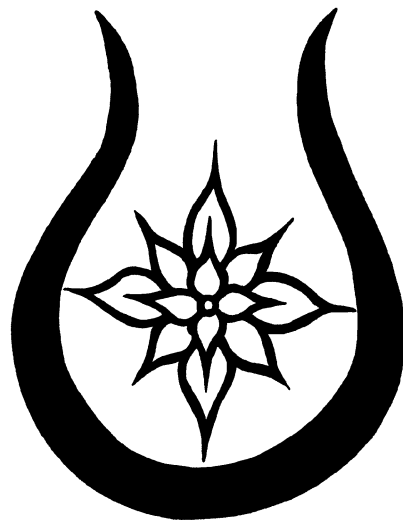


# The Community is the Medicine



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THIRA CONSULTING  
(2016)

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## ABOUT THE AUTHOR

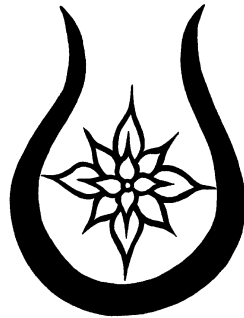
Darien Thira, PhD., Reg. Psych., serves as a community development/mental health consultant for many Aboriginal communities across Canada and offers training workshops and clinical consultation related to a variety of communications, trauma, and crisis-related fields. His doctoral dissertation related to Aboriginal suicide resilience and social activism and he has been involved in further resilience research at the University of British Columbia. He has previously served as a clinician with suicidal youth at Child and Youth Mental Health and as the Director of Community Education and Professional Development at the Vancouver Crisis Centre. In relation to suicide prevention, “Through the Pain”, a culturally driven community-based program has been used in over 40 Aboriginal communities across the country and as a national program in Australia. His program called “Opening the Circle” is designed to assist communities to develop their own crisis response team. “Choices”, his youth suicide awareness education video & seminar was used by more than 250 suicide prevention programs world-wide and he has collaborated on the production of a new version called “Reaching Out”. Darien has presented workshops at many local, provincial, national conferences, and international conferences in: Canada, the United States, and Australia.

### *Training Programs:*

Thira Consulting offers training workshops building on the material in this handbook and others, designed for First nations communities. An interactive approach--including practice-circles, small and large-group discussions, questionnaires, role-plays and other exercises--encourages the participants to share their experience and skills with one-another. For more information, Darien Thira can be reached at the number, email address, and website noted on the front of this handbook.

***The material in this manual may bring up emotions and memories that are difficult for you. Please be sure that you have someone to talk to if you need support.***

# COLONIZATION AND THE CURE



# TRADITIONAL VALUES

Values Guide us and tell us who we are, how we are supposed to live our life, and what is important—as a person, a family and a community. Traditional values have protected and guided the community since people have been on the land and water. Although the way that Traditional values are expressed is different in every Aboriginal cultural community, many Traditional Aboriginal values are consistent across North America. These values include:

- Balance, Interconnection and Harmony;
- Care/Love;
- Integrity, Honesty, and Honour;
- Meaningful Roles in one's family and community;
- Respect for the Elders, children, families, the Land/water/animals/food, etc.;
- Culture and Spirituality;
- Protocols and Ceremony;
- Courage/Bravery, Fortitude, and Strength;
- Gratitude and Humility;
- Sharing, Generosity and Giving Back;
- Traditions, Traditional Medicines/Food, and Traditional Stories...

These values have been the source of wellness in Aboriginal communities for many thousand years.

# COLONIZATION AND ITS IMPACTS

Most community, family, and personal problems are the result of colonization and its impacts. Problems such as suicide, violence and addiction are not natural to the community—they do not come from the land or the culture—they do not belong here.

If there is a single source of Aboriginal addiction, suicide, and violence, it is colonization. For example, according to oral tradition, suicide was discouraged and was rare before contact with Europeans. The only exception was self-sacrifice to aid (or unburden) the community. According to the *Royal Commission on Aboriginal Suicide in Canada* (1995):

Suicide is... the expression of a kind of collective anguish—part grief, part anger... the cumulative effect of 300 years of colonial history: lands occupied, resources seized, beliefs and cultures ridiculed, children taken away, power concentrated in distant capitals, hopes for honourable co-existence dashed over and over. ... The damage must be acknowledged before it can be healed (RCAP, 1995, p.2).

While individuals, families, and the community as a whole is often seen as sick or dysfunctional, this is not the case. They do not require healing or fixing as it is commonly understood; what is needed is the cleansing of colonization and its impacts from them.

In the first 100 years of contact, most Aboriginal communities were devastated by epidemics. (Over 90% of Aboriginal people in BC died in this way). This provided the Canadian government with an opportunity to further renege on its treaties despite the Royal Proclamation of 1763--which stated that all land west of Ontario belonged to the First Nations who lived there— Aboriginal land was surveyed and sold without treaty. Then, in

1876, to better access Aboriginal land and create a cheap labour force (since Canada did not import slaves). Consolidating power through legislation, the federal government overtly stated that the 1876 “Indian Act” was passed to solve the “Indian problem” by the destruction of Aboriginal culture and traditional ways of life. It historically operated on three fronts and continues to operate on the fourth:

**(1) Relocation/Reserves/Settlements/Villages:** to isolate and separate Aboriginal people from their Traditional territories and control their movements (this was the model upon which *Apartheid* was developed in South Africa);

**(2) Theft of Rights & Criminalization of Culture:** to identify and control Aboriginal peoples (through the designation of “Status Indian,” replacement of Traditional governance with a token democracy, and the criminalization of Traditional cultural practices);

**(3) Aboriginal School System:** to inflict “cultural genocide” (i.e., the intentional annihilation of a people through the forced assimilation and the eradication of their children’s cultural identity) and in which profound psychological, sexual and spiritual violence were commonplace, and in Indian Residential Schools as many as 50% of the students died;

### *The Impacts of the First 3 Waves of Colonization:*

These interventions have each generated profound negative impacts on Aboriginal communities. The following list is a sample:

**(1) Relocation/Reserves/Settlements/Villages:** *Theft of:* territory, identity, home/belonging, economy, food sources/resources, localized spiritual places, culture, lifestyle, freedom, harmony between families, health, autonomy...

**(2) Theft of Rights & Criminalization of Culture:** *Theft of:* cultural traditions/teachings, ceremonial artifacts, history and identity, livelihood/economy, language, political autonomy/self-determination, freedom, spirituality, identity, history...

**(3) School System:** *Theft of:* family/social role, childhood, identity, culture, language, parenthood (skills/traditional ways), lifeskills, self esteem, pride (i.e., internalized racism), voice, health, safety, harmony, sense of safety/harmony/interconnection...

**(4) Social Services:** In response to the consequences just listed, a fourth wave of colonization has been created. Rather than addressing the impacts of colonization the colonial system/government has created a “Mental Health Industry” designed to further the goal of “solving the Indian problem” through assimilation. There are more children currently in foster care than ever attended IRS, so it can be argued that the schools never closed, but that they have simply been “decentralized.” Made up of therapeutic foster homes, treatment facilities, pathology-focussed researchers and academics, and mental health/social service professionals and programs, the social service wave is designed to label the community as “sick,” rather than “responding naturally to the ongoing violation of colonization.” Western treatment promotes assimilation by identifying the psychological impact of colonial violation as a mental health problem *within* an individual (or better yet their brain). For example:

*Who deserves the label of “Residential School Syndrome?” The survivors of Indian Residential/Day School who have responded naturally to their terrible experiences? Or, those who planned, created, and maintained the brutal institutions? Which one is “sick?”*

Aboriginal people and communities are now labelled as sick/dysfunctional and requiring help from the very colonial system that harmed them. And mainstream (i.e., Western) treatment promotes assimilation as the only solution. By labelling the victim rather than the oppressor, the mental health system can ensure that necessary social change (aka “decolonization”) is traded for psychological “adjustment” to a life of ongoing oppression (aka “treatment”).

Three tools are used by the medical/social service system to maintain the victim identity necessary for ongoing assimilation and control. They are:

(1) **individualization**: treating people as separate individuals, without a social history or context, rather than members of a collective who share a common experience of colonial oppression;

(2) **pathologization**: viewing problematic behaviour and experiences as a sign of sickness rather than a natural response to a terrible situation or an act of resistance;

(3) **medicalization**: viewing problematic behaviour and experiences as a medical rather than socially-rooted issue.

For example, a great deal of money has been spent investigating the high rate of suicide among Inuit in the far north, trying to find a biological explanation, rather than viewing it as a product of forced relocations far away from Traditional land and the resulting poverty and theft of the community’s way of life. Another example is the now defunct Aboriginal Healing Fund, which only supported work related to trauma and addiction and education about residential schools; it did not support language reacquisition, cultural redevelopment, and the preparation for “good faith” “nation to nation” negotiation to foster a true reconciliation to the treatment of Aboriginal communities by the government.

The result is the theft of: empowerment, the ability of the community to care for itself, and justice in the face of ongoing oppression.

## **DIAGNOSIS AND COLONIZATION**

The role and status of mainstream psychology is maintained by its identification of sickness and the labelling of individuals, without considering their sociocultural and historical situation. Distress associated with oppression is reduced to a psychological or medical concern, rather than a natural (i.e., normal) response to the oppression itself. This individualistic focus also denies the strengths of the community. Healing is understood to be a psychological/medical event requiring an outside expert, rather than social or political liberation with the engagement of the community. The following 3 examples illustrate this:

**Residential School Syndrome (RSS):** An example of this fourth wave is found in the debate related to so-called “Residential School Syndrome” (RSS) among survivors of Indian Residential School; it is considered to be a specialized form of Post Traumatic Stress Disorder (PTSD) with intrusive, avoidant and hypervigilant symptoms.

*Mainstream model of RSS:* The proposed symptoms of the diagnosis of RSS includes: the *intrusion* of terrifying memories and dreams about Indian Residential School; the *avoidance* of anything that reminds one of Indian Residential School; and a *hyper-vigilant* (i.e., unrealistic) sense of danger when facing people in authority, school room contexts, etc. The RSS diagnosis also suggests that most of the problems currently experienced by Aboriginal communities (e.g., addiction, violence, unemployment, family problems, suicide, etc.) are a result of this so-called mental illness. However, this proposed diagnosis is challenged by the argument that by placing the responsibility for the problem on the individual's failure to "adjust" to their traumatic personal past.

*Post-colonial perspective of RSS:* According to a post-colonial perspective of RSS, it is a tool that labels survivors as "sick", rather than living with ongoing sociocultural oppression. A better diagnosis for the problems just described may be a natural response to the colonial violation of the residential (and day) school system. From this perspective, it is not the Aboriginal individuals who are sick, but the colonizers who are. Thus, RSS can be defined as a social disorder of the dominant culture with intrusive symptoms (e.g., stealing children, land and culture from a people), avoidant symptoms (e.g., refusing to take responsibility for their actions and denial of their role in the current community problems they created), and hyper-vigilance (fear of "compensation and social justice).

**Attention Deficit Hyperactivity Disorder:** Attention Deficit Hyperactivity Disorder (ADHD) is diagnosed more commonly in Aboriginal people in reserve communities than in mainstream communities—this is not logical, if ADHD is a biological problem, as psychology claims. It should be the same across people. misnamed, it should be called attention "surplus" disorder. A person given this label tends to attend to many things at once—in a classroom, they will notice the sound of the pens writing, whispering behind them, the teacher speaking, the light catching the dust as the sun comes out, a smell of food cooking in another class, etc. This is seen as unhealthy because it does not suit the classroom style in which 20-30 children will have to sit still during the most active developmental period in their life and watch the teacher who will likely be talking about an issue that does not have obvious relevance to the life of the student. However, if the child was being trained to be a hunter, this "distractibility" would be a benefit. A skilful hunter continually scans their environment, they simultaneously notice a sound behind (to know if it is prey or a predator), a broken twig on the path, the shift in where birds are singing, a new scent, etc. It must be asked: is it the child who has a problem or the school system that teaches based on the cheapest possible way (i.e., large group, lecture style, etc.), rather than the most effective model (i.e., small group, interactive, in the natural environment and relevant to the learner)? This explains the phenomena that children to have difficulty concentrating at school can spend hours focussed on a video game—the scanning, waiting, and quick responses required to be successful in gaming are like those required for hunting. While there may be such a thing as "true" ADHD, it appears that school system creates the diagnosis—it is the source of the diagnosis.

**Depression:** The symptoms associated with depression are similar to those resulting from inter-generational and personal trauma and the hostile dependency resulting from the impact of colonization on the community. As a result, the impact of social, familial, and personal history are often ignored and a biological explanation is accepted during diagnosis. While providing a quick solution to the suffering, medication serves to "silence"

the patient—reducing their opportunity for personal healing and for family, community, and social change.

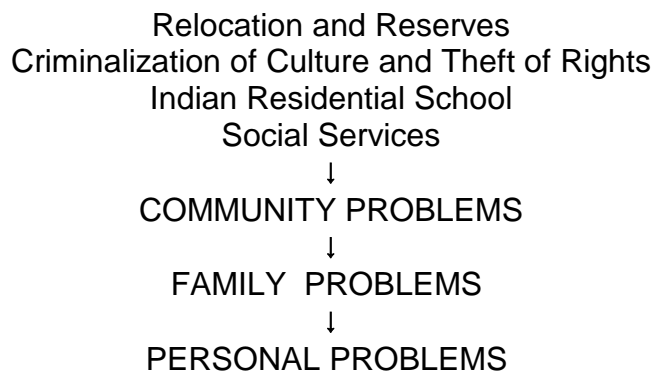
Related to this, the model of “mental health” as it is currently used—that is, as the absence of mental illness leads to a medicalization of any so-called mental health issue. This very narrow definition means that people who experience acute or chronic distress are expected to receive help from a doctor; their description of themselves or their “diagnosis” (by themselves, their friends or family, or counsellors) suggests mental illness. However, most of these people are not mentally ill and their issues do not require a medical solution. While they are struggling in their lives and need support, they are usually not struggling with a biological brain disorder such as: (a) depression, (b) anxiety, (c) trauma, (d) attention deficit disorder, etc.; instead, they are: (a) grieving, struggling with disappointment, and/or real helplessness; (b) they feel scared, worried, trapped, or under threat; (c) they have been wounded/hurt; or (d) they feel bored, frustrated, confused, restless, etc.

When we redefine mental health to mean “wellness,” it becomes clear that while there are people who have a true biological mental illness, most people with a so-called “mental health issue” are not mentally ill—they are struggling to achieve wellness in their life. In fact, people who are biologically mentally ill and receiving treatment can have very good mental health and, conversely, those with no mental illness can have poor mental health (i.e., be struggling with their problems). For most of us who are struggling, it is not mental illness that is the issue, but a need for wellness.

## THE ROOT OF THE PROBLEM

Consciousness raising is the development of an awareness of the social and historical context of experience (and problems). It challenges the identity as sick or dysfunctional, one may simply be responding naturally to one’s experience within an oppressive context. By realizing the problem is not about oneself or one’s family, but historical and ongoing wounds, blame and shame is removed from the person and their family and placed on the shoulders of the system that is its true source—colonization.

### **COLONIZATION AND PROBLEMS**





A simple consciousness raising technique is as follows:

- (1) **Identify Current Problem:** Assist the person to identify the problem that is making their life painful. For example, the problem may be addiction.
- (2) **Link the Current Problem to Family and Community Problems:** Assist the person to identify how childhood or ongoing *family* problems created/maintains this problem in their life and then how *community* problems created/maintains the family problems. For example they might recognize that their parents' "partying" during childhood and the easy access to alcohol/drugs and continuing "partying" in the community created and maintains the problem.
- (3) **Link the Family/Community Problems to their source in one or more of the 4 Waves of Colonization:** Assist the person to recognize that the alcohol and drug use is self-medication to soothe the pain of Indian Residential School and its abuses and theft of children and childhood.
- (4) **Make a Decision:** Explore with the person whether they want to be a puppet of colonization or to rise above it so they can live a well-lived life that is their own.

### **GETTING TO THE ROOT OF THE PROBLEM**

- (1) Identify Current Problem
- (2) Link the Current Problem to Family and Community Problems
- (3) Link the Family/Community Problems to their source in one or more of the four Waves of Colonization
- (4) Make a Decision

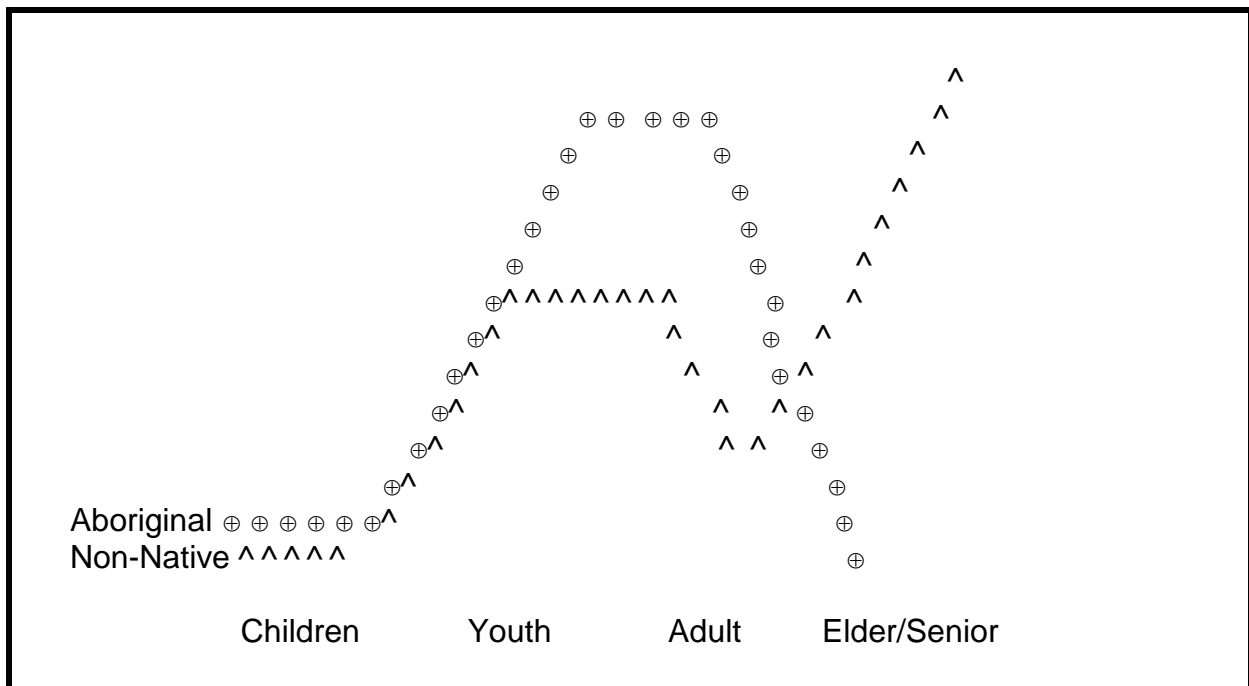
## **RESILIENCE AND TRADITIONAL VALUES**

Resilience is the ability to live in wellness—to have a well-lived life (i.e., one that is meaningful and positive) and to value oneself (to have self-esteem)—despite difficult circumstances. Resilience does not merely describe survival (although for many this in itself is a significant accomplishment), but wellness.

### ***Suicide Statistics Point to Resilience:***

The traumatic impact of colonization on Aboriginal people has led to a significantly increased suicide rate in some communities. Statistically, it is well-known that youth living on reserve are most at risk. However, in non-native communities, the suicide rate

increases continually after the age of fifty, with senior citizens having the highest risk—even greater than that of Aboriginal youth. But this is not the case with Aboriginal Elders, whose rate decreases over time.



Comparing the way that Aboriginal Elders are treated to the experience of non-native senior citizens reveals the cure for suicide and colonization. Elders receive a level of *care* and support by their families and the community as a whole that is not often provided to seniors, many of whom are “isolated” by a lack of family involvement or due to “exile” to an old age home (often out of their community) and starving for services. In terms of *respect*, Elders have a “voice;” traditionally, they are listened to by the community; this is not true for seniors. For instance, non-native popular magazines usually feature cover pictures and extended interviews with young pop stars or actors; however, Elders are often featured on the cover of Aboriginal publications and their interviews are worth “listening” to. Elders take on a significant community role, they are asked to participate in committees, to offer ceremony/prayer, to take a leadership role in their family as a matriarch or patriarch, etc.; but seniors “retire” from the community (if they can afford it they become “snow birds,” leaving their community and family form warm weather, because they have no role). Finally, Elders are the holder of Traditional culture and Spirit fore their community; seniors are seen to be “out of date.”

### *Traditional Values: The Path to Resilience:*

In communities where Elders receive: (1) *care* for their well being, (2) *respect* for their wisdom/experience, (3) a *meaningful community role*, and (4) have the opportunity to serve as *cultural and/or spiritual guides*, the Elder suicide rate is very low. Tragically, as more older Aboriginal adults are not taking on their role as Elders (i.e., they are “elderly natives” rather than “native Elders”), their suicide rate is increasing; it may eventually match that of non-native seniors. For this reason, they can be described as “Elders at risk.”

It is valuable to compare the Elder’s experience with that of Aboriginal youth on reserve, who often feel that: (1) no one understands them (that the community doesn’t really “care” about them), (2) they are not *respected* (and have no “voice” in the community), (3) they have no *meaningful family/community role* (except to stay out of the community’s way or to be viewed as delinquents), and (4) they feel disconnected from traditional *culture* and *Spirituality*. The youth need what the Elders receive!

It is within these Traditional values related to Elders that the “cure” for the social and historical “disease” that is colonization can be found. In general terms, these values can be understood as:

- (1) **Care** for oneself and others (the desire that they are happy, healthy and safe) and from others (the experience of being appreciated and nurtured);
- (2) **Respect** for oneself and others (the belief that they are capable, live their own lives and are valuable in themselves, and have something to offer);
- (3) **Meaningful Family/community Role** (each of us has a responsibility to fulfil a role (depending on gender, age, family of origin, gift, etc.) that contributes to others; and
- (4) **Spirituality** and **Culture** as the root of one’s being in the world.

*The Four “Keys” of Resilience:*

In resilience research, four roots of resilience consistently appear; these are: (1) *connection* (a sense of belonging, of being loved); *empowerment* (a sense of capacity, the power/ability to respond effectively to life and to use available resources); (3) *positive identity* (a sense that one contributes to those around them); and (4) *vision* (a sense of the proper way to live within one’s family/community/world/universe).

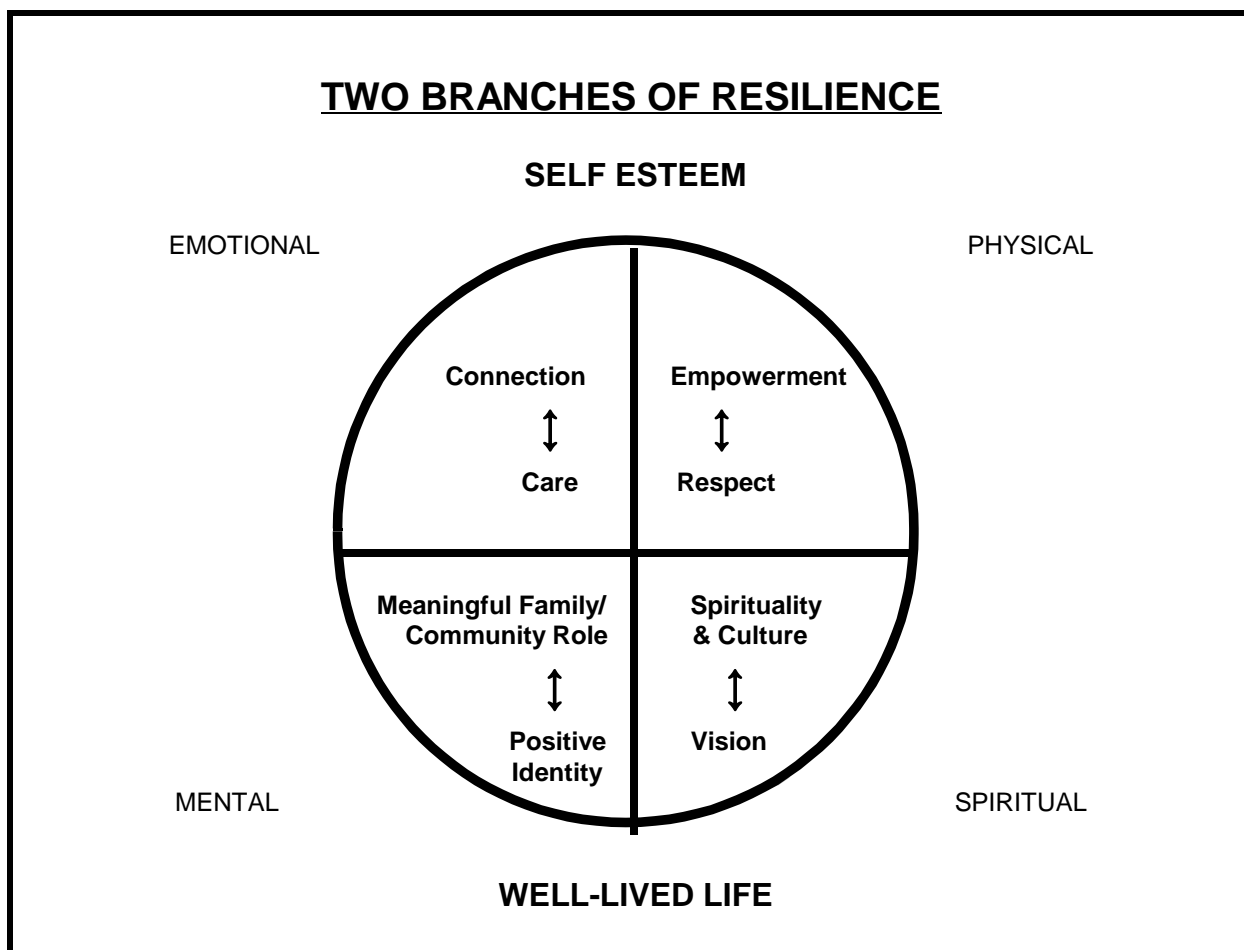
<b><u>RESILIENCE</u></b>	
Care	→ Connection
Respect	→ Empowerment
Meaningful Role	→ Positive Identity
Culture/Spirit	→ Vision

Not surprisingly, these four keys can be understood to emerge from the four traditional values (each which can be understood to emerge from one of the four directions).

It is within Traditional values that resilience and wellness can be found. There are four roots of resilience, each emerging from one of the four values discussed earlier.

- (1) **Connection:** The first root is Connection. When one has a sense of belonging or being cared for, resilience is strengthened. This caring connection may come from family or friends, places, culture, spirit, or significant objects. In terms of the four directions, this is emotional.

- (2) **Empowerment:** The second root is empowerment and it comes from the value of respect. When one feels capable to overcome challenging situations, respecting oneself or being respected by others as capable and having a voice worth being listened to, resilience is strengthened. This respect based empowerment that may come from the development of a new skill or the opportunity to demonstrate a skill or one's ability to respond effectively to a challenge. Keeping in mind that empowerment includes the ability to seek out resources to assist one in the face of difficulty. In terms of the four directions, this is physical.
- (3) **Positive Identity:** The third root is having a positive identity that comes from the value of having a meaningful role. This comes from taking on a meaningful family or community role. When one's life is meaningful and contributes to the welfare of others, resilience is strengthened. Roles that contribute include that of being a protector or provider or teacher. In terms of the four directions, this is mental.
- (4) **Vision:** Finally, the fourth root is having *vision* and it comes from a cultural and spiritual foundation. Having a way of making sense of the world and one's place in it allows for a sense of meaning that strengthens resilience. In terms of the four directions, this is spiritual.



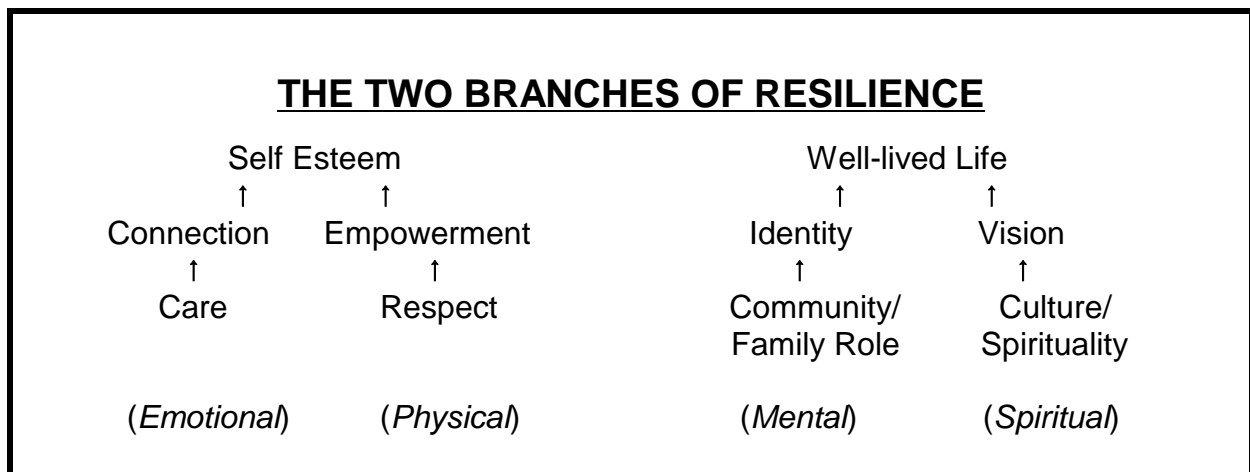
The following story was told to me, it is presented here with permission.

*There was a community which struggled to respond to a group of youth in their late teens who had been identified to be “at risk.” Having left the secondary school that*

was is a large town a distance from their small community, in order to return home, they would stroll up and down the main road with little to do. They were asked to each go to an Elder and learn a “Traditional” story and then to teach to children in the community daycare while the Elder was there to make sure the story was told correctly. The next time the youth passed in front of the daycare on their daily stroll, the little children came out and hugged them and begged them to come in to the day care and tell more stories (it was hard to be “at risk” (i.e., “macho” or “sexy”) with children hanging on them). At the next community feast, the youth (and Elders) were formally recognized as Teachers. After the feast, other youth and older community members came forward asking to participate in a second round. (This acknowledgment was equally important for the selected elders, because the men and women chosen had not previously been active contributors to the community.) In this example, the opportunity to contribute offered connection to the youth, the Elders and the small children; it offered empowerment to the youth and Elders because they learned how to tell an important story and they were acknowledged at the feast; it offered an identity as “teacher” rather than an “at risk” youth or “senior rather than Elder” (importantly, learning the story was not the intervention, since being a student is not a meaningful role—teaching it was); and their vision was enhanced by playing a part in the community’s cultural heritage and development.

### Self Esteem and a Well-Lived Life:

These four roots grow into a tree with two branches: *self esteem* and a *well-lived life*. *Self esteem*, the valuing of oneself, is rooted in the sense of being *connected* and *empowered*. It comes from the experience of being *cared* for and *respected*. A *well-lived life* is the result of a positive *identity*—coming† from a meaningful community/family role—and positive vision—coming from a person’s culture and/or spirituality.



**Better than Gangs:** There are communities that are tragically effective at providing all of these keys—gangs! Gangs offer a sense of connection in that everyone “has each other’s back” and there is an illusion of family. They offer roles that are meaningful to the gang (e.g., enforcer, dealer, pimp, thief, etc.). The empowerment comes through either becoming skilled or ending up rejected as a “wanna be gangster,” in jail or dead. And

finally, gangs definitely offer a culture, complete with a hierarchy of leaders and followers, ruled of behaviour, and dress codes. What a gang does not offer is a spiritually rooted vision, a moral foundation that can be offered by family and community. For this reason and because, ultimately, every gang member knows what they're doing is wrong (despite the many excuses), the community has an advantage over gangs. The reason that people are drawn into gangs, is that they are longing for connection, empowerment, a meaningful role, and vision. It is up to the community to offer these opportunities in a pro-social way, as it did before colonisation, so the gangs will not have the opportunity to steal the community's members by offering them in an anti-social way.

## **A WELL-LIVED LIFE: THE ANTIDOTE TO COLONIZATION**

A *well-lived life* is one in which a person finds reasons to live (i.e., a meaningful life) through activities which benefit others. One part of the well-lived life is one's *positive identity* (which emerges from a *meaningful family and community role*) allows us to recognize who we are—an inter-connected member of the community. The other part is our *vision* (which comes from *culture* and *spirituality*—however defined), which guides us and helps us to make sense of our experience. A well-lived life is the ground upon which resilient families and communities grow. It is the antidote to colonization.

### *Culture and Spirituality Provide A Person With Their Vision:*

Culture is a foundation of one's experience of being in the world. And for many communities, spirituality is the basis of culture. It is through Culture and Spirit that many find the strength and vision to live a well-lived life. The goal of colonization was to annihilate Aboriginal people in Canada, if not physically, then culturally and spiritually. Even though spirituality has been shown to be an important part of wellness, the current "therapeutic" wave of colonization uses a secular and individualistic view of mental health that strips a person of their culture and ignores the power of spirituality. (However, there are certainly counsellors and others who encourage cultural healing and spiritual connectedness.) Most important, "Culture is medicine!"

Spirituality does not require a religious affiliation, but an interest in "ego-transcendence" (moving beyond ourselves to experience the larger "reality," that which is beyond oneself). Culture serves to hold that experience and make sense of it on a social level. It provided guidance on how to live in a way that is right for the community. Spirituality provides a source of *connection* in relation to one's culture and the Creator, God, the Universe, Nature, and/or the Ancestors. An opportunity for *empowerment*, by the practice of cultural or spiritual activities offers clarity regarding one's *role* in the cultural community and the world as a whole, which contributes to a meaningful social role. The result is a *well-lived life*. As well, spirituality provides opportunities for transformation—to leave the past behind and be "new" again. A caregiver's role, then, is to assist the person in crisis to develop their spiritual and/or cultural *connection*, *empowerment*, and *identity* (in whatever manner is meaningful for the person).

*I have worked with many Aboriginal people who tell me that they do not have a cultural vision; that they were raised in chaos or raised urban, that "I don't know*

*what it means to be Native.” My response is to ask them to describe an Elder they respect or, if they have not met one, to describe the Elder they would like to meet. Every person can, and that is their culture—they know it without knowing they know it. They may still want to learn their Traditional stories, protocols, language, ceremonies, etc., but it is their vision of a well-lived life is what will allow them to do so.*

### ***Respected Elders and Vision:***

The vision of a well-lived life is best understood by thinking of a respected Elder. An Elder is not just an older person, but one who lives “in a good way,” according to culturally and spiritually rooted vision. The qualities of an Elder that are most often identified include:

- loving, caring, kind, and gentle;
- generous, heals others, contributes to community,;
- teaches and learns;
- humble and wise;
- patient, listens;
- genuine, present, non-judgmental, forgiving;
- funny and creative;
- spiritual, Traditional knowledge (e.g., medicines), practices ceremony;
- honest, “walks the talk,” has integrity, refuses to gossip;
- strong, resilient, and self-sufficient.

***Reclaiming a Wellness Vision From a Sickness One:*** Many people describe themselves in terms of their problems, or the negative labels that they have been given to them (e.g., “I am an:” addict, abuser, depressed, etc.) In fact, despite the behaviour that often goes with such labels, these same people have demonstrated many qualities of an Elder. They can be funny (even if the humour is rude), they can be generous (even if it sharing their drugs), they can be creative (there is almost no one more creative and someone trying to get their next hit without any money in their pocket) and they have been kind, wise, loving, and genuine at times, as well. This means that they are already well on their way to becoming an Elder (rather than being an addict, abuser, depressed, etc.), that they already know how to pursue a well-lived life; it is only matter of doing it more and the problematic behaviour less!

### ***A Meaningful Family/Community Role Offers A Positive Identity:***

There are two sources of our identity: *personal* identity (i.e., how we describe ourselves based on our own life experience) and *social* identity (i.e., how we describe ourselves based on the roles we play with others). Personal identity is how we see ourselves if we were on a desert island—“all by myself.” On the other hand, This social source of identity includes the larger social world, it is who we are in relation to those around us, based on the role we play—as a (grand)mother/father, son/daughter, sister/brother, friend, worker, volunteer, Dancer, etc. Put simply, we are defined by our social responsibilities.

***Colonization and a Negative Identity:*** Unfortunately, many Aboriginal people have come to view themselves according to the description by the dominant culture—that is, in this

latest wave of colonization—as sick and dysfunctional (e.g., school drop-out, unemployed, etc.). There appear to be six colonial identities available for Aboriginal people, as *designated by the colonizer*. Each of these have become “normal” in Aboriginal communities, but they are profoundly limiting and culturally destructive because they do not emerge from the cultural community, but from the colonizer/dominant culture and they serve to maintain the internalized label of a “sick and dysfunctional” Aboriginal community that is the foundation of the colonizers control. The identities include:

- *Lazy Indian* (who is late for everything, irresponsible, helpless and incompetent);
- *Drunk Indian* (who is lost to substance “addiction” and lives a hopeless life);
- *Angry Indian* (who hurts those close to them through verbal or physical violence or is an adversarial “activist” without awareness of the bigger picture or the ability to build bridges);
- *Hollywood Indian* (who is a “Sexy Squaw” or “Heroic Warrior” or “Magical Elder” as portrayed in film fantasies);
- *Tragic Indian* (who lives a miserable life that evokes pity);
- *Wise Indian* (who is deeply Spiritual and connected to the earth, but with a vision that ultimately belongs to a pre-contact era);
- *Exceptional Indian* (who against all odds is successful in the dominant culture; e.g., professors/doctors, spokespersons/advocates, entrepreneurs, chiefs who focus on economic development in partnership with non-native business leaders, etc.).

In reality, there are many positive roles played by community members; roles that are traditional, but find expression now. Instead of rigid identities these roles describe activities, that can be expressed individually or simultaneously, rather than a fixed and constant judgement. Thus, it is important that an individual take on positive and meaningful roles in their family and community—it is resistance to colonization.

**The Three Traditional Roles:** Traditionally there have been three essential roles; they were:

- *providers* (by providing food, housing, entertainment, and ceremony, etc.);
- *protectors* (as nurturers, warriors, healers, etc.); and
- *teachers* (as role models, mentors, ambassadors (i.e., teaching other communities about the homeland/community/family by representing it), trainers (e.g., hunting, food preservation, ceremony, etc.).

Many people still fulfil these roles. Some do it in a way that is valuable to their family and community—they are living a well-lived life. In terms of the contemporary expression of meaningful community roles, the following have been identified:

- *protectors* (parenting, advocating/protesting, caring for Elders, informal conflict mediation/breaking up fights, standing up in one’s family to challenge abuse/neglect, serving on a Community response team (i.e., crisis intervention) or as a first responder, human service work, etc.);
- *providers* (hunting/fishing, earning money or using welfare for useful shopping, food gathering/preparing, entertaining friends/family, offering ceremony, building homes/playgrounds/walking paths, developing/creating a community event, administrative work, developing programs/youth centres, etc.); and
- *teachers* (role modelling wellness, mentoring, training (e.g., hunting, fishing, food preservation/preparation, stories, songs/ceremonies, etc.).



**Unemployment and Meaningful Roles:** Many who say that they are “bored” or identify as “unemployed” are simply not taking on the roles available to them. These roles may not be paid, but this does not mean that they are not essential. It is the mainstream government and the Western capitalist economic system that says which jobs are to be paid, it is not the value of the jobs themselves. There was no such thing as paid work before colonization—one worked because it was one’s responsibility. After all, the most important “job” in one’s life—that of a parent/grandparent is still unpaid! Community members who contribute may require assistance (e.g., gas money for their boat if they are taking out youth to teach them how to fish), but they should not be given money. This may lead them to think of themselves as employees and lead them to refuse to contribute further without being paid. In the traditional way, they can be rewarded by public acknowledgement (e.g., by being “stood up” at a feast or being given a coat or vest that identifies their role or celebrates their service).

**Children and Meaningful Roles:** Children take on the roles naturally, if they are allowed to; they try to heal other’s “boo-boos” (injuries or sadness), hold younger children’s hands when crossing a road, or threaten to “tell on” a bully (i.e., protection); share their food and try to help with cooking and cleaning (i.e., provide); and show littler ones how to play a game or the proper way to do something they have just learned (i.e., teach). Often, because they are not very skilled in these roles, they are told “don’t be a ‘snitch’,” to “stay out of the kitchen” or they teased for their attempts to teach; they are being told that they are incompetent and the result is that they abandon their attempt to play a meaningful role. (Then we wonder why they never help in the kitchen, when they are “old enough” to do so.)

**Meaningful Roles Without a Wellness Vision:** However, many of those who are not living in wellness are also fulfilling these roles, but not “in a good way.” For example, a person may will beat up someone who hurt their friend or lie to the police to “cover” for someone (i.e., protect), share their drugs and alcohol with others (provide), and show someone how to break and enter (i.e., teach). It is important not to label such people and their behaviour as “bad;” instead help them to take on these roles in a better way. A successful drug dealer likely has people/management skills (to maintain those working under him/her), administrative skills (to maintain records), etc. Once they embrace a vision rooted in wellness, they can apply those skills to a job that benefits the community.

**Youth and Meaningful Family and Community Roles:** Many youth and adults confuse entertainment with lifestyle. Whether through watching television, surfing the internet, playing games, sports, etc., entertainment is a vacation only. It is what one does as a brief break from pursuing a meaningful role. However, the force of assimilation has convinced many that only jobs that are part of the market economy (i.e., paid) are meaningful. This is particularly destructive since the economy of many communities have been stolen by the colonizer. The result is that many people from the age of 15 to 55/65 years old (when they become an Elder in the community) are doing nothing of use to themselves, their families or their community—they have no meaningful role in the community.

## *Overcoming Obstacles to a Well-Lived Life:*

The following are some special issues specific to overcoming obstacles to a “well-lived life.”

***Suicide and the Well-lived Life:*** A suicidal person has life events that support their identity as “a suicidal person”. The goal is to change an identity of “victim” or “failure” to that of “healthy” and “valuable”. A positive *identity* is additional protection from suicide and new life experiences can help a person in suicidal crisis to change their *vision*. While we cannot change the past personal experiences of a person, a caregiver can (with the help of their family community) offer them new life experiences that can lead to changes in their personal and social identity. Likewise, we cannot change all of the social roles a person in crisis plays, but we can assist them to change some of the negative ones and replace them with more positive ones. For example, to change their role as “delinquent” and replace it with “volunteer for Elders” or assist them to better perform their positive roles—for example, to be a better parent/child.

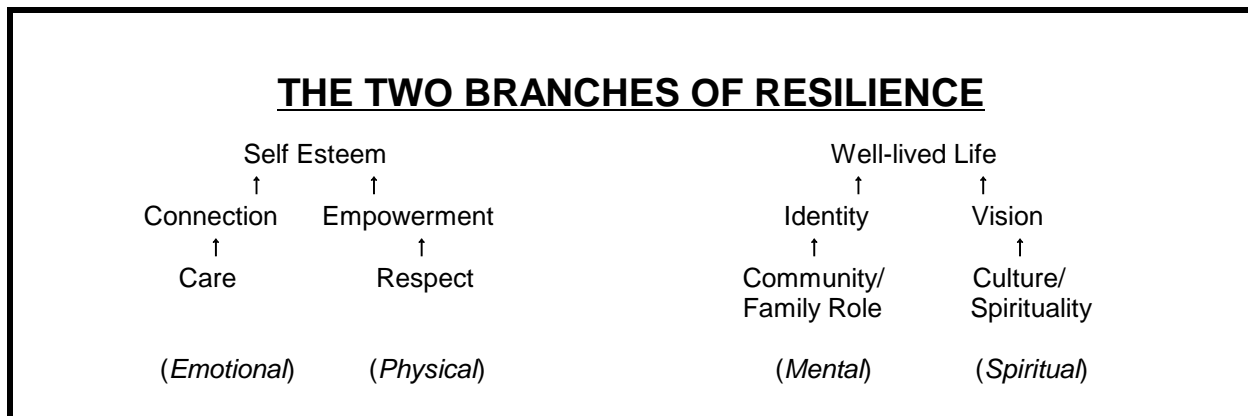
***Indian Residential/Day Schools and the Well-Lived Life:*** One of the key tasks of Indian Residential/Day School was to destroy the students’ identity as Aboriginal people. To accomplish this cultural genocide, students were told that their culture was evil and backward and they were severely punished if they did not appear to assimilate to the cultural role they were offered, that is “second class” citizen in a Christian country. The students were not able to develop a *positive identity*—personal, social, or cultural—due to the constant destructive “brain-washing” to which they were subjected. Without a *positive social identity* or *cultural vision* it was believed that the children could be “civilized”—that is, re-created in the colonizer’s image. Instead, *self esteem* and the opportunity to learn how to lead a *well-lived life* was stolen from the attendees.

***Youth and the Well-lived Life:*** It is not the “job” of a child or youth to go to school. School is a bridge to a destination—it is not the destination. Being a student is not a *meaningful role*, it is the path to a meaningful role. School is valuable only for its ability to assist a youth to be of service in their community. Going to trade school, for instance, is not meaningful, but being a plumber is. Before contact, youth had meaningful responsibilities and they were honoured in a manner that was not financial. Now, youth are often acknowledged for completing school—which is ultimately a force of assimilation (the government sets the curriculum and the behaviour which is deemed successful) that often leads to their leaving the community (as there are a shortage of jobs suitable jobs). This it may not be in the best interest for a student to graduate—from their own point of view and their family’s. Further, some youth have an intelligence that is different from that emphasized in the academic classroom—a talent which is not recognized if school is given such a high priority. For instance, navigational intelligence (the ability to navigate on the bush or on the water), kinesthetic intelligence (the ability to move ones body well, as an athlete or dancer, etc.), artistic and musical intelligence, and emotional intelligence (the ability to “read” and respond well to the emotions in others and in oneself), etc. are not graded in the classroom. *The real job of a child and youth is to become an Elder—that is, to live a well lived life.* Anything else they do along the way is simply one of many possible paths they may take in their becoming. Unfortunately, school graduation is given special privilege in many communities—there are often special celebration for graduates at

community feasts—this is ironic, since it means that the youth who are successfully assimilating to a non-Traditional way of living are being feasted, when those who are taking on more Traditional roles are not. There is nothing wrong with being successful at school—it leads to opportunities for a youth to better serve their community in the long run; however, it is only one of a variety of activities that shows that a youth is becoming as an Elder (by helping those in distress, engaging in ceremony/enhancing the culture, resolving conflicts, raising/teaching children well, encouraging positive change/challenging colonization, demonstrating skill in food gathering/hunting/craft-making, etc.). And all of these should properly be acknowledged through recognition at a feast (or in some other way).

### *Success Stories: Bringing it Together:*

Every individual, family and community has its “success stories”—interventions which offered caring connection to support respectful opportunities for empowerment while engaging in a meaningful role engagements flowing from a culturally/spiritual vision.



## **SELF ESTEEM: PROTECTION FROM SUICIDE, “ADDICTION” & VIOLENCE**

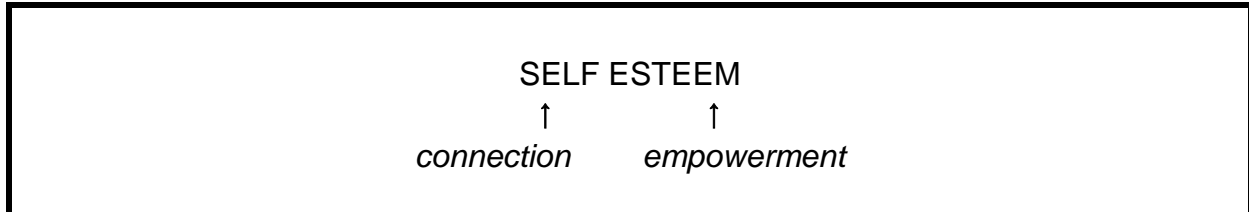
*Self esteem* is the sense of value that we have in ourselves as individuals, families and a community. Self esteem is the what protects us against suicide. Those who have a healthy *self esteem* feel that they are valuable and in control of their lives. They believe in themselves, responding with courage and creativity they face their *problems* from a position of strength, they seek to learn, grow and use their skills and, finally, enlist the assistance of those around them. *Self esteem* is not built upon comparison, but on self acceptance (and, therefore, it includes one’s acceptance of others).

People, families and communities who have low *self esteem* feel worthless and out of control. They may “internalize” their low self esteem and feel *despair* (viewing themselves as unlovable and incapable of changing their lives for the better). Experiencing themselves as victims in the face of their life, they are vulnerable to being victimized by others. Or, they may “externalize” their low self esteem and become *arrogant*. Those who are arrogant compensate for their sense of being worthless by thinking that everyone else is worthless and incompetent when compared to themselves (i.e., “I am great because you

are not”). They often operate in the world as bullies. But, their apparent self-love is false; they have low self-esteem.

### *The Two Foundations of Self Esteem:*

Self esteem is based on two foundations: connection and empowerment.



**Connection:** The sense of belonging—that you are accepted and valued—connection might come from:

- people (e.g., family (most important), friends, workers, or a group/team)
- nature/animals (i.e., trees or the Land/Water, a pet or wild creature)
- a place (e.g., a place in nature), a community building, a room or a ceremonial space)
- an object (e.g., a photograph or ring or a blanket) or
- Culture or Spirit.

However, the source of connection must be important to the person, family, or community themselves, at the time that it is offered. For instance, a youth who believes that they are not accepted by their family, may not have a strong sense of *connection*, even if they are valued by their peers. (Note: families provide an essential source of connection, even if they are not always identified as such by their members.)

**Empowerment:** The belief that you are in control of your life and that you are capable in the face of your life, empowerment is the second foundation of self esteem. People find empowerment in:

- a sense of capacity, skill or talent (e.g., good at a sport, or singing, or schoolwork)
- attribute or quality (e.g., being strong, artistic, or caring)
- overcoming difficulty or healing
- a role (e.g., parent, friend, helper, etc.)
- social status or reputation (e.g., popular, respected, etc.)

However, a sense of empowerment must come from accomplishments or qualities that are important to the person, family or community themselves. For instance, a youth might be an excellent artist, but if they believe that being a successful athlete is more important than drawing, they will not feel a sense of empowerment from their artwork.

**Youth and Self Esteem:** It has been pointed out that many youth will “only work for money,” that they do not care for their family or desire to contribute to their community. However, if one turns this perspective around, it suggests that these youth, themselves, do not feel sufficiently *connected* to their family or community and that greater *care* for them is necessary before they will feel the same care in return. Likewise, many youth feel that their community and family should entertain and do everything for them. This is clearly a lack of *empowerment* in the youth. They do not feel capable, because the expectations upon them are inconsistent at best. Each time they are treated as a problem that needs

to be solved, they see themselves as incapable of doing anything for themselves. Without a sense of *connection* (that comes from the knowledge that they are *cared* for by their community/family) and *empowerment* (that comes from the knowledge that they are genuinely *respected* by their community/family and have a “voice” that is listened to), the youth will lack the self esteem to live a well-lived life.

***Indian Residential/Day School and Self Esteem:*** Beyond the many well-documented individual abuses, the schools intentionally and systematically attacked the children’s *self esteem* and identity by inflicting a series of profound community, family and personal *problems* on them.

- *Loss of Connection:* The children were not permitted to communicate with their parents, or even their brothers and sisters, while at the school. They were treated like “prisoners of war”, receiving sub-standard food and clothing and being publicly shamed and violently punished. They did not experience the sense of *connection* so badly needed by the children.
- *Loss of Empowerment:* Learning one’s language and cultural rules are the primary tasks and key source of *empowerment* for a child. In residential school, the children were not allowed to speak their own language (they were often beaten or starved if caught doing so), told that they were dirty and stupid. Their *empowerment* was taken from them.

This inter-generational theft has impacted the entire community.

***Self-Esteem and the Caregiver:*** The model of self esteem offers direction for the healing of a person, family, or community. A helper/healer’s task is to build up an individual’s sense of connection and empowerment: to raise their *self esteem* and, thus, to increase their ability to respond to their lives.

***Never Take, Always Replace:***

*Replacing Rather Than Taking Away a Source of Self Esteem:* Some of our sources of connection or empowerment are not good for us or those around us—they are not guided by a well-lived life. For example, we may feel a connection to our drinking and drugging buddies, or to a partner who hurts us, or feel empowerment when we control or intimidate people or when we steal without being caught. But if someone tells us to leave an abusive partner or to stop stealing we don’t immediately agree and change our lives. This is because when someone tells us to stop give up something that gives us empowerment or connection, no matter how much it may hurt us or others, we will resist. Because they are asking us to reduce our self esteem! And when we lose self esteem we suffer. We shouldn’t ever give up any source of self esteem, instead we should replace it with something better—better for our wellness and that of our family and community. The same is true for our approach with others—never take away a source of self esteem—that is theft!—always help a person to replace it with something better!

***Replacement Technique:*** This approach can be used as a technique. Once the problematic behaviour the client wants to change is identified, there are three steps:

**(1) Identify the Purpose the Problem Behaviour is Serving:** All behaviour serves a purpose, so in order to replace a behaviour we need to discover the purpose it serves. (For example, excessive alcohol use may “numb the pain” of trauma or reduce social anxiety, marijuana is often used to control anger, too much television/internet entertainment may be a distraction from shame, participating in an abusive relationship may be familiar in terms of childhood experience, smoking may be a “break” from the stresses of living, etc.–in all of these cases, the problem is a form of self-care, but not a healthy one. If the purpose of the behaviour is not addressed, it cannot be replaced; if stopped without a replacement, you have a “dry drunk”–the behaviour may be gone, the misery it was attempting to soothe carries on.)

**(2) Identify the Advantages and Disadvantages of the Problem Behaviour:** It is important to be open about the benefits of a problem behaviour, to ensure that an attempt to replace it will offer rival benefits, as well this shows respect for the person you are helping, it acknowledges that there is a reason they have maintained the problem for so long. At the same time the negative impacts of the problem needs to be identified by the person you are helping, themselves, so that they are motivated to replace the problem with something better.

**(3) Identify Replacement Behaviour That Has Less Disadvantages And/or More Advantages:** It is up to the person seeking change to identify a replacement behaviour, one that they consider better than the problem behaviour. Considering the previous examples, dealing with trauma may replace excessive drinking, anger management training or dealing with historical sources of rage may replace marijuana misuse, working on the relationship or ending it may replace ongoing abusiveness, etc.

### **REPLACEMENT TECHNIQUE**

- (1) Identify the purpose the problem behaviour is serving
- (2) Identify the advantages and disadvantages of the problem behaviour
- (3) Identify replacement behaviour that has less disadvantages and/or more advantages

The next step is to assist the person to replace the problem with the better solution.

**REPLACE**

**PURPOSE**

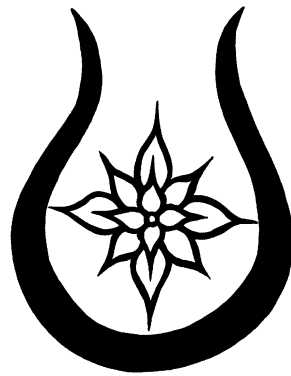
**ADVANTAGE**

**DISADVANTAGE**

**PROBLEM**

**SOLUTION**

# values and Boundaries





# VALUES AND BOUNDARIES

When responding to a the needs of a person, a family or the community as a whole, a caregiver needs to consider their personal values and attitudes concerning their role as a helper. This will have a greater impact than any technique or tool that can be learned.

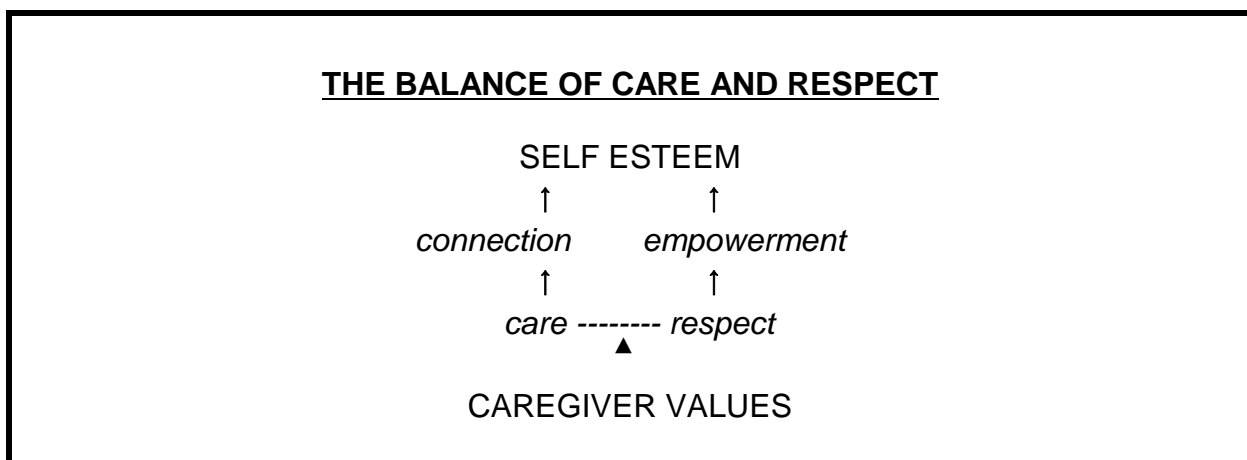
## THE BALANCE OF CARE AND RESPECT

A central role of a caregiver is to assist an individual, family, or their community as they re-build their *self esteem*. To provide accepting and non-judgmental *connection* and then to assist the individual to develop the skills and connect to the resources necessary to gain *empowerment* over their situation. There are two traditional Aboriginal values that lie at the root of this role: they are *care* and *respect*.

### *Care and Respect Build Self Esteem*

**Care:** *Care* is the desire you have for another person, family or the community as a whole to be healthy, happy, and to make safe choices—it is what brings most caregivers to the work that we do. *Care* is best exemplified by the relationship of a parent to their infant. In terms of *self esteem*, *care* offers *connection*.

**Respect:** *Respect* is the belief that another person is separate from you--that they have the right to make their own decisions (even if you wish they'd make a different choice), the capacity to respond to their own problems, and perspectives and values that are valid for them (even if they are different from your own). True *respect* means that you treat a person as an equal. It gives a person, family or the community as a whole the chance to take charge of their own destiny; in terms of *self esteem*, respect offers the opportunity to gain *empowerment*.



## *When Care and Respect Aren't Balanced:*

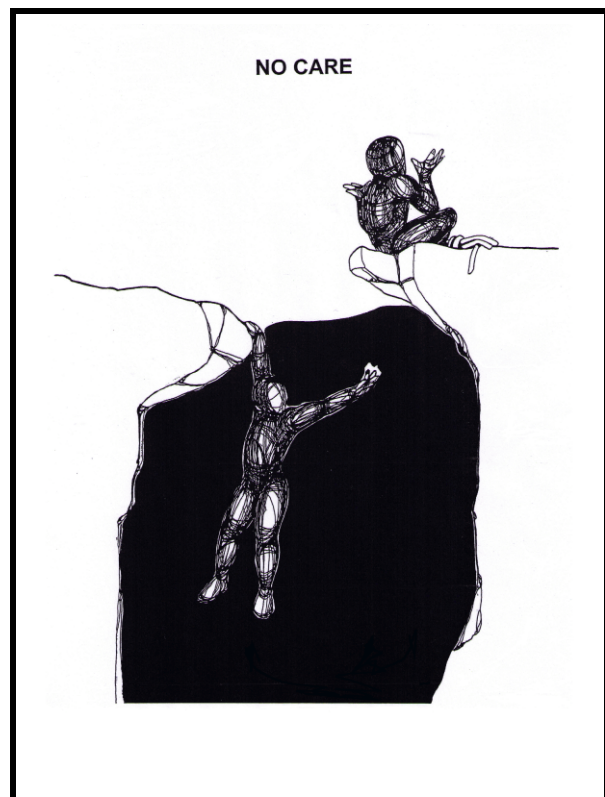
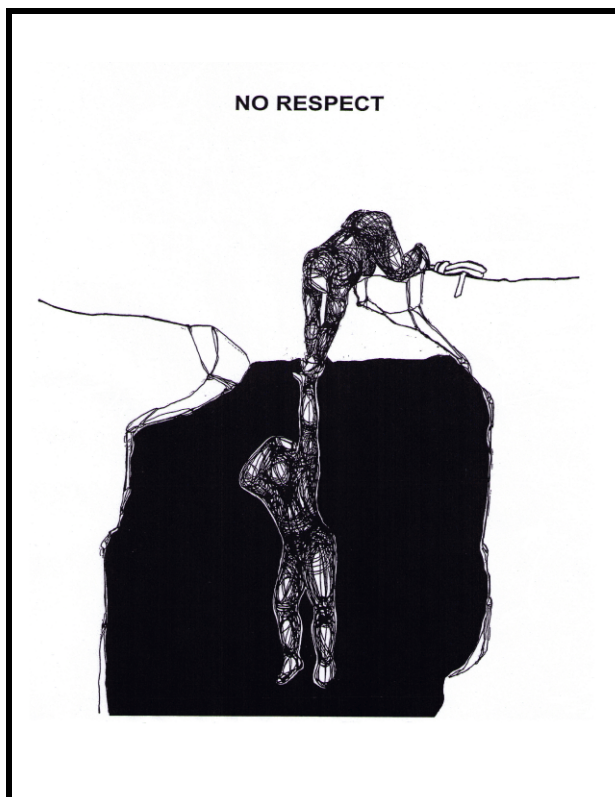
If these fundamental values are not balanced, both the helper and the person they are helping will suffer.

**Too Little Respect:** Sometimes it is difficult to recognize that the pain of the person you are helping is not your pain. As a result, you may feel overwhelmed by their suffering and you may attempt to take over their life, to help you feel better. You may take it on yourself to solve their problems, tell them what to do, or rescue them from the consequences of their actions. All of this, so that you can stop feeling their pain.

This form of relationship may be appropriate with an infant, but not with a youth or adult. If you resolve their problems for them, the individual will become dependent on you to fix their lives every time they have a problem. And if your attempt to fix things for them doesn't work, they will blame you and lose their trust in you—losing a source of *connection* that they desperately need. Further, you may feel helpless and this can lead to “burn-out” (discussed later). While you are offering the appearance of *connection*, you are actually taking away their opportunities for *empowerment*—you are telling them that:

- I am “strong” for you, so you must be “weak”
- I “know the answers” and have to tell you with advice, so you must be “ignorant”
- I have to “fix” you, so you must be “broken”
- I have to help you, so you must be “helpless”

You are not respecting them to live their own life, but trying to meet your own need for them to be “happy”. (This imbalance is sometimes called “taking” care, instead of “giving” care. This is like dragging a person up from their pit of despair. You run the risk of falling in with them and/or leaving them helpless the next time they fall.



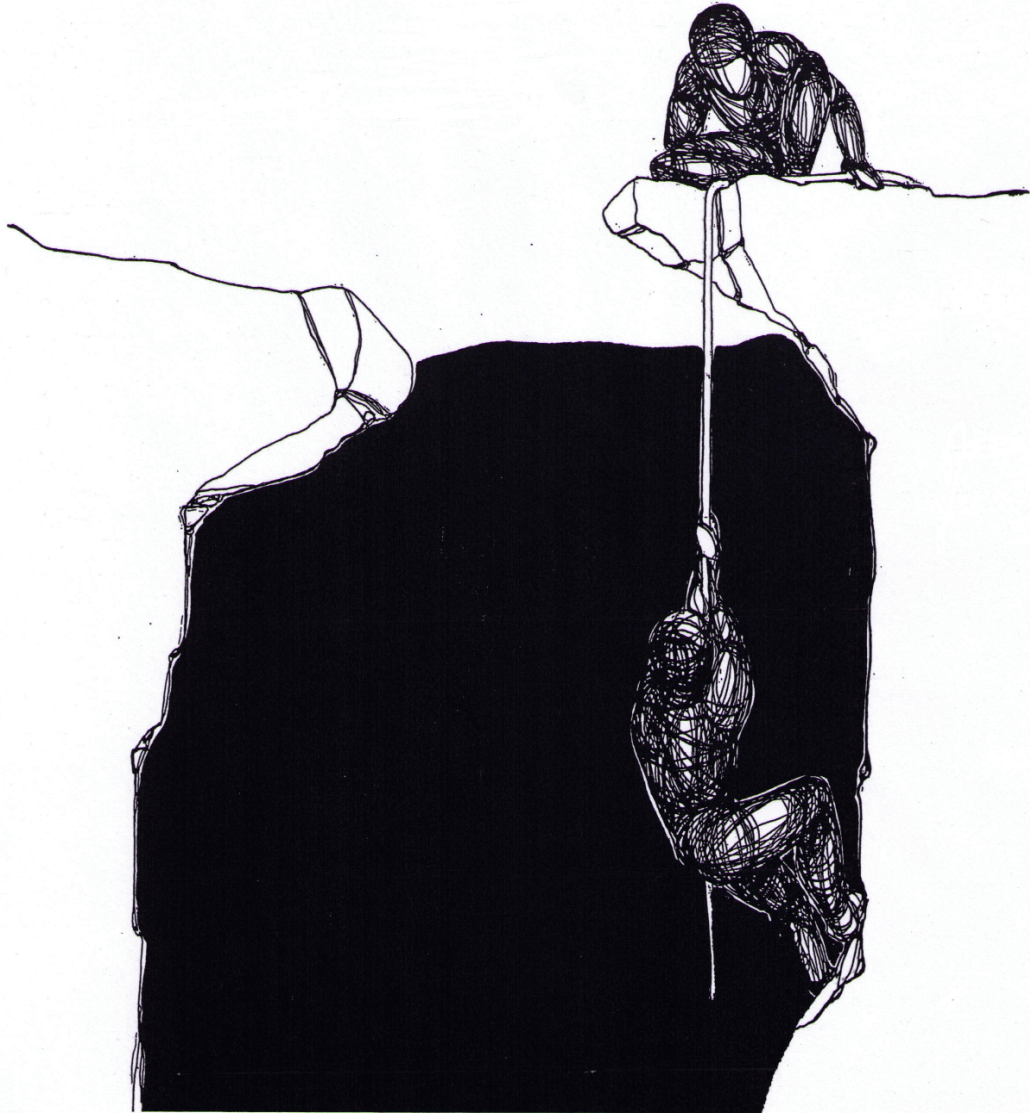
**Too Little Care:** Sometimes, particularly when “burning out”, or after allowing someone to cross through your personal boundaries (leaving you feeling overwhelmed), you may leave a person in crisis to “fend for themselves”. You may see the person as lazy, manipulative, or a “lost cause” and as a result you may: abandon them (e.g., “You made your bed, lie in it”); ignore their pain (e.g., “get on with it!”); judge them morally (e.g., they are a...); or become sarcastic (e.g., “I hope that you are proud of yourself”). Whatever the cause, these responses offer too little *care* to the person. While you may *appear to* offer them an opportunity for *empowerment*--because you don’t take over their life--they will not be able to reach your high expectations. They do not have the *connection* that they need to successfully respond to their situation. This is like leaving a person trapped and alone, deep in their pit of despair.

### *Care and Respect in Balance:*

With your *care* and *respect* in balance, you will never “do harm”. You will offer a person, a family or the community as a whole a *connection* and the opportunity to gain their own sense of *empowerment* in the face of their situation. The balance of care and respect will look different when responding to individuals at different ages and capacity. For instance, when compared to a teenager, younger a child will require greater guidance and more limited choices when being offered the *respect* of personal decision making. In the same light, an individual identified to be at *high risk* of a suicide attempt, forfeits the *respect* that would allow them to act unhindered. When you balance *care* and *respect*, you neither “take over” and lead a person’s life for them, nor do you abandon them when they need you most. The advantage to you is that the balance will ensure that you never feel “manipulated” or that you are working harder than the person in crisis. The pain experienced by a person in crisis is not your pain, yet you can help them to respond positively to it.

**Suicide and the Balance of Care and Respect:** In response to a person in suicidal crisis who asks: “You tell me why I shouldn’t kill myself!”, an answer with *too little respect* will sound like: “You shouldn’t be thinking of suicide and let me tell you why!...” A response with *too little care* will sound like: “That’s up to you to figure out. See you later!” A balanced response recognizes the pain that the person is in while respecting their autonomy: “I can’t give you a reason to live, but I will spend as much time as you need to help you to find one.” This approach alone can raise the self esteem of a person in crisis: they feel enough *connection* to attempt *empowerment*. Balanced *care* and *respect* is like offering a rope to a person in the pit of despair and assisting them as they pull themselves out.

**BALANCED  
CARE and RESPECT**



**VALUES OUT OF BALANCE**

**No**  
**Respect**      (Care ----- **Respect**)      **No**  
**Care**

△

<u>YOU</u>	<u>THEM</u>

## VALIDATION-ACTION 2-STEP

The values of care and respect can be used to enhance self esteem through the use of a simple 2-part technique. By honouring their strengths and acknowledging their ability to act, a validation-action 2-step offers hope to a person and can give them the boost to their self esteem that they need to be ready to follow through on change.

### VALIDATION ACTION 2-STEP

LISTEN to the person, then...

Ensure that each statement you make includes:

1. **VALIDATION** (care statement)
2. **ACTION** (respect statement/question)

### *Step 1–Validation:*

The first step is rooted in care—it is to validate. Their strengths can be recognized (e.g., “You really love your family...” or “You have shown a lot of courage to have come this far...”) as can their situation (e.g., “I can hear that your are in terrible pain...” or “This is really frustrating for you...”). This offers them a sense of connection with you, as you demonstrate empathy with their experience and/or your valuing of them as a person. Validation is an inoculation of *care* that boosts the capacity of the person in crisis to follow through on positive action.

### VALIDATION-ACTION 2-STEP

<u>VALIDATION</u>		<u>ACTION</u>
<u>PERSON</u> (Strengths)	<u>PROBLEM</u> (Situation)	<u>INVITATION</u> (Respectful Question)
<ul style="list-style-type: none"> <li>• Personal</li> <li>• Social (family, friends, etc.)</li> <li>• Cultural/Spiritual</li> <li>• Principles</li> </ul>	<ul style="list-style-type: none"> <li>• emotions</li> <li>• thoughts</li> <li>• observations</li> <li>• needs</li> </ul>	<ul style="list-style-type: none"> <li>• Information</li> <li>• Steps for change</li> </ul>
(A Care Statement)		

**Validate the Person:** Validating the person is to recognize their strengths; you can validate their:

- *Personal Quality/Strength* (e.g., their courage, strength, hope, resourcefulness, etc.)
- *Social Supports* (e.g., being loved by family/friends, helped by workers, etc.)
- *Values* (e.g., their commitment to healing, care for their family, etc.)
- *Culture/Spirit* (e.g., they come from a strong cultural heritage, are loved by and responsible to Spirit [as understood by the person])

The following validations are true for any person in distress who speaks with a helper; they:

- have the right to exist
- matter to the world, their family, and/or to you
- are courageous to face their pain
- are strong (since they have been successfully fighting off despair/suicide)
- are doing the best they can in their situation.

A Person-focussed validation may sound like: “You showed a lot of courage to talk to me...” or “I care about (or love) you” (this last example, however, is only appropriate if you have a strong relationship with the person in crisis) or “I hear how much you love your children...”). This kind of validation is often called an “affirmation,” but it is only effective if it is genuine.

**Validate the Problem:** Validating a problem is to focus on the difficulty of the *situation* (as perceived by the person in crisis). A person in crisis needs to know that they are being heard—that their pain is recognized. We should not be afraid to acknowledge how “bad” it is for the person we are helping—they will not benefit from our refusal to take their situation seriously. It may be a:

- *summary* (of what they have been telling you—often called a “reflection/paraphrase”)
- *interpretation* (of what you are hearing)

A problem-focussed validation may sound like “It feels like no one cares about you” (summary) or “I can hear how much pain you are in” (interpretation).

### ***Responding to Challenging Situations:***

In any situation where you feel that you might break (or be dragged through) the boundary that comes from a balance of *care* and *respect*, ensure that each statement you make includes a *care* and a *respect* component.

Some examples of particularly challenging situations are discussed here:

***The Demand That You Must Fix Their Life:*** This demand is not uncommon from a person in crisis. They are insisting that you become responsible *for* them and their choices. However, we are only responsible to fix our own lives (and that of our younger children). A statement that balances *care* and *respect* can give them back responsibility for their own life and leave you free to assist them without feeling overwhelmed. It may sound like: “*I care about you and want to help you (care), but ultimately the choice is up to you (respect)*”.

***A Person Insists That You Are the Only Person Who Can Help Them:*** This statement is particularly challenging when you feel that you have offered all the assistance that you

have the skill or strength to offer. Remember that your task is to encourage them to gain *empowerment* and to find appropriate *connections*--not to fix their life. It is reasonable for you to tell them: *"I am not able to help you any more (respect), but I will help you to get help from someone else (care), as soon as you feel ready (respect)"*. You may have to repeat a *care* and *respect* statement several times before the person accepts your boundary. (If you are the only appropriate resource, you can limit the amount of time you give to a person who visits you every day.)

***A Family Member Or Close Friend Asks for Help:*** It can be very difficult to maintain a healthy boundary with someone you are close to. For this reason, it is often best to assist them to find another resource. This may sound like: *"I love you (care), but I'm too close to you to offer real help--who else can you talk to (respect)?"* If you do feel that you are able to meet their needs, ensure that you have additional support for yourself.

<u>VALIDATION</u>	
<u>PERSON</u>	<u>PROBLEM</u>
•	
•	
•	

### *Step 2--Call to Action:*

The second step is a call to action--a respectful encouragement of the person to pursue their empowerment. This is what they need to respond to their situation or to take the next step in their healing, no matter how small. It may be an invitation to share:

- information (e.g., "Tell me what is going on" or "come to see me when you are ready to deal with this, call me") or
- a plan of action (e.g., "What is one thing you can do today to make it a little better?" or "What steps do you have to take to..?").

Together the validation-action 2 step may sounds like: "I can hear that you are grieving, when you are ready to take the next step, I'll be here for you."



## EXAMPLES

### VALIDATION (Care)

### ACTION (Respect)

I am here for you	When you are ready
I can hear that you are in terrible pain	Tell me what's going on
I know how strong you are	It's up to you to take the first step
You feel trapped	What would you like to have happen?
I'm here to listen	While you talk about what happened

**Validation-Action 2 Step and Chaos:** The validation-action 2-step is useful when the person you are helping is not making any changes—when their apparent crisis is likely ongoing chaos. For instance, the person you are helping may continue with the same complaints without doing anything to make things better or they may state that nothing can be done to help their situation. To listen to them despite their repetitiveness is to “enable” them (i.e., to make it OK to remain a victim in their own lives.) It may sound like “I can hear that you are still feeling trapped, call me when you are ready to take a step forward and we can work on this together.”

**Validation-Action 2 Step and “Drama”:** It is also useful in the face of a dramatic statement. For example: if someone says “I have a gun and I’m gonna kill myself” an effective response may be “I can hear that you are in terrible pain, tell me what is happening for you.” The technique accepts the other person’s struggle, but it does not collude with their hopelessness.

### **Step 3:**

The third step is to “do the work” or change the subject/leave the person—until they are ready to do the work.

### **And or But:**

The word “but” has a bad reputation. Counsellors are often trained to avoid using it. This is because “but” effectively erases whatever words came before it (e.g., when as a child I heard my mother say “I really love you, but...”, I knew I was “in trouble” or when someone says “I hate to tell you this, but...”, you know they are lying). Instead, the word “and” is recommended, because the word “and” builds on what came before (e.g., when someone says “I really love you and...”, the statement is not erased. For example, “You are very courageous and now it’s time to face the last of your fear...”. In other words, if a respectful call to empowerment is to follow a caring validation, the word “and” should be used. This is true. But, “but” is valuable for its ability to erase. It should be used when a caring statement follows a respectful one; for example “You’re right, it couldn’t get much worse,

but you can get through this and I will be here to help you do it.” The painful reality is acknowledged (respected), but it is diminished by the “but.”

**TAKING THE STEPS**

**CHALLENGING SITUATIONS**

- “I can’t do it—you have to do it for me.”
- “I have burned all of my bridges—they won’t help me”
- “There’s nothing you can say that will stop me!”
- 
- 
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**TAKING THE STEPS**

**Validation**

**Action**

## *Crisis Versus Chaos:*

Crisis is different from chaos. Chaos is the ongoing distressing state of disorganization and reactivity that may continue for long periods of time. Crisis tends to last from several days to six weeks *at the longest*. Crisis is never “normal”, that is, if it lasts a long time, the person, family or community is living in a painful state of chaos that has become normal. This may be due to trauma or other problems, but, unlike crisis, chaos is not an opportunity for change—it is a way of life that will not likely change until a true crisis occurs. Without crisis, people may never change, it is when their regular ways of doing things no longer work, resulting in a crisis, that they have an opportunity to face their life’s choices and to change them.

## *Responding to Repeated Calls for Help:*

Despite the fact that a person who continually calls for help can be frustrating and exhausting to support, we must always take them seriously. It is not relevant whether the person in crisis appears to be “manipulating” or not, because it is impossible to assess the difference. Always do a complete risk assessment (e.g., suicide, violence, loss of sobriety, etc.) and follow through with the appropriate response.

### **REPEATED CALLS FOR HELP**

#### 0. ***Risk Assessment***

followed by:

1. **VALIDATION** statement
2. **ACTION** statement/question

This will not reinforce their behaviour—because a *risk assessment* is boring if one is not actually at risk—but it will ensure that you do not miss a legitimate signal of distress. By following the assessment with a *validation* and *action* statement—such as “I will be here for you (validation) , when you are ready to get help to deal with your issue (action), you will not feel overwhelmed or manipulated by them. This will make you more available for them when they are ready to change.

## *Responding to a Problem Used As A Bargaining Threat:*

Sometimes a person may connect a problem they have to a demand for something from you or the community. They may say: “If you don’t give me what I want, I’ll commit suicide”. To give in to them will only make them more dependent on you and take away their opportunity for *empowerment*, in terms of finding a better way to meet their needs.

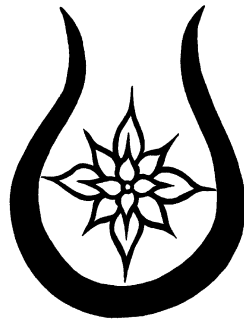
## **RESPONDING TO THREATS**

1. ***Focus on the Threat*** as a genuine and serious concern and ignore all other issues/demands
2. ***Perform a Risk Assessment*** and respond according to the level of risk
3. ***Return to the Other Issues/demands*** originally being discussed, independent of the threats, after you have finished exploring the pain that they are suggesting is overwhelming them and have identified them to be *low risk*

Responding to a threat is not difficult. Simply separate the threatened action from their demand. This may sound like: *“I’m really worried about you. I just heard you say that you are thinking of killing yourself. ... We can talk about your problem later. First I need to ask you some questions about being suicidal...”* Only after a risk assessment has been done (or rejected by the person) do you discuss the issue that was linked to the threat. If the person returns to the threat, simply return to an expression of concern and begin a risk assessment once more.

***Threats in a Personal Relationship:*** In a personal situation, if someone’s partner says: “If you leave me I will kill myself”, they may not want to pursue the three step procedure. Instead, they can follow the two-step “boundaries under pressure” model (above). They might say: *“I don’t want you to kill yourself (validation), who do you feel you could talk to about your suicidal thoughts? (action).”* This offers care and respect without “giving in” to the threat and feeling manipulated.”

THE COMMUNITY  
IS THE MEDICINE



# THE COMMUNITY IS THE MEDICINE

Before the impact of colonization, aboriginal communities were self-sufficient. An Elder told me that “Before the white man came there were medicine men, there were hunters, there were caregivers, security people. [And] all you see now are RCMP, the doctors, the nurses. They are all from the outside.” Traditionally the community did the healing and that still holds true, today. However, to recognize and benefit from the wisdom and strength of the community, it is necessary to step outside the limited view of the community and its resources that have been the foundation of the fourth wave of colonization. There are 3 steps that we will take to escape colonizing those we care for and healing the community:

- (1) The first is to stop viewing those we care for in terms of their problems, but instead to identify and work with their opportunities for resilience and wellness;
- (2) The second is to shift away from the “individualizing” view of a person, but instead view them within their community; and
- (3) And the third is to stop viewing resources in terms of government programs, but instead to understand the community as a rich source of resilience and wellness resources.

## DECOLONIZE YOUR PRACTICE

### ***Shift Focus:***

- (1) from problems to opportunities for enhanced resilience
- (2) from the individual to the community as a source of identity and engagement
- (3) from government sanctioned to community/cultural resources

### ***From Problem to Opportunity:***

We are often encouraged to think about those we help in terms of their problems—it is the “official reason” they come to see us and it is how most clinical reports are written. If we focus on problems with a person, they become experts about their problems, but if we focus on solutions, they have an opportunity to change. (As well, one can transcend the “sick” label by focussing on the solution, rather than the problem.) It is remarkable that we expect that talking about “depression” or “addiction” will lead to reduction of depression or addiction, rather than a greater expertise in the problem. And we all do what we are good at! A key to promoting wellness is to focus on the *opportunity* that lies within a problem or crisis. For example: the problem of “addiction” is an opportunity for “sobriety” or “controlled use” the problem of having “grade 9” is an opportunity to “complete school,” “violence against a spouse” is an opportunity for “restoration of harmony,” “estrangement from children” is an opportunity for “family reunification,” etc. If we focus on a problem, it is the problem and not its solution that is explored. If we focus on the opportunity, wellness can be enhanced.

## *Understanding the Community:*

Not only do we live in our community, our community exists within us as well—the community is who we are. For example, if someone close to you leaves or dies, where do you feel the pain? It is inside you; because they are inside you, as much as outside of you. It's just the same when someone tells you they love you—you feel it inside you, you feel them inside you. You cannot “not belong” to the community, because you are the community and the community is you.

Since crisis impacts the whole community, the whole community can respond to a crisis in one of its individuals, families, or the community at large. The capacity was there before contact and it's there now, because it is rooted in the Traditional values of *care, respect, a meaningful social role and spirituality.*

***The Six Parts of the Community:*** In order to explore the range of resources available to a person in crisis, it is valuable to consider the whole *community* in which they live. Surrounding a person, a community can be considered to be made up of six inter-dependent parts: their *self, family, individual youth and adults, community services/agencies/institutions, those outside the community, and nature.* The six inter-connected parts with examples of their use as a source of *connection, empowerment, identity* and vision—as resources for a person in crisis are noted below.

- ***Self:*** resources to be found within oneself.
- ***Family (or Clan):*** as identified by the family members. Note: no matter what their suicide risk, a suicidal person's immediate family (parents and/or partner) is often an essential resource. Their love, knowledge of that person, and ability to offer *support* and supervision makes them an excellent resource. They should be involved in the assistance of a person in crisis, unless their relationship to them is an abusive one.
- ***Individuals:*** specific people (i.e., generally known by name or title). This includes *youth* (i.e., anyone who would be identified as a “youth” by the community) and *adults* (e.g., friends, professional and non-professional caregivers, etc.).
- ***The Community:*** while on some level the community is actually a collection of families, it can be considered as a whole, where the individual membership may change, but the group (e.g., support groups or cultural groups (e.g., AA, drumming group)), agencies/services (e.g., elected council, nursing services), or institutions (e.g., community centre, school, Band Office etc.) is ongoing.
- ***Outside Community:*** forces or individuals outside the community which can have a positive impact (e.g., neighbouring communities, regional services, political leaders, heroes or youth idols, the media, etc.).
- ***Nature/Spirit:*** Spirit (however it is understood) and the natural environment are profoundly important for well-being.

The community (as divided into six parts) is able to offer an individual, family, and community as a whole, opportunities for: (1) connection; (2) empowerment; (3) a positive identity; and (4) vision and transformation. The “COMMUNITY RESOURCES MAP” below is a useful method to explore these options.

## *What is a Resilience Resource?:*

A resilience resource is any source of *self esteem* or opportunity for a *well-lived life* available to someone. It may be: a professional (such as counsellor), a community member (such as an Elder), a family member, time on the Land or in Ceremony or prayer, a positive activity, and, very importantly, an opportunity to contribute. The whole community is a possible resource—the capacity was there before contact (and is there now), because it is rooted in the traditional values of *care, respect, a meaningful social role* and *spirituality*. You just have to think “out of the box.”

***The community transforms, one crisis at a time!*** Further, as the community helps the person in crisis, its connection is enhanced (as people and programs work together and the conflicts that surround a person in crisis are resolved), its empowerment is enhanced (as the community resolves its own issues), the community provides more meaningful roles (as members of the community are called upon to assist), and this community mobilization is traditional—before contact the community took care of its own. In other words: *the community can transform, one crisis at a time!*

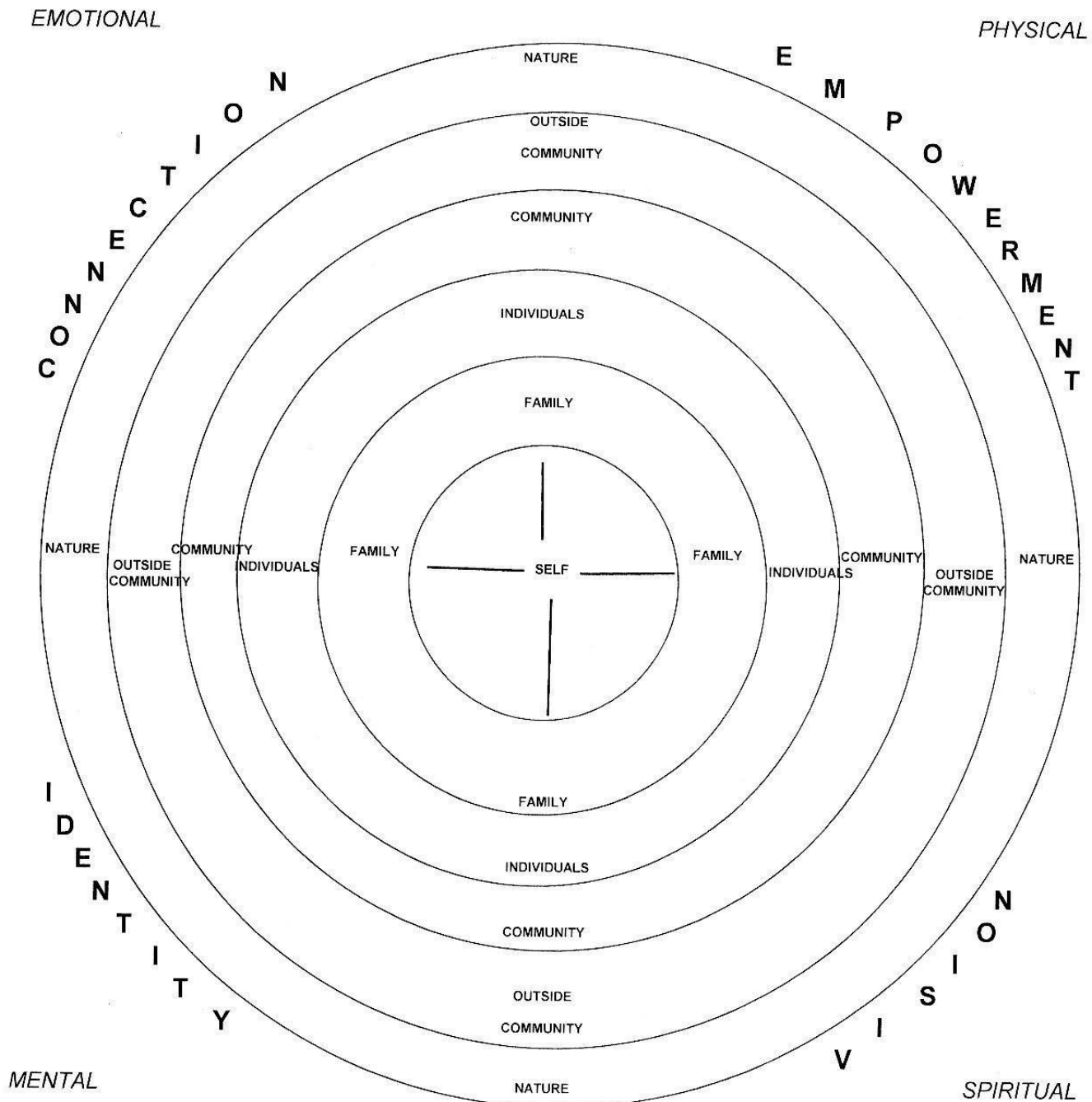
In order to bring together personal, family and community healing is important to avoid reliance on government-sanctioned resources. One way to do this is to ensure that *for every resource that is financially supported or sanctioned by the government, a resource that is community-based and, ideally culturally rooted, is utilized*. For example in the case of somebody pursuing sobriety, the use of a treatment centre can be balanced by engagement with an elder, to learn what it is to live in a good way. The use of a drug and alcohol counsellor could be balanced by time on the land, fishing or hunting, in order for the person to become a “provider,” rather than an “addict.”

	<b>CONNECTION</b>	<b>EMPOWER- MENT</b>	<b>IDENTITY</b>	<b>VISION</b>
<b>SELF</b>	belief in one’s self, hope, creativity, self-care, empathy, etc.	self-discipline, previous resilience, courage, managed anger, and strength, responsibility, etc.	sense of self as sober, helpful, caring, generous, etc.	prayer, faith, meditation, ceremony, pursue healthy lifestyle, etc.
<b>FAMILY and/or CLAN</b>	share love and support with family members, give gifts, participate in family counselling, etc.	participate in family events/ activities, get to know extended family members, write a letter to removed children, develop family-related skills, etc.	learn family history, take on positive family roles, enhance view of family and its role by the rest of community through contribution, etc.	take on Traditional role in the family (parent, uncle/ auntie, etc.), learn Traditional family/clan stories, learn and perform family’s traditional songs/dances/ ceremonies, etc.
<b>INDIVIDUAL Youth</b>	connect with young friends, peer-helpers, friend’s children, youth in need, etc.	volunteer time with youth/children; participate in sports/ activities/clubs	role model, team member, sober friend, mentor, helper/worker, teacher, etc.	learn/perform Traditional songs/dances/ ceremonies, etc.



<b>INDIVIDUAL Adults</b>	connect with adult friends, Elder, counsellor, teacher, social worker, doctor, sponsor, coach, mentor, etc.	volunteer to help Elders, learn a skill from someone, develop a resume, develop communication skills, etc.	friend, client, colleague, patient, etc.	Seek assistance from a spiritual guide/Elder
<b>COMMUNITY</b>	social/human services, support/self-help groups, community programs, school-based support, school, community centre programs, healing workshops, teen centres, etc.	volunteer, get a haircut, seek return to schooling, practice learning from support groups and workshops, apply for work, etc.	volunteer, contribute to community events, help youth to complete a project, cook for Elder's centre, etc.	participate in song/drum/dance groups, participate in community ceremonies, spiritual role in the community, etc.
<b>OUTSIDE COMMUNITY</b>	treatment centre, programs, crisis-line, internet chat rooms, national organizations, positive music/books/shows, long-distance friends and family, etc.	go for treatment, go to school (academic or trade), political/social activism, inter-community activity (e.g., sports exchanges), mental health assessment, detox programs, etc.	develop National/Aboriginal identity, (world-wide Indigenous peoples exchanges), large-scale activism, etc.	inter-tribal ceremonies (e.g., Powwows, Sundance, etc.), go to Sacred places
<b>NATURE</b>	go into nature, pray to Spirit, meditate, etc.	develop fishing, hiking, hunting, skills, learn ceremony, enhance fitness, eat well, etc.	participate in ceremony, recognize that one is an essential part of the universe, etc.	do cleansing ceremonies, Spirit quest, sweat lodges, walking around home territory, etc.

# COMMUNITY RESOURCE MAP INTERVENTION



# COMMUNITY WELLNESS PROMOTION

Communities were healthy long before colonization and they are healthy now. If they were not, they would not survive. The distress experienced within each community is a natural response to the oppression of colonization—however, these problems not have to be in the community.

## *Beyond Colonization:*

Healing reaffirms cultural values as they can be expressed in the contemporary world. Balancing the four aspects of humanity—mental, emotional, physical, and spiritual—through the interconnection of nature, community, family, and the individual, it integrates the individual in their community (establishing harmony and improving relationships). Rather than treating specific diseases within an individual, healing impacts individuals, families, and the community simultaneously. For this reason, effective intervention must have the restoration of community balance as its primary aim—wellness promotion must have the community as its target!

Community development can occur through confronting and reducing individual, family and community problems. Specifically, three target activities have been identified that promote the community resiliency and reduce suicide risk resulting from colonization. These are:

- (1) *community development* that promotes community change—revitalizing cultural and spiritual traditions, strengthening families, and supporting children and youth (i.e., true prevention).
- (2) *direct services* with a focus upon identifying and supporting those in distress (i.e., intervention).
- (3) *critical incident response*: that supports the community after a tragedy to reduce its affects as much as is possible and to protect the community from further similar incidents (i.e., postvention)

***Program Development Circle:*** When creating a community program it is essential that the community participates in its development. This will ensure that it is utilized and that it serves the specific needs of the community. One way to ensure this is through the use of a *program development circle* which brings together those to whom the program is targeted (stakeholders), with those who are guiding the program (service providers) and those responsible for the program (gatekeepers). Each shares their vision and hears the others, and together a vision emerges. The following example of the model was used in the development of a peer mentorship program called “Three Generations of Youth.”<sup>1</sup>

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<sup>1</sup> The “Three Generations of Youth: Youth Leadership-Mentor Program” co-created with an Aboriginal Community Wellness Team, is based on the following premise: Before colonization, youth played essential roles in the community and while recently youth have been told “you are the future”, they have not been given a role in making the future a reality; they have been told that the traditions will guide them, but they have not been given the opportunity to play traditional (i.e., meaningful) roles in the community. This program assists Aboriginal youth in taking on their traditional leadership and mentorship roles.

The program development and implementation followed four steps. In the first step, three days of consultation asked participants to address three questions (the answers to which were recorded): (1) What was it like to be a youth? (2) What do youth need? (3) What would you recommend be included in a mentorship training program? On the first day, Elders answered the questions, while sitting in a circle surrounded by a larger circle of youth and front-line youth workers who listened. Once the Elders were done speaking, the youth and workers responded to what they heard by sharing “One thing that I learned is...” and “One thing that I want to thank the speakers for is...” On the second day, the youth answered the same three questions, while Elders listened and then responded, using the same two-comment format as the youth (the day previously). Finally, on the third day, Community Health Directors and Program Coordinators were asked to answer the second and third questions, after the answers provided by the youth and Elders were presented to them. In this way the program design was rooted in the community’s unique culture and perceived prevention/wellness needs.<sup>2</sup>

## VISIONING THE FUTURE

Imagine a healthier community 5 years from now—a community in which its members feel connected, empowered, and in possession of a positive social identity and spiritual life. Imagine the social networks and programs responsible for this transformation. One useful way of organizing the vision is to use the *Community Response Map*. The map ensures that the four traditional foundations of health and healing are supported by the process. The key to success is to ensure that enough of the community endorses the vision and that all of these endorsing community members and families agree to take on part of the responsibility to see it fulfilled—by following through on specific and observable actions by a specific end date. It is not the job of the health centre staff or the Band Council to “fix” the community. It is the job of every community member to participate in the community’s transformation. Communities are wounded as much as their families and individual members are. And the path of community healing and individual and family healing are the same. Communities will heal through their service to their families and individual members, just as individuals and families heal through service to their families and community. The community belongs to us—it is there for us and we are responsible for it. We offer connection to those in our community and we can seek connection from them; we have opportunities for empowerment in our community and we offer opportunities to others; our identity is based on our roles in the community and we offer identity to others, based on their roles with us; and the community is the cultural source of our vision and our vision is part of the community’s culture. Just as the community is a resource for us, it is a resource for everyone in the community. **The community is the medicine!**

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<sup>2</sup> In the second “training for trainers” step of the “Three Generations of Youth” program, “older youth” (19 to 24 years old) received a five-day “Leadership Training Program” that offered an opportunity for them to become facilitators of a two-day workshop designed to train peer-mentors. In the third stage, “younger youth” (13 to 18 years old) received the two-day “Mentorship Training Program”. In the fourth step, the children received caring connection and respectful empowerment opportunities from the youth mentors in their community and learned that they have an opportunity to become mentors in their turn.

# COMMUNITY RESOURCE MAP PREVENTION

