwestern United State. The Elders identified a range of losses associated with historical traumas. Foremost among the cultural losses was loss of language; this was followed in frequency by erosion of traditional family and community ties, loss of land, and broken treaty promises. The Elders described the feelings commonly associated with these losses as primarily anger and depression.

Based on the focus groups, Whitbeck and colleagues (2004) developed two scales: (1) the Historical Loss Scale, which assessed frequency of thinking about perceived losses by asking the respondent how often 12 specific types of loss come to mind; and (2) the Historical Loss Associated Symptoms Scale, which asked for specific symptoms related to anger, depression, anxiety, and posttraumatic stress disorder (PTSD). They administered these scales to a sample of 143 adult parents of children aged 10 to 12 years on two reserves in Ontario and two reservations in the upper midwestern United States.[9] They found that many participants reported thinking daily or more often about the whole range of historical losses, especially: loss from the effects of alcoholism on our people (45.9%), loss of respect for Elders by our children and grandchildren (37.5%), loss of our language (36.3%), loss of respect by our children for traditional ways (35.2%), loss of our culture (33.7%), and loss of our traditional spiritual ways (33.2%). In terms of associated symptoms, the most common (reported often or always in association with thinking about these losses) were: anger (23.8%), feeling uncomfortable around white people when you think of these losses (21.4%), fearful or distrust the intentions of white people (15.7%). Structural-equation modelling found that perceived historical loss was significantly related to symptomatology. The relationship was stronger for anger and interpersonal symptoms, which included: fear and mistrust of white people, shame, and avoiding reminders of historical losses.

These results are from a small study that needs replication and extension. They suggest, however, that thinking about historical loss is a common experience for people in these communities and that it is associated with distress. Nonetheless, the symptoms do not fit postraumatic stress disorder but are more closely associated with feelings of anger, fear, and mistrust. This accords with the findings from other studies of individuals exposed to massive and pervasive trauma: the symptoms of anxiety and avoidance characteristic of PTSD are only one dimension of distress that covers many other domains related to sense of trust, justice, and meaningfulness in the world (Silove 1999). Indeed, anger and mistrust are crucial elements in this situation because, like avoidance, they may become obstacles to the re-establishment of safety and solidarity both within the traumatized community and in relations with others.

Grief and the Dynamics of Community Healing

The analysis of healing projects funded by the Aboriginal Healing Foundation suggests that recognizing the historical legacy of the residential schools – one major aspect of historic trauma for Aboriginal peoples in Canada – is an important step in the process of individual healing (Archibald 2006a; Brant Castellano 2006; Kishk Anaquot Health Research 2006; Stout 2003). As an externalizing attribution that locates the origins of suffering in social and political events, the focus on historical trauma has several important effects: it diminishes individuals' tendency to blame themselves and others close to them for their misfortune by encouraging an understanding of their behaviour as an outcome of forces beyond their control; it valorizes their suffering as a way to bear witness to historical injustices; and it points the way to social and political action aimed at redressing past wrongs and righting the structural violence that persists (Wesley-Esqimaux and Smolewski 2004).

Recounting one's own story of trauma safely and with some healing benefit requires a receptive audience that bears witness (Kirmayer 1996). The quality of this bearing witness depends on the relationship of Aboriginal people to the larger society where their stories can be validated, honoured, and commemorated. Encountering wilful ignorance and disbelief from others can be as great a violence as the original event. Wider recognition of the role that historical trauma has played in shaping the lives of Aboriginal people provides a social context that allows individuals and communities to tell their stories in ways that can begin the process of personal and collective transformation from helpless victim, through courageous survivor, to creative thriver.

The trauma-centric perspective has rhetorical power but raises complex issues for identity and healing. Not all suffering stems from overt violence or traumatic events. The emphasis on narrating personal trauma in contemporary psychotherapy is problematic because many forms of violence against Aboriginal people are structural or implicit and thus may remain hidden in individual stories. Creating a prototypical narrative of historical

trauma gives authority and credibility to some accounts while marginalizing and casting doubt on others. Having the right sort of story of suffering, then, can be a source of social status within the community and a politically powerful instrument.

It is tempting to focus only on the stories that can be told about explicitly traumatic events and use these to explain the persistent inequities, but these individual events are part of larger historical formations that have profound effects for both individuals and communities that are harder to describe. The impact of these damaging events is not encoded as declarative knowledge but "inscribed" on the body in the form of one's habitual responses and stance toward the world or else built into ongoing social relations, roles, practices, and institutions (Kirmayer, Lemelson, and Barad 2007). Social analysis is necessary to delineate these structural forms of violence and oppression.

At the same time, focusing on large-scale historical events as the primary sources of collective trauma and individual psychological suffering may eclipse other more discrete but equally devastating losses and stressors that occur in the life of a family or community, such as the slow deterioration of a parent from dementia or the sudden and untimely loss of a child. Individuals have their own stories and predicaments. Although "the personal is political," it is not *only* political. Addressing individual suffering requires psychological understanding, attention to the dynamics of specific families, and consideration of the individual's cultural and spiritual values and aspirations. Conflating the personal and political may not allow the clarity and specificity needed to respond to the unique aspects of problems that beset individuals or communities.

Beyond the focus on trauma, the notion of collective historical grief has been used to acknowledge the profound sense of loss of continuity and tradition as a people. Loss evokes a range of responses: grief but also anger, fear, insecurity, depression, hopelessness. Each of these emotions has social and moral consequences: anger calls others to account to demand redress; fear motivates withdrawal, avoidance, and acquiescence. Grief is the most open of these responses and thus contains possibilities for healing and transformation (Boss 1999). Grief can be a "washing with tears" that opens us to both past and future. Through mourning what was lost, we commemorate the past, contributing to historical memory, identity, and tradition. By acknowledging the pain and vulnerability of loss, we remain open to others and, ultimately, to the possibility of renewal and reconstruction. The inability to grieve may be an unwillingness to acknowledge loss and therefore an inability to recognize what is valued, which must be regained in other ways.

These dynamics of anger, fear, and grief occur not only in individuals' inner psychic space but also in the give and take of family and community relationships as well as in larger political arenas involving people who may see themselves or be labelled as perpetrators, victims, and bystanders. Demanding justice and accountability, bearing witness, acknowledging responsibility, sorrow, and regret, and offering forgiveness are all part of a moral economy that works to build a society in which Aboriginal individuals, nations, and peoples can achieve health and healing.

The Politics of Healing

There is a basic tension between the authority of tradition and the autonomy of individuals in a pluralistic society. This presents a complex social and political conundrum for contemporary nation-states.[10] For example, Denis (1997) discusses the legal controversy over the case of "Joseph Peters" (the name is fictitious but the case is real) and his Coast Salish community. In 1988 Peters was compelled to undergo an initiation (*syewen*) organized by the Elders in response to his wife's request to help him with his alcohol abuse and marital problems. Subsequently, he successfully sued the Elders for "assault, battery and false imprisonment." This case illustrates basic conflicts between protecting and upholding individual human rights, on the one hand, and respecting the collective healing and religious practices of an indigenous community, on the other. There is a difference between spirituality as private source of meaning and as a socially sanctioned and regulated domain of tradition, serving collective identity. Although framed in terms of the survival of specific traditions, identities, and ways of life, communal engagement with spiritual practice reflects inevitable tensions between individual and community found everywhere: community offers belonging, support, and collective wisdom at the cost of individual freedom (Bauman 2001).

The many forms of traditional healing that are currently undergoing a renaissance across diverse cultures and communities must be considered from this larger perspective. The resurgence of interest in traditional practices like the sweat lodge (Bucko 1998) and their adoption by Aboriginal communities that never had such traditions are part of a more global movement of regenerating Aboriginal identity and exploring the significance of an evolving tradition in the contemporary world (Washburn 1996). Sharing traditions and participating in healing traditions identified as Native or Aboriginal are basic ways to affirm a collective identity and to connect historical knowledge and wisdom to one's lived experience and everyday life. The compelling experiences, personal transformations, and new insights that come from participation in healing can give emotional immediacy, intensity, and conviction to Aboriginal identity.

Of course, in some hands, Aboriginal spirituality becomes a product, open to commercialization. The relationship between this commercialization and the healing power of "authentic" tradition needs careful study. Claims to authenticity may be efforts to protect a "pure" tradition, regulate the political use of social power, and prevent the distortion or loss of spiritual truth. Such claims may also be ways to police identity that function as a form of cultural or political oppression in which new versions of indigenous identity are undermined and invalidated (Sissons 2005). Authenticity may be a cultural construction, but it has ethical, political, psychological, and pragmatic consequences.

To a large extent, traditional healing draws its authority from its rootedness in a local community with a shared social life. The traditional healer lives in the community, and his or her efficacy and moral conduct are open to scrutiny. Traditional healing practices involve

local contexts of power that should not be immune from critical examination. Removed from this local moral economy, commodified, and placed in circulation on a global market, the ethics of healing undergo a radical transformation, and the risks of inauthenticity, bad faith, and exploitation grow. Many Aboriginal communities today are exposed to a great many different sorts of healers and practices, each claiming to be especially effective, and one marketing tool is the appeal to cultural authenticity.

One option is to bring Aboriginal healing practices under the umbrella of the institutions that regulate conventional mental health institutions. For example, in Manitoba, the Eyaa-Keen Centre, directed by Mel and Shirley Chartrand, has received accreditation in behavioural-health services from the Commission on Accreditation of Rehabilitation Facilities International, a nongovernmental organization that provides independent reviews.[11] Eyaa-Keen provides individual counselling programs that address issues related to PTSD and to the transmission of historical trauma. A key intervention is a type of breath work through which participants are trained to be more "aware of the present moment." "This awareness allows individuals to safely become increasingly cognizant of what is, and is not, working in their lives and ... to focus on life aspects that require further work."[12] The treatment provided by Eeya-Keen combines Aboriginal values and notions of spirituality and healing with contemporary approaches to counselling. This integration made accreditation more feasible than it would be for traditional forms of healing that do not incorporate the protocols and perspectives of mainstream counselling and psychotherapy.

The risk of accepting external accreditation is that the core cultural values and human connection that characterize indigenous healing may be displaced by bureaucratic institutions and technical standards. Another alternative is providing people with the knowledge needed to judge the quality and relative merits of different treatment options. This would include both a sense of the range of options and some criteria for assessing whether a healer or program is credible and likely to be helpful. With or without such information, the human qualities and ethical conduct of the healer must be given the greatest weight. Credibility, authenticity, and safety may be found, then, not in asserting some privileged access to spiritual wisdom or tradition but in basic human qualities of empathy and compassion, self-criticism and humility, openness and willingness to engage in dialogue, respect for others, and commitment to stay available and engaged over the long term.

Healing the Body Politic

Political and social activism can be a path toward healing. Activism shifts the focus from "blame the victim" to recognition of oppressive systemic structures. Engagement with the aspirations of a community or a people offers an immediate sense of purpose and direction. It requires building functional ties to community to develop solidarity and both individual and collective efficacy. If successful, such activism brings great rewards not only in

terms of social recognition, power, and economic resources but also in terms of a renewed sense of both individual and collective agency.

Developing this political power and presence, however, is not straightforward. Most current Aboriginal communities were created by or in response to colonizing powers. In the case of some hunter-gatherer peoples, current communities have brought together extended families that had no tradition of living together and that may have had previous conflicts. Aboriginal communities represent new forms of social life with their own uncharted and complex dynamics. Communities vary in their level of integration, support, and social capital. The old forms of power that grew out of a local community and way of life have been supplanted by the massive and impersonal bureaucratic apparatus of the state.

Each community has its own history, political issues, and aspirations. These local dynamics inform negotiations for health services with government-funding bodies or outside agencies. For example, as Wieman (Chapter 18) describes, the Six Nations' decision to create and deliver mental health services for its community members reflects a desire to maintain its autonomy and sense of self-reliance; at the same time, the community is currently embroiled in a complex land claims dispute that is rooted in the American Revolutionary War over 200 years ago. What effect does this have on community well-being as well as on individual mental health and the delivery of services and access to other needed services in neighbouring non-Native municipalities? This historical and political situation contrasts markedly with that of First Nations bands on the Canadian Prairies, whose demands for funding of health services may be linked to the provisioning of a "medicine chest" promised in the treaty their ancestors signed with the Queen's representatives in the 1870s (Lux 2001) – demands that are now tied to fiduciary responsibilities protected under the Canadian Constitution. This, in turn, contrasts with the precisely worded legal language of the regional agreement signed between the James Bay Cree and the Governments of Canada and Quebec in the 1970s, where health services and broader notions of a collective Cree identity have evolved in parallel (Salisbury 1986). In sum, every First Nations community has its own history and political platform that influence its approach to health services and that shape the ways political engagement itself can be healing or divisive.

There are complex political issues within communities as well. Small communities may exert powerful forces on individuals to silence dissent. Challenging violence and abuse within families, extended networks of kin, and communities threatens existing structures of power and privilege. It takes great courage to confront this abuse, whether at the level of domestic violence or in the machinations of local politics. Fox and Long write that "an important and quite painful step in the healing process involves naming the people, circumstances, and social structures that cultivate violence and perpetuate individual and collective unwellness" (2000, 271). Notwithstanding the importance of local control and self-determination, outside support from extended social networks, other

communities, organizations, and professionals may be crucial to enabling vulnerable or disempowered individuals to speak out against oppression and to work for change within their communities.

All these issues take on a different cast in the urban contexts where the majority of Aboriginal people now live. Urban Aboriginal populations consist of people from diverse backgrounds with varying levels of cultural identification and are usually not as closely knit as rural or reserve communities. In the urban setting, there may be a shift from Aboriginal identity centred on "tribal" belonging toward Aboriginality as ethnicity (Sissons 2005). This views Aboriginal people as just another ethnocultural group within the multicultural mosaic of Canada. The consequence is a lack of recognition of their unique history and priority as First Peoples and a fragmented or "artificial" community with little to hold it together beyond the stereotypes and discrimination of the dominant society. Against these divisive forces, the growing number of urban Aboriginal organizations and institutions – along with pan-Indian ceremonialism, mass media like the Aboriginal Peoples Television Network, the Aboriginal Achievement Awards, and other regional and national cultural events – are contributing to increased cohesion across diverse cultures and traditions. Ultimately, Aboriginal identity will be sustained both by increasing cultural and historical awareness and by the circulation of people between rural and remote communities and the urban environment.

Youth, Gender, and Empowerment

The Aboriginal population is a young population, and efforts to address the mental health issues of Aboriginal communities must actively engage youth and consider their unique dilemmas. The cumulative effects of internal colonialism on cultural identity and continuing tensions between the values of Aboriginal peoples and mainstream society complicate the efforts of Aboriginal youth to forge their identities and find their ways in the world. The forces of globalization have introduced diverse cultures to even the most remote Aboriginal communities. The identity of youth is inscribed in a world culture – indeed, through mass media and Internet exchanges, many Aboriginal youth may feel they share more with distant peers than with other generations within their own communities. For most, however, this sort of virtual community cannot replace the intimacy, material support, or practical resources through which local relationships prepare one to navigate a future. Nor do the images of youth-oriented consumer culture propagated by mass media fit with the realities of poverty, unemployment, and other obstacles faced by youth in many Aboriginal communities.

Despite important social and cultural differences across Aboriginal peoples, young people played a vital role in traditional community life. The notion of a prolonged period of adolescence as a distinct phase in the lifecycle between childhood and adulthood was

not sharply drawn; by their mid to late teen years, young people were functioning as adults in the community with responsibilities for subsistence activities and raising families. The community context for the socialization of youth has changed dramatically with colonialism. Adolescence and young adulthood have become prolonged periods with ambiguous demarcation and social status. Marking a departure from traditional times, where "everyone was important and everyone had a role" (Carpenter 1999), colonialism and sedentarization resulted in impoverished roles and opportunities within many communities, leaving youth without clearly defined direction.

In many societies, the transition from youth to adulthood was marked by rites of passage that subjected youth to arduous trials and then conferred a new and valued social status, whether as a warrior, hunter, and potential head of a family or through other adult roles appropriate to one's gender, lineage, and experience (van Gennep 1960; Turner 1967). The challenge of these rites engaged youth and guided them along a socially prescribed path. This was particularly important for young males at the peak of their energy and impulsivity. The loss of these traditions has left youth without comparable structures to foster identity and consolidate their engagement with and commitment to the community. In the absence of formal rites of passage, young men have improvised their own trials and ways of belonging, but these tend to reflect the ethos of the peer group rather than of the whole community.

There are important gender differences in the ways that culture change has affected traditional roles. For young women, there has been more continuity in social roles, and many are involved in childrearing as well as in work and school (McElroy 1975). They may suffer from role strain as they try to fulfil multiple tasks (Kirmayer et al. 2003). Young men, in contrast, have experienced a profound disjuncture between traditional roles and the limited opportunities available to them in many Aboriginal communities. The high suicide rates among Aboriginal young men can be related to this loss of valued status and direction (Kirmayer 1994). The discontinuity in roles and the emergence of adolescence as a prolonged life stage requires adaptations within communities to provide meaningful opportunities and constructive roles for young people to develop their potential.

Some years ago, Margaret Mead (1970) distinguished between traditional societies, in which this hierarchy and order worked well and were sufficient to prepare young people for their social roles, and *posttraditional* societies, in which the rapidity of change cast youth adrift to find their own way with limited guidance from the patterns and protocols that worked for the previous generation. The acceleration in culture change threatens to up-end the natural sequence of cultural transmission across the generations. Everyday life in these communities necessarily takes new forms, not seen in traditional times, and individuals face new problems unanticipated in the thousands of years of precontact existence, or indeed, even in the earlier years of colonization, prior to the advent of the telecommunications and transportation technologies, networks, and institutions that have accelerated globalization. When change happens too rapidly and when old ways seem irrelevant

to new predicaments, young people try to become their own leaders. This is one way to understand the dynamics of urban gangs and the new peer groups that have emerged in Aboriginal communities with sedentarization.

Recognition of the development predicament of youth points to the need to re-establish forms of initiation that lead toward viable identities in the contemporary world. Rites of passage that reconnect youth with Elders and with traditional understandings of the land can strengthen identity, self-esteem, and sense of belonging in ways that improve their ability to go forward with a sense of personal and collective continuity and purpose (Lertzman 2002).

Programs to promote mental health that are oriented toward empowerment aim to restore positive mental health and a strong sense of cultural identity by giving youth an active role in designing and implementing programs that meet their needs. Health promotion, with its emphasis on empowerment, may represent a contemporary alternative to traditional practices that accorded meaningful roles to youth as vital contributors to the community (Cargo et al. 2003). The language of empowerment is problematic for some both because of the emphasis on "power," rather than on other values like relatedness, and because of the tacit assumption that members of the dominant group and its institutions have power that they can bestow on others – a dynamic that would seem to re-enact the domination and paternalism of colonization even at the moment it claims to be sharing or transferring power. Empowerment works as a root metaphor, however, if we understand power as a placeholder for many different forms of presence and commitment and if we recognize that in acts of empowerment, power is not bestowed by one group on another but stems from within the individual and the group and that the function of the powerful other is recognition and acknowledgment rather than tutelage and legitimation.

Rethinking Mental Health Services

Rapid change has challenged Aboriginal identity and resulted in dramatic generation gaps between youth, adults, and Elders. These changes affect the whole population; therefore, mental health services and health promotion must be directed at both individual and community levels. The social origins of prevailing mental health problems require social solutions. However, conventional models of service and approaches to health promotion require rethinking if they are to be consonant with Aboriginal realities, values, and aspirations.

In most urban areas, mental health services have not been adapted to the needs of Aboriginal clients, and this is reflected in low rates of utilization. Although conventional psychiatric practice tends to focus on the isolated individual, the treatment of mental health problems as well as prevention and health promotion among Aboriginal peoples

must focus on the family and community as the primary locus of historical trauma and the source of restoration and renewal.

There are distinctive features of Aboriginal communities that make it difficult to deliver conventional mental health care and prevention programs. Compared to the urban centres where most models of care have been developed, Aboriginal communities are small, and many are geographically distant from major cities. This results both in fewer material resources for medical and social services and in multiple roles being played by a few individuals. These practical constraints have been exacerbated by government policies that lead to insufficient support for mental health services for Aboriginal communities.

As a result of the size and scale of Aboriginal communities, there is little opportunity for the sort of anonymity that protects the practitioner's professional role in large cities. This anonymity has both ethical and practical uses: it provides privacy and safety for clients who wish to talk about embarrassing matters, and it allows the helper to have some respite from being constantly "on-call." In small communities, helpers are often related to the people they are helping and have no way to step back from their role; this can rapidly lead to "burnout." Since 1999 many more Aboriginal people have been involved in training and healing projects funded by the Aboriginal Healing Foundation, but as of yet, few Aboriginal people have pursued advanced professional training in mental health.

Language is a basic conveyor of culture, and most people are connected to their emotions and intimate thoughts most readily in their first language or language of everyday life. Few health professionals working in Aboriginal communities have made the effort to learn local languages, and little mental health information has been translated. Culture, however, is a much broader issue than language and includes notions of personhood, interiority, and experience (ethnopsychology), patterns of family and social interaction, and basic values that must be central to any mental health program. A new generation of people able to put together local knowledge about health and healing with the most useful aspects of psychiatry and psychology is emerging. Aboriginal heritage is no guarantee that a professional will be culturally sensitive, however, both because of the diversity of traditions, which may differ from one's own, and because of the implicit cultural values and assumptions of psychiatry itself. A cultural critique of psychiatry is necessary to open up the space where creative reformulations of theory and practice can take place.

Psychotherapy and other mental health interventions assume a particular cultural concept of the person with associated values of individualism and self-efficacy (Bellah 1985; Gaines 1992; Kirmayer 2007). These approaches may not fit well either with traditional Aboriginal cultural values or with contemporary realities of reserve or settlement life. There is a need to rethink the applicability of different modes of intervention from the perspective of local community values and aspirations. Because the healing projects that the Aboriginal Healing Foundation has funded are initiated and carried out largely by Aboriginal people themselves, some of this rethinking is occurring through the implementation of

healing centres and other interventions (Archibald 2006b). Family and social-network approaches that emphasize the relational self may be more consonant with Aboriginal culture, particularly if they are extended to incorporate some notion of the interconnectedness of person and environment (Lafromboise, Trimble, and Mohatt 1990; Speck and Attneave 1973; Trimble et al. 1984).

Individual identity and self-esteem, which are central to health and well-being, may draw strength and depth from collective identity. Where the collective is devalued, individuals may suffer corresponding wounds to their esteem and to their social "capital," power, and mobility. Collective identity, however, is not simply intrinsic or internal to a specific ethnocultural group or community. It is created out of interactions with a larger cultural surround, which may impose disvalued identities and marginalized status. Accordingly, improving Aboriginal mental health demands attention to the values, attitudes, and actions of the dominant society as well. In the contemporary world, identities are often multiple, mixed, or hybrid. Individuals who are bilingual, bicultural, and "bispiritual" are increasingly the norm. The mental health implications of such complex identities are only beginning to receive careful study (e.g., Lafromboise, Coleman, and Gerton 1993; Moran et al. 1999).

Mental health services and health promotion with Aboriginal peoples must go beyond the focus on individuals to engage and empower communities. Aboriginal identity itself can be a unique resource for mental health promotion and intervention. Knowledge of living on the land, community, connectedness, and historical consciousness all provide sources of resilience. At the same time, the knowledge and values held by Aboriginal peoples can contribute a vital strand to the efforts of other peoples to find their way in a world threatened by environmental depredation from the ravages of consumer capitalism.

Government and professional responses to social pathologies that aim to provide more health care services or to support traditional forms of healing, although essential, do not address the most fundamental causes of suffering. Community development and local control of health care systems are needed – not only to make services responsive to local needs but also to promote a sense of individual and collective efficacy and pride that contributes to positive mental health. Ultimately, political efforts to restore Aboriginal rights, settle land claims, and redistribute power through various forms of self-government hold the keys to healthy communities (Warry 1998).

Research on the social problems that Aboriginal populations face has important implications for health-service delivery and mental health promotion, as well as for social and community psychiatric theory and practice more generally. However, research and program development must be fully collaborative through broad-based partnerships with Aboriginal communities (Macauley et al. 1999). To work productively with indigenous communities and peoples, researchers must understand the philosophical grounding of indigenous political perspectives and indigenous intellectual and ethical traditions (Biolsi and Zimmerman 1997; Deloria 1969; Smith 1999; Turner 2006).

Trickster (Re)Makes the World

Contemporary anthropology understands culture as an abstraction of a fluid, shifting, and complex mix of different streams of knowledge and practice that have their own contradictions, conflicts, and dynamics. Individuals use these resources to interpret their experiences, construct their identities, and find social positions that afford them a sense of meaning and purpose in their lives. Persons, institutions, and communities that position themselves as the arbiters of tradition try to maintain and defend values and institutions that are necessarily under constant challenge and renegotiation.

Yet this too is a half-truth since the preservation and persistence of values is crucial for well-being. Culture represents a measure of stability in our lives, a platform or foundation on which to build. Compared to other animals, our brains continue to develop and remain malleable for a long time, precisely so that we can acquire a culture (Wexler 2006). Hence it is the responsibility of Elders to hold and pass on the accumulated learning of family, community, people, and indeed, humanity as a whole. Tradition itself is a cultural invention: a way to preserve, honour, and protect collective histories and to reinvest in stories, dreams, and visions that define the ethical and esthetic terms of personal virtue and a good life.

Reflecting on the historical oppression of the Crow people, Lear (2006) provides an account of cultural transformation centred on the problem of how to continue to define a good life – and oneself as a virtuous person within that way of life – when all the social structural features of that life are shattered, its practices prohibited or drained of meaning through an array of direct attacks and indirect forms of subversion. A vibrant culture has clear social roles, standards of excellence associated with those roles, and the possibility of one's becoming a person who embodies those ideals (Lear 2006, 42). Radical social change under conditions of violent suppression of a way of life and its traditions undermines the cultural resources for self-fashioning, rendering them not only inaccessible but also progressively antiquated, "primitive," and unintelligible. Lear suggests that to be able to find meaning in the radically altered circumstances that have rendered a traditional way of life senseless and impossible to perform requires the "imaginative excellence" of a poet who can take up the past and refigure it in ways that both create new fields of meaning and open up new forms of social space.

Even without the active efforts of others to destroy a culture, the world changes, and as traditions become hidebound, it is the function of the artist at the margins of society to play with conventions, pointing out their absurdities, pushing imagination past the self-made limits that confine it. The artist as iconoclast, a modern invention, is a transfiguration of an older mythic figure, the trickster (Hyde 1998). The trickster is the most sophisticated animal power, the one who does humans one better not by brute force but through sharp wit and the fearless will (or cosmic clumsiness) to turn everything upside down. In North American indigenous mythology, the trickster is portrayed as a solitary

animal (coyote, raven, hare, spider) driven by boundless hungers for food and sex (Carroll 1984). The trickster is simultaneously the buffoon, clown, and wildcard – whose actions are destructive of order and restraint – and the culture hero who brings the foundational gifts of civilization: fire, language, and the knowledge and powers that create culture in all its symbolic wealth and variety. The trickster is like the artist, exploring the extremes of human imagination and bringing new ideas and possibilities from the margins back to the centre. The trickster pushes past the norms and bounds of culture not to teach us caution but to discover ways to remake the world.

The dramatic growth of indigenous literary and scholarly traditions over the past three decades is testimony to the strength and resilience of indigenous communities and peoples both in North America and in other colonized regions of the world (Vizenor 1999). The acerbic style and devastating wit of the late Vine Deloria Jr. (1969), a formidable Lakota intellectual, showed that an American Indian scholar could not only pick a fight and handily win his own verbal battles but could also enjoy wide social influence. His writing has inspired two generations of indigenous scholars and scholarship with the unapologetic message, directed at "Settler societies," that Onkwehonwe (Mohawk for "original people") will once again live free (see Alfred 2005). Along with others, Vine Deloria Jr.'s writing represents an Aboriginal intellectual movement in North America that has much to contribute to understanding and finding remedies for the issues of cultural creativity and survival that face both Aboriginal peoples and the larger society.

The spirit of the trickster is evident in the work of many contemporary Aboriginal artists like Carl Beam, Lawrence Paul Yuxweluptan, or Brian Jungen (Augaitis 2005; Ryan 2000). The trickster reveals the process of cultural stereotyping by subverting conventional forms, as seen for example in James Luna's performance of 1987, *The Artifact Piece,* in which he put himself on display in a museum glass case, lying motionless for hours, surrounded by plaques with bits of information about his social identity (Luna, Lowe, and Smith 2005). This "piece" forces us to think about the way that Aboriginal and non-Aboriginal segments of society reciprocally construct each other's identity. Aboriginal identity cannot be understood or transformed without corresponding transformations of the collective identity of the dominant society, which builds the museums that put Aboriginal artefacts and histories on display. Identities circulate throughout society, and everyone contributes to their meaning and value through their responses, whether deliberate or unwitting. Aboriginal and non-Aboriginal peoples carry each other's "shadow" – Jung's term for those aspects of identity and experience forced out of awareness to preserve an idealized version of the self. Along with the structural violence that maintains health disparities (Farmer 2004), these psychological dynamics contribute to the stereotyping and discrimination that keep the forces of colonial oppression alive.

Concern for the well-being of Aboriginal peoples, therefore, is not only a matter of basic empathy, humanitarian values, historical justice, and human rights – although this would be more than enough to bring it front and centre. Our capacity to develop and

maintain a pluralistic society that respects and nurtures creative difference depends crucially on ongoing dialogue with indigenous peoples. Indeed, the issues go far beyond the future of Canadian society, for they engage the globe both as a single superordinate world system and as an ecological environment of which we are a troublesome part. Profound climatic changes, brought on by the explosive growth of urban industrial society and the insatiable appetites of consumer capitalism, make the problem of living in balance with nature vital to the future of all of humanity. Consistent with indigenous perspectives rooted in the experience of living close to the land, the division between the humanly constructed world and the natural environment has broken down; we need new metaphors for our habitation of the earth, metaphors that allow us to fuse our sense of human community with serious commitment to wise stewardship of the planet.

There are two broad meanings of "indigenous": as a political predicament of colonized peoples in settler societies who became isolated minorities in their own lands; and as people living close to the land in a particular place. In the former sense, indigenous experience is contrasted with that of immigrants and settlers; in the latter sense, the contrast is with cosmopolitan or diasporic peoples. However, these two aspects of indigeneity are related. What distinguishes many indigenous traditions is a strong sense of place, of recognizing the spiritual, ethical, esthetic, and historical dimensions of connection to land. But there are inevitable tensions between such indigenous constructions of the self and the global or planetary networks in which we all are increasingly enmeshed. Both of these poles of identity are important, and as Anthony Appiah (2006) has recently argued, some version of "rooted cosmopolitanism" is urgently needed on our fractious and fragile planet. Without romanticizing or distorting the complexity of the cultural traditions and current lives of indigenous people, it remains likely that value systems emphasizing connectedness, community, and living in harmony with the land hold keys to both Aboriginal resilience and our collective survival.

Acknowledgments

Notes

1 That the Kuna healers use an esoteric vocabulary that is mostly unintelligible to their patients further limits Lévi-Strauss's account (Sherzer 1983).

2 Of course, there is an archetypal level to myth and a mythic level to archetype, so these terms mark off segments in the cyclical process of making meaning.

3 Indeed, as Lévi-Strauss (1969) showed, myths embody larger cognitive structures that think through us.

4 Of course, this does not preclude a more playful, humorous, and ironic stance as embodied in the mythological figure of the trickster.

5 Dr. Joseph Couture, a Cree/Métis Elder, educator, psychologist, and healer, received the 2006 Aboriginal Achievement Award for his work in health. The citation notes: "As the first Aboriginal person to receive a

PhD in psychology, Dr. Joe as he is affectionately known, has not only built bridges of understanding between two cultures but has systematically affected generations of educators and students with his straightforward and profound traditional healing methods." See http://www.naaf.ca/html/dr_j_couture_e.html (accessed 3 June 2008).

6 From an interview by LJK with Joseph Couture, Montreal, May 2000.

7 There is a Mäori analogue to the medicine wheel in the notion of *Te Whare Tapa Wha,* described by Durie and colleagues in Chapter 2, in which health is conceived of as a four-sided house in which each wall represents one aspect: *taha wairua* (spirituality), which includes a healthy relationship to the environment as well as to Mäori cultural identity; *taha hinengaro* (mind), which includes thinking and feeling; *taha tinana* (physical health); and *taha whänau* (relationships).

8 There has been a circulation of ideas between Jungian psychology and Aboriginal healing traditions (e.g., Gustafson 1997; Sandner 1979). To some extent, this reflects that Jung borrowed directly from Indigenous traditions – studying Innu tradition through the work of Frank Speck (1977) and meeting with Elders in the American Southwest. However, the generality of these models suggests that many traditions have used similar natural symbols to depict basic intuitions about universal features of human experience (Abramovitch and Kirmayer 2003; Petchkovsky, San Rocque, and Beskow 2003). Aboriginal people have found resonances between traditional wisdom and the ideas of Jungian psychology (Stephenson 2003).

9 Although Aboriginal peoples in the United States and Canada share common ancestry, there are important differences in their historical experiences. For example, there have been considerable differences between the two countries in the funding, administration, years of operation, curriculum, and activities of Indian residential schools. There are seventy-two Indian residential schools still operating in the United States, most under Tribal directorship.

10 For example, a major concern in post-Apartheid South Africa has been how to exercise appropriate legal and judicial authority in such a diverse, medically pluralistic, and ontologically rich context (Ashforth 2005).

11 They note on their website that "Eyaa-Keen Centre, Inc. is the only Aboriginal organization in Canada and most likely in North America accredited as an Aboriginal Traditionally based Traumas Treatment program." See http://www.eyaa-keen.org/whatnew.htm (accessed 9 February 2007).

12 Eyaa-Keen Centre brochure, http://www.eyaa-keen.org (accessed 4 June 2008).

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