

# INSTITUTIONAL COLONIZATION AND THE DELIVERY OF HEALING PROGRAMS IN FIRST NATIONS

(The views expressed herein are the personal to the author, and do not represent the analysis or policy of any branch of the government of Ontario.)

## A. INTRODUCTION

There are a number of aboriginal communities in Canada that have created inspiring programs to promote recovery from the traumatization caused by several generations of colonization strategies, including residential schools.

In this short paper, I want to explore the possibility that many more communities might organize community recovery strategies if outside agencies now funding community programs changed the way they do business in First Nations. Odd as it might first seem, that ‘way-of-doing-business’ might well amount to a further colonizing force that, no matter how unintentional, has the effect of *reducing* the capacity of First Nations to create and implement their own recovery strategies.

## B. UNDERSTANDING THE PRESENT SITUATION

In my experience, there are a number of present-day realities that must be understood before we can sense where to go in the future, including the following:

1. there are many outside agencies funding full-time and part-time workers within aboriginal communities, workers engaged in counseling and other healing efforts with respect to particular challenges like substance abuse, health care, suicide, family counseling, sexual abuse, grieving, parenting and the like. One community reported 19 such persons separately employed in such activities;
2. those particular challenges are not, however, separate and distinct from each other; instead, they are better understood as different *symptoms* of the intergenerational trauma caused by determined colonization strategies imposed over many decades, not the least of which was the residential school system;
3. because the funding agencies have not yet recognized that colonization trauma is the root challenge behind all the symptomatic challenges, the symptom-tailored training they provide their workers often fails to take that traumatization into account. As a result, different funding agencies devise different kinds of recovery strategies, some of which compete or conflict with each other when taken into the community, with the result that programs intended to bring healing may instead serve to further ‘splinter’ the individuals and families they meant to help;

4. even if community workers themselves understand that the symptoms flow from a common cause, the confidentiality demands of the agencies they work for effectively *prevent* them from sharing information with each other on particular cases, much less discussing holistic recovery strategies that might begin to address the larger issues.

As a result, the structure of outside funding agencies often prohibits workers in an individual community from coming together, sharing information, achieving a common understanding of the challenges they face, and then designing the kinds of training and programming that will have the best chance of succeeding. At the same time, nation-wide programming, almost by definition, fails to acknowledge that each community will have its own unique power structures, skill-sets, personalities, cultural structures, priorities and challenges. The result, as the Hollow Water First Nation's Community Holistic Circle Healing Program phrased it, is this:

“The lack of *common* vision, goals and collaborative strategies across programs in communities in recovery dissipates the impact of the available funding for social programs. Duplication, mismanagement and large gaps in services renders ineffective what should be an adequate investment.” (emphasis added)

“*Mapping The Healing Journey: The Final Report of a First Nation Research Project on Healing in Canadian Aboriginal Communities*” (available at [www.sgc.gc.ca](http://www.sgc.gc.ca))

I would go further and suggest that the imposition of outside bureaucratic structures within First Nations serves as a major obstacle to the very *creation* of community healing teams, simply because its confidentiality requirements prohibit the critical initial conversations between workers that might get them started.

### C. IMAGINING THE FUTURE

It may make sense to have 19 different ‘healing’ agencies working separately in Toronto, each with its own demand for confidentiality, individualized training and different program content, but it does *not* make sense in communities of 300, 500 or 1,000 people, especially when it is their common histories of colonization that have brought about shared trauma.

To change that picture, a number of steps might be considered:

*First*, those who administer outside agencies must somehow be educated to the fact that inter-generational colonization trauma is the predominant cause of all of the particular symptomatic challenges they are responsible for addressing. There is a great deal of research work being done in Canada, and with indigenous populations elsewhere around the globe, about the ways in which colonization strategies (especially those involving

intentional disruptions of family, language, geography, culture and economics) have given rise to significant intergenerational trauma. Common too are the varieties of resulting *symptoms* of traumatization like substance abuse, despair, family breakdown, interpersonal violence, hopelessness, suicide and sexual abuse. That research work must be collected and forcefully presented to those who administer outside funding agencies in the hope that they too will come to understand that their recovery programs must be integral parts of a larger, more coherent recovery strategy that acknowledges colonization-induced trauma as the predominant challenge.

*Second*, we must bring the heads of those agencies together with those learned aboriginal people who have *already* created effective community healing teams so they can learn how to restructure their own agencies to promote, rather than hinder, the sharing of information, the design of common training and the implementation of effective programming. That process was begun in 2002 when Ed Buller of the Solicitor General of Canada, Aboriginal Corrections Unit, brought together six of the First Nations most active in community healing: Hollow Water in Manitoba, Mnjikaning (Rama) in Ontario, Alkali Lake in Alberta, Eskasoni in Cape Breton Island, Squamish in B.C. and Waywayseecappo in Manitoba). Together, they created a document called “*Mapping The Healing Journey: The Final Report of a First Nation Research Project on Healing in Canadian Aboriginal Communities*”, cited above. In that document, Hollow Water’s Community Holistic Circle Healing Team had this to say about how they now view the healing process:

“Much of what used to be described as ‘healing’ is now viewed as ‘decolonization therapy’ by the CHCH Team... Community healing as decolonization therapy involves: articulating the principles that promote health and balance for the community; supporting people to move back into balance; and basing *all community systems* on healthy balanced principles and taking full responsibility as a community for the journey.”

*Third*, outside agencies can make an important contribution to the creation of effective community healing strategies by recognizing the *limits* of their own expertise. Many aboriginal healers are expressing concern that western-based perceptions of traumatization and healing reflect only non-aboriginal understandings of the forces at work and, in so doing, discount or disregard *aboriginal* perceptions of how the damage was done and what strategies are best suited for recovery. By way of illustration, while it may be ‘natural’ for a culture that focuses on the individual to speak in terms of ‘curing’ those individuals from ‘their pathologies’, it will be natural for a society that tends to see individuals more as the sum of all their relationships to focus on the nature of all those relationships instead, and to create very different processes for bringing balance into those relationships. Any insistence upon employing western-based diagnoses and recovery strategies might well amount to nothing less than a further act of colonization.

*Fourth*, outside agencies can assist individual First Nations healing teams by collecting and conveying information about recovery strategies being attempted across Canada and around the globe. *Mapping The Healing Journey* is an important first step in that process,

but much more could be done. There are parallel explorations of the traumatization of aboriginal societies taking place in Australia, New Zealand, the Cook Islands, Hawaii and certain African countries, but there is little being done to have those experiences shared with aboriginal people in Canada. While individual First Nations will clearly have to design their own recovery strategies to reflect their individuality, learning about the strategies of other similarly-colonized peoples might well facilitate a deeper understanding of the challenge, a wider appreciation of the options and a more efficient implementation of promising recovery strategies for all.

#### **D. THE OVERALL GOAL**

While it may be odd to think that much of the money presently spent on supporting healing programs in First Nations might actually be promoting the further *colonization* of those communities, that may well be the case. If those programs impose the specialized service-delivery ‘silos’ so favoured by non-aboriginal governments, thus separating workers in different programs from each other, that has the direct effect of imposing the specialization preference of western culture, further denigrating and marginalizing traditional preferences for holistic approaches. If they see issues like substance abuse, family violence or suicide as discrete challenges requiring specialization, they do the same, treating symptoms instead of underlying causes, sending the message that holistic aboriginal analyses are of lesser worth. If they insist on recovery strategies that presume it is individuals who carry the problems and need healing *as individuals*, then they supplant aboriginal diagnoses that locate the challenges in the ways-of-relating that surround each individual, his or her family, and their community, further denigrating traditional healing processes aimed at restoring harmony to all of those relations.

What is required is a reversal of that ‘systemic colonization’, where the overall goal is to enthusiastically restore to First Nations communities the opportunity, capacity, training, responsibility and ‘jurisdictional room’ to form their *own* Community Recovery Teams, built upon their *own* assessments of community strengths, challenges and priorities, and using recovery programs of their own design. Only then will our contributions truly assist them in their central challenge: reversing the colonization tide that has imperiled (but not demolished!) so much of aboriginal life, for so many years.

Rupert Ross  
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