

Historicizing Health Inequities: Healing the vestiges of residential schooling

"The struggle of man against power is the struggle of memory against forgetting."

-Milan Kundera, The Book of Laughter and Forgetting

Introduction

Taking a social determinants of health approach to understanding the health issues of survivors of residential schooling and using a historical perspective as the lens through which to make sense of effective and ineffective healing mechanisms, I will highlight various interventions being undertaken with First Nations communities in Canada in response to historic trauma. This approach I will call historicizing health inequities, a way in which I have made sense of prevalent trends in public health and social inequity issues. To clarify, the approach to understanding health disparities called the 'social determinants of health' grew out of a recognition that health disparities are intimately related to, and caused by social inequities-- like poverty, racism, access to health care, education, housing, and so on and so forth. The social determinants of health are an effective mechanism to gain insight into the degree to which health disparities are determined by the experience of social inequities by various communities and within multiple contexts. My approach to understanding health issues also involves an additional element of looking at history to link the vestiges of historical inequities to current health disparities. This article will take a critical look at two different approaches to healing interventions carried out with First Nations people in response to historic trauma, a legacy of residential schooling. Through many case studies this essay will juxtapose both mainstream Western Psychology as well as healing interventions carried out by the Canadian Aboriginal community that employ community driven healing mechanisms.

This article will start with a brief historical account of residential schooling in Canada and discuss the lingering effects of historic trauma. I will then go on to describe differing healing interventions. The first intervention is mainstream Western Psychology and this approach to healing historic trauma, highlighting the colonial norms in which it continues to operate. The second intervention will familiarize the reader with community-driven and implemented interventions that are decolonizing in nature. Not to homogenize all current social and health problems as being caused by residential schooling, what I seek to describe is the vestiges of historic trauma and the ineffectiveness, and perhaps detrimental effects of healing interventions that are rooted in colonial systems. Historicizing intergenerational trauma and highlighting current trends in the health and social issues of First Nations people in Canada exposes the ways in which community-driven healing interventions are more effective than interventions that are unfamiliar with the roots of historic trauma. In the conclusion, I will take this theme one step farther and make an argument on the intentions and linkages of colonial disciplines as disciplining mechanisms that may in fact serve greater colonial projects.

Background: Residential Schooling and Historic Trauma

The origin of state sanctioned, Church run residential schooling in Canada is documented in legal contract, where sections 113 to 122 of the Indian Act removed the rights of Aboriginal parents to raise their own children. These laws gave the Canadian government control over children such that they could be treated and educated as the colonial state saw fit (Kainai Board of Education 2005). Missionary schooling had been documented starting in the 1600s, yet gradually became mandatory by the 1870s, reaching peak numbers during the 1930s. By the 1970s residential schooling was gradually phased out, and many communities began to assert control over their own education (Kainai Board of Education 2005). With the intention of ethnic genocide (or ethnocide) the Canadian state legalized a policy that was nothing short of an attempt to 'kill the Indian to save the man', thereby facilitating the final stages of Colonization through the assimilation of indigenous peoples into settler Canadian society. This form of schooling, in particular, aimed to prepare Aboriginal children to join the lower fringes of the colonial society. This process of schooling isolated Aboriginal children from their culture by placing them in English Euro-Canadian schooling in an attempt to steep them in Christian Eurocentric ideologies and behaviors (Kainai Board of Education 2005) and thus became a means for the internalization of colonial knowledge and ideology. According to The Truth Commission in Vancouver and research by the Aboriginal Healing Foundation in Ottawa:

- Approximately 50% percent of **all** students who went through residential schooling died;
 - 68% of children experienced physical abuse in residential schooling;
- 89.4 % of children experienced sexual abuse;
 - 90.9 % of survivors have abused alcohol after residential schooling;
 - 26.3% of survivors have a diagnosed substance use disorder;
 - 82.6% of residential school survivors have abused their intimate partner;
- In the year 2000, suicide accounted for 22% of all deaths among Aboriginal youth;

These statistics are based on a compilation of studies (Annett 2001; Aboriginal Healing Foundation 1999; Chansonneuve 2005; Staut et al. 2003; Wesley-Esquimaux 2004) from various First Nations communities, yet it should be noted that many people do not remember, or do not disclose the abuse; therefore prevalence may be higher than what is documented.

The statistics on current trends demonstrate the lingering effects of residential schooling that bleed across various aspects of the lives of survivors. If not healed, these problems are passed onto the next generation in the form of historic, or intergenerational trauma. In *Historic Trauma and Aboriginal Healing*, Cynthia C. Wesley-Esquimaux and Magdalena Smolewski describe historic trauma as when the "hidden collective memories of this trauma, or a collective non-remembering, is passed from generation to generation, as are the maladaptive social and behavioral patterns that are symptoms of many social disorders caused by historic trauma" (Wesley-Esquimaux and Smolewski 2004, iv). The residual echoes of trauma can be felt through the complicated social devastations within the Aboriginal community, which include substance use and self-destructive behaviors, mental illness/emotional disorders (ex. Post Traumatic Stress Disorder), suicide and suicide ideation, conflicts with the law, violence against women, intergenerational abuse, internalized racism, poverty, under-education and HIV/AIDS (Duran et al. 2004; Wesley-Esquimaux et al. 2004). Although the current reality of social

and health inequities cannot be attributed solely to the lingering effects of unresolved trauma, what is most important to take from this is how the history of residential schooling trauma continues to be passed on.

Mainstream Psychology and Enlightenment Thought

The attitude of the mainstream medical industrial complex towards healing differs significantly from that of Aboriginal-led initiatives. Healing through Psychology requires first a diagnosis of the ailment, or pathology. Second, based on the diagnosis of the individual there will be a certain 'gold-standard' formula to alleviate the diagnosis. For example, in the Diagnostic and Statistical Manual of mental disorders IV-TR (DSM IV-TR) within the condition of Post Traumatic Stress Disorder (PTSD), the diagnostic criteria are premised on a checklist of dysfunctional symptoms originating from the actual trauma. The cause of the disorder is based on the individual actually experiencing a certain traumatic event and the current gold-standard treatment is Cognitive-Behavioral Therapy (CBT) (Prochaska et al. 2007). Thus, since the ailment is presumed to have a cause originating from an individual's experience there is no diagnostic category for people who have historic trauma. Further complicating a diagnosis is that since there are so many problems stemming from the trauma of residential schooling, it is easy to misdiagnose the problem as alcoholism, drug addiction or suicide ideation without acknowledging the underlying condition. Bonnie Duran and Eduardo Duran argue that "many Native American people are diagnosed based on erroneous criteria; the diagnostic process never takes a historical perspective in the placing of a diagnosis on the client" (Duran et al. 2000, 52-53). The approach to healing of the individual is taken up as a problem of the individual, without accounting for the history of Colonization or social environment they are situated in. In neglecting to contextualize the problem, the healing intervention cannot effectively help the origin of the symptoms - colonial historic trauma.

There are many Psychologists and researchers in the field, however, who have described this problem. Duran and Duran (1995; 2000) have spearheaded a movement called Postcolonial Psychology that critiques the DSM and mainstream Psychology for ignoring colonial historic trauma. Much of this research points to the need for community healers and elders to carry out interventions. Due to historic trauma and its far reaching effects, therapeutic healing methods must account for the historical and collective nature of the trauma, rather than employing a treatment regimen which seeks to resolve singular, selective, individual issues (Wesley-Esquimaux et al. 2004). In *Reclaiming Connections: Understanding Residential School Trauma among Aboriginal People (A Resource Manual)*, Deborah Chansonneuve argues that "healing can only happen when the multi-level impacts: of accumulated historical losses; ongoing re-victimization [structural and interpersonal]; unresolved trauma of childhood abuse; and undiagnosed PTSD are fully understood in terms of how they are played out in the lives of Aboriginal people today" (2005, 48). Therefore healing through a Western Eurocentric model cannot fully treat or heal the individual unless it incorporates and employs traditional, holistic and community-driven therapies that acknowledge the trauma induced by colonial systems.

The Western Eurocentric conception of health and healing embodied by the DSM, as a Universal manual of Western Psychology, is essentially a recipe book of deviance. Supposedly all abnormality and pathology can be categorized based on certain features that are defined through a checklist of deviant behaviors. However, in defining deviance, its binary is reproduced: the normal, or ideal healthy

person. Since the origin of Psychology is European and rooted in Enlightenment ideologies, the ideal normal human is based on, and steeped in, Eurocentric Enlightenment conceptions of normalcy. The DSM is widely criticized for being ethnocentric and not generalize-able or relevant to all cultures (Duran et al., 1995; Duran et al., 2000). Additionally, Linda Tuhiwai-Smith argues that traditional Eurocentric knowledge disciplines, of which Psychology is included, are “grounded in cultural world views which are either antagonistic to other belief systems or have no methodology for dealing with other knowledge systems” (Smith 2006, 65). Yet, the DSM-IV-TR, a manual on mental health and illness is used to define deviance through which 'normal' individuals are produced through a healthy regimen of therapy. In misdiagnosing and pathologizing an Aboriginal individual who is suffering from historic trauma, mainstream Western Psychology ignores the historical and current social conditions of Colonization. Thus, defining deviance and curing the individual of psychopathology is to put them through a 'healing' regimen that silences the trauma by ignoring it, and attempts to produce instead an individual, molded to fit the standards that the DSM defines as normal. Aihwa Ong, in *Buddha is Hiding*, further complicates the outcomes of using these diagnostic tools with which abnormality is defined. Ong argues that “while such biopsychosocial assessment tools are intended to help...it is irrefutable that they played a role in constructing ethnic stereotypes of intellectual incompetence and the need for medical intervention” (2003, 99). Using the DSM to diagnose various manifestations of trauma in fact serves to maintain ethnic stereotypes of the inferiority of indigenous and racialized people. This in effect leaves the door open for the medical community to continue to pathologize and 'heal' Aboriginal people without actually addressing the root cause of ailments—the colonial relations that caused the condition in the first place.

With fear of homogenizing mainstream Western Psychology, what needs to be clarified is that this argument is based on theoretical conceptions of pathology and abnormality employed within mainstream Psychology. There are Psychologists who have done and currently provide effective interventions, yet what needs to be addressed is that when interventions that are enacted on Aboriginal peoples without historicizing or addressing the root of the problem, the intervention will not be effective, and perhaps be detrimental in perpetuating colonial discourses previously mentioned. Additionally, I am not arguing all social and health issues stem from historic trauma, rather that health inequities stemming from historical trauma can be misdiagnosed or misunderstood by professionals that are not versed in the historical legacy of residential schooling or Colonization. The issue at stake is two-fold: in creating health interventions that are rooted in colonial conceptions of pathology and normalcy, combined with professionals who do not understand the historic linkage between colonial residential schooling and current ailment, the healing intervention will continue to be ineffective. Healing interventions need to heal the root of the ailment to be effective. Thus, I argue that healing interventions must take a social determinants standpoint that historicizes the inequities that lead to, and caused the problem in the first place.

Decolonizing and Healing

The second healing intervention analyzed is the healing work undertaken within various Canadian Aboriginal communities. This form of healing is more appropriate to Aboriginal people in that it addresses historic trauma and facilitates decolonizing through reclamation of culture. In his essay,

Processes of Decolonization, Poka Laenui names the process of decolonization. This model proceeds through five stages: rediscovery and recovery of Indigenous history and culture; mourning; dreaming; commitment; and action (Laenui, 2000). Laenui's model was even incorporated as a foundation for Judith Herman's model for overcoming PTSD from historic trauma. Laenui's sociopolitical process, in combination with Herman's recovery model (safety, remembrance and mourning, reconnection), produce a treatment model in which decolonizing is synonymous with healing: decolonization, as a process of cultural reclamation heals historic trauma. This model, as described by Linda Archibald in her book *Decolonizing and Healing* (2006) highlights the processes through which decolonizing and healing have been observed within various communities. In the first of Laenui's stages, 'rediscovery and recovery', he states that the "phase of rediscovering ones history and recovering ones culture, language, and so on is fundamental to the movement for decolonizing" (2000, 153). The mourning stage, according to Laenui, is "an essential phase of healing... [it is] a time when people are able to lament their victimization" (2000, 154). The sociopolitical process of decolonizing is therefore a healing process. Yet, when taken together, it becomes more of an individual focus on healing trauma, situated in the collective journey of healing. In Archibald's analysis she sums up decolonizing and healing as such: Healing from historic trauma begins with creating a personally and culturally safe environment where the impacts of history, including the legacy of abuse in residential and boarding schools, can be safely explored. Reconnecting with culture plays a significant role in this process. The second stage involves remembering and mourning personal losses, as well as those of parents, grandparents and ancestors. The final three stages are dreaming, building and rebuilding healthy relationships and giving back to family and community in the spirit of self-determination (2006, 26).

M. Jacqui Alexander, in *Pedagogies of Crossing*, argues that "[f]or healing work to be undertaken there has to exist some understanding of cause" (2005, 312). Identifying the source of trauma is the absolute crux of the healing work that must be undertaken within Colonized communities (not just Aboriginal communities). To simply employ the mechanisms of mainstream Western Psychology for healing, without historicizing the illness, is to neglect and perpetuate a colonial relationship. The healing interventions carried out by Aboriginal communities have identified the cause of prevalent issues as historic trauma and are beginning to remedy prevalent social, psychological and behavioral problems originating from internalized Colonization and historic trauma. This is why decolonizing is integral to effective healing work. In order for healing to be effective, that which was dismembered through Colonization must be invoked and restored. (i.e. spirituality, language, worldview, dance, land, etc). Reclaiming tradition, knowledge's and cultural community is the type of healing work necessary to decolonize and heal. In her book *Recovering the Sacred* (2005) Winona Laduke describes the various ways in which different North American Aboriginal communities have fought against multiple colonial oppressions. Her research demonstrates that the process of recovery is not simply about fighting the individual violence's of Colonization, but also about reclaiming what was forcibly taken away. In *re-membering* that which was once dismembered from the self and the community, the collective and the individual can heal simultaneously. This process of *re-membering* culture, tradition and spirituality, is the ultimate process of decolonizing and ultimately healing.

In looking at various community-developed and implemented programs, rediscovering identity and restoring spirituality have been integral in the recovery of current social and individual problems. A powerful example is the community of Ekali Lake in north-central British Columbia where they have undertaken community healing that has been in practice for over 35 years. The community's problem was rooted in the introduction of alcohol brought in by fur-traders coupled with the trauma from residential schooling, which fueled severe addictions. The social problems they have been healing are alcoholism, poverty, suicide, violence, and unnecessary diseases caused by addiction. Within the first seven years of this program, 98% of the community abstained from alcohol. Furthermore, as the widespread alcohol addiction was gradually brought under control, the underlying issue of sexual abuse surfaced thus the community was then able to start healing what was originally masked by the prevalence of alcoholism (Chansonneuve, 2005).

Another powerful example of culturally appropriate and community driven inventions is from the Tsow-Tun Lum Society, a National Native Alcohol and Drug Abuse Program (NNADAP) treatment centre run by and for First Nations communities on Vancouver Island, Canada. This residential program is intended to facilitate Aboriginal individuals with the healing of substance addictions and interpersonal conflict (Fiske, 2008). This program has acknowledged the political act of healing intergenerational/historic trauma as central to healing addictions and social problems. In particular a program called Qul-Aun, and documented by researcher Jo-Anne Fiske is described in a report entitled *Making the Intangible Manifest: Healing Practices of the Qul-Aun Trauma Program*. Fiske describes the healing process of the program as such:

[H]ealing begins with the historical context that stresses the impact of residential schools and intergenerational transmission of trauma. Healing takes place when the individual is able to hold in balance the spiritual, emotional, psychological, and physical aspects of self. Integration of self will occur within cultural stability and transformation of cultural identity; thus, models of healing that address holistic concepts are used. Holistic premises emphasize healing and well-being as relational, that is, healing can only be achieved within a social and cultural context where there is balance and harmony within oneself and between social members (2008, 50).

This example shows us that healing necessitates a holistic approach, which is guided by principles of decolonization, historicizing the root of the problem itself and reclamation of self and culture. In a similar vein, in *The Way of the Drum: When Earth Becomes Heart*, Elder Grafton Antone, an Elder-in-residence and teacher of the Oneida language at the University of Toronto, describes his healing journey through the rediscovery of Oneida language and culture in particular and a healing program which uses "traditional songs, drumming, and cultural practices to help survivors of the residential school experience regain their wholeness" (2002, 1). Although different healing interventions invoke various aspects of cultural traditions, the common theme is that the community's approach is grounded in their own knowledge of the trauma, and heals through culturally appropriate means which include reconnecting the individual with community and tradition.

James Waldram, in *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice* (2008) discusses healing based on multiple cases studies presented in this book. Not only does Waldram speak to the common element of using various forms of Aboriginal spirituality, he goes on to discuss the collective, non-biomedical nature of the process. According to Waldram:

Healing was rarely thought of in biomedical terms, and even conventional psychotherapeutic understandings were largely absent. Rather, what emerged is a common theme that healing is ultimately about the reparation of damaged and disordered social relations. The individual, through outwardly and self-destructive behaviours, has become disconnected from family, friends, community, and even his or her heritage... Healing, then, speaks to a form of Aboriginal sociality that reduces the degree of self-indulgence and self-pity and frames one's problems and the solutions in broader, collective terms. It does not deny historical processes or the legacy of the residential schools, which have created the conditions for social and psychological discontent; rather, it helps individuals understand why they have problems in a manner that allows them to simultaneously see that, while victims of oppression, they retain the necessary agency to change their lives for the better. Healing, then, is ultimately about hope for the individual, the family, the community, and the future (2008, 6-7).

These case studies when read together demonstrate how healing from historic trauma requires culturally appropriate, community-driven interventions, yet the central component of healing is to address the root of historic trauma which requires decolonization from the multiple impacts of Colonization and residential schooling. These healing processes illustrate that community-driven healing interventions that are grounded in tradition are central to effective healing work. This mode of healing, as opposed to the approach of mainstream Western Psychology, addresses historic trauma and facilitates individual healing and decolonizing through reclamation of tradition while healing the violence's of residential schooling. In historicizing the health inequities of Aboriginal people in Canada we can see the social determinants both current and historic have contributed significantly to the health inequity trends disproportionately experienced by these communities. In addition to the felt reality of Colonization both historic and current, to alleviate the conditions that produce illness, it makes sense to remedy illness by reducing the so-called illness-producing determinant—Colonization. Thus healing individuals and communities must be community-driven to both facilitate good health and wellbeing and to prevent colonial systems from further replicating the very conditions that produced the illness.

Conclusion: A Discussion of Healing, Self-determination and Colonial Nation-building

The terms with which citizenship is granted clearly informs the ways mainstream Western Psychology operates. Nation-building is intimately tied with citizenship and thus citizen-making projects. The notion of the biological superiority of the white-Anglo-Saxon Christian European, previously served to

justify the exclusion of Aboriginal people from citizenship. Citizens legitimize the power of the state to rule over the nation. Thus, Aboriginal exclusion from citizenship is integral for the legitimized power of the colonial settler state. Nikolas Rose and Carlos Novas argue that "citizenship projects were central both to the idea of the national state, and to the practical techniques of the formation of such state" (2005, 439). The formation of the state is therefore premised on the creation of the ideal citizen. In *Exalted Subjects*, Sunera Thobani further explains how Canadian nation-making involves the creation of the ideal citizen, and thus, how inclusion to citizenship requires particular negotiations on part of the individual. The Aboriginal, or indigenous *citizen* in a settler colony was therefore never meant to be. Rather, to acquire citizenship required the eradication of Aboriginal culture, as attempted through residential schooling and other colonial laws. Thobani further argues that:

citizenship was instituted in a triangulated formation: the aboriginal, marked for physical and cultural extinction, deserving of citizenship only upon abdication of indigeneity; the 'preferred race' settler and future national, exalted as worthy of citizenship and membership in the nation; and the 'non-preferred race' immigrant, marked as stranger and sojourner, an unwelcome intruder whose lack of Christian faith, inherent deviant tendencies, and unchecked fecundity all threaten the nation's survival. These foundational horizons were institutionalized in the burgeoning apparatus of the settler state and its expanding geographical domain, as well as in the inscription of whiteness as embodiment of legitimate and responsible citizenship (2007, 75).

If citizenship is granted in such a way to ensure colonial state power, then it is not so far fetched to see how Enlightenment conceptions of the ideal individual serves as the mold with which mainstream Western Psychology reshape Aboriginal people into ideal Canadian citizens. With fear of arguing that the discipline of Psychology intentionally advocates for the molding of Aboriginals for the purpose of citizen-making, what I seek to draw our attention to is that Colonization is still ongoing, whether it be through health interventions, political systems, academic institutions or perpetuating Eurocentric worldviews. Linda Tuhiwai-Smith, in *Decolonizing Methodologies* argues that colonial knowledge disciplines and systems, which include colonial residential schooling, were designed "to destroy every last remnant of alternative ways of knowing and living, to obliterate collective identities and memories and to impose a new order" (2006, 69). Additionally, she goes on to describe how colonial schooling and academic disciplines, in which both residential schooling and mainstream Psychology belong, has the effect of silencing and suppressing "the ways of knowing, and the languages for knowing, of many different indigenous peoples. Reclaiming a voice in this context has also been about reclaiming, reconnecting and reordering those ways of knowing which were submerged, hidden or driven underground" (Smith 2006, 69). At stake in colonial schooling was the suppression and eradication of Aboriginal culture and knowledge's. A healing intervention carried out solely by mainstream Psychology cannot heal the legacy of these effects. Further, the healing interventions carried out by mainstream Psychology that are based on colonial systems of knowing can in fact be detrimental to healing as it perpetuates colonial order and discipline.

Charlotte Loppie Reading and Fred Wien, in *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*, argue that self-determination, whether through governance or health services, is the most important determinant of health for First Nations people. They argue that:

Self-determination influences all other determinants including education, housing, safety, and health opportunities... In order to ensure the most favourable intermediate determinants of health, Aboriginal peoples must participate equally in political decision-making, as well as possess control over their lands, economies, education systems, and social and health services. Unfortunately, this is not the case; rather, the colonial agenda has enforced unequal access to and control over property, economic assets and health services. In many ways, this restrictive structure has actually encouraged Aboriginal social, political and economic development that is not self-determined (Reading & Wien 2009, p. 23-24).

In other words freedom from colonial domination, or political decolonization, may be a necessary pre-determinant for promoting health. In historicizing social and health inequities, along with an understanding of the social determinants of health, it has become clear how many health issues are vestiges of residential schooling and Colonization. To understand what is at the heart of social and health issues, we cannot assume that anything less than healing the origin of the trauma can be effective. Two major arguments have become clear in discussing the various health interventions. Interventions rooted primarily in colonial knowledge paradigms cannot heal historic trauma since the means through which health and illness are conceived perpetuate colonial relations and deny the impact of Colonization. It is only through community-driven health interventions, which acknowledge the root of the trauma and understand the multifaceted impacts of Colonization as causing multiple manifestations of health inequities, that healing can truly be facilitated.

Now to bring this argument forward, as of March 31st 2010, Stephan Harper the Prime Minister of Canada chose to discontinue federal funding for the Aboriginal Healing Foundation. This organization is an Aboriginal-managed national network that researches and provides community-based Aboriginal healing initiatives that address the legacy of historic trauma in Canada. Although federal funding will still be granted to Health Canada to support survivors of residential schooling, this network of one hundred and thirty-four community-based healing initiatives that were providing the necessary and effective healing interventions will no longer be granted financial supports to continue. In light of this recent issue, if self-determination and freedom from the colonial powers that continue to marginalize are effective for health promotion what will follow from this decision? (Rather, what is the intention with this decision?) Audre Lorde, in *Sister Outsider* asked a question that finds relevance here: "What does it mean when the tools of racist patriarchy are used to examine the fruits of that same patriarchy?" (1984, 110-111). Although Lorde asked this question in reference to another context, however it's meaning is not lost here. Phrased differently, what does it mean when the tools of Colonization are used to examine the very traumas induced by the colonial system? Colonial tools, including Eurocentric Enlightenment sciences, can in fact perpetuate colonial systems through maintaining power dynamics

that negate colonial trauma as the origin of ailment. Additionally, using that very system has in fact left the door open for pathologizing racial inferiority and, in many ways, left this argument open for legitimizing exclusion from national governance. Further, healing mechanisms that perpetuate colonial norms and conceptions of normalcy continue to colonize and thus can be seen as a site of discipline. If the Canadian state, operating through the Christian church in the form of residential schooling attempted ethnocide of First Nations people with their policy to 'kill the Indian and save the man', then it is thus a fallacy to assume that mainstream Western Psychology, as an arm of Eurocentric Enlightenment sciences, is a mechanism for the promotion of healing Aboriginal communities. Audre Lorde sums up concisely the struggle at stake-- "for the master's tools will never dismantle the master's house" (1984, 112).

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