

VI. Discussion

Summary of Results

Through interviews with 50 participants, 437 critical incidents were elicited reporting what facilitated healing for First Nations people of British Columbia. The 437 critical incidents were placed into 14 categories that were found to be reasonably reliable. These categories are: participation in ceremony, expression of emotion, learning from a role model, establishing a connection with nature, exercise, involvement in challenging activities, establishing a social connection, gaining an understanding of the problem, establishing a spiritual connection, obtaining help/support from others, self-care, setting goals, anchoring self in tradition, and helping others. These categories were organized into four divisions: separating from an unhealthy life, obtaining social support and resources, experiencing a healthy life, and living a healthy life. A preliminary examination of the healing outcomes for First Nations people was thought to invoke empowerment, cleansing, balance, discipline, and belonging. Distinct themes in First Nations healing were also developed as a result of analyzing narrative accounts of participants. These themes are: a broad spectrum of healing resources are available to First Nations people; First Nations people have a different way of seeing the world that has to be understood before effective counseling services can be provided; First Nations people expect that whatever is healing should help them to attain and/or maintain balance; self-transcendence followed by connectedness is a common route to healing for First Nations people; and First Nations people act as agents for their own healing.

Limitations

A number of factors limit this investigation. A primary limitation of the study is that the results cannot easily be generalized at this time. In addition to interviewing only First Nations people from British Columbia it should be noted that a high percentage of participants in the study were university students (38%). This could also be described as a delimitation because it was known at the onset that this study would provide only an initial set of categories that describe healing and not a definitive description of effective and ineffective healing techniques for all First Nations people of British Columbia. Future studies will be needed to determine generalizability of the categories and to begin to use the categories to further develop theory and practice. Another limitation of the study is that the categories were derived from self-reporting rather than by observation. Critical incidents obtained through self-reporting are limited to the events that people are able to remember during the interview. It is likely that some events were not mentioned because they had been forgotten by the participant. Another limitation of the use of self-reporting is that participants could report only what they could articulate. This may have

prevented some events from being revealed. The focus on healing events as opposed to healing relationships is also a limitation of the study because relationships are more enduring than events. This study did not focus on the question of who was helpful in facilitating healing but on the action taken to facilitate healing for the participant.

The Value of Telling One's Healing Story

The process of telling one's healing story can be healing in itself. At the conclusion of each interview participants told me that they felt good after relating their stories of successful healing. Focusing on their own successful healing strategies helped the storytellers to realize and reinforce their personal strengths and accomplishments. As the interviews concluded I found myself acknowledging and complimenting the participants as they related their inventory of personal healing techniques or strategies. This appreciation and acknowledgement came partly because I am trained as a counselor, but most importantly because the stories and methods of healing told to me were worthy of acknowledgement and praise. For some participants the opportunity to think of what led to their healing provided insight and awareness of their own capabilities. Others were reminded of successful healing methods they had used in the past and reinforced the need to have such methods and strategies available to them today.

In addition to providing the individual storyteller with awareness and appreciation for their successful healing strategies, telling our healing stories can also be to First Nations people as a result of those who hear these stories. Too often we can readily recount stories of our personal, family, community, and cultural failures and losses. Although the telling of these stories can be important in understanding the history and nature of the problems we face, it is more important to spend an equal or greater amount of time recounting the stories of our personal, family, community, and cultural successes. First Nations people have many effective strategies or methods of healing. Telling our personal, family, community, and cultural stories of healing will provide us with the acknowledgement we deserve. It is also important for First Nations and others to hear these stories so that the listener can witness and acknowledge the credibility and effectiveness of these ways of healing. It is particularly important for health professional to hear these stories from their First Nations clients both for the value derived to the professional and client from the content of the stories and the value derived from the process of telling them.

Implications for Education

The results of this study have several potential implications for First Nations education. The most important is that it provides a framework for the development of a program to train First Nations counselors to work with First Nations students in schools. Such training could use in its curriculum the categorical map of what facilitates healing as provided in this study.

Counselors might, for example, receive training in how to assist or encourage students to attend healing ceremonies, learn how to express their emotions, set goals, or connect with their culture. One of the main recommendations made by First Nations people in the *Indian Control of Indian Education* paper of 1972 (National Indian Brotherhood), was to train our own people as teachers and counselors. We have made considerable progress in the last 24 years in training First Nations people as teachers; we have not yet begun to train our people as counselors. As with First Nations teacher education, we must provide training that is culturally appropriate. This research is a start to that process of developing an effective and culturally appropriate program.

A second implication of this research for education is that an understanding of healing for First Nations people can add to our understanding of what facilitates learning for First Nations people. The five outcomes of healing identified in this research—empowerment, discipline, cleansing, connecting, and balance—might also be similar to the outcomes of learning. Further research might indicate that an effective healing teaching-learning program for First Nations people might lead to the same five outcomes.

A third implication of this research for First Nations education is that the methodology used might also prove to be effective in examining the facilitation of learning for First Nations people. The process of asking people to think back to a time in their lives when they were able to learn a new concept or new material and then slowly recount what worked to facilitate this learning might enable First Nations researchers to add to our knowledge of the definition of effective teaching-learning.

A final implication for First Nations education is that, like healing, it might be beneficial for First Nations people to tell their stories of successful learning. The process of telling one's learning stories can constitute learning itself. As is the case for healing stories, telling one's stories of learning can help the storyteller to realize and reinforce personal strengths and accomplishments. The resultant benefits to one's self-esteem will have direct benefits for future learning. Those educators and fellow learners who hear these stories of learning will also benefit from both the content and the process of telling them.

Implications for Theory and Research

The results of this study confirm and extend the research pertaining to the facilitation of healing for First Nations people as described in the review of the literature. The most important implication is that it provides an empirical basis for what has previously amounted to opinions from researchers. Scholars have stressed a number of factors that they believed facilitated healing for First Nations people. Those factors are knowledge of First Nations culture and traditions, obtaining help from others in dealing with problems, interconnectedness, spirituality, exercise, expressing

oneself, healing ceremonies, gaining an understanding of the problem, role models, and nature. These factors were empirically supported in this research by the following categories: anchoring self in tradition, establishing a social connection, establishing a spiritual connection, exercise, setting goals, obtaining help from others, engaging in challenging activities, expression of emotion, participation in ceremony, gaining an understanding of the problem, learning from a role model, and establishing a connection with nature. This research has gone beyond the 12 existing categories by providing two new categories: self-care and helping others. All 14 categories, therefore, represent ways to facilitate healing for First Nations people. This study addresses the criticism of cross-cultural counseling research in general, and First Nations counseling research in particular, that states that most of the research in these fields is merely speculation with little or no empirical data to support it (Dauphinais et al., 1981; Casas, 1985; Ponterotto & Casas, 1991).

Mental health services provided to First Nations people have been based on the wholesale adoption of Western approaches without regard to their efficacy with First Nations people. This research does not advocate abandonment of Western theory and therapeutic approaches, as they can be successfully used with First Nations people. Although this research supports the use of some Western approaches, it also does not advocate that such approaches be used in a wholesale manner as they tend to assist with just one part of the healing process. Western approaches or techniques can instead be used to assist with and supplement the First Nations practices described in this study. Western approaches can provide helpful tools in healing if they are integrated in an informed manner. Rogerian therapy might, for example, be helpful to facilitate expression of emotion. It would not, however, be suitable as the entire approach to healing as it focuses on only one aspect of the person. Behavioral therapy might be used to facilitate action for a client, but again it should not constitute the entire approach to healing.

The findings of this research indicate that the view of the means and ends of counseling for First Nations people differs from Western therapeutic approaches. The aim of healing for First Nations people, for example, is concerned with attaining and maintaining balance between the four dimensions of the person: physical, mental, emotional, and spiritual. Western therapeutic approaches could be seen as unbalanced as they overemphasize one dimension of the person by focusing, for example, on feeling or on cognitive modification. Another difference in the view of the means and ends of counseling is that effective healing for First Nations people focuses on interconnectedness rather than on autonomy, which is a more common goal for Western therapy. For First Nations people, connecting with family, community, culture, nature, and spirituality all seem important in successful healing. Similarly, First Na-

tions healing requires the individual to transcend the ego rather than strengthen it as Western counseling aims to do. These three differences are ingredients of the healing process that require further theoretical research. This study serves to open up theoretical debate over the differences in the means and ends of counseling.

The results of this study suggest that it is necessary to understand the belief system and world view of a culture before applying theories and techniques of healing. Belief systems, decision-making strategies, models of problem solving, assumptions about how problems arise, and how change occurs are all connected to how we see the world (Torrey, 1972; Ibrahim, 1984). Lack of knowledge of First Nations values, belief systems, and world view can, for example, lead to faulty assumptions concerning the diagnosis of the problem and the strategy used in solving the problem. This lack of knowledge can also mean that both therapist and client will overlook the wonderful variety of healing methods available to First Nations people. Nwachuku and Ivey (1991), in their promotion of culture-specific counseling, argue that counseling research must first start with an exploration of the natural helping styles of a culture before developing theories and approaches for it. This is contrasted with the belief that Western counseling theory can be adapted to fit any specific culture (Gaines, 1992). There is clearly value in mobilizing the belief system and healing resources of participants to facilitate healing for them. To ignore these belief systems or to impose a contrary one is to potentially overlook important healing resources and undermine the working relationship between counselor and client.

Some of the healing practices used by First Nations people warrant further research. One example is the importance First Nations people place on the mobilization of social support. For many of the participants, the healing process started when the individual started making contact with family and friends. This practice needs to be explored and applied to a broader theory to see how it works for other populations.

Another implication for theory is that the categorical map presented in this research supports a form of healing that resembles a rite of passage. The concept of *rite of passage* originally presented by van Gennep (1960) is a process of transition whereby the individual moves from one state of being to a new state of being. Following an extensive analysis of ceremonies and the content and order of the activities associated with these ceremonies, van Gennep was able to discern three phases of transition: separation, transition, and incorporation. Separation means to separate from the present life or way of being. Transition required the dying of the old life and the birth of a new one. Incorporation means that the individual is incorporated or reincorporated into the community in his or her new state and new way of being. These three phases developed by van Gennep parallel the four divisions of healing categories presented in the present

study. Further, in the incidents under the categories are numerous references to content that are similar to images of a rite of passage. For example, the phase of separation from the present life or present way of being is similar to the division described as "separating from an unhealthy life." A healing practice associated with separation from an unhealthy life is expression of emotion. The individual learns to rid himself of the old unhealthy life or "bad spirits" by such means as ritual cleansing in water. Transcending or "getting outside the self" is an important component to this process. The phase of transition is similar to the division of "obtaining social support and resources" combined with "experiencing a healthy life." The practice of participation in ceremony is characteristic of this phase. Ceremonies such as the Sweatlodge ceremony described by some as "returning to the womb" symbolize a transition for participants. The last phase, incorporation, signifies the incorporation or reincorporation of individuals into their new way of being. This phase is very similar to the division "living a healthy life." The category of helping others, for example, provides individuals with an opportunity to reach outward to the larger community and to connect with it in a new way that is empowering and affirming. Healing images used by First Nations people such as "washing away bad spirits" or "returning to the womb" provide a promising resemblance to the phases described in rite of passage. It is possible that rite of passage may be an expected part of healing for First Nations people. A preliminary examination of First Nations ceremonies such as the Sweatlodge ceremony or the Vision Quest ceremony reveals that the phases of separation, transition, and incorporation provide a relevant framework for these ceremonies. It is possible that the structure of First Nations ceremonies that developed over thousands of years provides the individual with a metaphor or framework to describe other effective healing practices. These divisions or phases of healing, therefore, suggest a promising framework from which further research and theoretical development can take place.

Implications for Practice

Two key points concerning this study have implications for practice. First, this research presents a map of what facilitates healing for First Nations people. This map describes categories of healing and does so in an interpreted form that depicts how individuals go through the healing process. As this map did not exist before this research, it is now possible for practitioners to use this map in their practice of facilitating healing. This practical map has implications for counseling, counselor training, program development, and community-based initiatives.

Second, the map of healing presented in this research indicates that an abundance of healing resources exist for First Nations people. This finding has the potential to change significantly the way First Nations communities view the nature and source of mental health services provided to

them. It also has the potential to change the way mental health professionals from the majority culture view the scope and nature of the delivery of services they provide to First Nations people.

Counselors could use the findings of this study to develop techniques or interventions to help First Nations clients. A counselor who is unfamiliar with First Nations culture could assist in mobilizing healing resources for their clients by referring them to culturally appropriate sources of help. A counselor with more knowledge might make more concrete suggestions such as encouraging the client to watch a river flow for a few hours or attend a Pow Wow. All 14 categories would provide areas about which counselors could obtain knowledge in order to help facilitate healing for their clients, either directly or through referrals. These categories could also be of benefit in assessing the effectiveness of individual counselors in working with First Nations clients or in sensitizing counselors to the factors involved in facilitating healing for First Nations people.

A formal training program could be established to train First Nations counselors that would use as its curriculum this categorical map of what facilitates and hinders mental healing among First Nations people. Counselors might, for example, receive training in how to assist or encourage clients to attend healing ceremonies, learn how to express themselves, set goals, help others, or reconnect with their tradition and culture.

On the basis of this practical map it would be possible to design a culturally relevant program to assist First Nations people to attain healing. Programs could be developed to include some or all of the 14 categories that facilitate healing. A treatment program, for example, might provide options for participants based on individual needs and preferences. Opportunities might be provided for participants to participate in healing ceremonies, for example. Another participant in the same program might work on establishing a connection with nature or on expression of emotion.

This research suggests some promising approaches to healing that might be facilitated by members in a community setting. Community leaders might, for example, organize members to recognize, make available, and encourage various paths of healing. This might mean setting aside undeveloped areas of land so that community members would have the opportunity to use nature in healing. Ceremonies could be made available to members of the community. Elders and families could be recognized and supported in their role as caregivers to community members. Initiatives such as these would strengthen community purpose and provide access to healing resources.

Implications for Further Research

Additional research needs to be done if counselors and programs wish to use the map of healing presented in this study. It will be necessary to

examine the effectiveness of such practice and programs to see if the map can be revised, refined, or extended.

A primary limitation of this study is that the results cannot be easily generalized at this time. Future studies could be conducted to determine generalizability, perhaps using a survey instrument that could be developed for that purpose. A survey instrument based on the categories would allow a large number of First Nations people to be surveyed to determine if the categories are applicable. This could be used with First Nations people throughout British Columbia as well as other parts of Canada. Future research might also examine if categories of healing events differ with age, gender, geographical location, and education. The ethnic identity development of participants in the sample could also be examined as another possible source of variation in reported events.

Future research might involve replicating this study to determine if new information and healing categories could be obtained. Replication might help to refine, extend, or revise these categories to further our understanding of healing for First Nations people.

Future research might use results of this study to develop a test to measure the working alliance that can be developed between First Nations people and non-Native counselors and facilitators. Such a test could increase counselor awareness of the needs of the client and provide the counselor with direction to improve the working alliance. For example, a difference on the counselor-client score about the importance of establishing a spiritual connection might indicate that the client needs to work more on this method of healing, while the counselor, in addition to recognizing the importance of this method for the client, might help the client by suggesting ways to meet this need. Such a test might also indicate to a client that although he or she places considerable importance on the healing powers of expression of emotion, he or she is not using this method. Such awareness could lead to negotiation between counselor and client followed by an appropriate plan of action to use this method of healing.

A further examination of the healing stories related by the participants could be initiated to further develop the concept of a First Nations plot for healing. Similar to the phases developed by van Gennep, and the divisions of healing presented in this research, further examination of a First Nations plot for healing should prove extremely useful to both research and practice.

Summary

This study explores the facilitation of healing for First Nations people living in the province of British Columbia. The purpose of the study was to develop a reasonably comprehensive scheme of categories that would describe, from the perspective of First Nations people, what facilitates healing.

The research method involved interviews with First Nations people who were in a position to observe what facilitated their own healing. The Critical Incident Technique (Flanagan, 1954) was used to elicit 437 incidents from 50 participants. Fourteen categories emerged from an analysis of the incidents reported. Several procedures were used to examine the soundness and trustworthiness of the categories. The results indicate that healing can be facilitated in the following ways: participation in ceremony, expression of emotion, learning from a role model, establishing a connection with nature, exercise, involvement in challenging activities, establishing a social connection, gaining an understanding of the problem, establishing spiritual connection, obtaining help/support from others, self-care, setting goals, anchoring self in tradition, and in helping others. A preliminary examination of the healing outcomes of these facilitating events suggests that an effective healing program for First Nations people would invoke empowerment, cleansing, balance, discipline, and belonging.

Narrative accounts were analyzed for the purpose of revealing an organization for the categories. Four divisions of categories emerged as a result of this analysis: separating from an unhealthy life, obtaining social support and resources, experiencing a healthy life, and living a healthy life. Further analysis of the narratives revealed five overall themes that serve to enhance the categories and outcomes presented in this research. Those themes are: a broad spectrum of healing resources are available to First Nations people; First Nations people have a different way of seeing the world that has to be understood before effective counseling services can be provided; First Nations people expect that whatever is healing should help them to attain and/or maintain balance; self-transcendence followed by connectedness is a common route to healing for First Nations people; and First Nations people are observed to act as agents of their own healing.

The findings of this study contribute to the field of counseling psychology by providing a reasonably comprehensive scheme of categories and themes that describe, from the perspective of First Nations people, what facilitates healing. This study suggests promising developments in First Nations healing that have implications for both research and practice.

Epilogue

This research describes some of the first steps along the path to health and healing for our people. This study merely describes and organizes from the perspective of First Nations people what facilitates healing. We must now take the next steps to ensure that knowledge such as this is used in a practical and effective manner. I briefly relate some of the ideas I have thought about to apply this knowledge in the hope that it will motivate readers to develop additional ideas and encourage others to begin to implement them.

In looking at the 14 categories of healing I thought it might be possible to provide training to people on how to use these ways to facilitate healing for themselves and others. Some instinctively know how to use these ways; others have been taught by Elders and their parents, others do not know of these ways. Can we systematically teach people how to express emotions, learn from a role model, learn how to use nature and spirituality in healing, and set goals? I think we can and should teach such skills. In examining the participation rate in each of these 14 categories I found that 25 of the 50 participants obtained healing through connection with their First Nations culture and traditions; 35 out of 50 through expressing emotions; 33 out of 50 through using nature in healing. In comparison, physicians, psychiatrists, psychologists, and other health professionals were rarely mentioned as facilitating healing. It follows, then, that it would be both logical and cost-effective to spend a portion of our health care dollars teaching people how to learn to connect with nature, emotions, culture, and so forth, to enable them more effectively to attain healing and become healthy. Nature can be used as an example of how this could be operationalized. Participants in this study mentioned healing aspects of nature such as water, earth, trees, mountains, the sun, wind, rocks, plants and herbs, ocean, lakes, deer, wolves, bears, birds, and so forth. Water, for example, was used in healing through ritual cleansing, by drinking it, and bathing with it; water was used as a metaphor to teach people the path to healing; even the sounds of water were healing. Many of our own people do not know of the healing powers of water and would like to learn them. Elders in our communities know these ways of using water, wind, and rocks and can teach them to others. These are effective and legitimate ways of healing and deserve to be given recognition and credibility. What might such a model of health care delivery look like?

At present, members of a First Nations community may visit health care professionals such as physicians, physiotherapists, and dentists. They may also see specialists such as cardiologists, audiologists, and gynecologists by obtaining referrals and by traveling to larger communities. A future model of health care might, in addition to using these health care professionals, provide the opportunity for a First Nations client to visit a spiritual specialist to obtain guidance in using the spiritual dimension in healing. A patient might also see a cultural specialist who could teach the person how to obtain healing through cultural reconnection, or to a nature specialist who might help the person to use water, rocks, or trees in their healing. If this proposed health care model of the future looks familiar, it is because such a model existed in our past. Such a model was developed over thousands of years and has only recently been neglected due to the effects of assimilation. Fortunately, these ways have not been forgotten. In order to take the next step along the path to healing

for our people we must reclaim these ways and establish them in their rightful place.

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