

II. Review of the Literature

Literature relevant to the question of what facilitates healing for First Nations people is reviewed in this chapter. The concept of intercultural counseling and indigenous counseling is presented by way of background followed by a review of First Nations culture and First Nations mental health problems. The remainder of the chapter focuses on the factors that contribute to healing for First Nations people.

Background

Intercultural Counseling

The most straightforward definition of intercultural counseling is "any counseling encounter in which two or more of the participants are culturally different" (Atkinson et al., 1989, p. 9). Intercultural counseling or cross-cultural counseling is said to have been developed in response to the human rights movement and the attention given to the needs of women, ethnic minorities, and disabled people (Margolis, 1986). Counselors and other mental health practitioners were concerned that the culturally bound approaches they were using were causing great harm to culturally different people (Ponterotto & Benesch, 1988; Sue & Sue, 1990; Ponterotto & Casas, 1991). Counseling is seen as being culturally bound because approaches and theories are composed of culturally bound philosophical assumptions regarding the nature of humanity (Sue, 1989). The techniques used in counseling and psychotherapy also tend to be closely tied to culture (Torrey, 1972).

To work effectively in a cross-cultural capacity a counselor must, according to Cormier and Hackney (1987), "choose approaches and strategies that pace or match both the personal and cultural background of the client and avoid relying on just their favorite or typical unimodal approach" (p. 117). Sue and Sue (1990) concur, stating that an effective cross-cultural counselor must be sensitive to and appreciate cultural differences. The cross-cultural counselor listens and learns from the client to gain an understanding of the client's assumptions regarding the nature of humanity. This knowledge provides the counselor with an understanding of what motivates the clients, how problems occur for them, how healing occurs for them, and what the client and counselor role is in the healing process. After obtaining this knowledge the counselor can then develop new concepts, services, and methods that are appropriate to the life experiences of the culturally diverse client.

A recent development in intercultural counseling is to view it as the "fourth force" in counseling. This is to view multicultural counseling from a broad perspective so that it is seen as a generic approach to counseling (Pederson, 1991). According to this broad definition, the multicultural perspective would apply to all counseling relationships. This perspective would enable the counselor to better match a client's culturally learned

expectations with the client's behavior and to help the counselor become more aware of how his or her own culturally learned perspective and expectations affect the counseling relationship (Pederson, 1991). The culture-centered or "cross-eyed" approach to intercultural counseling has also been advocated because it recommends that counselors attend both to the ways in which people are similar and to the ways that they are different. Mistakes are often made by focusing too strongly on the universal or culture-free aspects of humanity or by focusing too narrowly on the isolated or culture-pure aspects of humanity (Pederson, 1991). To be cross-eyed a counselor must focus one eye on the differences and one eye on the similarities (Pederson, 1993)

Indigenous Psychologies

Like intercultural counseling, the field of indigenous counseling has experienced an increased interest among members of the mental health profession. This interest has been sparked by the realization that general psychology tends to be both culture-blind and culture-bound (Kim & Berry, 1993). Indigenous psychologies have been described as generally accepted psychological claims that are "culturally pervasive and not invented" (Heelas & Lock, 1981). Heelas and Lock (1981) state that indigenous psychologies seek to interpret reality, whereas scientific psychologies seek to transform it. As the term *Indigenous* implies, these psychologies are about people and their relationship to the world. They are also characteristic of the region or culture of their origin and are not intended to apply to other cultures. Heelas and Lock (1981) thought that indigenous psychologies are necessary with respect to three functions: "sustaining the inner self, sustaining the self with respect to the sociocultural, and enabling sociocultural institutions to operate" (p. 13). Indigenous psychologies exist to help people of one culture or community to understand their lives in the context of that culture or community. Healing from an indigenous psychological perspective means that illnesses are locally understood, treated, managed, and classified (Gaines, 1992). This differs from the type of cross-cultural psychology that, in its attempts to examine local variation, uses Western categories and classifications assuming that such practices are universally acceptable. One of the findings of research on intercultural counseling and indigenous psychologies is that Western psychologists have gained a greater awareness of the culture-bound quality of the categories and models that drive Western psychological theory building (Schwartz, White, & Lutz, 1992).

First Nations Culture and Mental Health

First Nations World View

Ethnopsychiatrists such as Torrey (1972) make a strong case that counseling cannot take place without communication, and that we cannot communicate with someone unless we have a shared language and world

view. In order to communicate and counsel First Nations people, counseling service providers must understand the traditional world view of First Nations people. Despite the working assumption of some non-Native counselors that many forms of therapy are "value-free," all counseling nevertheless makes inherent assumptions. These assumptions are rooted in philosophical views of human nature and people's place in the world (Wachtel, 1977). Mental health professionals, like most members of a community, lack insight into their own culturally learned ideas and values (Torrey, 1972).

It is estimated that there are approximately 250 systems of psychotherapy in existence (Corsini, 1984). Most of these models of counseling are based on the belief system and values of the "accepted" majority point of view (Ibrahim, 1984). This point of view or world view inevitably affects our belief systems, decision-making, assumptions, and modes of problem-solving (Ibrahim, 1984). People comprehend *world view* to mean the understanding that an individual has about how things and people relate to one another. An understanding of a client's world view is, therefore, essential to being an effective cross-cultural counselor (Ibrahim, 1984, 1985). Lafromboise, Trimble, and Mohatt (1990) state:

Knowledge of and respect for an Indian world view and value system—which varies according to the client's tribe, level of acculturation, and other personal characteristics—is fundamental not only for creating the trusting counselor-client relationship vital to the helping process but also for defining the counseling style or approach most appropriate for each client. (p. 629)

An important point in this statement concerns the need to recognize the diversity among First Nations people. If this statement is correct how, then, can counselors assess world view? Based on a scheme developed by Kluckhohn and Strodtbeck (1961), Ibrahim (1984) developed a scale for assessing world view across cultures. The common themes are: (a) People: nature orientation, (b) Time orientation, (c) Activity orientation, (d) Relational orientation, and (e) Modality of human nature. An examination of these schemes would further our understanding of any culture's or individual's world view. Although this scale was not used in this study, it is one of the few instruments designed to recognize differences in the ways people see their world.

The First Nations Medicine Wheel informs a philosophy of healing that approximates a traditional First Nations world view as it pertains to healing. The Medicine Wheel shows the separate entities: mental, physical, emotional, and spiritual as being equal and as part of a larger whole. This reinforces the concept of interconnectedness and the belief that one part cannot be the center but must instead learn to work in harmony with all of the other parts. The Medicine Wheel, therefore, represents the balance that exists between all things. The First Nations world view as represented by the Medicine Wheel has balance as one of the basic tenets of healthy living.

The Medicine Wheel is viewed as "movements in the cycle of human development from our birth to our unity with the whole of creation" (Bopp, Bopp, Brown, & Lane, 1984).

Traditional First Nations healing incorporates the physical, social, psychological, and spiritual being. It is difficult to isolate any one aspect (Primeaux, 1977). It is thought that First Nations people become ill when they live in an unbalanced way (Medicine Eagle, 1989). Balance, then, is essential for the First Nations person because the world itself is seen as a balance of transcendental forces, human beings, and the natural environment (Hammerschlag, 1988). An appropriate description of First Nations health can be found in a recent report on Aboriginal health and healing in Canada:

Throughout the history of First Nations people, the definition of health evolved around the whole being of each person—the physical, emotional, mental and spiritual aspects of a person being in balance and harmony with each other as well as with the environment and other beings. This has clashed with the Western medical model which, until very recently, has perpetuated the concept of health as being "the absence of disease." (Favel-King, 1993, p. 125)

Interconnectedness

In this context interconnectedness can be viewed as the individual's connection to the world outside the self. Practically, this means to become connected or reconnected to friends, family, community, and culture. Leading First Nations mental health researchers have continually stressed the collective orientation of First Nations people (Trimble & Hayes, 1984; Lafromboise et al., 1990). This philosophy is well described by Ross (1992) when he states that interconnectedness means

That we are not alone, nor can we go it alone. We are here not to assert our dominion or to rise above the rest, but to make a contribution to the rest. The successful man is the one who understands his role as the conduit of sustenance for all components of creation and who dedicates his efforts towards maintaining harmony and balance within all creation. (p. 182)

This theme of interconnectedness is prevalent throughout most First Nations cultures and has been aptly described as a series of relationships, starting with the family, that reaches farther and farther out so that it encompasses the universe (Eppe-Brown, 1989). The emphasis on interconnectedness is often in conflict with the modern western emphasis on individuality. Some First Nations people even see mental illness as result of excessively individualistic behavior that is best treated by using the power of the community (Lafromboise, 1988). Counselors who tend to stress the role of individual client responsibility need to be aware that it may not be appropriate to do so with all clients.

The role of healing in traditional First Nations society has been not only to reaffirm cultural values but also to consider the individual in the context of the community (Trimble & Hayes, 1984; Lafromboise et al., 1990). In

some First Nations cultures, establishing harmony in the community and improving interpersonal relationships among members of the community is seen by members of the community as the goal of therapy (Torrey, 1972). Healing is often in the form of a community-sanctioned and community-run cleansing ceremony that involves the whole community (Ross, 1992; Torrey, 1972). Katz and Rolde (1981) found that the goal of traditional Native healing was not to strengthen the client's ego as in non-Native counseling, but to encourage the client to transcend the ego by considering himself or herself as imbedded in and expressive of community. Like family therapy, systems therapy, and community psychiatry, First Nations healing promotes the idea of bringing together many forces to best use the powers that promote health (Hammerschlag, 1988). Traditional First Nations ceremonies such as the Vision Quest and Sweatlodge reinforce adherence to cultural values and help to remind people of the importance of keeping family and community networks strong (Lafromboise et al., 1990). Traditional First Nations therapeutic approaches, unlike many Western approaches, usually involve more than just the therapist and client. Relatives and community members are often asked to be part of the healing process. Numerous researchers such as LaBarre (1964), Trimble (1976), Blue (1977), Redhorse, Lewis, Feit, and Decker (1978), More (1985), Guilmet and Whited (1987), and Herring (1989) found that First Nations people will inevitably turn to relatives and community members when they experience personal problems. This finding raises doubts as to the usefulness of using Western approaches such as psychodynamic therapy or person-centered therapy with First Nations clients. The one-on-one interaction characteristic of many Western counseling approaches is isolated outside the context of the community and family and must, therefore, be questioned as a valid means of dealing with First Nation client problems (Dauphinais, Dauphinais, & Rowe, 1981).

One approach that takes the First Nations collective orientation into account is called *network therapy*. The network approach uses family, friends, and relatives as a network and social support system to help the person in need. The counselor's role in Network therapy is to act as a facilitator and catalyst (Lafromboise et al., 1990). Crouse (1982) recommends that counselors take advantage of the power of the network in either an advisory or a supportive capacity.

The traditional First Nations person is more likely to receive help from family, friends, and traditional healers because they are not accustomed to talking to strangers about their problems (Paterson, 1990; Wohl, 1989). Blue (1977) found that First Nations students saw Elders for cultural and spiritual problems and not the university counselors who were more likely to be used for educational problems. For problems that arise in the First Nations community, it is thought that the best place to develop and

initiate programs to deal with such problems is in the community itself (Nelson & McCoy, 1992).

Spirituality

Traditional First Nations people believe that mental health is much more spiritual and holistic than Western psychology would suggest (Locust, 1988). For First Nations people, spirit plays as big a role in sickness and wellness as the mind and body does (Hammerschlag, 1988). In a study conducted by First Nations that examined the development of a culturally sensitive framework for counseling with First Nations people, the healing process combined with spirituality was one of the major themes that emerged (Anderson, 1993). It is not surprising that there exists a close association between illness and the spirit for most indigenous people around the world (Torrey, 1972). Many of the First Nations healing ceremonies emphasize the spiritual aspect of healing. "It is to the Great Spirit, perceived everywhere, that the Native turns to in times of need" (Dugan, 1985). Various First Nations ceremonies stress the need for reconnection with one's spirituality. In the Vision Quest ceremony the First Nations person makes contact with his or her spiritual identity (Hodgson & Kothare, 1990). The Medicine Wheel symbolized by the circle represents spiritual ties that bind human beings to one another and to the natural world (Bell, 1991). This spirituality or holiness is seen as the essence of healing for Native people (Medicine Eagle, 1989).

Non-Native counseling approaches rarely deal with the spiritual aspect of people. In talking of the spiritually bereft, materialistic North American culture of the 1990s, Hammerschlag (1993) recalls that the Hopi people of the southwestern United States believe that civilization will come to an impoverished end when the spirit, or its symbols, are owned, not felt. If Western counseling is to be effective with Native people, "then it must reexamine religion and transcendental ways of understanding the world" (Lafromboise et al., 1990). In doing so, Western counselors might find they become more effective with non-Native clients as well.

Ceremony

Mental health professionals who have worked with First Nations people have found that ritual and ceremony allow First Nations people to give expression to personal experience while at the same time connecting people with their community (Hammerschlag, 1993). Ceremonies such as the Spirit dances, the Sweatlodge, and the Pipe ceremonies are tools to maintain and deepen the individual's sense of connectedness to all things (Ross, 1992). The Vision Quest ceremony is said to help a person to realize the vastness of the universe, and by enabling the person to transcend himself, to realize ultimately his oneness with nature (McGaa, 1989). Although no empirical research has been conducted on the efficacy of traditional healing ceremonies such as those mentioned, anecdotal evidence

exists in the literature to attest to their effectiveness in healing (Torrey, 1972; Jilek, 1982; Hammerschlag, 1988).

Tradition and Culture

Researchers have found that one of the roles of therapy for traditional First Nations society has been to reaffirm cultural values (Lafromboise et al., 1990). In a study examining Aboriginal drug and alcohol counseling in British Columbia, a suggested culturally sensitive counseling framework for First Nations people included the theme of importance of personal and cultural identity (Anderson, 1993). In a study conducted to determine the characteristics of recovery of personal meaning for First Nations people, one of the major themes or characteristics that emerged was that individuals valued knowledge of traditional First Nations culture (More, 1985). Another characteristic of personal recovery in that same study was that the First Nations language was maintained or relearned. It is not surprising, then, that the teaching of traditional culture has been found to be a successful way to facilitate healing in First Nations people. In one First Nations community it was possible to reduce dramatically the teen suicide rate by having tribal Elders teach traditional culture to the teens in a group setting (Neligh, 1990). By providing First Nations people with culture through stories and shared cultural activities, Elders were able to provide community members with guidance, direction, and self-understanding (Halfe, 1993). This incorporation of self, or identity, with traditional ideology also provides First Nations people with strength for coping in the mainstream environment (Axelson, 1985). This movement toward reconnecting with cultural beliefs, tradition, and ceremony as a way of overcoming problems has been referred to as "retraditionalization" (Lafromboise et al., 1990).

First Nations Mental Health Problems

First Nations people suffer from many of the same mental health problems as do members of the general population. The incidence of suicide, family violence, and drug and alcohol abuse, however, is much higher among First Nations people. For Canada as a whole, the suicide rate for First Nations people under the age of 25 is six times higher than the rate for non-First Nations in the same age group. Violent deaths account for 36% of all deaths for First Nations people in Canada (York, 1990). In British Columbia the suicide rate for First Nations teens is seven times higher among the 10-19-year-old group than among the general population (Bellelt, 1994). For all First Nations people, mental health problems such as suicide, depression, substance abuse, and domestic violence all seem to be significantly higher (Nelson & McCoy, 1992). In a recent study examining the need for a Native health work force, Beadle and Lee-Son (1992) state that

Current health information for First Nations people within British Columbia shows an alarming increase in chronic health conditions as well as mental health problems. In addition, there is a frequently expressed need for health professionals who understand the cultural and social issues affecting these people (p. 6)

It is thought that many of the mental health problems of First Nations people can be attributed to rapid cultural change and loss (More, 1985; York, 1990). The tremendous loss and change in First Nations culture in British Columbia suggest that people have lost a sense of personal meaning and purpose in their lives (More, 1985). Interaction with European cultures has involved both a cultural decline and a population decline for the First Nations people of British Columbia (Fisher, 1977). Ross (1992) argues that the "assistance measures" taken by the majority culture to assist First Nations people have been, and remain today, misguided and counterproductive. Neither were the issues perceived accurately nor the remedies designed appropriately. The residential school strategy is one of the better known examples of counterproductive "assistance." It is thought that many of the problems facing First Nations people today result from the cultural, spiritual, physical, and sexual abuse that occurred in the residential schools (Anderson, 1993).

Despite the profusion of mental health problems suffered by First Nations people, across North America they generally tend not to use the mental health services provided by the majority culture, and of those who do approximately half drop out after the first session (Sue, 1981). Studies examining First Nations use of Western mental health services have found that besides underuse, First Nations people have a higher therapy dropout rate than ethnic minorities and are less likely to respond to treatment (Trimble & Fleming, 1990; More, 1985). It is thought that differences in value orientations between First Nations people and counselors contribute to the underuse of services as well as differing beliefs as to the causes and solutions of mental health problems (Wohl, 1989; Darou, 1987; Trimble, 1981; Redhorse et al., 1978). Even though there is an apparent lack of interest by First Nations people in the services provided by Western therapists, Western psychologists continue to apply the same, perhaps inappropriate, methods of healing. Dinges, Trimble, Manson, and Pasquale (1986) describe the situation as follows:

The hurried introduction of Western mental health theory and practices among Indian cultures may contribute to the wholesale substitution of Western cultural functions and dysfunctions for that of the host culture. As the problems that arise among Indian groups partly as a result of the patterns of behaviors and explanation encouraged by Western mental health theory became progressively more Western in nature and etiology, practitioners would be able to respond to the problems that they shaped over time to fit their own therapeutic concepts and techniques.

Although it undoubtedly makes the task of the mental health professional easier, diagnostic systems such as the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* used by the American Psychiatric As-

sociation should not be expected to apply in all ways to members of another culture (Neligh, 1990). Despite good intentions on behalf of the mental health professions, one culture should not impose its concepts of causation or systems of classification on another culture (Torrey, 1972).

Several mental health researchers have pointed out the need to understand the cultural background and values of their First Nation clients so they can provide appropriate mental health services to them (Heinrich & Corbine, 1990; Wohl, 1989; Everett & Proctor, 1983). Lafromboise (1988) suggests that psychologists need to become familiar with mental health prevention processes that work for First Nations people. What is clearly needed is an understanding of what facilitates healing for First Nations people through the study of psychotherapy for First Nations people and the development of a uniquely First Nations psychotherapy literature (Neligh, 1990). It is also argued that there is an urgent and critical need for an understanding of the appropriateness of various counseling methods presently being used in the treatment of First Nation clients (York, 1990). As with cross-cultural counseling research with other cultural groups, the research literature does not address the philosophical assumptions that people hold (Ibrahim, 1984; Casas, 1985; Ponterotto & Casas, 1991). What is needed is a theoretical framework incorporating First Nations world view and values that can also incorporate recommendations made by the research literature. It is the purpose of this study to further the development of a theoretical framework that is more in keeping with the First Nations world view by determining what actually facilitates healing for First Nations people from their point of view.

What Facilitates Healing for First Nations People?

Most of the literature that examines healing for First Nations people tends to be based on opinion and conjecture and not on research. In the field of counseling the literature often provides advice to counselors so that they can be more effective with First Nation clients, but does not provide empirical evidence to support such advice. Several researchers (Dauphinais et al., 1981; Wohl, 1989) refer to the lack of empirical studies that examine the effectiveness of specific counseling approaches with First Nations people. Having noted the lack of research in this field, I will briefly examine the research and writing that does exist in an effort to identify the key factors that facilitate healing for First Nations people. It should be noted that Native people favor an oral tradition over the written word as a way of transmitting knowledge. Although I rely on written accounts of First Nations culture, it must be understood that written accounts are not regarded as full and accurate accounts by First Nations people and scholars.

Knowledge of First Nations culture and traditions is one of the factors that facilitates healing for First Nations people. In a study conducted to determine the characteristics of recovery of personal meaning for First

Nations people, one of the major themes or characteristics that emerged was that individuals valued knowledge of traditional First Nations culture (More, 1985). Another characteristic of personal recovery discussed in that same study was that the First Nations language be maintained or relearned. It is not surprising, then, that the teaching of traditional culture has been found to be a successful way to facilitate healing in First Nations people. In one First Nations community it was possible to reduce dramatically the teen suicide rate by having tribal Elders teach traditional culture to the teens in a group setting (Neligh, 1990). By providing First Nations people with culture through stories and shared cultural activities, Elders were able to provide community members with guidance, direction, and self-understanding (Halfe, 1993). This incorporation of self, or identity, with traditional ideology also provides First Nations people with strength for coping in the mainstream environment (Axelson, 1985).

Some First Nations people believe that not maintaining one's cultural values and community respect is one of the reasons for psychological and physical problems (Lafromboise et al., 1990). It is therefore thought that one of the roles of therapy for traditional First Nations society has been to reaffirm cultural values. A culturally sensitive counseling framework for First Nations people must therefore include the theme of the importance of personal and cultural identity (Anderson, 1993).

Another key factor in the facilitation of healing for First Nations people is the process of dealing with problems with the assistance of others and not by oneself. Assistance can be obtained from friends, the family, the community, and in the context of group counseling or on a social basis. For traditional First Nations people, healing is often in the form of a community-sanctioned and community-run cleansing ceremony that involves the whole community (Ross, 1992; Torrey, 1972). According to a traditional First Nations view, a person's psychological welfare must be considered in the context of the community (Trimble & Hayes, 1984). Similarly, therapy for First Nations people should encourage the client to transcend himself or herself by conceptualizing the self as being imbedded in and expressive of community (Katz & Rolde, 1981). Interconnectedness is considered a dominant theme in all First Nations cultures. It is thought of as a series of relationships that reach farther and farther out (Epes-Brown, 1989). Some First Nations people see improving interpersonal and social relationships as one of the goals of traditional therapy (Torrey, 1972). Social connection is therefore seen as an important element in healing for First Nations people. Support was also seen as one of the themes of the model of culturally sensitive counseling for First Nations people as suggested by Anderson (1993). First Nations people focus on family and community responsibility for the emotional, mental, physical, and spiritual health of one another (Ross, 1992). Guilmet and Whited (1987) also found that the extended family was of paramount importance to most






First Nations clients in terms of emotional support. Much has been said on the strength of group or collective forms of therapy with First Nations people. Neligh (1990) found several forms of group therapy to be effective with First Nations people, particularly support groups such as Alcoholics Anonymous. Network therapy has been mentioned as a culturally relevant way of using the collective power of the extended family and community (Lafromboise et al., 1990; Redhorse, 1982). Neligh (1990) mentions the description of network therapy as the grand opera of psychotherapy, because the therapist draws forth from the group the definition of the problem in terms satisfactory to all and facilitates the solution of the problem in terms satisfactory to all. Sue and Sue (1990), Crouse (1982), and Attneave (1983) also recommend that counselors take advantage of the communicative power of the network by using processes that involve the family and extended family. It is to the family that First Nations people often go when they are in need of help (Paterson, 1990).

Another factor in the facilitation of healing for First Nations people is the inclusion of spirituality in the healing process. Spirituality is seen as the essence of healing for many First Nations people (Medicine Eagle, 1989). It is thought that if Western counseling is to be effective with First Nations people, it must reexamine spirituality and transcendental ways of understanding the world (Lafromboise et al., 1990). For First Nations people spirit plays as major a role in wellness and sickness as does the mind and body (Hammerschlag, 1988). It is thought that in times of need the First Nations person will turn to the Great Spirit, which is perceived everywhere (Dugan, 1985).

Summary

Most of the First Nations counseling research until now comprises descriptions of ways in which First Nations cultural values interface with Western counseling practice (Dauphinais et al., 1981; Ponterotto & Casas, 1991). Despite a high level of mental health problems among First Nations people (Nelson & McCoy, 1992) and the observation that First Nations people tend not to use the mental health services provided by the majority culture (Sue, 1981; Trimble & Fleming, 1990), researchers have all but ignored the successful healing strategies used by First Nations people themselves. Although there is evidence that spirituality, connection to culture, interconnectedness, and balance play an important role in First Nations healing, such evidence is largely based on informed opinion and conjecture and not on empirical research. Several researchers have mentioned the need for an understanding of effective mental health interventions for First Nations people (Everett & Proctor, 1983; Lafromboise, 1988; York, 1990; Neligh, 1990). It therefore seems clear that this research question must be approached in a way that includes the input of First Nations people who have been healed. Such research would explore healing processes that work as reported by First Nations people themselves. It is

not sufficient to base theory and practice on informed but unsubstantiated opinions. Researchers need to explore the insights and experiences of First Nations people in order to obtain information to determine the best way to facilitate healing. This is the purpose of this study.

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