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ABORIGINALS AND TRADITIONAL HEALING PRACTICES: A SURVEY

BY

NINA C. WYROSTOK 

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION.

IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

Edmonton, Alberta

Fall 1993

ISBN 0-315-88256-5

UNIVERSITY OF ALBERTA

RELEASE FORM

NAME OF AUTHOR: Nina C. Wyrostok

TITLE OF THESIS: Aboriginals and Traditional Healing Practices: A Survey

DEGREE: Master of Education

YEAR THIS DEGREE GRANTED: 1993

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Date: May 18/93

UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled ABORIGINALS AND TRADITIONAL HEALING PRACTICES; A SURVEY, submitted by NINA C. WYROSTOK in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION in Educational Psychology.

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ABSTRACT

A changing conception of health care has been expanding to include alternative fields of medicine. In addition to family practitioners, there are chiropractors, homeopaths, acupuncturists and folk healers. Native healing practices are of particular relevance to counselors and mental health professionals. There is evidence that native healing, like psychotherapy, is accomplished by way of an implicit or explicit agreement to modify dysfunctional behavior through interpersonal processes. Native healing has demonstrated roughly the same efficacy rates as Western medicine. The extent to which traditional healing practices remain active in the Aboriginal community is not well known. Exploring the status of these practices is the focus of this survey study. Aboriginal adult volunteers were surveyed in a number of educational settings to assess their interest in, valuing of and participation in traditional healing. It was found that, not only were the respondents interested in traditional healing practices, but they held them of value. The majority of respondents reported having participated in traditional native healing practices.

ACKNOWLEDGEMENTS

The support of my family was central to the completion of this study. I thank my husband, Bryan, for his quiet way of holding me up when I ran out of energy. And for faithfully attended to all of those many things to which I had become oblivious. Thanks to my daughters, Kate and Claire, for not only giving me the time I needed but for expressing genuine interest in my work. I am grateful to Bryan, Mom and Dad for digging out pertinent articles and books to further my project.

I am indebted to the members of my committee for their valuable contributions. Dr. Paterson is a master of efficiency and truly kept me motivated and clear minded. I am grateful to Dr. Paulson who supported my commitment to exploring alternative world views. Thanks to Dr. Cameron for balancing skills in methodology with genuine interest and enthusiasm. I thank James Dempsey for freely sharing his insights into the Aboriginal culture.

Friends Jane Martin, Cora Voyageur and Brian Calliou are thanked also for their kind and valuable help.

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INTRODUCTION

Purpose of the Study

Aboriginal people have long been faced with the struggle to maintain their cultural practices and identity. Religious conversion campaigns, legislation and the destruction of material culture were among those forces aimed at assimilating the Aboriginal people. Perceiving native healing activities as witchcraft, for example, missionaries and governments sought to eliminate these practices (Young, Ingram, & Swartz, 1988). The extent to which traditional healing practices remain active in the Aboriginal community is not known. Exploring the status of these practices is the focus or this study.

It is the objective of this study to examine the current attitudes of Aboriginal people toward traditional native healing practices. To be answered are the questions:

1. Are Aboriginal people interested in traditional native healing practices?
2. Do Aboriginals value traditional native healing practices?
3. To what extent have Aboriginals had experience with traditional native healing practices?

This is to be accomplished by way of a questionnaire to be completed by Aboriginal people in a number of settings.

Significance of the Study

Increasingly, our notion of health care is undergoing a reconceptualization

of growing breadth. In addition to family practitioners, there are chiropractors, homeopaths, naturopaths, acupuncturists and folk healers. McCormick (1988) postulated that Canada may be following the Americans in experiencing a diversification of medical practice and may be on the verge of a multicultural medical policy. McCormick viewed alternate healing practices not as adjuncts to orthodox medicine but to be appreciated as legitimate and independent systems.

In a rare study, Levy (1983) explored the utilization of traditional healing practices among the Navajo to discover that approximately half of these people still sought traditional cures. Relatively little is known as to the extent of the utilization of traditional healing practices among other Aboriginal groups.

Native healing practices are of particular relevance to counselors and mental health professionals. Krippner (cited in Zeig & Munion, 1990) persuasively reconceptualized native healing as *psychotherapy*. Krippner argued that native healing, like psychotherapy, is attempted by way of an implicit or explicit agreement to modify dysfunctional behavior through interpersonal processes. To this end, native healing has demonstrated roughly the same efficacy rates as Western medicine (Torrey, 1986).

The significance of this study is to provide counselors with a psychotherapeutic framework within which to contemplate native healing practices. Krippner (1990) pointed out that a diagnosis based on a shared world-view increases efficacy in modifying dysfunctional behavior. Hammerschlag (1988) recounted case examples of this principle of shared world-view in his psychiatric work with the Navajo.The psychotherapist need not adopt the world-

view of another, but can learn to respect and work along side of this world-view to better assist a patient.

Further, this study is an estimate of the extent to which traditional practices permeate a growing local Aboriginal community. Though anthropologists have documented many of the processes of healing rituals, social scientists have yet to assess the scope of their current acceptance and practice. The health professions may benefit from an understanding of the extent and potency of native healing in the social climate of medical diversification.

Definitions

Aboriginals

Definitions concerning native people are often riddled with problems. Registered or status Indians make up only a fraction of those who identify themselves as Aboriginals (Asch, 1984; Frideres, 1988). For the purposes of this study, Aboriginal people will be defined as those who consider themselves to be Aboriginal.

Traditional Native Healing Practices

It is important to clearly define what is meant by the term "traditional native healing practice". Traditional native healing practices are inseparable from spirituality. Healing is accomplished with the help of spirits who are actively sought out for these purposes (Young, Ingram & Swartz, 1989). Reportedly, the sincerity of the healer and the faith of the patient are necessary but the Great Spirit achieves the healing.

Not only physical complaints but emotional and spiritual ailments are treated through these practices (Jilek & Todd, 1974). Young et al. (1988) emphasized that most traditional healers work within a holistic orientation also encouraging prevention and healthy lifestyle. Examples of some commonly practiced cures are participation in a sweat lodge, pharmacological herbal cures and prayer ceremonies.

For the purposes of this study, traditional native healing practices will refer to:

any ritual or ceremony performed with the help of a recognized elder or healer for the purposes of maintaining or recovering mental, physical, emotional or spiritual health.

Traditional Healer or Shaman

The traditional healer is an intermediary in two-way communication with the spirit world for the purposes of facilitating healing (Landy, 1977, cited in McLean, 1990). The anthropological term, shaman, also describes well today's traditional healer but is not a term necessarily used by contemporary Aboriginal people. For the purposes of this study, the terms shaman and traditional healer and elder will be used interchangeably.

Delimitations

1. The population of study consists of Aboriginal adult students from Northern Alberta. The sample are Aboriginals from the University of Alberta, Alberta Vocational Centre, Concordia College and the Yellowhead Tribal Council

adult education class. Respondents are between the ages of 18 and 85 and from various tribal backgrounds.

2. The study is designed to assess Aboriginals' attitudes toward traditional healing practices at three different levels: cognitive, affective and behavioral.

Limitations

1. Probability sampling is not possible in the case of specific ethnic groups. For ethical reasons, lists and frames are rarely assembled upon the basis of ethnicity.

2. It is possible that those persons who agreed to participate may not be representative of the larger community and, therefore, the study is subject to the limitations of volunteer research.

3. Self reporting may have presented problems in data collection. People who are uncomfortable with the subject area may distort their feelings in reporting, knowingly or unknowingly (Borg & Gall, 1989). The subject of traditional healing practice might conceivably be a sensitive subject for some Aboriginal people.

Overview of the Thesis

The introductory chapter of this thesis was written to clarify the objectives of the study and to explicate the questions to be answered.

Chapter two consists of a review of the literature. In the review is an

examination of some of the historical events that have impacted native healing in Canada. This is followed by an explication of native healing and its relationship with spirituality. Various practices are described as are the symptoms they treat. A number of elements of native healing appears to be common to different cultural groups. These commonalities are explored.

The methodology used to undertake this survey is explained in chapter three. This includes the construction, piloting and administration of the questionnaire.

The fourth chapter is a presentation of the findings of the questionnaire. Interpretations, implications, and applications are found in chapter five.

Chapter 2

REVIEW OF THE LITERATURE

An Aboriginal World-View

The world-view of many native people is strikingly different from that of the non-native. In the Cree language, for example, nouns are differentiated as *animate or inanimate* in the same manner as nouns are ascribed male and female gender in the French language (Ahenakew, 1989). All living creatures are considered animate, of course, but so too are such objects as stones, stockings, rings and flour, these latter objects having life in the minds of the Cree speaker. That the concept of spirituality is built into the language itself attests to its fundamental importance in the Cree world-view.

Russell Willier is a Cree healer who has worked extensively with research anthropologists from the University of Alberta (Young, Ingram, & Swartz, 1989). Willier explained that the information he was sharing is considered sacred by his people and not to be made public. Despite the controversy, Willier offered a detailed account of the Aboriginal world-view. In this alternate cosmology, spirituality is both ubiquitous and individualistic, each person having the right or obligation to pursue his or her own spiritual experience (Young, Ingram, & Swartz, 1989). Furthermore, each person has the right to ask the spirits for help, taking meaning from dreams and from the pattern in which life events unfold. The cosmology of the Aboriginal people supports the concept

that there is a spirit within every plant and animal, every living creature. The sacred Aboriginal world-view does not separate healing from religion or spirituality, but rather, treats it as an integral part of the others (Dufrene, 1991).

The healer has a special role in communicating with the spirit world at the request of others.Traditional healers or shamans draw upon the mythology and symbolism passed on from generation to generation within the local tribe (Dufrene, 1991). Each group may share certain specific rituals or mythologies but there exists no organized system of meaning for all (Young, Ingram, & Swartz, 1989). Ideology and dogma have no place in the Aboriginal world-view.

Locust (1988) pointed out that, despite cultural diversity among Aboriginal groups, common beliefs about health and illness emanate. Wellness is perceived in the context of harmony of the spirit, mind and body while illness is the result of disharmony. In this cosmology, natural illness is caused by the violation of sacred taboos while unnatural illness originates with malevolent spirits. Underlying these beliefs is the assumption that all individuals are responsible for their own wellness.

The History of Traditional Healing

Origins of the Role of the Shaman

Humankind's earliest explanations of illness typically found causation to be related to supernatural beings (Krippner & Colodzin, 1981). Since disease and sickness appeared mysteriously, it seemed logical that supernatural forces must be responsible. Accordingly, it would follow that benevolent supernatural forces

would be required to drive the sickness away.In all parts of the world, tribal intermediaries enlisted the help of the spirit world in removing the sicknesses visited upon fellow human beings.These intermediaries universally operated in a religious or spiritual context and are known in the literature as shamans.

Shaman is an anthropological term and is most appropriately applied to those healing practitioners primarily associated with nomadic hunting and gathering societies (Winkelman, 1990). Winkelman undertook a cross-cultural study of shamans and other magico-religious healers. The sample included societies from all of the major regions of the world, covering a time span ranging from 1750 B.C. to the present century. From this research, Winkelman suggested that shamanism is found throughout the world in association with adaptation to hunting and gathering societies. Universally fundamental to the practice of shamanism is the use of an altered state of consciousness or ecstatic trance, as it is sometimes labelled.

Furthermore, Winkelman (1990) proposed a model of transformation of the shaman to other forms of magico-religious healers with the progression of increasing social complexity. Agricultural development and political integration outside of the local community were seen to cause the transformation of shamans into other forms of healers and the development of specialists such as bone setters and diviners.

The Impact of Europeans on Traditional Healing Practices in Canada

Aboriginal deculturation began, minimally, with the arrival of the fur traders, escalated with the influence of missionaries and reached a pinnacle with

colonial administrators in North America. French relations with Aboriginals were relatively symbiotic and amicable (Frideres, 1988). The policy of the French was not to treat Aboriginals as inferior but to assimilate them into the French culture nonetheless (Frideres, 1988). For example, in 1666, Colbert wrote to Talon, urging the "Frenchification" of Aboriginals, saying,

> Nothing would contribute more to it [the strengthening of the colony] than to endeavour to civilize the Algonkians, the Hurons, and other Indians who have embraced Christianity, and to induce them to come and settle in common with the French, to live with them and raise their children according to our manners and customs (O'Callaghan, 1856-1857, cited in Frideres, 1988, pp. 19).

The British attitude, in contrast, was more negative and racist, regarding Aboriginal people as barbarian (Frideres, 1988). British policy was one of expedience, isolating Aboriginals on reserves. In the charters of King Charles I, for example, were statements authorizing the state to:

> ... collect troops and wage wars on the barbarians, and to pursue them even beyond the limits of their province and if God shall grant it, to vanquish and captivate them; and the captive put to death (Frideres, 1988, pp. 21).

Those in power were quick to realize that the shaman or healer would be a primary obstacle in the assimilation of Aboriginal people into the Euro culture (Young, Ingram & Swartz, 1989). Traditional healers were jailed and some were executed. Aboriginal ceremonial activity was criminalized through a series of

amendments to the Indian Act, particularly the amendment of 1884 (Frideres, 1988).Traditional Aboriginal activities fell into secrecy and decline as the Euro-Canadian policies moved toward assimilation, religious conversion and paternalism. Although the amendment criminalizing spiritual activities was never officially repealed, it simply disappeared from the Indian Act in 1951.

Themes from Traditional Native Healing Practices in North America

The Medicine Circle and Wellness

The earliest, historical function of the medicine wheel is not known (Dempsey, 1993). Yet, to many contemporary Aboriginal concepts of health and wellness, the medicine circle or medicine wheel is central (Coggins, 1990; Dufrene,1991; Young, Ingram, & Swartz, 1989). The medicine wheel is divided into four quadrants, the number four being sacred. All four quadrants are equally important and it is essential that the components work in balance and harmony with each other (Coggins, 1990; Young, Ingram, & Swartz, 1989).

The four quadrants of the circle symbolize a number of concepts, most commonly the four cardinal directions: north, south, east and west (Coggins, 1990; Dufrene, 1991; Young, Ingram, & Swartz, 1989). In association with the four directions are the four qualities necessary for personal fulfilment. Coggins (1990) explained that these four personal qualities must be brought into balance and harmony, no one quality overwhelming the others. Drawing from a pan-Indian perspective, Coggins described the North quadrant as associated with the physical self and caring properly for the body. The South quadrant is symbolic of

the spiritual self and one's relationship to Mother Earth and the universe. In association with the East quadrant is knowledge and enlightment, the mental self. Finally, the West quadrant symbolizes introspection, knowledge of the self or the emotional self. Drawing from Cherokee tradition, Dufrene (1991) summarized these personal qualities as wisdom and mental concepts; innocence and natural man; introspection and the physical; and finally enlightment and spirituality. The parallels between these two versions of the medicine wheel are remarkably strong.

Cree healer, Russell Willier, described these four personal life components as: education, occupation or special skill in the first quadrant; far-sightedness; material possessions; home and spouse and finally the happiness of home life and children in the last quadrant. This interpretation of the wheel is perhaps somewhat idiosyncratic and certainly in contrast to the previous two. It is interesting to note Willier's inclusion of *material possessions* as this is not typically prominent in a traditional hunter/gatherer value system.

Colour systems are universally associated with the four directions (Dufrene, 1991; Young, Ingram, & Swartz, 1989). Though colour symbolism varies from one group to another, red, yellow and white are common to most. Lane (cited in Dufrene, 1991) explained that the four colours often represent the four races of humanity. Although the colour systems vary by group, the theme of service to others persists among them all.

In formally requesting healing, the individual must present the healer with offerings to open the doors to the spirit world and to replace those materials

taken from nature during the healing rituals (Morse, Young, Swartz, & McConnell, 1987). A packet of tobacco and a yard of cloth in one of the four colours are illustrative of such an offering. In treating people with a skin disorder, for example, Russell Willier will accept the yard of cloth, called a " print" and have the patient stand in the centre of it, facing in the associated cardinal direction (Young, Morse, McConnell, Swartz, & Ingram, 1988). Following healing, the tobacco is bundled in the coloured cloth and taken home by the healer to be left near the sweat lodge where it will eventually decay.

Altered States of Consciousness and Healing Rituals

The defining feature of shamanic communication is said to be the use of an altered state of consciousness, sometimes called ecstatic trance (Eliade, 1964). Winkelman (1990) found that the induction of altered states of consciousness is universally practiced by traditional shamans and healers. Trance was found to be the basis for the training of traditional healers as well as for the professional practice of healing The shaman is frequently selected through such activity as vision quest, spirit selection and involuntary visions. Training involves the further use of trance, vision quests and training by the spirits themselves.

Altered states of consciousness are often achieved through procedures that Winkelman (1990) termed *auditory driving*. These activities include chanting, singing and drumming and are ubiquitous among traditional rituals. The shaman or healer experiences the trance more intensively but shares it with others, while regulating the depth of trance of others' through chanting and singing (Frecska &

Ksuzsanna, 1989). Other induction techniques involve stressors such as fasting, sleep deprivation and exposure to temperature extremes (Jilek, 1982).

Jilek (1982) suggested that these stressors are the best agents to elicit the release of natural body opiates which results in the well known effects of anxiety reduction, analgesia and amnesia.One common application of stressor induced trance is the extensively documented *sweat lodge* (Dusenbury, 1963; Hammerschlag, 1988; Young , Ingram, & Swartz, 1989). Led by the healer or shaman, elaborate ritual preparations typically precede the actual sweat bath. The construction and preparation of the lodge itself is undertaken in accordance with considerable symbolism and ceremony. During the sweat bath, participants experience extreme heat, total darkness, the imbibing of burning herbs and the rhythmic prayers of the shaman.

Herbs for Healing and Ritual

Aboriginal healers have a long history of success with herbal cures (Meyer, Blum & Cull, 1981). Shamans or healers were in active herbal practice in North America at the time that Europeans first made contact. Settlers were often quick to borrow cures from the local Aboriginals in the absence of European supplies (Krippner & Colodzin, 1981). For example, medicine men could offer plants for the purposes of anesthetics, cathartics, and oral contraceptives (Brown, 1975). According to Vogel (1981), 170 substances which have been officially accepted by the Pharmacopia of the United States or the National Formulary were at one time utilized by Aboriginals north of Mexico.

Russell Willier shared with researchers a wealth of first-hand information

regarding herbal practices (Young, Ingram, & Swartz, 1989). According to Willier, herbs are valued in traditional healing for much more than their pharmaceutical properties. Herbs play a vital role in the rituals enacted to access the spirit world (Young, Morse, McConnell, Swartz, & Ingram, 1988). In preparation for a healing ceremony, for example, Willier burns fungus, sage or sweetgrass to purify the room. Willier chews a bitter herb which he then rubs on his hands and face to purify himself, protect himself from the disease and transform his hands so that the Great Spirit can work through him.The symbolic role of herbs is inherent in ritual and ceremonial activity.Willier' s pairing of herbs and ritual is a concept that is not noted by other writers (Jacobs, 1983; Krippner & Colodzin, 1981). Rather, other writers focus exclusively upon the pharmaceutical and placebo qualities of the herbs, missing the important, ritualist role.

Knowledge of the herbs is often associated with dreams (Young, Ingram, & Swartz, 1989). Willier described how the location of needed herbs has been revealed to him in dreams. Herbs are sometimes combined, the exact combinations being crucial. Vernon Cooper, an aged Lumbee healer, explained that in previous years, before his time, single herbs had the power to cure whereas, now, combinations are required (Wall & Arden, 1990). Willier believes that, should knowledge of these combinations fail to be passed along to future healers, they can be returned by the spirits through dreams (Young, Ingram, & Swartz, 1989).

Willier explained that his knowledge of herbal combinations was passed along to him from his great-grandfather in the form of a medicine bundle (Young,

Ingram, & Swartz, 1989). Knowledgable elders were approached by Willier to explain to him exactly what each herb and combination was, how they are to be used and where they are to be found. Knowledge of some combinations is considered so privileged that a considerably valuable gift must be offered in order for the information to be shared, according to Willier.

The Current Status of Native Healing Practices

Traditional Healing Around the World

In discussing the importance of traditional healing, Krippner (1990) claimed that:

> Native healing (that is, folk healing, indigenous healing, traditional healing) must be included in any comprehensive survey of current psychotherapies because, in its various forms, it is relied upon by a larger percentage of the world's population than any other form of psychotherapy (Krippner, 1990, pp. 179).

In 1977, the Director-General of the World Health Organization (WHO), Halfdan Mahler, stressed that the many traditional healers working all over the world should not be overlooked (Krippner & Colodzin, 1981).It was Mahler's contention that, not only could the traditional healers provide adequate and acceptable health care but that their services were more affordable than modern medicine. Mahler said, " Let us not be in any doubt: modern medicine has a great deal still to learn from the collector of herbs (Krippner & Colodzin, 1981, pp. 23).

The Status of Research into Traditional Healing

Aboriginal people are reluctant to participate in research, particularly projects inquiring into sacred topics. Buffalo Jim, a Seminole medicine man, said, "White man always wants to know what he can' t understand, what can only hurt him, but if you want to talk about other things than medicine and ceremony, come in" (Wall & Arden, 1990, pp. 77). As Willier pointed out, revealing information about traditional medicine is unacceptable to many Aboriginal people (Young, Ingram, & Swartz, 1989). At the time of Willier's research project, numerous tragedies occurred in Willier's immediate family. These occurrences were considered by Willier to be the result of curses from other medicine men, angry with his participation in research. Considering the historical devaluation and ridicule of traditional practices, it is not surprising that Aboriginal people are adverse to disclosure of their sacred beliefs.

The Legal Status of Traditional Healing in Canada

The practice of traditional medicine is presently sanctioned in Canada despite its conflict with the provincial Medical Profession Act S. 76 (Government of Canada, 1988; Robb, 1988). Although the Medical Profession Act prohibits the practice of medicine by anyone but a registered practitioner, it is not enforced in the strictest sense in which it is stated. Robb, a law professor from the University of Alberta, (1988) argued that the Medical Profession Act is inconsistent with s. 88 of the Indian Act and cannot be construed to apply to the reserves. Although the Medical Act permits the legislature to specifically entitle individuals to practice any science or therapy without contravening the Act, this could not apply to

Indian reserves because of the Indian Act.

Robb (1988) pointed out that s. 81 of the Indian Act does permit bands to pass specific by-laws with respect to health. A by-law to this effect would automatically exclude application of the Medical Professions Act but would require the consent of the Minister of Indian Affairs. Robb expressed the opinion that impediments to the formulation of a traditional model of healing within the legal system would not be insurmountable.

McLean (1991) suggested that shamans practicing within the rubric of medicine would not fare well considering the increases in medical liability lawsuits, malpractice suits and legal restrictions. Rather, McLean suggested a model in which shamans worked as unique religious specialists and social healers. This proposal too warrants consideration.

The Economic Status of Traditional Healers in Canada

Traditionally, a healer would have been offered a gift by a patient in payment for services (Young, Ingram, & Swartz, 1989). In the context of reciprocity and a hunter/gatherer society, such payment was sufficient. Today, however, the healer must somehow secure an income while still meeting the needs of the patients. Some patients may not understand the traditional gift-giving practice and, even when they do, the gifts may not provide an adequate income to the healer.The exchange of money or gifts for healing services is presently in a state of transition. Further changes seem inevitable.

The Medical Services Branch of Health and Welfare Canada presently assists Aboriginals with the costs involved in visiting a traditional healer within

specific guidelines (Health & Welfare, Canada, 1988). Patients are reimbursed travelling and living costs but the "fees" to the healer are the responsibility of the patient.

Utilization of Traditional Healing Practices in Western Canada

Little is known as to the extent that Aboriginal people actually seek out traditional healers or shamans. The Cariboo Tribal Council, along with University of Guelph researchers, undertook a project assessing the impacts of residential schools on 187 British Columbians calling themselves First Nations people (Cariboo Tribal Council, 1991). As part of this extensive, in-depth survey/interview, respondents were asked about their use of mental health services. It was found that respondents relied on native resources more so than professional services. Most frequently accessed was the elder by 45.5% of respondents, followed by the sweat lodge by 41.2% and thirdly the medical doctor by 39.0%.Traditional medicine persons were used by 28.9% and mental health centres by 14.4%. Respondents were also asked to rate their satisfaction with mental health services using a five point rating scale. Rated most highly was the sweat lodge with a mean satisfaction score of 4.2. Satisfaction with traditional medicine persons was scored 3.6, native elders 3.4 and medical doctors 3.4. Satisfaction with psychiatric outpatient clinic services in general hospitals was rated at a mean score of 2.9. Finally, 66.6% of respondents endorsed Traditional Indian Healing as a mental health service.

The Nechi Institute on Alcohol and Drug Education & Research Centre (Nechi Institute) in Edmonton, has trained, to date, 2500 people to work as

addictions counselors in the native communities (Nechi Institute, 1992). In 1992, the Nechi Centre undertook a study to assemble a data base and analyze statistics pertaining to the behavioral outcomes and impact of training on their trainees. Many of these trainees had substance abuse problems in their histories and abstinence is required of all trainees. Sampling over 500 trainees, the Nechi study found that, of the 26 activities identified by trainees as part of their recovery aftercare, the most frequently mentioned was *spiritual and cultural activity*. That is, 27.36% of respondents chose native activities as part of aftercare activities. The most frequently mentioned cultural activities included sweats, pipe ceremonies, fasts, prayers and listening to elders. This is in comparison to 17.69% of respondents who accessed Alcoholics Anonymous, and 16.75% who sought therapy and counselling.

There is increasing evidence of the introduction of traditional healing into institutionalized programs. For example, Poundmaker Lodge, an Aboriginal addictions centre in Alberta, has integrated traditional healing activities into its program. According to Alfred Bonaise (Bonaise, 1991), an elder working at Poundmaker, participants are led through sweetgrass ceremonies, prayers and sweat lodge. Another example is the "Healing Our Spirit AIDS Project" from Vancouver. The Medicine Wheel is used as a model for healing and it has also been adapted to educate people about the progression of AIDS (Healing Our Spirit AIDS Project).

In what would appear to be an innovative and brave move, Russell Willier opened up a part-time healing clinic in downtown Edmonton, Alberta. Opening in

December of 1992, this clinic is intended to offer healing services to both Aboriginal and non-Aboriginal people. Due to its most recent inception, the extent of the clinic's utilization is yet unknown.

Utilization of Traditional Healing by the Navajo: An Illustrative Example

Research in the United States offers little more to understanding the breadth of traditional healing. In a unique survey of 309 Navajo families, researchers explored the use of a variety of medical services by Navajo people (Stewart, May, & Muneta, 1980). Although most questions on the survey were not problematic, researchers found that those involving traditional healers were sensitive. Some respondents indicated that they failed to understand the appropriateness of discussing Navajo healing and modern medicine within the same interview. The Navajo healing system is highly complex, involving a number of specialists. According to the Stewart, May and Muneta survey, approximately half of the sample utilized traditional healers, most frequently the "chanter".

Of major significance is the development of a Navajo healer training program in Rough Rock, Arizona (Liptak, 1990). Funded by the American government, this unique school employs six Navajo medicine men to instruct up to 12 young people in the complexities of traditional healing ceremonies.

Traditional Healing Practices as "Pop" Culture

Recently, non-native people have begun to take active interest in indigenous culture, spirituality and shamanism. For example, Rik Sward, a dying AIDS victim, described his participation in a neo-shamanism group, meeting in a

Calgary home (Legge, 1992). Seeking spirit helpers, shamanic journeys, drumming and soul retrievals were among the rituals adopted by Sward to cope with his impending death. In Edmonton, the "Life Rhythms Circle" meets weekly, attracting 10 to 30 people who spend the evening together, drumming for the betterment of body, mind and spirit (Francis, 1993).

Russell Willier warned that phony medicine men have surfaced to exploit naive non-natives through a host of costly but fake rituals (Young, Ingram, & Swartz, 1989). The respected Lakota elder, Matthew King, scorned the "carnival chief who'll give them [non-natives] a sweat bath for $250.00, and then they think they know all about Indian religion" (Wall & Arden, 1990, pp.33).

The popularization of Aboriginal spirituality could serve to superficially improve mainstream attitudes toward native issues. It is doubtful, however, that this interest would lead to a genuine understanding of the contemporary native reality. Rather, this writer would envision the commercialization of goods like rattles, amulets and drums to meet the material demands of the dominant culture. A case in point is a passage from the Edmonton Journal article on the drumming group reading, "Once you start drumming, you'll probably want your own drum....You make your own drum and decorate it. The cost is $135. Call...for more information" (Francis, 1993). Devaluation of Aboriginal spirituality seems inescapable in this context.

The Importance of Traditional Healing to Psychotherapists

Traditional Healing Practices as Psychotherapy

In examining the basic components of psychotherapy in a cross-cultural study, Torrey (1986) found more similarities than differences between indigenous healers and modern psychotherapists. Krippner (1990) researched traditional healers on six continents and subsequently argued that, "There is no psychotherapeutic technique that does not have its counterpart in one or more native healing systems" (Krippner, 1990, pp. 183). In the course of observing healers work, Krippner witnessed what he felt to be the equivalent processes of "behavior modification, cognitive therapy, family therapy, milieu therapy, dream interpretation and the use of psychotropic substances" (Krippner, 1990, pp. 183).

Eliade (1964) produced a comprehensive over-view of shamanism from around the world. A common theme arising from Eliade's survey is that the majority of illnesses are perceived in shamanic cultures to be associated with some form of *soul loss* or *spirit illness*. Variations of spirit illness are basic to the diagnostic systems of a myriad of traditional healing systems (Hammerschlag, 1988; Jilek & Todd, 1974; Krippner, 1990; Liptak, 1990; McLean, 1991). Spirit illnesses have their equivalent diagnoses in allopathic medicine as depression, anxiety and somatic complaints and are also associated with drug addiction (Jilek & Todd, 1974).

Not only are traditional healers treating psycho-reactive and psychophysiological complaints but they appear to be doing so with success (Jilek & Todd, 1974). Jilek and Todd demonstrated through numerous case studies that the therapeutic effectiveness of Salish healing compared favourably with Western therapy in treating not only psychological complaints but substance

addictions and behavior disorders.

Dozier (1966) long ago recognized that Western substance abuse programs and clinics are unsuccessful for Aboriginal people. More recently, Weibel-Orlando (1989) observed more than 50 substance abuse programs for Aboriginal people, discriminating those which were most viable. Weibel-Orlando asserted that success arose from those programs which, among other things, were self-generated, led by a charismatic model or shaman and organized as "healing communities" or social entities.

The Importance of Understanding a Client's World-View

When a psychotherapist imposes upon a client values and perceptions that are not shared, the result is often resistance (Haley, 1986). Milton Erickson understood his psychotherapeutic tools to be *those beliefs and perceptions that the client brought with him or her to therapy*. The therapist must use whatever symbols have meaning to the client. In order for treatment to be effective, among other factors, the therapist and the client must share a diagnosis based on a shared world-view (Torrey, 1986). Experiences outside of the personal belief system or world-view are dismissed by the client.

To illustrate this point, in the Navajo world-view, healing is a responsibility shared between the healer and patient and often the community as well (Hammerschlag, 1988). Accordingly, "There must be a sense of commitment, belief, and harmony among all parties" (Hammerschlag, 1988, pp. 129). Hammerschlag offered the example of the death of a Navajo baby. Because an angry physician had reprimanded the child's parents for visiting the local healer,

the parents lost their faith in the physician's treatment and discontinued.

In a pluralistic society, the psychotherapist would do well to acquire at least an acquaintance with the world-view of those culture groups he or she is likely to encounter in practice. As Hammerschlag suggested, "The degree to which we can sensitize ourselves to the needs and beliefs of our constituents, even if we do not share those beliefs, will determine how we might better provide for their health needs" (Hammerschlag, 1988, pp. 129).

Chapter 3

METHODOLOGY

Research Design

A *cross-sectional, descriptive survey* was the design of choice for this research project. The study was based upon quantitative methodology. Assessed through a written questionnaire, the variables of study were:

1. respondents' interest in traditional healing practices.
2. respondents' valuing of traditional healing practices.
3. respondents' experience with traditional healing practices.

Sampling Procedure

The population of study was that of Aboriginal post-secondary students in the Edmonotn, Alberta region. Since random sampling was not possible, efforts were made to locate diverse groups of Aboriginal people. Several individuals working in the native community were contacted for their assistance in formulating a list of organizations in the Edmonton area, offering classes or programs to Aboriginal adults. In all, eleven such institutions and organizations were listed, then contacted to elicit their participation in the research project.

Administrators and individual class-room instructors were informed of the nature of the research and were asked for their consent in facilitating the project. In several instances, a copy of the questionnaire was requested by and supplied to the institutions prior to their commitment to facilitating the project. In other instances, instructors asked their students for their consent prior to permitting the

researcher to approach the group.

Seven of the 11 programs or classes approached by the researcher consented to participate.

Locations of Sampling

University of Alberta, Edmonton, Alberta

Through the Department of Native Studies, several levels of Cree language classes are taught.Students in the introductory class have little or no Cree language background whereas those in the advanced class are accomplished in the language at the start of classes. Students in these classes are competing with mainstream students in their regular program of study. Both the introductory Cree class and the advanced Cree class were sampled at the University of Alberta campus. Five respondents from these classes were excluded from the data because they identified themselves as non Aboriginal.

The University of Alberta offers Aboriginal students a Transition Year Program (TYP) designed to facilitate their success in first year university classes. Students come to the program from adult up-grading classes and University and College Entrance Programs (UCEP). Students in the TYP program take three classes instead of five in their first two terms and are integrated into regular classes for the most part. As an exception, however, a special introductory English class is offered to TYP students. Two sections of this special English class were sampled for this study.

Concordia College, Edmonton, Alberta

Concordia College offers Aboriginal students a program designed to

prepare them for regular college and university programs. This special class, known as the University and College Entrance Programme (UCEP), offers counselling and support in addition to academic work. A sample was accessed from the Concordia campus, located near the inner core of Edmonton.

Alberta Vocational Centre,Edmonton, Alberta

Like Concordia College, Alberta Vocational College (AVC) offers Aboriginal students a University and College Entrance Programme (UCEP). The goal of this program is to prepare students to enter regular college or university programs in the future.The sample group accessed at this inner city location was a Native Studies class under the UCEP Program.

Yellowhead Tribal Council, Spruce Grove, Alberta, (Enoch)

The Yellowhead Tribal Council (YTC) offers Aboriginal students classes that are affiliated with the Athabasca (Correspondence) University Program. In contrast to the Athabasca correspondence programs, however, instructors are employed, providing lectures and field placements.The Health Administration class, a two year program offered through YTC, was sampled at the Spruce Grove location.

Numbers of Respondents by Locations

Table 1 is a compilation of the numbers of people who volunteered or declined to participate at each of the participating institutions. Students who declined to participate left the room at the time of data collection or simply turned in blank questionnaires.

Table 1.

Location and Numbers of Respondents and Non-respondents in Survey Sample

Location	No. of Respondents	No.of Non-respondents
University of Alberta -Introductory Cree Class	7	2
University of Alberta -Advanced Cree Class	3	2
University of Alberta - Transition Year Program (English Class1)	14	0
University of Alberta - Transition Year Program (English Class 2)	13	2
Concordia College - University/ College Entrance Programme	16	0
Alberta Vocational Centre - Native Studies Class	35	3
Yellowhead Tribal Council -Health Administration Class	11	2
Total	99	11

Not all of the programs or institutions contacted were available for study. Administrators from some of the institutions were unable to accommodate the research project for various reasons. An administrator from one institution felt that students had only recently participated in extensive research and that she was reluctant to ask them for further participation. Administration from another institution ceased to communicate after the first discussion despite a tentatively willing stance at the first contact. Two of the programs were still in the process of

formulating their position on project participation at the time of writing. In all of these cases, it was the institution, not than the individual, declining to participate. Programs unavailable to the study sample were:

1. The Ben Calf Robe adult upgrading program, Edmonton, Alberta.
2. The Nechi Institute of Alcohol and Drug Education (Nechi), St. Albert, Alberta.
3. Blue Quill College, St. Paul, Alberta.
4. Maskwachees Cultural College, Hobbema, Alberta.

Distribution of Respondents by Language Family

Respondents were asked to identify their ethnic background by language. Many of the respondents named two languages in their heritage, therefore, total figures exceed the survey sample number of 99. Language families are classified using the linguistic categories established in the 1930s (Morrison & Wilson, 1986). Where appropriate, contemporary names have also been provided, parenthetically. Respondents were representative of a number of different languages which are listed in Table 2.

Table 2.

Distribution of Respondents by Language Family

Language Family	Language	Number
ALGONQUIAN	Cree	68
	Ojibwa/ Saulteaux	10

Language Family	Language	Number
	Blackfoot	1
ATHABASCAN	Chipewyan	8
	Slavey	1
	Titlet Gwich'in (Kutchin)	1
	Dene (non-specific)	1
IROQUOIAN	Iroquois (non-specific)	3
	Mohawk	1
TLINGIT	Tlingit	1
SALISHAN	Salish	1
	Nuxalkmc	1
SIOUAN	Stoney (Nakota)	5
	Dakota	2
FRENCH	French	4
ENGLISH	English	1

Clearly, there was a strong representation from the Cree speaking community which is characteristic of the Edmonton region. Representation from language families from elsewhere in Canada was present but small.The diversity evidenced in cultural-language backgrounds is noteworthy and interesting.

Distribution of Respondents by Gender

Fifty of the respondents were males, 45 were females and four did not identify themselves by gender.

Distribution of Respondents by Age

Respondents were asked to report their age by categories. The

distribution of respondents' ages are presented in Table 3.

Table 3.

Percent of Respondents' Age by Categories

Age Category	Percent
20 years or under	6.06
21 - 30 years	52.5
31 - 40 years	21.2
41 - 50 years	13.1
51 - 60 years	2.0
over 60 years	1.0
no response	4.0

Age distribution was concentrated in the 21 to 40 years groups. There were only three respondents over the age of 50 years. This age distribution represents what would be expected of a student population.

Survey Instrument

First Draft of the Survey Instrument

Prior to the construction of questionnaire items, the writer undertook a review of the pertinent literature. From the anthropological and psychological literature, recurring activities and practices were noted to address the specifics of traditional healing (Dufrene, 1991; Jilek & Todd, 1974; Winkelman, 1990; Young,

Swartz, & Ingram, 1988, 1989). In particular, the work of Young et al (1989) was of primary focus due to its explicit nature in describing local healing practices.

Drawing upon this background, the first draft of the questionnaire was constructed with 22 items: 20 closed-ended and two open-ended. All of the closed-ended items utilized a four point Likert scale to structure responses, as would be appropriate for a study of attitudes (Borg & Gall, 1989). Appendix A is a copy of the first draft of the questionnaire.

"Interest" Items

The first six items were intended to answer the question: "*Are Aboriginals interested in traditional healing practices*?" The behaviors described in these items are similar to many of those used to assess interests in the Jackson Vocational Interest Survey (Jackson, 1977). Jackson's language is more formal than is suitable for this study, using terms such as *exploring, expressing, describing* and *gathering information*. In keeping with this line of questioning, some items were designed to probe a desire for learning more about the subject, and others to assess interest in talking or reading about it.

"Value" Items

Eleven value items were designed to probe the affective level of respondents' attitudes toward traditional healing. Specifically, these items were intended to ask the question: "*Do Aboriginals value traditional healing practices?*" Some of the items were designed to assess the perceived efficacy of traditional healing. Other items were written to assess the desire for the preservation of traditional healing practices, reflecting a valuing of these practices as part of

cultural identity.

"Experiential" Items

This section of the questionnaire was intended to probe the behavioral level of respondents' experiences. It was written to answer the question: *"Do Aboriginals have experience in native healing?'* The specific rituals and ceremonies listed in this item are activities that were discussed in a number of studies (Dusenberry, 1963; Morse et al., 1987; Young et al., 1989) This item was placed near the end of the questionnaire as it was perceived by the writer to be the most intrusive. An open-ended segment was included in this item to allow respondents to describe healing activities that were not specified by the questionnaire.

"Demographic" Items

The last section of the questionnaire was designed to gather demographic information, including the respondents' gender, age, and language group.

Final Draft of the Survey Instrument

Reconstruction of Items

Three non-responding Aboriginals (experts) with knowledge of native culture and healing practices were asked to share their reactions to the introduction, definition and all of the items on the questionnaire. The opinions and impressions of these non-respondents were shared with the researcher through interviews. The suggestions and comments of these three interviewees were used to rewrite the survey instrument. Accordingly, the definition of native

healing practices was rewritten as were several items. Some items were deleted and several added.

Consultation with a professional who has technical expertise in survey methodology was also sought and utilized in reconstruction. As a result, items pertaining to behavioral experiences were adjusted so as to assess frequency. Furthermore, an "I don't know" category of response was introduced so as to avoid creating data where none actually existed.

A copy of the second and final draft of the questionnaire is attached as Appendix B.

Reliability of the Survey Instrument

Test-retest Reliability

A coefficient of stability is not available as respondents were not retested.

Internal Consistency

The Hoyt's analysis of variance was used to examine internal consistency. This reliability procedure yields a value which estimates the correlations between separate items and the subsection (Crocker & Algina, 1986). That is to say, how well do individual items correlate within given subsections? Coefficients of internal consistency are found in Table 4.

Table 4.

Coefficients of Internal Consistency by Subsections

Subsection of survey	Coefficient

interest subsection	.81
valuing subsection	.79
experience subsection	.86

It was found that, despite generally high correlations for each subsection, item number 14 was unusually low, with a correlation coefficient of .141. (Item number 14 read as, "Native healing should be replaced by Western medicine"). Perhaps this was not a good item or it was asking something other than was intended.

The total set of all 19 closed-ended items was also examined for internal consistency.The internal consistency of the survey as a whole was calculated at .80 using the Hoyt analysis of variance.

Cronbach's Alpha

Because the survey instrument was designed to assess three different variables (interest, valuing and experience), it was important to establish whether or not the instrument actually acheived this. To this end, the Cronbach's alpha was computed (Crocker & Algina, 1986). A low correlation among the three subsections representing the three variables would be suggestive of three distinct categories of items. The Cronbach coefficient was calculated at .34, suggesting that the survey likely does assess the three distinct variables.

Validity of the Survey Instrument

Face Validity

Face validity appeared to be acceptable. The non-respondent Aboriginals consulted in constructing the survey felt that, with the appropriate changes, the instrument appeared to be asking what it was intended to ask. None of the respondents expressed concern that the survey was inappropriate or illogical.

Methodological Procedure

A proposal was submitted to the Ethics Committee of the Faculty of Education, University of Alberta. With the approval of the Ethics Committee secured, respondents were sought for the questionnaire from the aforementioned institutions.

With the permission of the administrators and course instructors, the researcher gathered data from respondents within the class-room settings, at various locations, taking approximately 10 to 15 minutes each time. At the time of data collection, respondents were fully informed by the researcher of the purpose of the project and of the respondents' rights therein. A standardized verbal explanation was presented to ensure standardized conditions at all locations (See Appendix C). All questions and comments from respondents were accomodated by the researcher.

Written consent was obtained from all of the respondents. Consent forms and questionnaires were handled separately to protect the anonymity of respondents. Appendix D is a copy of the Consent Form.

Irregularities

Course instructors were given the opportunity to allot the time period within which to collect the data. Classes in which data was collected at the beginning suffered from the effects of students failing to arrive for class on time and missing data collection. Students who arrived late were not included in the data sample.

It is noteworthy that, at the Yellowhead Tribal Council (YTC) location, data was collected following a guest presentation from Elders regarding cultural traditions. Sweet grass was passed around the room to a number of people shortly before data collection. It is possible that this unforeseen event may have influenced the responses of some individuals.

The class at AVC was unusually large and noisy. Some students could not hear parts of the verbal presentation and there was an increased amount of confusion.

Statistical Procedures

Following the coding and tabulating of data, descriptive statistics were generated. Frequencies were tabulated for responses to each item individually. Data from each of the three areas of study (interest, valuing, and experience) were then grouped to obtain response profiles for the three separate variables.

Responses to the two open-ended items were tabulated manually. Specifically, a tally was made of the number of respondents from various language backgrounds. A list was assembled of other healing practices mentioned by individual respondents and numbers were tallied.

Chapter 4

RESULTS

Findings of this survey are discussed in two sections. Firstly, there are the findings from responses to the nineteen closed-ended items of the survey. These closed-ended items assess three variables, asking respondents about their *interest* in, *valuing* of and *experience* with traditional healing practices. Secondly, there are the findings of responses to the open-ended item, asking respondents about their experiences with traditional healing other than those specified by the survey.

Results of Responses to Closed- Ended Items

The results of the closed-ended section of the survey were analyzed using a computer program called SPSS-X (Statistical Package for the Social Sciences). Percentages were calculated for each category of response for every item. Items which collectively assess each of the three variables (interest, valuing, experience) are grouped together in the tables following. In all of the tables to follow, native healing practices are abbreviated as NHP so as to facilitate concise presentation of the information.

Results from "Are Respondents' *Interested* in Traditional Healing Practices?"

Table 5 depicts the responses to the first five items which assess the first question, " Are respondents' *interested* in traditional healing practices?" The responses presented are those of all 99 subjects in the study sample.

Table 5

Percent of Responses to Interest Items by Category

Response Categories:

SA : Strongly Agree
A : Agree
DK/NR: Don't know or no response
D: Disagree
SD: Strongly Disagree

Item	SA	A	DK/ NR	D	SD
1. I would like to learn more about NHP	49.50	34.30	11.10	4.00	1.00
2. I enjoy talking about NHP with some people	23.20	40.40	29.30	7.0	0
3. NHP are interesting to me.	47.50	33.30	12.10	7.0	0
4. If I saw a newspaper article about NHP I would read it.	41.40	49.50	6.10	2.00	1.00
5. I would be curious about the results of this questionnaire.	56.60	31.30	9.10	3.00	0

The item which elicited the strongest positive response was number five, assessing curiosity about this study. The item which drew the most ambivalence was number two, asking if respondents like to talk about healing practices. Strong negative responses were minimal.

It is also useful to look at responses in a more simplified form, indicating positive, negative or undecided responses. Responses have been recategorized as:

positive: in agreement with the item.

negative: in disagreement with the item.

undecided: either responding with "don't know" or making no response to the item.

Table 6 is a presentation of responses to the interest items as recategorized according to positive, negative or undecided responses.

Table 6.

Percent of Responses to Interest Items: Recategorized

Item	Positive	Negative	Undecided
1. I would like to learn more about NHP	83.1	5.0	11.1
2. I enjoy talking about NHP with some people	63.6	7.0	29.3
3. NHP are interesting to me.	80.8	7.0	12.1
4. If I saw a newspaper article about NHP I would read it.	90.9	3.0	6.1
5. I would be curious about the results of this questionnaire.	87.9	3.0	9.1

From these findings, it can be suggested that yes, respondents are interested in traditional healing practices.

Results from "Do Respondents *Value* Traditional Healing Practices?"

Table 7 is a compilation of the responses of all 99 respondents to the eight items assessing their valuing of traditional healing practices.

Table 7.

Percent of Responses to Value Items by Category

Response Categories:

SA : Strongly Agree
A : Agree
DK/NR: Don't know or no response
D: Disagree
SD: Strongly Disagree

Item	SA	A	DK/NR	D	SD
6. NHP are too out-dated for me	3.0	3.0	23.2	28.3	42.4
7. I hope NHP do not become forgotten	63.6	26.3	7.1	2.0	1.0
8. NHP are an important part of my cultural identity	41.4	31.3	16.2	11.1	0
9. NHP can be helpful when used along with Western medicine	20.2	22.2	41.4	13.1	3.0
10. I hope future generations continue to practice NHP	51.5	35.4	11.1	1.0	1.0
11. NHP can be as helpful as Western medicine	34.3	31.3	26.3	5.1	3.0
12. I think Canadian society should make it easier for NH to practice	39.4	33.3	23.2	3.0	1.0

Item	SA	A	DK/NR	D	SD
13. I would never recommend NHP to anyone	3.0	5.1	30.3	35.4	26.3
14. NHP should be replaced by Western medicine.	1.0	2.0	38.4	37.4	21.2

Item number seven, asking about hopes that healing practices are not forgotten, elicited the strongest positive response. The two items which mentioned Western medicine, numbers nine and fourteen, drew the most ambivalence. Number eleven, which also mentioned Western medicine, did not elicit as much indecision as the two previously mentioned items. Strong negative responses were minimal.

Again, it is useful to look at responses in a more simplified manner. Responses were recategorized as:

positive: in agreement with the item.

negative: in disagreement with the item.

undecided: either responding with "don't know" or no response to the item.

Table 8 is a presentation of responses to the valuing items as recategorized according to positive, negative or undecided responses.

Table 8.

Percent of Responses to Value Items: Recategorized by Positive, Negative and Undecided

Item	Positive	Negative	Undecided
6. NHP are too out-dated for me	6.0	70.7	23.2
7. I hope NHP do not become forgotten	89.9	3.0	7.1
8. NHP are an important part of my cultural identity	72.7	11.1	16.2
9. NHP can be helpful when used along with Western medicine	42.4	16.1	41.4
10. I hope future generations continue to practice NHP	86.9	2.0	11.1
11. NHP can be as helpful as Western medicine	65.6	8.1	26.3
12. I think Canadian society should make it easier for NH to practice	72.7	4.0	23.2
13. I would never recommend NHP to anyone	8.1	61.7	30.3
14. NHP should be replaced by Western medicine.	3.0	58.6	38.4

The strongest positive responses were to items seven and ten which ask about hopes for the preservation of traditional healing practices. Some negative response was found in answer to item nine, asking about the use of traditional

healing along side of Western medicine. To reiterate, items nine and 14 drew considerable ambivalence. A high proportion of respondents were not certain whether or not Western medicine should replace traditional healing.

In answer to the question, "Do respondents value traditional healing practices?", the findings appear to suggest that yes, respondents do value traditional healing.

Results from "Have Respondents had *Experience* in Traditional Healing?"

Table 9 is a compilation of the responses of all 99 respondents to the five items measuring their experience with traditional healing practices.

Table 9.

Percent of Responses to Experience Items by Categories.

Participated in	Never	Occas-sionally	Many Times	No Response
15. sweat lodge	52.5	28.3	16.2	3.0
16. prayer ceremonies	22.2	46.5	28.3	3.0
17. herbal cures	46.5	33.3	16.2	4.0
18. shaking tipi	84.8	6.1	3.0	6.1
19. pipe ceremonies	40.4	36.4	20.2	3.0

Respondents had more experience with prayer ceremonies than any of the other practices. Shaking tipi rituals had been experienced by the fewest respondents.The shaking tipi item also elicited the most instances of "no

response".

Of the 99 respondents, 17 reported having never had any experiences with traditional healing practices, two did not answer the experience items and 80 reported having had at least some experience with traditional healing. Table 10 summarizes the findings pertaining to respondents' experience with traditional healing.

Figure 10.

Experience with Traditional Healing by Percent of Respondents

Amount of Experience	percent of respondents
no experience	17.1
some experience	80.8
no response	2.02

In answer to the question "Have respondents had experience with traditional healing?", the findings suggest that, yes, respondents have had experience. Fully 80.8% of respondents have had at least some experience with traditional healing practices.

Results from Responses to Open-Ended Item

Respondents were asked, in item number 20, if they had participated in healing practices which had not been specified by the questionnaire. Tallied

responses to this item are documented in Table 11.

Table 11.

Responses to "Other Healing Practices" Item

Practice	Special form of Practice	Number Reported
DANCES	Sundance	6
	Pow wow	4
	Round dance	3
	Tea dance	1
	Ghostdance	1
	Chicken dance	1
CIRCLES	Healing	3
	Talking	3
Sweet Grass		4
Peyote Meeting		3
Fasting		2
Feasts		2
Lac St. Anne Pilgrimage		1
Healing using various things from the land		1
HIV/AIDS Ceremonies		1
Crystal healing		1
Smudge		1
Making offerings		1

It should be noted that nearly all of the respondents who offered additional information in this open-ended item made *multiple responses.* That is to say, those who listed other activities nearly all listed more than one. Of the total sample of 99 respondents, only 26 provided additional information regarding experiences with other practices.

It is interesting that a number of practices mentioned by respondents are normally considered social activities rather than healing rituals (Dempsey, 1993). Pow Wows, Round Dances and Chicken Dances are examples of such social activities. Crystal healing, Lac St. Anne Pilgrimage and HIV/AIDS ceremonies are not traditional practices and reflect the influences of the dominant culture.

In summary, respondents to this survey reported considerable interest in traditional healing. Respondents reported that they valued the practices and that a large proportion of them (80.8%) had experience with traditional healing. It is clear that, within this sample, commitment to traditional healing practices is strong and vital.

Chapter 5

DISCUSSIONS

Summary of Results

The results of this survey indicate that the large majority of respondents, roughly 80.8%, have accessed traditional healing practices in some form. Roughly 80% of respondents replied positively to interest in traditional healing and a high proportion of respondents reported valuing native healing. The present findings suggest a higher rate of involvement than is found in most other studies.

The results of this study are stronger than a recent study completed in the medical community in the United States (Eisenberg, Kessler, Foster, Norlock, Calkins, & Delblanco, 1993). Eisenberg et al (1993) interviewed 1500 American adults to assess the prevalence, costs and patterns of uses of alternate health care or *unconventional medicine* during 1990. Of Eisenberg's 1500 respondents, 9% reported having seen a spiritual healer and 10% had accessed herbal medicine. These are much lower figures than the 75% and 49.5% found, respectively, in the present study. The large difference between the two studies is most likely due to the difference in the composition of the *study samples*. Eisenberg's sample was a heterogenous group with only 2% being other than White, Black, Hispanic or Asian. This is a radically different group than the Aboriginal sample at hand. Furthermore, Eisenberg asked respondents exclusively about medical conditions whereas the present study was based on a holistic model of wellness.

Interestingly, a third of respondents had been seeing alternative practitioners of other various sorts, spending over $10 billion out of pocket. Clearly Aboriginal people are not alone in accessing unconventional therapies.

Levy's (1983) health care utilization study found only half of Navajo respondents reporting the use of tradtional healing practices. This lower rate may appear surprising, considering the relative cultural and geographic isolation characteristic of the Levi study sample. Like the Eisenberg et al. (1993) study, however, the nature of the question asked of the Navajo respondents was quite different than the present study. In Levi's study, respondents were restricted to physiological, *medical disorders* in reporting their use of traditional healing. Had the study included spiritual, emotional and mental aspects of health and illness, results might have been quite different.

Results of the Nechi (1992) study suggested that 27% of respondents sought spiritual and cultural activity. This finding is considerably lower than the 80% rate reported in the present study. The Nechi finding should be considered in the context of the narrowly focused question central to their study, however. On the one hand, Nechi respondents were asked about their utilization of traditional activity as part of *after-care* in the addictions recovery process. On the other hand, the present study had a much broader scope, asking about the use of traditional healing as a part of mental, physical, emotional and spiritual wellness.

The Cariboo Tribal Council (CTC) study (1991) found results similar to the present study. Approximately half of the respondents of the CTC (1991) study

reported accessing the Elder and the sweat lodge and about a third accessed the medicine person. These findings would appear to be very much in keeping with the amount of access to these specific practices reported by respondents in the present survey. Similarly, 66.6% of the Cariboo respondents endorsed Traditional Indian healing as a mental health service, a rate paralleling the present survey. The scope of the CTC study was broad, asking respondents about the school, recreational, emotional, social and family aspects of their lives. Respondents were invited to discuss those resources that they accessed in response to a holistic model of health and illness.

Implications of Results

Implications for Counselling

Cross-cultural counselling is not always successful (Torrey, 1986). Often the difficulty lies with the inability of the therapist and the client to understand the problem in the same language or even in the same world-view. For example, as was pointed out by Tseng and McDermott (cited in Torrey, 1986), "To interpret to an American husband that his difficulty with his wife is due to the fact that he was born with a fire nature while his wife has a water nature and that therefore they are poorly matched will not likely be very helpful to him" (pp. 33).

What is important is that the client receive those psychotherapeutic interventions which are most appropriate for his or her need. Just as a counselor would refer to specialists in neuropsychology or family therapy, a counselor should refer to the native healing community when it is in the best interests of the client.

Implications for Education

It is not realistic to think that all counselors should be trained to work with a wide array of cultures. What is more meaningful, is to educate counselors to be respectful of other world-views while refraining from making ethnocentric judgements. It is important for counselors in training to learn to recognize the difference between their cultural value system and "the truth". The education of counselors should involve the kind of self examination that leads one to identify those assumptions about life that are mistaken for "reality".

Implications for Future Research

Elsewhere in this discussion, the researcher has argued the position that traditional healing practice is a legitimate and effective system of psychotherapy.Torrey (1986) has pointed out that native healers use the same interventions as Western therapists. Jilek and Todd (1974) and Krippner (1990) have demonstrated that native healing practices are as effective as Western psychotherapeutic interventions.

The present study, as well as others, have begun to demonstrate that Aboriginal people are interested in, value and are actively seeking and participating in traditional healing. Aboriginal people report that they value native healing and consider it a viable form of health care.

To reframe these assertions in mainstream language, one could say that: Here is a viable and effective "social service", on the one hand, and a "clientele", desirous of this service on the other. What we do not know is, how available these services are for the people requiring them. Do the people

needing or wanting these services have access to them? Research is needed to answer these questions.

Further, research might also be warranted to redress one of the shortcomings of the present study. The sample of this survey was highly over-representative of urban Aboriginals. Seeking the input of people from the reserves would not only add valuable information but give breadth to the generalizability of the findings. Broadened findings as suggested might be of value to tribal councils in their dealings with government agencies. For example, several tribal councils in Alberta are currently attempting to discuss with government the issue of responsibility for community health care.

In 1986, the Science Council of Canada released a discussion paper entitled Issues in Preventative Health Care (cited in McCormick, 1988). The writers of this discussion paper asserted that the Canadian economy simply can not afford modern medicine at the present rate of expenditure. The solution proposed by the Science Council discussion paper was *preventative health care*, an area which has long been the domain of alternative and traditional healing.

Ideally, changes to our health care system can be approached with open mindedness and a commitment to cooperation rather than medical orthodoxy. Just as practitioners such as pharmacists, paramedics and nurses are moving toward self-regulation, so too might native healers assert their independence. The informed support of the Aboriginal communities is vital to the future role of native traditional healers.

The anthropological literature has accomplished a great deal in

documenting the *nature and richness* of traditional native healing practices (Eliade, 1964; Hammerschlag,1988; Young et al., 1988, 1989). Their literature has argued that, not only is Aboriginal culture vital, but is experiencing a revitalization (Young et al, 1988, 1989). What this study has attempted to accomplish is to demonstrate the extent to which this vitality exists. The findings of this survey can be used to begin developing a sense of the strength and breadth that traditional healing practices exist in the Aboriginal community. Respondents of this survey have made a resounding statement that commitment to traditional healing practices is pervasive within their community.

REFERENCES

Ahenakew, F. (1989). Cree language structures: A Cree approach. Winnipeg, Man.: Pemmican Publications Inc.

American Psychological Association. (1985). Standards for educational and psychological testing. Washington, DC: Author.

Asch, M. (1984). Home and native land: Aboriginal rights and the Canadian constitution. Agincourt, Ont.: Methuen Publications.

Bonaise, A. (1991). *Personal communication with the author.*

Borg, W.R., & Gall, M.D. (1989). Educational research: An introduction. (5th ed.). New York, NY: Longman.

Brown, J.W. (1975). Native American contributions to science, engineering, and medicine. In G. Meyer, K. Blum, & J. Cull (Eds.), Folk medicine and herbal healing (pp. 20). Springfield, IL: Charles C. Thomas, Publisher.

Campion, E.W. (1993). Why unconventional medicines? The New England Journal of Medicine, 328, (4), 282-283.

Cariboo Tribal Council. (1991). Faith misplaced: Lasting effects of abuse in a First Nations community. Canadian Journal of Native Education, 18 (2), 161-197.

Coggins, K. (1990). Alternative pathways to healing: The recovery medicine wheel. Deerfield Beach, FL: Health Communications, Inc.

Crocker, L., & Algina, J. (1986). Introduction to classical and modern test theory. New York: Holt, Rinehart, & Winston.

Dempsey, J. (1993). *Personal comm nication with the author.*

Dozier, E. P. (1966). Problem drinking among American Indians: The role of sociocultural deprivation. Quarterly Journal of Studies on Alcohol, 27, 72-87.

Dufrene, P. (1991). Utilizing the arts for healing from a Native American perspective: Implications for creative arts therapies. Canadian Journal of Native Studies. Brandon, Man.: Brandon University.

Dusenberry, V. (1963). Ceremonial sweat lodges of the Gros Ventre Indians. Ethnology, 46-62.

Eliade, M. (1964). Shamanism: Archaic techniques of ecstasy .New York: Pantheon Books.

Eisenberg, D.M., Kessler, R.C., Foster, C., Norlock, F.E., Calkins, D.R., & Delblanco, T.L. (1993). Unconventional medicine in the United States: Prevalence, costs, and patterns of use. The New England Journal of Medicine, 328, (4), 246-252.

Francis, L. (1993, January 8). This is primal tap. The Edmonton Journal. pp. D1.

Frideres, J.S. (1988). Native peoples in Canada: Contemporary conflicts. (3rd ed.). Scarborough, Ont.: Prentice-Hall Canada Inc.

Geertz, C. (1977). Curing, sorcery and magic in a Javenese Town. In D. Landy (Ed.), Culture, disease and healing: Studies in medical anthropology (pp. 146-154). New York: Collier-MacMillan.

Haley, J. (1986). Uncommon therapy: The psychiatric techniques of Milton H. Erickson, M.D.New York: W. W. Norton and Co.

Hammerschlag, C. (1988). The Dancing Healers: A doctor's journey of healing with Native Americans. San Francisco, CA: Harper & Row.

Healing Our Spirit AIDS Project. (1992). Understanding the circle of AIDS/HIV. Vancouver, B.C.: Author.

Health & Welfare Canada. (1988). Regional Guidelines for Traditional Healers. Ottawa, Ont: Indian & Northern Health Services, Medical Services Branch.

Jackson, D.N. (1977). Jackson Vocational Interest Survey, Port Huron, Michigan: Research Psychologists Press, Inc.

Jacobs, L. (1983). Plant Communities of Rough Rock. (Available from Navajo Cirriculum Center, Rough Rock Demonstration School, Star Route One, Rough Rock, AZ 86503)

Jilek, W.G., & Todd, N.T. (1974). Witchdoctors succeed where doctors fail: Psychotherapy among Coast Salish Indians. Canadian Psychiatric Association Journal, 19, 351-355.

Krippner, S. (1990). Native Healing. In J. K. Zeig & W. M. Munion (Eds.), What is psychotherapy? Contemporary perspectives (pp. 179-185). San Francisco, CA: Jossey-Bass Publishers.

Krippner, S. & Colodzin, B. (1981). Folk healing and herbal medicine: An overview. In G. Meyer, K. Blum, & J. Cull (Eds.) Folk medicine and herbal healing (pp. 13-29). Springfield, IL: Charles C. Thomas, Publisher.

Legge, G. (1992, December 12). Dying man set for final journey. The Calgary Herald, pp. A2, H8.

Levy, J.E. (1983). Traditional Navajo health beliefs and practices. In Stephen J

Kunitz, Disease, Change and the Role of Medicine: The Navajo Experience (pp. 132). Berkely: University of California Press.

Liptak, K. (1990). North American Indian medicine people. New York: Franklin Watts.

Locust, C. (1988). Wounding the spirit: Discrimination and traditional American belief systems. Harvard Educational Review, 58 (3), 551-558.

McLean, H. (1990). To walk in beauty: An inquiry comparing shamanic healing with religion, faith healing and medicine. Unpublished manuscript, University of Alberta, Department of Anthropology.

Morrison, R.B., & Wilson, C.R. (Eds.). (1986). Native peoples: The Canadian experience. Toronto: McClelland and Stewart Ltd.

Morse, J., Young, D., Swartz, L., & McConnell, R. (1987) A Cree Indian treatment for psoriasis: A longitudinal study. Culture, VII, 2, 31-41.

McCormick, J.S. (1988). To wear the white coat: Options for traditional healers in a Canadian medical future. In D.E. Young (Ed.), Health care issues in the Canadian North (pp.8-14). Edmonton, Alberta: Boreal Institute for Northern Studies.

The Nechi Institute on Alcohol and Drug Education & Research Centre. (1992). The eagle has landed: Data base study of Nechi participants: 1974-1991.(ISBN -1-895734-19-3). Edmonton, Alta.: Author.

Robb, J. (1988). Legal impediments to traditional Indian medicine. In D.E. Young (Ed.), Health care issues in the Canadian North (pp.131-139). Edmonton, Alberta: Boreal Institute for Northern Studies.

Sigerist, H. (1977). The special position of the sick. In D. Landy (Ed.), Culture, disease, and healing: Studies in medical anthropology (pp. 388-394). New York: Collier-McMillan.

Stewart, T., May, P., & Muneta, A. (1980). A Navajo health consumer survey. Medical Care, 18, (12), 1183-1195.

Torrey, E.F. (1986). Witchdoctors and psychiatrists: The common roots of psychotherapy and its future. New York: Harper & Row.

Vogel, V. (1981). American Indian influence on the American pharmacopia. In G. Meyer, K. Blum, & J. Cull (Eds.), Folk medicine and herbal healing (pp. 103-113). Springfield, IL: Charles C. Thomas, Publisher.

Wall, S., & Arden, H. (1990). Wisdomkeepers: Meetings with Native American spiritual elders. Hillsboro, OR: Beyond Words Publishing Inc.

Weibel-Orlando, J. (1989). Hooked on healing: Anthropologists, alcohol and intervention. Human Organization, 48, 148-155.

Winkelman, M. J. (1990). Shamans and other "magico-religious" healers: A cross-cultural study of their origins, nature and social transformations. Ethos, 18, (3), 308-352.

Young, D., Ingram, G., & Swartz, L. (1989). Cry of the eagle: Encounters with a Cree healer. Toronto, Ontario: University of Toronto Press.

Young, D., Ingram, G., & Swartz, I. (1988). The persistence of traditional medicine in the modern world. Cultural Survival Quarterly, 12, (1), 38-41.

Young, D., Morse, J., McConnell, R., Swartz, L., & Ingram, G. (1988) The psoriasis research project: An overview. In D. Young (Ed.), Health care

issues in the Canadian North (pp. 76-88). Edmonton, Canada: Boreal Institute for Northern Studies.

APPENDIX A Original Questionnaire

This questionnaire asks you how you feel about traditional Native healing practices. By traditional Native healing practices, we mean:

those activities and ceremonies performed with the help of a recognized healer or elder for the purpose of helping someone who is not well to feel better.

No one will ever have any way to identify you or your answers. It is important that you know that your privacy will be protected when you answer these questions.

Please fill in the circle that describes you or the way you feel about the statement.

1. I wish I knew more about Native healing practices.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

2. I enjoy talking about Native healing practices.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

3. Native healing practices are interesting to me.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

4. There is not much I could learn about Native healing practices.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

5. If I saw a newspaper article about Native healing practices I would read it.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

6. I would be interested in hearing about the results of this questionnaire.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

7. Native healing is too out-dated for me.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

8. I hope Native healing does not get lost or forgotten.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

9. Native healing practices are an important part of my culture.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

10. I hope that future generations will continue to use Native healing practices.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

11. I don' t think that it's right to talk about Native healing practices.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

12. Native healing practices can be as helpful as other kinds of medical help.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

13. I think Canadian society should make it easier for healers to do their work.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

14. I would never recommend anyone go to a Native healer. strongly agree

- O strongly agree
- O agree
- O disagree
- O strongly disagree

15. I hope that younger people will learn to be healers for future generations.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

16. I hope that other cultures will learn from Native healing practices.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

17. Native healers should be replaced by modern medicine.

- O strongly agree
- O agree
- O disagree
- O strongly disagree

18. I have had experience with Native healing that involved

- O sweat lodge
- O herbal cures
- O animal parts
- O prayer ceremony
- O shaking tipi
- O lifting curses
- O pipe ceremony
- O other activities...please describe

_____

_____

19. I am

- O male
- O female

20. My age is

- O 20 years or under
- O 21 - 30 years
- O 31 - 40 years
- O 41 - 50 years
- O 51 - 60 years
- O over 60 years

21. I consider myself Aboriginal

- O yes
- O no

22. My forefathers' language was

_____

_____

APPENDIX B Final Questionnaire

This questionnaire asks you how you feel about traditional Aboriginal or Native healing practices. By traditional Native healing practices, we mean:

those activities and ceremonies performed with the help of an elder or recognized healer for the purpose of helping people to feel better mentally, emotionally, physically and spiritually.

No one will ever have any way to identify you or your answers. It is important that you know that your privacy will be protected when you answer these questions.

Please fill in the circle that describes you or the way you feel about the statement.

1. I would like to learn more about Native healing practices.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

2. I enjoy talking about Native healing practices with some people.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

3. Native healing practices are interesting to me.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

4. If I saw a newspaper article about Native healing practices I would read it.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

5. I would be curious about the results of this questionnaire.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

6. Native healing practices are too out-dated for me.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

7. I hope Native healing practices do not become forgotten.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

8. Native healing practices are an important part of my cultural identity.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

9. Traditional healing practice can be helpful when used along with Western medicine.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

10. I hope that future generations will continue to practice Native healing rituals.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

11. Native healing practices can be as helpful as Western medicine.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

12. I think Canadian society should make it easier for native healers to practice.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

13. I would never recommend Native healing practices to anyone.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

14. Native healing should be replaced by Western medicine.

- O strongly agree
- O agree
- O don' t know
- O disagree
- O strongly disagree

15. I have participated in sweat lodge.

- O never
- O occasionally
- O many times

16. I have participated in prayer ceremonies.

- O never
- O occasionally
- O many times

17. I have participated in herbal cures.

- O never
- O occasionally
- O many times

18. I have participated in shaking tipi.

- O never
- O occasionally
- O many times

19. I have participated in pipe ceremonies.

- O never
- O occasionally
- O many times

20. I have participated in other healing activities such as

_____
_____
_____
_____
_____
_____

21. I am

- O male
- O female

22. My age is

- O 20 years or under
- O 21 - 30 years
- O 31 - 40 years
- O 41 - 50 years
- O 51 - 60 years
- O over 60 year

23. I consider myself Aboriginal

- O yes
- O no

24. My forefathers' language was

_____

_____

Thank you very much for your input and time.

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APPENDIX C Introductory Explication to Respondents

Introduction

Hello. My name is Nina Wyrostok and I am a student (like yourselves, if appropriate) and am studying in the area of counselling.

Purpose of the study

I am doing a study looking at Aboriginals' attitudes toward traditional native healing practices. What is hoped is that we gather an understanding of how ordinary Aboriginal people of today feel about traditional healing practices. You will be asked to take about 10 or 15 minutes to answer some written questions.

Benefits to Respondents

I'm sure you are aware that many of the health and education programs for Aboriginal people are under-going changes. Often these program changes occur without gathering input from the Aboriginal people. I believe that the more input gathered from the Aboriginal people themselves, the better chance for the success of health and education programs.

In Alberta, many Aboriginal people are presently involved in counselling or recovery programs. People working in counselling programs may not know much about the way Aboriginal people view traditional healing practices. These feelings could be of great importance in the counselling process for some people. It is hoped that your input could be of help to those involved in counselling and recovery programs.

Respondents' Rights

There are no right or wrong answers to these questions: only attitudes of the entire group matter.You are free to choose to participate or not. Your identity will never be known. No one will ever know if you answered or how you answered these questions. You are free to withdraw from participating at any time. Your participation is not connected in any way to this class or to your teacher.

I realize that the information that I am asking from you needs to be treated with a great deal of respect. I would like you to know that I will do this.

APPENDIX D Consent Form

The purpose of this study is to gather information about Aboriginal peoples' attitudes toward traditional native healing practices.

It is hoped that this information can be useful in counselling situations where an understanding of these attitudes can be beneficial to clients.

The information will be gathered by Nina Wyrostok, student at the University of Alberta, Edmonton, Alberta.

I understand that I am free to choose to participate or not without penalty.

I understand that I am free to stop at any time without penalty.

I understand that my identity and confidentiality will be protected.

I, _____, consent to participation in a survey concerning attitudes toward native healing practices.

Date_____ Signature_____