

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).



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-serviced 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



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 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



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



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.

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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.

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