
Traditional Healing Methods with First Nations Women in Group Counselling

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ABSTRACT

A traditional aboriginal healing ceremony, called the Healing Circle, was utilized in a counselling group comprised of First Nations and non-aboriginal women survivors of child sexual abuse. The traditional ceremony and aboriginal beliefs were examined for their impact on the counselling process. The ceremony and beliefs established a spiritual component which contributed positively to the group. Adhering to aboriginal culture was integral to the healing process. Suggestions for the non-aboriginal counsellor in facilitating the healing process for First Nations women are offered.

RÉSUMÉ

Une cérémonie de guérison autochtone traditionnelle, appelée la cérémonie du cercle de guérison, a été utilisée dans un groupe de thérapie comprenant des femmes des Premières Nations ainsi que des femmes non autochtones. On a étudié l'effet de la cérémonie traditionnelle et des croyances autochtones sur le processus de counseling. La cérémonie et les croyances ont apporté un élément spirituel qui a contribué d'une façon positive au groupe. L'adhésion à la culture autochtone constituait une partie intégrale du processus de guérison. L'article offre des suggestions à l'intention des conseillers non autochtones afin qu'ils puissent contribuer au processus de guérison chez les femmes des Premières Nations.

Counselling services offered to First Nations people often fail because cultural and traditional beliefs are not addressed in therapy (Bransford, 1982; Darou, 1987; LaFromboise, Trimble, & Mohatt, 1990; Renfrey, 1992; Richardson, 1981; Sue, 1977; Trimble, 1976; Vontress, 1985). For non-aboriginal counselors to be effective with First Nations clients, they must first be willing to accept the legitimacy and importance of traditional healing beliefs and practices (LaDue, 1994; LaFromboise, Trimble, & Mohatt, 1990; Saks Berman, 1989). In addition, the historical context of the First Nations people demands that the non-aboriginal counsellor be particularly sensitive to issues of trust and respect in the therapeutic alliance (Darou, 1987; Gamlin, 1990; LaFromboise & Dixon, 1981; Shah & Dubeski, 1993; Trimble, 1976).

Long-standing problems related to child sexual abuse may be an important issue to address in therapy for First Nations women. Research on child sexual abuse of First Nations people has largely been neglected despite some recent studies reporting a rate as high as 80% with a greater likelihood of female children being victimized (McEvoy & Daniluk, 1995). Counsellors working with this

population should be familiar with trauma literature (Herman, 1992) and mindful of cultural differences which may impact the counselling setting.

Other common problems which may arise in therapy pertain to violence, drug and alcohol addiction and suicide. Historical influences such as the residential school system are viewed as greatly contributing to these problems. In the past, First Nations children were forced from their aboriginal communities to attend religious boarding schools because it was believed their aboriginal culture was an unacceptable environment to raise children in. First Nations children were forced to adopt a non-aboriginal culture and reject their own. Years later, reports surfaced of sexual abuse toward some of the children attending these schools (Haig-Brown, 1988; LaFromboise, Heyle, & Ozer, 1990; Martens, 1988; McEvoy & Daniluk, 1995).

Issues relating to the inequities between men and women may be another area that requires exploration in therapy. The erosion of traditional and cultural beliefs has also affected the status of First Nations women. Traditionally, there was a more equitable relationship between men and women (LaFromboise, Heyle, & Ozer, 1990) but now men assume the majority of power in First Nations communities. Further, because First Nations women have experienced higher rates of abuse (80% for First Nations women versus 30% for non-aboriginal women; Ontario Native Women's Association, 1989), counsellors should note the importance of clarifying power and control issues that aboriginal women may experience in their relationships with men.

The healing circle is an empowering healing process which has provided opportunities for First Nations women to address issues of abuse (Connors, 1993; Kasee, 1995; LaFromboise, Heyle, & Ozer, 1990). This traditional healing practice has allowed women to meet in a group to gather strength and support from other women.

This paper will describe a counselling group which utilized an aboriginal healing ceremony that was formed for First Nations and non-aboriginal women who are survivors of child sexual abuse. The traditional healing ceremony and beliefs used in the group will be examined for their usefulness in enhancing the therapy process for the women. Cultural beliefs related to the understanding of the role of the community in the healing process will also be discussed. Lastly, implications for the role of the non-aboriginal counsellor in facilitating this type of group will be considered in each of the three areas.

REVIEW OF THE LITERATURE

The integration of aboriginal healing practices with conventional cognitive therapy is considered an appropriate approach. This form of therapy addresses both spiritual aspects that are important in aboriginal healing (Manson, 1986), and conventional therapy which is structured to specifically address problems from an emotional and cognitive perspective (Renfrey, 1992). In this section I will briefly discuss aboriginal beliefs, traditional aboriginal healing methods,

conventional therapy approaches, and the possibility for their integration in a therapy setting.

Aboriginal beliefs can be thought of as encompassing a world view guided by spiritual aspects of living. The family, community, nature and the spiritual world are all felt to be connected (Connors, 1993; Garrett & Garrett, 1994; Heinrich, Corbine, & Thomas, 1990). Beliefs pertaining to healing or well-being maintain a focus on the community rather than the individual (Garrett & Garrett, 1994; Heinrich et al., 1990). In this regard, group counselling initiatives with First Nations clients may be more appropriate than individual counselling (Garrett & Osborne, 1995).

Traditional aboriginal healing methods promote inner strength and cohesiveness within First Nations communities by reinforcing cultural values (LaFromboise, Trimble, & Mohatt, 1990). Some ceremonies require actual physical participation as is the case in the healing circle which includes a purification ceremony. The purification component involves a ritualized cleansing of the mind, body, and spirit that offers time for meditative preparation in anticipation of the ensuing meeting (Ross, 1992). This creates a heightened involvement in the ceremonial procedure which may also serve to establish greater receptivity and productivity during the meeting. Traditional healing ceremonies may also have more generalized therapeutic effects because they often include the participation of family and community members which increases the social support of the individual (Renfrey, 1992).

Several studies have attempted to discern which conventional therapy approaches and techniques are most relevant to the First Nations client. A concrete type of counselling such as cognitive therapy has been reported as preferable over a non-directive approach by First Nations clients (Bransford, 1982; Darou, 1987; Dauphinais, Dauphinais, & Rowe, 1981; LaFromboise, Trimble, & Mohatt, 1990; Richardson, 1981). Therapies which include a collaborative approach are more consistent with the First Nations culture and its emphasis on cooperation between community members (Darou, 1987; Dauphinais et al., 1981; LaFromboise, Trimble, & Mohatt, 1990; Richardson, 1981). Silence, re-statement and general leads were felt to be most appropriate when working with First Nations clients as these therapy techniques communicate respect (Richardson, 1981). Native female college students interviewed on how they cope with stress reported utilizing cognitive methods such as self-talk and problem solving as well as recalling personal cultural beliefs associated with spirituality (LaFromboise, Trimble, & Mohatt, 1990).

One issue concerning therapy interventions with First Nations women is whether or not aboriginal healing methods should be combined with conventional therapy. At the very least, research does suggest that being effective in therapy with this population "requires the modification of the customary two-person relationship." (Trimble, 1976, p. 79). Some suggestions for counselling include the priority of group counselling as it is more similar to First Nations healing initiatives (Garrett & Osborne, 1995). The openness of the counsellor to include First Nations healing practices is felt to be an important way to convey

respect (Renfrey, 1992). The inclusion of traditional healing practices and beliefs appears to be therapeutically effective as well (Garrett & Osborne, 1995; LaFromboise, Trimble, & Mohatt, 1990). The inclusion of aboriginal healers as co-leaders has been suggested as another way to incorporate healing practices (Garrett & Garrett, 1994).

METHOD

The intent of this research was to investigate the influence of traditional aboriginal healing practices and beliefs in the therapy process for First Nations women. A counselling group which included an aboriginal healing ceremony named the healing circle was combined with cognitive therapy.

Participants

After discussing the feasibility of having a therapy group with the Native Women's Committee, one woman agreed to contact other women about participating in the group. At the initial meeting the counselling format was explained as an opportunity to incorporate conventional therapy methods with a previously familiar aboriginal healing circle to provide a new way to explore issues within a group. From that process, three Ojibway, First Nations women and two non-aboriginal women agreed to participate.

The members ranged in age from their mid-thirties to mid-forties. The women knew each other prior to participating in this group and all participants had previous experience with conventional counselling approaches and traditional healing circles. Although the participation of the non-aboriginal women was important in the development of the group, the focus of this paper will be on the First Nations women.

The counsellor was a non-aboriginal female in her early thirties. She was a graduate student in counselling psychology at the time of the study and her counselling orientation was in cognitive therapy. She had previous experience facilitating groups, working with women who had experienced childhood trauma and doing supportive counselling in a First Nations community.

Procedure

The group met weekly over a ten-week period for approximately two hours each session. Meetings were held at a Native Social Services branch of the reservation where the First Nations women were from. All participants consented to the audio-taping of the group meetings. After each meeting was audio-taped, a verbatim transcription was made. Each transcription was repeatedly analyzed by the counsellor for thematic content, counselling process and shifts in the group as they pertained to the utilization of aboriginal traditional beliefs and ceremony, as well as counselling interventions. The counsellor's role in facilitating this process was also examined. Open-ended evaluation forms were filled out at the completion of the ten-week group.

Description of The Healing Circle

The healing circle emphasizes spiritual elements that encourage an open and honest encounter. The ceremony promotes not only a spiritual connection between the participants in the group but a physical and psychological link as well. In this ceremony, problems are addressed in a group. Group cohesion and trust are promoted through the usage of the purification ceremony, prayer and departing handshakes (Garrett & Myers, 1995; Garrett & Osborne, 1995; Manson, 1986; Ross, 1992).

In this group, the format of the modified healing circle went as follows: members stood in a circle while one of the First Nations women in the group performed the "Purification Ceremony." A shell containing the traditional medicines (sage, sweet grass, cedar, and tobacco) was burned. Each person was instructed to cup the smoke which emitted from the shell, and to place it over their head and shoulders. An opening prayer followed the purification ceremony.

For this part of the ceremony, members stood and linked hands while one of the First Nations women recited a prayer, some of which was in the Ojibway language. The prayer gave thanks for the opportunity to come together and reminded participants of the importance of speaking honestly about their concerns. The prayer also summoned the Creator (a spiritual figure who is honoured in aboriginal culture) to give support, strength, and guidance to the group members. Members were then seated.

The counsellor began the meetings holding the traditional eagle's feather. She summarized the previous session by discussing themes, issues, and previously shared concerns (Corey & Corey, 1977). Cognitive interventions were included when it was felt to be productive and not disruptive to the healing ceremony. The eagle's feather was passed from one person to the next as each member spoke. After everyone had an opportunity to offer feedback on the group session, the healing circle was brought to an end and a closing prayer followed. The prayer thanked the Creator for providing guidance to the group and acknowledged the participants for sharing in the group. Lastly, "the circle handshake" began with each member going around in the circle, hugging other members as a final symbol of support and acceptance.

Description of Cognitive Therapy

Cognitive therapy was chosen by the counsellor because research suggested that this therapy approach was less culturally biased than other therapies because it offers a concrete, present-focused orientation which operates in collaboration with the client (Corsini & Wedding, 1989; Dauphinais et al., 1981; Dobson & Block, 1988; LaFromboise, Trimble, & Mohatt, 1990; Renfrey, 1992; Young & Beck, 1982). Specific cognitive therapy methods applied in the group included focussing on themes, and reframing issues through restatements, self thoughts, and general leads. Problem solving was addressed through the monitoring of behaviours, thoughts and feelings while outside of the group.

RESULTS

Aboriginal Healing Circle Ceremony

The first method examined for its influence on the group was the healing circle ceremony. The major way that this traditional ceremony influenced this group was that it provided a spiritual framework for addressing problems in the group. The spiritual focus heightened the participants' motivation for confronting difficult issues. The purification practice offered the chance to become physically involved in a ritual using sacred medicines which allowed for a more personally meaningful encounter. The opening prayer's message further emphasized the need to confront problems within an unconditionally supportive atmosphere.

The traditional usage of the eagle's feather enabled each member to have the opportunity to speak while others listened. The group's undivided attention to each member holding the eagle's feather was described as a validation of their importance in the group. The experience was described as empowering by some of the participants because they were given the opportunity to speak until they were finished.

The participants felt comfortable in this environment as a result of the traditional ceremony and practices. Group cohesion was fostered because they felt supported by one another and less vulnerable due to the respectful nature of the group encounter. Evaluation forms consisting of open-ended questions were filled out at the conclusion of the group. The members' written comments suggested that the aboriginal ceremony was conducive to encouraging a warm, caring and relaxed environment. They also felt that the healing practices encouraged a supportive and non-judgemental encounter when they spoke.

Aboriginal Beliefs

The second area that was examined for its influence on the group was the sharing of aboriginal beliefs or values. The major way this impact occurred was through aboriginal teachings or stories shared in the group. The First Nations women felt the teachings provided personal meaning for them and allowed them to develop a stronger devotion to aboriginal healing methods. The teachings also promoted self-disclosure as the women discussed how the stories were impacting them personally.

For instance, in one of the stories, a First Nations woman recited an aboriginal teaching that was illustrated by using the elements of a ceremonial shield. The teachings emphasized a way to reconnect to a traditionally simple way of living based on sharing, caring, honesty, and kindness. She explained how these teachings promoted healing from her own child sexual abuse. At first she blamed herself for the abuse that occurred. She questioned whether she was at fault and was sometimes given that impression from others, "that it was [her] fault for encouraging it." It was through aboriginal teachings that this woman learned she was not to blame.

While most aboriginal beliefs were helpful in framing issues, some clashed when implemented in the First Nations community. One such belief highlighted

the complex nature of how cultural beliefs could also perpetuate community problems. A First Nations group member was concerned that the traditional belief referred to as the "ethic of non-interference" compromised addressing present problems on the reserve. The ethic of non-interference posits that one must not interfere or challenge others because it is disrespectful (Brant, 1990). This member felt that this ethic was conflictual because it prevented abuse from being addressed in the community. She explained her argument this way: "Each of us has a responsibility to help out in the community. [This means] looking out for your neighbour and neighbour's children and not to look the other way!" The ethic of non-interference, when applied to an aboriginal community which needs to address sexual abuse, does not work, but historically it was very valuable in maintaining group cohesion.

Focus on Community

The third area that influenced the group was the focus on community healing. As the First Nations women progressed in their personal growth they became more interested in First Nations community wellness. At first, personal healing goals were initial goals, while longer term goals involved the community wellness. Unlike other non-aboriginal clients in therapy, the First Nations women in this group had two goals to achieve: (a) individual healing, and (b) community healing. This notable relationship with community tends to support the aboriginal world view which emphasizes collective efforts rather than individual achievement (Garrett & Garrett, 1994).

Child sexual abuse, as previously explained, is a major problem with First Nations women. During childhood, the First Nations women generally suppressed their feelings as a result of the abuse. The suppression of personal feelings and needs continued into adulthood as they reported becoming over-burdened with family, work, and community responsibilities. One woman said, "If I keep busy, I don't need to feel hurt or need to think about what I am feeling inside."

In the early group sessions, the First Nations women expressed guilt, shame, and self-blame but as they began comparing their experiences they were comforted by the fact that they all shared similar experiences, and could therefore more easily draw support from one another. With this shared sense of belonging came support for changes the women were attempting to make in their lives. They noticed that they were becoming more assertive, making time for personal needs and feeling comfortable when refusing unreasonable demands made on them in their work and family life. A First Nations woman commented as follows: "I find myself at work being more assertive . . . I find I can say 'no' to the kids now."

DISCUSSION AND IMPLICATIONS FOR COUNSELLORS

The inclusion of traditional ceremony and beliefs into this therapy group for First Nations women appeared to increase therapeutic effectiveness. The spiritual

framework of this group heightened the importance of participating in such a group. The sharing of traditional values in the form of stories reaffirmed the First Nations women's beliefs in the importance of exploring their lives within an aboriginal context. This context also included the view that community healing must be addressed as well as individual healing.

The topic of child sexual abuse is a difficult area for any client to address in therapy. There is often much shame and self-blame associated with the experience (Herman, 1992). The healing circle format offered a safe and spiritually nurturing environment where unconditional support of group members was evident. It was within this atmosphere that the group members were able to share their feelings about the abuse and feel understood by others who shared those same feelings and experiences. Cognitive therapy interventions aided this process by initially emphasizing that members shared similar concerns. An opportunity to examine more closely how the effects of child sexual abuse were negatively influencing their lives was helpful in determining ways in which they could begin to change.

This research hints at some of the complexities that non-aboriginal counsellors may be faced with when counselling First Nations women (McEvoy & Daniluk, 1995). Counsellors should first and foremost demonstrate an attitude of openness and respect for aboriginal traditional ceremonies and beliefs (Saks Berman, 1989). Allowing for traditional practices within the counselling setting is an important way of communicating respect for the First Nations world view (Dufrene & Coleman, 1992; Trimble & LaFromboise, 1985).

Another way to demonstrate respect for aboriginal traditional ceremonies and beliefs in a counselling group is to include a First Nations co-leader. Although there was no formal co-leader for this group, one of the First Nations women was responsible for conducting the traditional practices for the healing circle ceremony each week. Her contribution was vital in establishing the connection to traditional healing and beliefs. In future groups it would be beneficial to have a First Nations woman co-facilitator in the group to help ensure an aboriginal perspective is maintained during the group process.

To be accepted in a group which employs aboriginal healing practices, the non-aboriginal counsellor can, depending on the wishes of the First Nations participants, be either a full participant in the ceremonies or simply observe. The counsellor should adjust his or her stance in the group to be more passive during ceremonial proceedings to communicate respect and a willingness to learn from the experience (Garrett & Garrett, 1994; Heinrich et al., 1990). If traditional ceremonies are requested or are of interest to the First Nations group who do not have experience with such ceremonies, appropriate sources should be found. If there are no immediate resources available, the counsellor should be prepared to make referrals to First Nations people such as elders or aboriginal healers who perform healing practices (Garrett & Garrett, 1994; Garrett & Osborne, 1995; McIvor, 1990).

Non-aboriginal counsellors need to be cognizant of the complex nature of aboriginal beliefs in maintaining crucial connections within First Nations communities. The aboriginal belief system is all encompassing, including spiritual and natural phenomena. By failing to acknowledge this frame of reference, the non-aboriginal counsellor may be undermining the therapeutic relationship (Trimble, 1976). Counselling which displays openness towards cultural beliefs may provide opportunities for more closely examining issues in counselling.

Efforts to maintain continuity in the healing process for First Nations women should consider the parallel view of community healing as well. As treatment progresses in a group, it may be appropriate for the community to become more involved (Connors, 1993). This initiative may appear daunting as ethical issues of maintaining confidentiality and limiting participation become more loosely defined. Nevertheless, it is vital for the counsellor to remain open to cultural preferences of the First Nations client with regards to treatment interventions if a solid foundation of mutual trust is to develop. This may require a non-conventional approach to counselling whereby friends, relatives and community members are incorporated into the counselling setting. The shift to include these additional members in the counselling process highlights the importance of interconnectedness for the First Nations population, and is a first step at moving away from the culture-bound tendency of mainstream counselling interventions (McCormick, 1998).

Non-aboriginal counsellors need to challenge themselves to be receptive to alternative views of healing if there is to be any remedy for addressing the serious problems that many First Nations communities face. The counsellor's biases need to be evaluated and prevented from interfering in working with clients from another culture who hold a different world view. Counsellors should not be presumptuous in assuming that all First Nations people adhere to aboriginal traditions and beliefs, as there is a range of cultural assimilation within the population (Connors, 1993; Garrett & Garrett, 1994; Heinrich et al., 1990; Renfrey, 1992; Zitzow & Estes, 1981). To accommodate the range of adherence to aboriginal tradition in a First Nations counselling group, individual members should have the option of participating or not participating in cultural ceremonies and practices. This option provides each group member with the freedom to choose the level of participation in traditional ceremonies and practices according to their world view. To aid counsellors in becoming more mindful of cross-cultural issues, further investigation into the role of ceremonial healing and aboriginal beliefs in the counselling process and outcome is required.

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