# An ethnographic exploration of the work of Aboriginal social workers: Examining the applicability of Foucault's governmentality

by

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## ABSTRACT

Due to the colonial context in Canada many Aboriginal Canadians regularly interact with the social work system. Western social work is based on Western ideals including basic human and individual rights, and adherence to science. Within this model, there are certain expectations of how productive citizens should behave, and the role of the worker is to bring their clients' behaviour more in line with these expectations. This has been described as a form of exercising control over populations using Foucault's concept of governmentality. It seems likely that Aboriginal social workers might practice a form of social work that does not contribute to the governing of Aboriginal Canadians. Through ethnographic research with Aboriginal social workers and non-Aboriginal workers who work primarily with Aboriginal clients, this research compares Aboriginal social work to Western social work practice, and explores whether or not it is possible to help Aboriginal clients without governing them.

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# INTRODUCTION

Since the 1970s there has been an increasing focus on the role of Aboriginal Canadian care workers, particularly as providers of care to Aboriginal communities. The movement has been sparked by an interest in taking back the power of, and responsibility for care, especially given the negative historical relationship between Aboriginal communities and Western, government-sponsored care workers. Most of the writing and research about this movement has occurred within and for the Aboriginal community, with little published in widely accessible discipline-specific journals, and even less in the greater social science literature. This research has also largely focussed on the application of Indigenous models of healing to social work, rather than on the context-specific reality of Aboriginal social work in Western-based institutions and contexts. An anthropological, ethnographic approach adds a level of individual experience, context and depth not yet reported.

Any discipline, practice or institution is based on certain tenets or principles. How these principles are applied in practice depends on the context within which they are applied. Aboriginal social workers in Canada practice a form of social work based on a combination of Western or mainstream social work principles and the principles of Aboriginal healing and wellness. Each of these set of principles is influenced by a particular context or discourse. Western social work operates within a contemporary Western discourse that promotes ideals like success, autonomy, and the ability to defer

gratification. Such social work, whose goal is to aid clients in the pursuit of such ideals and help them become more closely aligned with societal norms, has been seen by Foucauldian critics as a form of governmentality and biopower. Aboriginal principles of helping and healing operate within the contemporary reality of the ongoing impacts of colonization. The way in which Aboriginal social workers deliver care to their clients lies in the overlap of Western and Aboriginal principles of healing, through the lens of both Western theory and context as well as Aboriginal colonial and post-colonial context.

Through the rich level of personal and contextual detail available only through ethnographic research, this project examines the delivery of Aboriginal social work. How are Western and Aboriginal approaches to healing and helping combined in the delivery of care? How do Western and Aboriginal discourse and context impact the delivery of care? What comprises the practice and delivery of contemporary Canadian Aboriginal social work? In answering these questions, this research provides an image of contemporary Aboriginal social work, and allows for a discussion of the applicability of Foucauldian analysis to this ethnographic reality.

**Methodology:**

The research participants were identified using a snow-ball sampling technique. I originally contacted Pam, and asked her who else she recommend that I speak with. I continued to ask each participant who else they recommended that I speak with. In addition, a couple of the participants were identified by colleagues of mine to be

important members of the Aboriginal community in Ottawa. I conducted at least one in-depth, unstructured interview with each of the participants. These interviews lasted approximately two hours, and involved a broad discussion of their identity, personal journey and their work. The majority of the participants were Aboriginal social workers. Three of the participants were non-Aboriginal, but were identified by their peers to be very well respected for their work in the Aboriginal community. Throughout the research process I also conducted participant observation through my participation in various community events. Pam also allowed me to shadow her while she conducted her outreach work. Each interview was transcribed verbatim, and the research below results from an analysis of the transcripts and field notes.

**A note on terminology:**

Throughout this manuscript, I will use the term "Aboriginal" to refer in the general sense to my research participants as well as their First Nations, Inuit and Métis clients. In 1982, the Constitution Act declared that Canadian people of Indian (First Nations), Inuit and Métis descent would henceforth be referred to as Aboriginal peoples. Since that time, the term has been the centre of much criticism and debate. Largely the criticism surrounds the concern that such a general term fails to recognize the unique aspects of the life and culture of First Nations, Inuit and Métis peoples. Although this dialogue continues, the term Aboriginal also continues to be used within the Canadian context in reference to First Nations, Inuit and Métis people, including national organizations such

as the National Aboriginal Health Organization and the Congress of Aboriginal Peoples.

For this manuscript, I chose to also use the term Aboriginal, with the inclusion of the following explanation: First, I do not in any way intend to suggest that there are no differences between or within groups of First Nations, Inuit and/or Métis people. In contrast, this research represents the specific experiences of a group of Aboriginal social workers, and I do not claim that these experiences necessarily generalize across all Aboriginal social workers. Secondly, the relatively small nature of the Aboriginal social work community in the Ottawa area did not allow me to focus solely on the experiences of First Nations, Inuit and/or Métis workers. Finally, and most importantly, my participants themselves primarily used the term Aboriginal, unless referring specifically to one or another group. Most of their discussion surrounded characteristics and issues that seemed to be shared across their client-base. That said, they were also all careful to point out that no two clients are exactly alike, and that an "Aboriginal" approach to social work is not a one-size-fits-all approach. In summary, the term Aboriginal allows me to reference the similarities which do exist between Aboriginal groups, but I do not claim that there are no differences.

# CHAPTER 1

## FOUCAULT AND SOCIAL WORK

Various academics, including anthropologists, sociologists, nurses, social workers etc, have looked at social work through the lens of Foucault's concepts of governmentality and biopower (e.g. Holmes & Gastaldo 2002, Inda 2005, Thompson 2008). According to Foucault, biopower is a form of governing that allows for the control of bodies through protection of life rather than the threat of death. Through various institutions, such as medicine, education, families and the social services, biopower regulates people towards a set of norms primarily via self-regulation (Foucault 1978).

In order to understand Foucault's concept of governmentality, we must understand his complex conception of power. Power is often thought of as a restrictive force that is held, possessed or owned. In contrast, the primary characteristic of Foucault's concept of power is that it is a productive force which induces conduct and informs, shapes and influences actions. For Foucault, power is also not something to be held, given or taken, it is something that is based on relationships (Foucault 1983). Resistance can be seen to be in opposition to power, however Foucault stated that a relationship requires two or more individuals with the freedom to choose between a range of possible actions including resistance. The interaction between the source of power and the intended subject is a productive relationship, where each side of the relation challenges and

motivates the other (Foucault 1983). According to Foucault, no individual exists outside of power, even those engaged in concerted efforts to resist or oppose power are in fact only reinforcing the power relations which they are attempting to resist.

Governmentality is a mechanism of shaping actions of people without the use of force, and is exercised through a broad range of institutions and organizations. Foucault focused on medicine, psychiatry, family, education and employers as governing bodies, but the principle can be applied to many other institutions such as churches, non-governmental organizations, aid agencies, unions etc. The focus in governmentality as a means of shaping action is on controlling how people understand what they are doing, and how they locate or identify themselves within a larger group. Thus, just as in Foucault's idea of power, governmentality is centred around interaction and relationships (Foucault 1983; Rose et al 2006).

According to Foucault, power during the Roman and Indo-European regimes was exercised through force and the threat thereof. "Sovereign power", as Foucault referred to it, worked via technologies such as enforcing taxes, applying penalties and punishments, building armies and other physical demonstrations of power and dominance. In contrast to modern forms of power, this form of power was exercised forcefully and by visible known agents, and people were aware of when and how they were being controlled (Foucault 1975b; Venn 2007).

With the rise of the modern nation state and capitalism, people needed to be controlled without the use of force. People needed to feel that they had control over their

own actions (Foucault 1978). Biopower is a technology of power that allows for the management of entire populations without force or the use of identifiable agents of power. In contrast to sovereign power, biopower focuses on the protection of life, and power is exercised through the regulation of bodies. This is achieved through the regulation of bodily actions – customs, habits, population health, reproduction, etc (Foucault 1978). Self-governance is central to the regulation of bodily actions, since control must be seen to be exercised from within individuals. Thus, governmentality and biopower aim to control people's actions by controlling their intentions (Foucault 1978; Holmes & Gastaldo 2002; Venn 2007).

**Power, governmentality, biopower and social welfare:**

The broad field of social welfare, particularly psychiatry, is one of the mechanisms of governmentality and biopower explored extensively by Foucault. Social welfare can be looked at as a mechanism of controlling a population through the surveillance of health and wellness status and provision and delivery of care. The emphasis on self-regulation within governmentality is especially relevant to this context. The population is socialised to take responsibility for their own health and well-being, and also for their own poor socioeconomic status (Foucault 1978; Holmes & Gastaldo 2002; Thompson 2008; Venn 2007).

Biopower operates by employing two main modes of power: disciplinary and pastoral. Disciplinary power is power that effects and controls the conduct, habits and

attitudes of people and populations. Foucault stated that governing bodies aim to create a population of people who fit within a set of norms, and thus conform as closely as possible to an imagined ideal. Thus the goal of disciplinary power is to train and/or develop people so that they can make optimal use of their capabilities and skills, and work closer and closer to this imagined ideal. The process of exerting disciplinary power works to create docile bodies, in other words a population easily taught, led and moulded according to the goals of the governing powers (Foucault 1978; Holmes & Gastaldo 2002). Creation of docile bodies requires tools allowing for constant observation of the bodies under control, and mechanisms to create internalization of discipline without the use of obvious or physical force (Holmes & Gastaldo 2002).

Observation of bodies occurs using three tools: hierarchical observation; normalizing judgment; and examination. Hierarchical observation is a form of surveillance, for example the surveillance of at-risk patients in a healthcare institution, or in the general population. Normalizing judgment involves assessing an individual in comparison to established norms, in other words assessing their distance from the imagined ideal (Holmes & Gastaldo 2002). Examination involves examination of an individual, most often through the "clinical gaze", a term originating from the Enlightenment period (Holmes & Gastaldo 2002). The term originated to describe the power in physician's ability to cure using modern medicine. According to Foucault, this ability comes from the physician's collection of knowledge gained from extensive experience in treating patients. Physicians collect information from every patient treated,

and use this bank of information in their assessment of a new patient. Thus Foucault's "clinical gaze" refers to the use of information collected from observation of a population (Foucault 1975a).

In addition to observation, Foucault's biopower requires internalization of discipline achieved through pastoral power. Foucault modeled pastoral power after the process of confession and salvation in the Catholic Church. During this process, deep knowledge of the subject is gained by the priest, who then teaches the subject to work towards improving themselves in order to improve their life (or afterlife). As a governing structure, this process of confession can be applied to many contexts in which some form of practitioner or other service provider interacts with a client or patient. During the interaction, the client or patient confesses to the service provider allowing the service provider to gain a deep understanding of the patient/client, knowledge which can then be used in governance of the individual. During this confession process the patient/client also gains a deeper knowledge of themselves which is then used in self-regulation or self-disciplining. Foucault was careful to point out that the patient/client becomes aware of this deep personal knowledge through the lens of the service provider. Thus the internalized discipline is aligned with the interests or intentions of the service provider (Foucault 1978; Holmes & Gastaldo 2002).

**Western social work and Foucault:**

Foucault's work allows us to examine an institution or practice by looking at the guiding ideas and the context in which these came to exist and to gain power. In looking at an institution, such as social work in this way, we are able to view the institution as a set of lenses within a certain context (Chambon & Irving 1999: xiii). Rather than take the institutional practices as unexamined truths, a Foucauldian analysis looks at institutional practices not institutions, on expressions of ideology not ideology and on the embodied subject, not the subject (Chambon 1999: 56). This approach focuses on the non-obvious elements of practice, on power, exclusion and marginalization (Chambon & Irving 1999: xvi). In other words, a Foucauldian analysis of an institution such as social work involves questioning that which is assumed or taken-for-granted.

**Western Social Work:**

Social work has a history of questioning itself, and as a result has changed directions many times according to changes in society (Epstein 1999:18). The basic aim of social work is to help those who are in need of help by caring, treating and protecting. Precisely defining the domain of social work is difficult since care, treatment and protection are also the guiding principles for police officers, therapists, or even good neighbours and friends (Epstein 1999: 7). Partially because of this ambiguity, social work has escaped close examination and its values have been taken-for-granted despite

the discipline's wide influence (Epstein 1999: 7).

Contemporary social work has three priorities: basic human rights, basic individual rights and adherence to science. These of course are also three priorities in contemporary Western society (Epstein 1999:22). All human beings are assumed to have a set of basic human rights, and the aim of a social worker involves allowing for and protecting those rights. This could include protecting a child's human right to a safe and nurturing family life, an addict's right to food and shelter or protecting the public's right to safety by allowing a troubled youth to avoid a life of crime. The second priority, individual rights, reflects contemporary society's emphasis on individualism (Chambon 1999:59). Each client is seen to have an individual right to lead a happy, healthy and productive life. It is also seen as their individual responsibility to do so. Individualism states that individuals have both rights and responsibilities, so the role of the social worker is to convince their clients that "you can do it, you can have it, it is up to you to pull yourself together to get the skills, to learn the stuff, get on with your life!" (Epstein 1999:10). The third priority of social work, adherence to science, influences the way in which the first two priorities are performed. As an institution with an ambiguous domain and veiled influence, social work counters this by subscribing to rational scientific means of practice. Contemporary social work is considered a social science because the discipline has actively strived to use the language and practice of science. This combination of a rights-based theoretical existence and science-based technique allows social work to become "one of the major instrumentalities through which the state

governs and provides for the welfare of citizens" (Epstein 1999:4).

In examining a practice or discipline such as social work, a Foucauldian analysis examines not only the knowledge and values underlying the practice, but also the institutions in which it functions. There exists a basic dissonance within social work because it appears to aim to help people to become more aligned with the status quo, yet also to challenge that status quo by bringing about social changes (Epstein 1999: 22). Social work honours self-determination and individual autonomy, but operates within the standards, norms and values defined by society. In reality, most social workers can only function within existing institutions. A social worker aims to help their clients live the most productive life of which they are capable, using only the tools that are available to them within the framework of existing institutions (Epstein 1999: 22). Individual social workers may attempt to achieve fundamental social changes by denouncing the institution, but according to Foucault this only results in their exclusion from the institution, system, their group of colleagues etc (Foucault 1999: 91).

Although the basic principle of social work is to care, treat and protect clients, this is done within the standards and institutions defined by society. Thus caring and control co-exist within the same practice (Chambon 1999: 64). Governmentality arose from the shift away from more evident forms of physical or forceful power to alternate less obvious forms of power. In the context of social work, Foucault discussed the shift from using confinement to control social deviants to using psychological mechanisms such as psychiatry or social work. The key to these less obvious forms of power is that people

are influenced in apparently wanted ways. Social work aims to normalize clients, but only of their own free will. Creating the will to change within the client occurs through the exercise of pastoral power conducted through surveillance and examination.

According to Foucault, social work functions as a technique of surveillance and correction (Foucault 1999: 92). In the client-worker interaction, the social worker acts as examiner who combines hierarchical observation with normalizing judgment. According to Foucault, "It is a normalizing gaze, a surveillance that makes it possible to qualify, to classify and to punish. It establishes over individuals a visibility through which one differentiates them and judges them" (Foucault 1979: 184). During the interaction, the client is required to provide information to the social worker if they want to receive services. This information is gathered through both surveillance and examination. The client's behaviour in their day-to-day life is surveilled using various techniques, and they are examined through questioning during their one-on-one interactions with their social workers. The knowledge collected by the social worker about the client creates an image of that client that exists through the contemporary social work lens. Those pieces of information that do not fit within the discourse are excluded, thus creating an image that reflects the client in comparison to the status quo.

As in other forms of disciplinary power exercised through surveillance and examination, a key component of this mechanism of control is the internalization of the created image. As discussed, an essential guiding principle of social work is to create change in a client but only of their own free will. The goal of the social worker is to

convince their client that they want to change according to society's ideas of a productive and healthy life. As the social worker creates the image of their client, this image is reflected back onto the client, who then sees themselves in reference to the status quo. The specific pieces of knowledge collected from them have been filtered and digested so that they reflect how the social worker interprets the client. Thus the client sees themselves in the worker's eyes, and sees where and how they need to change their behaviour and life in order to better align with the status quo. This process of internalization is what Foucault referred to as pastoral power, the key to achieving self-discipline and self-regulation and thus the key to exercising power in non-physical, non-obvious ways.

Moffatt (1999) looked at welfare workers as a specific example of social work as surveillance, examination and ultimately of pastoral power. His work discusses the process through which a client first becomes individualized and then becomes "the case" - the processed reflection of their fit within the status quo. The client enters the worker's office and is required to answer all of their questions if they wish to receive services. The worker only asks questions that are relevant to a pre-determined definition of a welfare recipient, and additional details, particularly personal details, are ignored. According to Moffatt, the welfare forms help to ensure that only information relevant to the discourse of welfare is collected. Thus the forms themselves function as a mechanism of examination and control.

Moffatt (1999) also noted the space in which the welfare interaction occurs and its

similarities to Foucault's panopticon. The worker's office is often more of a booth than an office with the worker on one side and the client on the other. The worker pre-assesses the level of stability or danger from the client and chooses an "office" with or without a Plexiglas barrier accordingly. The entire design of the space is such that the worker controls the interaction, and the dyad is the interrogator (worker) and the interrogated (client). The office structure aids in the formation of an interaction where the worker is constantly seeing and the client is constantly being seen (Moffatt 1999: 225-226). Essential to Foucault's conception of the panopticon is its visibility to those under surveillance. Awareness of being watched is a large component of the process of internalization. Moffatt argues that this is indeed the case in the welfare office. Clients are aware that they are being observed and assessed, and this helps to create an internalized desire to change and conform (Moffatt 1999: 227).

Moffatt (1999) also points out that the workers themselves are also under surveillance. The physical space of the welfare office, as well as the psychological space (conformity and maintenance of institutional membership) remind the worker that they too are under surveillance, and that they therefore must practice according to expectations, i.e. stay within the confines of the institution. Moffatt is careful to point out that there are of course individual differences among workers, and there are opportunities for subversion. A worker can choose to not record a certain piece of information in order to better the outcome for their client, or can take the client-worker interaction outside of the confines of the welfare office. This creates opportunities for more human, less

constrained relationships. Despite such opportunities for personal judgment, Moffatt goes on to point out that these still only occur within the same "large machine", the same expectations and constraints. A worker can take their client out for a coffee while conducting the welfare interview, but they must still return to their office to fill out the same set of forms (Moffatt 1999: 230).

**Power and biopower in the context of Aboriginal peoples:**

Given the historical and contemporary context, the relationship between Aboriginal people and the Canadian government cannot be explored without considering power and governmentality. In contrast to the forceful tactics employed by the government during colonization, the government today can be theorized as using mechanisms of control more aligned with Foucault's concepts of power and governmentality. The actions of Aboriginal people continue to be shaped by the government, but this is now conducted in a manner that does not use physical domination, and acts on the actions of the governed group rather than on those people themselves.

In focusing on the practice of Aboriginal social workers, biopower forms an especially useful theoretical framework. Biopower, after all, governs and shapes the actions and habits of bodies. Disciplinary power specifically, aims to create docile bodies – bodies easily controlled and moulded towards an imagined ideal. As discussed, this control is exercised using hierarchical observation, normalizing judgment and

examination, all while working to create internalized discipline and governance (Holmes & Gastaldo 2002).

Aboriginal peoples are arguably the country's most observed population. Aboriginal people are required to register their status with the government, they disproportionately rely on government social assistance, and First Nations reserve communities continue to be managed by and accountable to the federal government. There is also an ever growing body of research on the health, status, and activities of Aboriginal peoples. Many researchers contribute to this literature, as does the government in the form of regular surveys administered by Statistics Canada (e.g. Statistics Canada 2001). As members of the street community, my participant's clients are especially monitored and surveilled. This community is likely to interact on a regular basis with surveillance bodies such as the police and court systems, homeless shelters and addiction treatment or service facilities.

In their interactions with the police, courts, healthcare system or other governing body, Aboriginal peoples are likely to be assessed as being far from any norm or imagined ideal. Aboriginal peoples are likely to be significantly more poor and less healthy than non-Aboriginal peoples, and this is especially the case for urban Aboriginal people. Many of these clients are drug users whose drug use and associated criminal behaviour is seen as in direct contrast to normal or ideal behaviour. This makes this community a likely target for disciplinary efforts aimed at bringing them closer to the norm in terms of their health, welfare, status and behaviour.

Drug use had been theorized as a mechanism of agency or resistance to power, which Foucault of course would argue simply reinforces the power structures within which drug users exists. Drug addicts, as a community, are a severely marginalized group, often theorized using ideas about power and governing. Researchers have argued that the power and control experienced by drug users during interactions with addiction treatment facilities or services mirrors the oppression that the users face in the social world, thus reinforcing their marginalized identity. In thinking about the interaction of clients with addiction services in terms of power relations, this interaction can been seen as a form of biopower operating with a particularly marginalized population. Theorizing the interaction in this manner allows for the creation of the "addict" or "drug user" as a subject, rather than looking at the process of addiction or drug use as has been typical in much research in the field (Keane 2009).

When examined through the lens of biopower, mainstream addiction services can be seen as a mechanism of disciplinary power. Modes of treatment and delivery of care in treatment centres, needle exchange sites, methadone clinics etc are all based around the management and disciplining of bodies, and thus around the creation of docile bodies. Keane (2009) discusses several studies which looked at methadone clinics as mechanisms of disciplinary power. The authors of these studies argued that discipline was exercised by requiring clients to wait and line-up in a certain manner, to visit during specific hours, and to submit to observation and sometimes blood or urine testing. By its very nature, methadone treatment is a method of controlling the drug use patterns of the subject. Thus

rather than being a form of resistance or agency, not only does drug use become controlled and manageable, it actually becomes a tool for control, management and discipline of the user (Keane 2009). Given that the majority of the participating workers' clients are involved to some degree with drug and/or alcohol use/abuse, this discussion of addiction services as a mechanism of biopower is likely to be relevant to their clients experiences with mainstream social workers.

# CHAPTER 2

## ABORIGINAL HEALING AND THE CONTEXT OF COLONIZATION

### Aboriginal conceptions of health and wellness:

There is a significant body of literature demonstrating that there are culturally specific barriers to effective care delivery (Harwood 1981; Tang & Brown 2008). In general, there is evidence to indicate that cultural difference plays an important role in the delivery of care. This research demonstrates the important role of socio-cultural context in conceptions of health and healing, and thus the necessity of considering cultural factors in the delivery of care.

Although it is essential to recognize the diversity of health and healing conceptions among the many Aboriginal peoples in Canada, there are some empirically established generalizations that can be used to contrast Aboriginal conceptions of health and healing with those of the Canadian biomedical health system. The first important distinction is the holistic nature of Aboriginal health and healing. In contrast to biomedical conceptions of health, Aboriginal health or wellness is conceptualized as a balance of all four elements of a being: spiritual, emotional, mental and physical (Benoit et al 2003; Hunter et al 2006; Nabigon 1996; Nabigon 2006; Tang & Browne 2008). Symptoms are viewed as the manifestation of imbalance. Rather than treating these specific symptoms, as would be the approach in western medicine, the underlying imbalance is restored, thus eliminating the symptoms (Mehl-Madrona & Pennycook

2009; Nabigon 1996; Nabigon 2006). The Medicine Wheel represents this balance of spiritual, emotional, mental and physical wellbeing, and appears, in some form, in almost all Aboriginal cultures/communities (e.g. Benoit et al 2003; Hunter et al 2006; Nabigon 1996; Nabigon 2006; Scarpino 2007; Tang & Browne 2008). The comparatively narrow focus of western allopathic medicine theorizes health and ill-health as purely biological. In contrast, socio-cultural factors are seen to play a large and important role in Aboriginal conceptions of health. For example Sunday et al (2001) found that many Aboriginal diabetes patients conceptualized colonization and the associated shift from traditional life as the cause of their disease. Similar to other studies, my project found that Aboriginal clients felt that a return to cultural activities and traditional ways of life were essential components of the healing journey (e.g. Hunter et al 2006; Iwasaki & Bartlett 2006; Prussing 2008; Sunday et al 2001; Tang & Browne 2008).

Health and wellness are also conceptualized based on family and community, rather than on an individual level. Wellness and balance are seen to be based on relationships, and as such a person in crisis is seen to be experiencing imbalance in their community and family relationships. Balance must be restored to the entire community, in order to restore balance to the individual (Mehl-Madrona & Pennycook 2009;Nabigon 1996; Nabigon 2006). This relational aspect of healing is especially important in social work. Western models of social work tend to focus on the individual client or patient. However when working with Aboriginal clients, the care provider must consider this individual as part of a larger family and community. Healing must focus not just on the

individual's issues, but on their relationships (Freeman 2007; Scarpino 2007: 38-41). The relational approach extends also to the interaction between the care provider and client. Rather than care being given or directed by the provider to the client, a two-way relationship must be established. This involves an exchange of respect and care, in both directions, and thus requires the care giver to share part of themselves with their client, not just to listen to, and learn from them (Hart 2009; 36-38).

Also central to the client-care giver relationship is the way in which care is delivered. In contrast to the prescriptive nature of biomedicine, traditional healing is conducted by the sharing of stories. Stories are seen as crucial to the health or ill-health of an individual to the extent that those in crisis are said to be in the wrong context and hearing and repeating the wrong stories. During the healing process, there is an exchange of stories, with healers sharing relevant and related stories with the individual seeking care. The stories are not delivered as instructions, but rather as information to be used by the patient in the manner that they see fit (Augustine 2009; Baikie 2009; Mehl-Madrona & Pennycook 2009).

Another teaching relevant to Aboriginal healing is the healing path medicine wheel teaching. This categorizes the four stages of healing, represented in the four quadrants of the medicine wheel. Healing begins with talking. Much like Western-based therapy, the process of releasing one's issues through talking is seen as an essential first component to the healing process. The second stage is listening and teaching. Once an individual has begun the healing process by talking about their pain, they can then begin

to discover the roots of their pain and traumas. This is done by engaging with family and community members, and by listening to the stories and teachings from their Elders. The stories and teachings told are those of the most relevance to the individual going through healing. Once an individual has begun to recover from their most glaring pain or problems, for example they have successfully stopped abusing drugs or alcohol, they enter the third stage, the healing path. This third stage is often the longest, and requires the individual to develop a image of themselves and new patterns. After the long process of re-establishing healthier, more balanced relationships and patterns, the individual enters the final stage of the healing journey. In this final stage, pain and trauma have been processed, and the individual now focuses on becoming valuable to their family and community. This final stage allows some people to go so far as to become healers themselves (Brascoupé & Waters 2009: 25; Lane et al 2002: 59-61).

## Colonization as context:

### Personal journeys:

For each of the people who participated in this research, their personal journey played a pivotal role in their success as a social worker in an Aboriginal community. Their journey of course led them to be a social worker, and to work with Aboriginal clients, but it also led them to be the type of person who is able to form loving, understanding and compassionate relationships with Aboriginal people dealing with addictions, other mental health issues and unstable housing situations. Although each

worker has their own individual story, four common themes emerge.

Each person has some element of shared life experience with their clients. For the Aboriginal workers their shared historical context and experience plays an important role in how they build relationships with their clients. The specifics of the relevant aspects of colonization will be discussed further on, however it is important at this stage to note that for each of the workers, the impact of colonization plays a central role in creating the context in which their clients end up in their care. The non-Aboriginal workers do not share the colonization context with their clients, but some do share experiences with the associated effects such as addiction, abandonment, adoption and/or trauma. Each of the participants also expressed their passion for social justice. For some this was because one or more specific experiences in their past – either feeling personally mistreated, or seeing others mistreated. For others their passion for and pursuit of social justice were simply part of their personality. Each of the participants, whether Aboriginal or not, also has a true love of Aboriginal people, communities and cultures. They are not just sympathetic to the plight of Aboriginal people and wanting to do their part to help out, they also all genuinely love the time that they spend with their clients and the larger community. All of these things contribute towards the fourth commonality. Each of the participants has a true respect for their clients, and approaches each relationship from a place of equality. All of these people have been taught by their educators or peers to practice "client-centred care", however they do not just apply this principle in theory. Each of them genuinely sees their clients, no matter what their mental, physical, spiritual

or physical state, to be their equal. These workers do not instruct their clients on how to improve their lives, instead they all walk along side them, sharing their experiences, with the hopes that these may provide some form of insight to them.

**"Rob"**
*Male, non-Aboriginal outreach worker who works with Aboriginal clients*

Something about Rob made me feel immediately at ease and able to comfortably discuss pretty much anything – the streets, drugs, humour, politics...life. Rob is an outreach worker who works primarily within the Aboriginal community in Ottawa. The majority of his clients are struggling with alcohol and/or drug addiction, and many of them do not have reliable housing. Although Rob is not Aboriginal, he has a deep respect for Aboriginal culture, and his life experience has made it easy for him to see the world in a similar light.

Rob left home at fifteen, and was somewhat adopted by a Trinidadian family. This early life experience is an essential part of what allows him to relate to his clients. His experiences of not feeling at home with his family, leaving home as a young teenager and being adopted by a family of a different ethnic background all led him to know what is it like to feel different, and to wonder how or where you fit in. Rob also often talked about the wonderful sense of humour that his clients have, and how similar their humour is to Trinidadian humour. This is another similarity which allows him to easily and naturally relate to them.

A self proclaimed "musician and hippie", Rob spoke of his early experimentation with drugs. As he put it "I've done more drugs than you can shake a stick at". This part

of his life created both a comfort and compassion within him for street, drug and alcohol involved people and communities. His career path, as such, began with his time spent volunteering in the Downtown East-side (DTES) of Vancouver. After several years of volunteer work, he decided to go back to school to pursue a social service work diploma. He also spent two years working towards a bachelor's degree in sociology and psychology, but stopped because organizations in the DTES were already eager to give him a job. Aside from the opportunity to work, Rob spoke of the lack of utility that he perceived in university courses. He found that more focused week-long continuing education courses were more applicable to his work, and that generally "in each course there's about five things that were useful to me, and the rest was either stuff I knew or stuff that just wasn't important".

As a social service worker, Rob has spent time in the DTES of Vancouver, Toronto and now Ottawa. His position in Ottawa is the first focussed primarily on Aboriginal clients, however any outreach work is likely to involve many Aboriginal clients. His appearance makes it clear that he is not Aboriginal, yet he has had very few problems connecting with his Aboriginal clients. He senses that this is due to two aspects of his work and life approach. One, he approaches all of his relationships from a place of equality and respect. Two his life experience has taught him how to appropriately relate to Aboriginal people. Rob spoke of two interactions in which he was not welcomed because of his white skin. These each demonstrate the two ways in which he is able to so effectively do his job.

Ottawa has a drop-in centre specifically for Aboriginal people. The first time Rob went there, he was confronted by a client who was not happy to have a white person

present. When Rob walked in, the staff member offered him a cup of coffee, so he proceeded to pour himself one. Before he could take a sip, this particular client stood up and declared that the coffee was for Aboriginal people only. Without skipping a beat, Rob replied that "ya stealing your land was hard work, I need a drink!". The entire room burst out laughing, and the man sat back down. His life experience both living with and working with street-involved people meant that he was not intimidated by this man. His upbringing with his adopted Trinidadian family meant that he easily found a joke to be made in the situation, a joke that resonated with a room full of Aboriginal people.

Another Aboriginal client came into the centre where Rob works, and met with several staff there. As the outreach worker, Rob was asked to participate, but the client declared that he did not want Rob, a white man, in the room. In telling this story there was not a hint of resentment or irritation in Rob's demeanour. He was quick to point out that this person has since apologized, and they now have a positive relationship, but also stated that he completely understood his hesitation to interact with a white professional. He one hundred percent understood why this man would be uncomfortable relating to a white man, and was one hundred percent respectful of this reaction. As he put it, "ya people got screwed, and it was white people and their stupid philosophy on life and progress and greed". Rob does not practice "client-centred care" in principle, he legitimately sees each of his clients as his equal, and therefore legitimately understands their problems, questions and concerns, even when those might be directed at him.

Although Rob is not Aboriginal, he has a deep understanding of and compassion for the issues impacting Aboriginal peoples. He spoke of the depth and complexity of factors impacting the well-being of his Aboriginal clients. In his experience, no other

group suffers from the same level and mix of traumas. From residential school, to forced relocation, adoption, racism, culture shock, abuse etc. He estimated that two thirds of his clients suffer from some form of FASD, 90 percent of them have anxiety or depression issues, about 50 percent of the men have been abused at some point in their lives, and upwards of 85 percent of the women. Rather than seeing the level of complexity and intensity of issues with this population as a burden, Rob also enjoys the challenge. Not to say that he is happy about the suffering endured by his clients, "...when I say it's fun, I don't mean "ha ha" fun, I mean it's really interesting and challenging, and I like a challenge". Rob does not experience these issues as statistics, he experiences them as the lived realities of his clients. Although he does not share the same historical context with these people, he feels that his understanding of the damaging potential of government and society allows him to truly understand his clients' suffering, and thus for them to feel understood. As Rob said, "I have a really strong social justice streak, and I'm not very fond of society as it is, which is probably another thing that works in my favour. I mean if someone's going "people suck", I'm going ya, I can go with that, I'm no huge fan of that myself".

Working within an Aboriginal institution, Rob is required to have an understanding not just of Aboriginal history, but also of Aboriginal culture and culturally-based healing practices. His approach to learning and incorporating these practices into his work has been in-line with his approach to life. He only uses the practices that he has experienced and that he understands and believes in: "I only talk about the stuff I know, and I know that I know. Because my philosophy is kind of Zen, and a lot of that is similar to First Nations things, like around you know being yourself,

and being honest and true. So they can hear the truth in my voice". In his work, Rob uses the elements of traditional Aboriginal healing that his philosophy and life experience allow him to relate to. As a self-professed "hippie", this includes many of the nature-based healing approaches used in many traditional Aboriginal teachings and ceremonies. He spoke particularly passionately about the pipe ceremony, and how he has come to understand and believe in its healing power:

> Pipe ceremony is bloody brilliant. When I first had to do the healing circle, I was like "oh darn, I have to work til 8:30 another day". But after like three or four weeks of it, I'm like "yea haw!", because it doesn't matter how tired I am, I always end up feeling great and energized and so does everyone else in the healing circle. So I can heartily recommend it to people and say, "ya, this works!". If I didn't believe in it, I wouldn't say it.

Rob's combination of respect, shared life experience, honesty and love of his work allows him to effectively relate to, and work with his clients even though he does not share their Aboriginal heritage.

**"Sarah"**
*Female, non-Aboriginal psychiatric nurse*

Sarah is a young female psychiatric nurse who works with Ottawa's street and drug/alcohol involved community. Sarah is not Aboriginal, but is widely respected in the outreach community for the work that she does with her Aboriginal clients. As a part of a larger, street-based, health outreach team Sarah assesses her client's mental health and helps them to access appropriate therapies. For many this means helping them to get access to prescription medication. For others therapy comes in the form of country food and clean clothes. For many of her Aboriginal clients she improves their mental health by providing them with art supplies. As with the other participants, Sarah's life

experience and personality have led her to the position that she is in today, and prepared her to very effectively fulfill that position.

Sarah grew up in rural Ontario as part of what she herself refers to as a "privileged white family". Privileged not in the sense of being incredibly financial wealthy, but in the sense of being in a family with financial, physical, mental and emotional stability. Privileged in contrast to most of the Aboriginal clients with whom she interacts in her work today. She was educated in the history of Canada's colonial policies from a young age. Sarah has an aunt who is, as she says, "a victim of the sixties scoop". She was adopted into Sarah's family after she was forcefully removed from her birth family as a result of child welfare policies implemented in the sixties. The reality of the mistreatment suffered by Canadian Aboriginal people was really brought home to Sarah during a high school trip to the site of a previous residential school. Sarah struggled for the right words to express how impactful this visit was for her. She hesitated to say "powerful" because of the positive implications of that word, but was clearly deeply spiritually impacted by the visit, and inspired to work towards social change.

After high school, Sarah began her degree in nursing. Upon completion of her degree she briefly worked in a hospital, but quickly realized that she wanted to pursue a master's degree in nursing. This degree brought her to Ottawa and continued her involvement with Aboriginal clients and communities. Sarah conducted her masters research in collaboration with an Aboriginal health centre in the city. Her research centred around access to healthcare for Aboriginal mothers. This experience allowed her to get to know the Aboriginal community in Ottawa better, and also deepened her care and respect for Aboriginal culture. She was particularly impacted by the exposure to

Aboriginal models of education and parenting, and in fact said that although she does not yet have children, she feels the experience has changed the way that she will be a mother.

> Working with the Aboriginal population, my values around mothering have changed...I've learned...a different way of being a mom. About a looser, about letting kids experience things, and letting kids be kids, and you don't need all this consumerism that surrounds so much of Western mothering...I'm not a mom myself, but I would like to be some day, and I learned a lot.

Her graduate research led to work at a local Aboriginal health centre, and then to an opportunity to work as a street outreach psychiatric nurse. Sarah arrived at what she thought was going to be her job interview, and was asked to accompany the staff physician and another worker on their daily rounds. In this setting, rounds means going to the different drop-in centres and shelters to see how the patients are doing. The three of them walked up to one of Ottawa's downtown homeless shelters and were greeted by one of the residents there. The physician walked up to this man and gave him a hug, the other worker walked up to this man and did the same thing. Sarah did not know what to do. All of her training had taught her to maintain a professional distance between herself and her patients at all times, particularly when those patients were as unpredictable as many street-involved patients are. Yet this man seemed thrilled to be greeted in this way by her potential boss and colleague, and they seemed completely at ease with the interaction. So Sarah walked up to this man, and gave him a hug. At the end of rounds she was offered the position, and has been with the organization ever since.

Given that Sarah is quick to point out that she experienced a relatively privileged and "very white" upbringing, it might be more difficult to see how or where she shares life experiences with her patients. Yet she spoke often of how comfortable she feels within Aboriginal culture and communities; that the cultural practices and teachings

resonate with her. Because she grew up in a rural area, Sarah spoke of how her small-town upbringing gave her similar values to many Aboriginal people or cultures. She shares the same respect for nature, and connection to family and community. In Sarah's case, the shared experiences are not of trauma, dislocation, racism or other negative experiences, but of shared values, beliefs and worldview.

Sarah's small-town upbringing also contributed to her desire to help others. She specifically mentioned that she has always felt compelled towards social justice, and that this impacted her career choices. The story of her Aunt's experience, and her early trip to an old residential school naturally deepened this passion, and directed it towards improving the lives of Aboriginal peoples. Early in her career, before leaving to pursue her master's degree, Sarah had a pivotal experience working with an Aboriginal schizophrenic patient. The patient's delusions centred around a battle between Christian God and Native spirits. To Sarah this seemed clearly to be the result of childhood trauma, likely in the residential school system. Sarah wanted to understand where these delusions were coming from, to find out from the patient what traumas might be creating or contributing to his delusions. She was told by her superiors that this would be "feeding into his delusions". That he needed medication, and that there was no room for culture in his treatment. To Sarah this seemed to clearly be the wrong way to treat him, and she decided that such a clinical hospital setting was not the place for her to do the work that she wanted to be able to do.

Sarah sees patients from any culture or heritage, but unfortunately as a nurse working with street, alcohol and drug-involved patients, many of her patients are Métis, First Nations or Inuit. She estimates at any given time at least 75 percent of the patients

in the managed alcohol program (MAP)[1] are Aboriginal. As she discussed this massive over-representation of Aboriginal people in the homeless community she was clearly saddened. Sarah repeatedly expressed her compassion for Aboriginal people and communities and the conditions, situations and treatment that they have been forced to endure. Yet she also repeatedly talked about how much she enjoys working with her Aboriginal clients. How much more kind and loving they are. How much she enjoys their humour. She spoke of one man, unfortunately no longer with us, who made his living as an artist. She was sitting with him one day talking about one of his paintings. The painting was of a bee and two birds. She asked him what the meaning was, and his reply had her in stitches.

> He said "[Sarah] to be honest with you it means zilch, some idiot white person will put this on their wall and think they've got this great thing", and it was a bee with two birds, and he's like, "no birds are stupid enough to eat bees!"...on so many levels I just thought it was so great.

She ended the story with a saddened laugh. She truly cared for this man, and enjoyed his art and his humour, and he is one of many Inuit men who lost his life to the perils of homelessness and drug and alcohol addiction.

Given her shared life experiences, her passion for social justice and her genuine love of Aboriginal people and culture it is not surprising that Sarah practices truly patient-centred care with her patients. All nurses are trained in patient-centred care, yet not all are able to act it out in practice. Many of Sarah's friends from nursing school are

[1] MAP is run by Ottawa Inner City Health. Clients are those individuals with a long history of "street drinking", who have been previously unresponsive to addictions treatment, with complex, untreated health problems and who cause concern to the community due to alcohol related behaviours and use of emergency services. Clients are housed, fed and periodically assessed by nurses and physicians as well as being given a maximum of one 5 oz serving of wine every hour between 8am and 10pm. http://ottawainnercityhealth.ca/Programs

shocked about the path that she has chosen. They perceive her as a soft-spoken, well-behaved woman and cannot understand how she is able to interact with the street-community, nor why she would choose to do so. Sarah laughed when she imagined these friends dealing with her daily work within their sterile hospital environment. The behaviours that she encounters and tolerates would never be tolerated within a hospital setting. Many of Sarah's patients only ever interact with the health system through Sarah and her colleagues because of the way in which they are treated in hospitals. These patients happily interact with Sarah because she genuinely sees them as equals, and treats them accordingly. Although her client's lives many have ended up very different from hers, Sarah is quick to point out that these are people who have not chosen their destiny. The majority of her patients suffer from severe mental health and addiction issues, largely attributable to a lifetime of mental, physical and emotional abuse. As she perfectly stated, had she had the same experiences, "I'd be smoking crack too".

**"Pam"**
*Female, Aboriginal social service worker*

Pam is an outreach worker who promotes sexual health in Ottawa through collaborations, presentations and outreach work. She is of mixed descent, and identifies strongly with her First Nations heritage. Pam grew up in Newfoundland the eldest of four girls in a Catholic, military family. She took on the role of a helper from a very early age. In fact one of her earliest memories is of comforting her devastated mother after her father had left for another tour of duty. She also struggled with her identity from a young age. She felt that she did not fit in with the community around her, but did not know exactly why. Her family had carefully hidden their First Nation's identity for many

generations in an effort to escape segregation from mainstream Canadian society. She knew that her ancestors were First Nations, but was not enabled by her parents or community to explore this part of her identity, especially since the agreement in Newfoundland is that "there are no Indians in Newfoundland".

Pam struggled with her sexual identity as well as her ethnic identity. She established during high school that she was not especially interested in boys, and given her Catholic upbringing, decided that a life with the Church must be her destiny. Fortunately during her Religious education, she encountered a priest whose open-mindedness and genuine care for his people would change her life. He approached Pam and asked her to talk with him about her sexuality. She immediately recoiled and shut-down, but he forced her to talk with him about how she felt about her sexuality. She relayed what she knew: she was not interested in boys, and was therefore interested in devoting herself to God and the Church. This priest suggested that there might be another option: was it possible that she was sexually attracted to women rather than men, that she was gay? Pam again recoiled at the thought of this. But in her words: "...it took about a week, apparently I'm a fast learner, I realized he was right. So I then found myself being openly gay, I kicked the door out of the closet."

Pam talked about the many jobs she has had, the education she has gained, and the life experience she has. All of these, she argued, led her to be in her position geographically, career-wise, personal life-wise and in her community. She has worked as a researcher, a bouncer in a bar, a security guard, been on volunteer boards for women's rights, a bar tender and was in the reserves for the military for 16 years. After graduating with her Religious Studies degree, Pam worked in Newfoundland as a librarian. She then

moved to Ottawa for personal reasons, a move which ended up allowing her to explore other career opportunities as well as her Aboriginal roots. It was in Ottawa that she began to "connect with [her]culture. It was actually through her work in Ottawa as a researcher that she discovered that there were actually Aboriginal people in Newfoundland, the Mi'kmaq people. This then led to a second University degree, a Masters degree in Canadian Studies.

After completing her graduate degree in Canadian Studies, Pam began a series of research jobs for different organizations. She worked on a family violence project for the deaf community in Ottawa, on a Indian Residential School Settlements project, and on land claim projects. This research work started to drain her, and she decided it was time to return to school, this time to acquire the training necessary to apply her skills at a grass roots level. She completed a one-year intensive Social Service Work diploma, and thus began her work as an outreach worker. She currently works as a regional outreach support services worker for an Aboriginal HIV/AIDS organization. Pam spoke about the fact that her job is difficult to define because of the variety of roles that she fills, and because her primary role is to help to encourage and create a healthy community. However her activities include outreach at the community jails and drop-in centres, providing crisis counselling, taking people to get tested, taking people to doctor's appointments, referring people to appropriate services, presenting on HIV/AIDS, and just generally being available to speak with members of the community.

Pam is a perfect example of how shared life experience can significantly help a worker's ability to work with a particular clientele. She shares her Aboriginal identity with her clients, and also her history with addiction. During her early adulthood, Pam

struggled significantly with her identity as a "pale-faced" Aboriginal, gay woman. She dealt in part with these issues by drinking. Fortunately for her, she was able to connect with the Aboriginal community in Ottawa, and use that cultural connection to begin to pull herself out of her addiction. Both that experience with addiction, and the fact that her culture helped her heal from that experience, provide important potential commonalities with her clients.

Although Pam has worked through her addiction issues, she continues to experience issues related to her mixed identity. While shadowing her during outreach, Pam encountered a client who rejected her engagement efforts because she did not think Pam looked enough like a First Nations person. We discussed this interaction afterwards, and Pam said that she had had similar interactions with this same individual previously. She seemed relatively un-phased by the incident, disappointed, but no overly upset. With further discussion it became clear that she has dealt with the question of her identity as a "pale-faced Indian" for most of her adult life, and has become able to see such reactions to her as a product of historical context, rather than a problem with her. Although the questioning of her identity is no doubt frustrating and at times upsetting for Pam, it is another experience that allows her to relate to her clients' own life experiences.

All of the participants were asked whether they felt that workers working primarily with Aboriginal clients needed to have Aboriginal heritage and/or experience with addiction. Pam has a particularly strong response to this question. Although she did not say that this was absolutely necessary, she strongly felt that it was very beneficial for two reasons. One, she spoke of the racism that continues to exist in many institutions and within many non-Aboriginal individuals.

> So I think it is important they know from dealing with the Aboriginal community that for most of the clients that I deal with they don't want to deal with mainstream workers because of the racism that they've experienced. Because they know no matter how well those workers may hide it, or not, because lots of them don't, that there is a huge amount of racist assumptions.

Secondly, she spoke of a level of unspoken understanding that exists between Aboriginal people. As she put it: "You know what, I want to hang around other Aboriginal people because I don't have to explain myself."

As with the other workers, a passion for social justice also runs deeply within Pam's personality. Her passion is especially strong for her clients who, as Aboriginal people with substance use issues and often with HIV, are especially marginalized and even ignored by many workers and the mainstream world in general. As Pam said:

> ...the biggest thing that I have found in doing this work, in dealing with people who are struggling with substance use, or chaotic substance use, who are newly diagnosed or not so newly diagnosed with HIV, is how much other agencies, other workers, have given up on them.

Pam feels compelled to help these forgotten people, and to treat them with the dignity which they deserve. She is especially passionate about rights for people with HIV. She spoke emphatically about the fear mongering that exists with HIV, and how this often masks the needs, desires and rights of those living with HIV. Education around HIV is essential so that HIV-positive people can work towards living somewhat normal lives, including being able to express their sexuality, since "sexuality is as much a need as food for our health and wellbeing".

Pam spoke specifically about the issue of criminalization of non-disclosure. Currently, the law states that not disclosing your HIV-positive status to a sexual partner is a crime. Pam argued strongly against this law, especially as it applies to the community

of women with whom she works. Unfortunately, she hears often of men who manipulate this law, and claim that their sexual partners failed to inform them of their status, even though they actually did. She hears of men who use this law to manipulate and abuse their partners:

> Because there are women who have been held hostage. "Oh, well you didn't tell me you were HIV positive, so if you leave me, despite the fact that I'm beating the shit out of you, I'm going to go to the police and tell them that you didn't disclose your HIV status, and you're going to jail." So why would you want to disclose?

The reality of the application of this law, as Pam sees it, is that in order to fully protect themselves, HIV-positive women have to go to a physician with their partner and have an affidavit signed indicating that they have witnessed her disclose her status. The application of this law seems to be flawed, however the point in this context is to emphasize how strongly Pam fights for the wellbeing of a group of women who are otherwise largely mistreated or ignored.

The third common element among the characteristics of these research participants is their love of Aboriginal culture. This was evident in every word and action that I observed from Pam. Discovering and connecting with her culture here in Ottawa undoubtedly changed the course of Pam's life. It allowed her to begin to heal from her addiction, and from the issues and imbalances that lay at the root of that addiction. It also gave her a different sense of meaning and purpose in her life. Pam does not only speak of using culture in her work, she refers to the Creator speaking through her in her work. Her cultural connection and social work are inextricably connected. To discuss her love of her culture seems superficial, since she is so completely immersed in her culture. For Pam, culture was the key to healing herself and

is the key to how she helps her clients and community. Her place within that culture and community are key to her identity and happiness.

Pam would argue that treating everyone equally and with respect is a key element of her cultural teachings. For Pam, everyone deserves to be cared for, and everyone has value in who they are. This is especially important in the way in which she deals with her female clients. Many of these women have been abused and mistreated for so long that they have lost their sense of personal worth. Their experience with social workers has left them feeling that they are hopeless disasters, but Pam works caringly with them to try and help them to see the value in themselves that she sees in them. She views increasing their self-esteem and self-worth as the first and most important step in helping them to heal. Pam treats each of her clients as valuable, intelligent and capable people. No matter what their needs or wants are, she works with them to try and achieve those goals.

> ...the most important skills I think that I use in this job are being able to be non-judgemental and to be open to people. Which is probably both part of who I am as a human being and part of what I've learned from some really good influences in my life. So when I say that I come from a client-centred perspective, which is what I would have learned in my social service work diploma program, I really mean a client-centred perspective. If you're my client and you come in here, I do not have an agenda.

Throughout my discussions with her, it was clear that Pam is currently in the role that she was meant to fulfill. As she said:

> It comes down to that whole nature versus nurture thing. Is it encoded in my DNA? Is it encoded in my spirit? Is that the reason creator put me here? Maybe it is. Because this job, and having the freedom within this job...enables me and allows me to bring all of who I am to the work that I do.

**"Jessica"**
*Female, non-Aboriginal psychotherapist*

At first glimpse, Jessica seems like a permanently cheerful and optimistic person. She has an infectious laugh, and seems to always be able to put a positive spin on things. Of course like most people, Jessica is more complicated than that first glimpse. Jessica is a non-Aboriginal psychotherapist who identifies as Christian. She obtained her training in individual and couples therapy from a program in Ottawa that focuses heavily on spirituality. Jessica was attracted to this program because she herself is a deeply spiritual person, and she wanted to be able to use that in her therapy, and foster spirituality in her clients. In her words she "wanted to be different". After completing her training Jessica began working in a series of counselling positions in organizations in Ottawa with many Aboriginal clients. She really enjoyed the challenges and joys that she encountered working with her Aboriginal clients and decided to move towards a more Aboriginal-focused position. This eventually brought her to her current position as a psychotherapist at an Aboriginal health centre in Ottawa.

Jessica did not speak extensively about her life experience. During our conversation she did speak about the importance of maintaining boundaries between herself and her clients. She said that these boundaries were much more flexible with her Aboriginal clients, but that it was still important to maintain some sort of boundary between her personal life and her client relationships. This may be why she did not discuss much of her personal life during our discussions. It may be that she felt that was not relevant to a discussion of her work. That said, she did talk about how central spirituality is to her life and wellbeing, and how that is something that she shares with her Aboriginal clients. Although many of her clients do not share the exact form that

Jessica's spirituality takes, she feels that she relates to them through their shared spirituality. As discussed above, this is why she feels that her spirituality-based education prepared her especially well for working with Aboriginal clients.

Like the other workers, it was extremely evident that Jessica has a deep love and respect for her Aboriginal clients and their culture. Throughout our discussion she spoke at least five times of how "beautiful" the Aboriginal community is. During her work with Aboriginal clients, Jessica says that she is able to be more herself, to be more openly caring and emotions-based. She is not only able to be more caring, but in fact has found that there is an expectation and even requirement of people working in the Aboriginal community to truly and openly care about their clients.

Jessica loves many elements of her clients' culture, and discussed the process that she has gone through in discovering and learning about her clients' culture. She felt immediately welcomed by the Aboriginal organization where she works, and they were very enthusiastic in helping her to learn about cultural traditions, teachings and ceremonies. This is important, because for Jessica it is essential to incorporate these cultural elements into her practice. I asked Jessica if she felt as though she needed to believe in a teaching or ceremony in order to use it in her practice. The other non-Aboriginal workers had emphasized that they will not use cultural elements unless they wholeheartedly believe in them. However Jessica had a slightly different response.

> It's a little different for me in that I'm a very open spiritual person, and I believe in a lot of truths and a lot of different ways of seeing spirit and guiding influences in our lives. I'm not dogmatic, but I really believe in many spirits. So what's really important for me is I have to buy into it, I have to believe it for my clients. So when I attend a cedar bath for my client, I believe for them it is a beautiful, spiritual, amazing experience... What's different is I personally would not have a cedar bath. It's not my tradition.

Jessica will not participate in a ceremony unless it is something that she personally believes in, she will not use a ceremony or teaching for her client unless she believes that they believe in it. Either way she sees the very high value and beauty in the teachings and ceremonies of Aboriginal traditions, whether for herself, or for her clients.

Jessica did not explicitly discuss her desire for social justice, or any particular push to work towards social justice. However she did discuss her love for her clients, and the terrible, inhumane experiences that many of them have been forced to endure. As I mentioned above, at first glimpse Jessica seems ever-cheerful and optimistic, however her experience working with the Aboriginal community has caused her to question her optimism at times. She said: "You're going to hear horrible, horrible stories. And it's going to hurt like hell to hear them. I mean as a human being and a therapist I think all of us want to feel the world is safe, and that it's ok, and that worldview will be rocked and shocked in this community". She went on to discuss how she is able to deal with the trauma that she encounters in her work: "I'm like an etch-sketch, I shake back to happy at the end of the day. I'm a very happy person. But it depends on your worldview, because for a happy person my world-views are pretty negative. I mean I think really bad things happen to really good people." She went on to discuss the fact that the world can be a safe place for some, and not for others. That those subjected to an unsafe world tend to be put in that position because of poverty, culture, history, where they live etc. It is clear to Jessica that terrible things happen to people who do not deserve them, and her work with the Aboriginal community has loudly demonstrated this unfortunate reality. Rather than expending negative energy lamenting the fact that such tragedies occur, Jessica uses her positive energy to help her clients to heal from the trauma and tragedy.

Through my discussion with Jessica, she seemed the most removed from her clients and their community. She focused more on the importance of maintaining boundaries between herself and her clients, and discussed her personal life and history significantly less than the other participants. However her experience working with Aboriginal clients has caused her to loosen her boundaries, a change which she believes will impact her work with non-Aboriginal clients in the future. "I think I've learned a lot. If I suddenly got a job where I didn't work with a lot of Aboriginal people, anymore, I think I'm changed. I'm changed as a therapist, and I'm going to be more myself with people and be more loving." Although she may have seemed to be less entwined with her clients than the other participants, Jessica clearly has a deep love and connection to her clients and the larger Aboriginal community. As she herself put it:

> ...I would say my heart is more involved, for good and bad. Because every day you hear drums and your heart beats with the drum, and you get that spirit and energy that comes with this community, which is so beautiful. And you hear the awful stories too. So it's not about bad necessarily, it's my heart. I'm very attached to this community...and I wouldn't say that for any other population I've worked with.

**"Pierre"**
*Aboriginal, male social worker, Elder and social work educator*

I was first introduced to Pierre at a community event. Pam grabbed my hand and said "come with me, you *have* to meet Grandfather Pierre". I look in the direction that she was leading me and it was immediately obvious to whom I was being led. Pierre sat in a chair surrounded by several people waiting to speak with him. Pam led me towards him, and we sat down and waited until he had spoken to the other people around him. He greeted Pam with a warm hug, and shook my hand when she introduced me to him. We

sat and discussed my thesis project for about twenty minutes. Although I spoke for most of the time, I was completely enthralled by Pierre. We were sitting in a community centre hall filled with people talking to each other, but all I could hear was Pierre's quiet, but deliberate voice. My introduction to Pierre was my first introduction to an Elder, and it was an intense experience. Each time I spoke with Pierre throughout the process of my research, I emerged inspired and excited, yet calm. The other research participants spoke of the power of Elders in Aboriginal communities. That Elders do not need to identify themselves as helpers with an ID tag or uniform, because everyone knows that they are an Elder the minute they walk into a room. That their presence can be intensely healing for many people. Pierre is an example of such an Elder, with a central role within his community.

Pierre began his story with his work with troubled children in Toronto in the late fifties and early sixties. He began working at a training school, which functioned as part of the provincial corrections system for children between 7 and 14. He then moved on to work at a children's residential treatment centre, and then to work for Children's Aid. What he discovered in this work was that the children were all the same, that any child could end up in any of those institutions through a series of misfortunes. He also discovered that he had much left to learn, and decided to return to school. That decision brought him to New York city, to the social work program at Columbia University.

Pierre was at Columbia between 1965 and 1968. He studied social work during the school year and worked in both practice and research settings during his summers. He spoke enthusiastically about his time in New York. He lived there during a time when, in his words, "there was so much going on". While he lived in New York Martin

Luther King and Robert Kennedy were assassinated, he was involved in the first anti-Vietnam war parade, the civil rights movement and Black Panthers were active and the uprising at Columbia University occurred. These experiences were hugely influential in Pierre's life, significantly changing his outlook and understanding of life and the world. "I got tuned into a lot of that stuff and got kind of what I call "politicized", made politically aware of the larger picture.

After finishing his degree, Pierre and his family returned to Toronto where he taught at the University of Toronto while also continuing to practice social work since he "couldn't keep teaching unless I kept doing things". After five years, Pierre moved to Ottawa to work as the director of the School of Social Work at Carleton University. In Ottawa he continued to be active in various social justice causes including sitting on the board for the Ottawa Council for Low Income Support Services, working at children's camps and several trips to Nicaragua during the unrest in the 1980s. Throughout his life Pierre has always worked towards improving the lives of those less fortunate, evidence of his strong commitment to equality and social justice.

It was during his time at Carleton University that Pierre began to discover his First Nations identity. Throughout his life, Pierre's Native friends had often asked him "Where ya from?", and he would reply "I'm from Ottawa", and they would laugh. He did not realize then that they were asking him what Nation and/or community he was from. Pierre invited a Métis man to help him to teach a course in the social work program on Native peoples and social policy. This man also worked with Pierre to uncover his heritage. Through work with other Elders, and extensive travel throughout the different First Nations communities across Ontario, Pierre was able to begin to explore his First

Nations roots, and to apply what he learned to his teaching at the University.

By the early 1990s, Pierre had become very involved in the Aboriginal community in Ottawa. In 1992, the 500 year anniversary of Columbus' discovery of North America, he participated in a conference at the Museum of Civilization commemorating 500 years of survival of Indigenous peoples. Pierre suggested to the conference organizers that the conference be run in an Aboriginal way, to honour the 500 years of survival. They agreed, and the conference was done without any papers or reading. Instead presenters were asked to share their research in circle. His daughters also participated in this conference, and this sparked his entire family to become more and more involved in First Nations issues, and in the community in Ottawa.

Throughout the remainder of Pierre's career in social work, he continued to work with different Aboriginal Elders and leaders, and to incorporate more and more elements of Aboriginal culture into his teaching. He worked for many years to develop and sustain an innovative social work program specifically targeting Aboriginal students at both the bachelor and master's level. He also worked with several First Nations communities to develop and deliver a social work bachelor level program in the communities. Unfortunately due to funding restrictions, neither of these efforts continued much past his retirement. Pierre is now completely retired from social work teaching and practice, but continues to work as a widely respected Elder in the Ottawa area. According to Pierre he is officially retired from work, since his work as an Elder is not really work, it is part of who he is.

Given Pierre's central role as an Elder in the Aboriginal community in Ottawa it seems somewhat superficial to map his personal journey onto the same framework as the

other participants. That said, he does share the same four characteristics as the other participants. Pierre never experienced drug or alcohol abuse, or a street-involved life, but he spent many years working with youth who were involved in those things. What Pierre does share with Aboriginal clients is their Aboriginal identity. Although he discovered his Aboriginal identity later in his life, it is a central part of his identity as a human being, and continues to impact his decisions, actions and life in general.

Pierre spent much of his working life in academia, and thus recognizes that there are many different systems of beliefs, values and world views. That said, his exploration of Aboriginal approaches to learning, knowing and understanding have proven to improve greatly his understanding of life and the world. Although he did discuss the differences that exist in teachings and ceremonies between different Aboriginal groups, he also emphasized the similarities that exist. He also spoke of the similarities that exist between the teachings that he has learned and those learned by other recently colonized peoples, such as those in parts of Africa. According to Pierre, "...they have a lot of the same teachings from their grandparents and stuff and the same stories about creation...but for a whole lot of European-based people it's so long back since their tribal routes that they don't have that". Pierre believes that all people once shared a similar-based set of teachings and ceremonies, but that the Western-world has lost touch with those teachings. Not only does Pierre believe in the value of Aboriginal culture in the treatment of Aboriginal people, he believes that similar approaches should be used for all people. A simple example is his use of circle in teaching. Traditionally Aboriginal people learn in a circle. This allows all people to participate equally as both learners and teachers. Pierre applied this technique in his class at Carleton, with both Aboriginal and non-Aboriginal

students. At first many of his non-Aboriginal students were very uncomfortable with this departure from lecture-based learning. However according to Pierre they all embraced the technique by the end of the semester, and many went on to apply it in their own practice. Although Pierre discussed the existence of various worldviews, it was clear from our interactions that he not only believes in his Aboriginal culture, teachings and ceremonies, his entire life and existence are based on them.

**"George"**
*Male, Aboriginal, trauma and addictions counsellor.*

George is one of many Aboriginal people who grew up in a family who did their best to fit into mainstream Canadian society, and to hide their Aboriginal heritage. "My grandmother had 14 kids, and they were definitely First Nations, but nobody talked about it. It wasn't cool to be an Indian." George spent many years struggling with his identity, and struggling to find his place in Canadian society. According to George it is his culture which brought him back to his family, and allowed him to connect with his Aboriginal history and identity.

George's family struggled with their First Nations identity, as many Aboriginal families did, and some still do. "...[T]here was all this fighting in the school yard because they were teasing my cousins and my sisters. So I grew up with the prejudice and all that, and the abuse and stuff like that." Unfortunately George, his sister and his cousins were also all of the generation who suffered the intergenerational impacts of the residential school experience. "I also suffered the aftermath of residential school – it just flowed through our family. So I was addicted and stuff in my teens and twenties. I grew

up with all the crap." As he said, George spent much of his teens and twenties involved in drugs, alcohol and the street community. As with the other participants, this shared experience, both as an Aboriginal person and as someone with past drug and alcohol addictions, allows George to relate more easily to his clients.

George has spent his entire adult life working to improve the lives of those often forgotten by the rest of the world. He began working with the street-involved community in his early twenties, and has continued to work with that community in various capacities. In the last ten years George began to focus specifically on the Aboriginal street community. George spoke passionately about the plight of Aboriginal people. He spoke especially passionately about the situation in which many Aboriginal youth are growing up. Entire communities of Aboriginal youth are growing up without parents, and without the ability to connect to their grandparents because of deep cultural divides. Two years ago George travelled up to a rural First Nations community in Northern Ontario, and was deeply disturbed by what he found: a community of 800 people, many of them youth, many of them abusing drugs and alcohol, and most of them severely detached from their culture and traditions. He returned to Ottawa determined to work to help the community, but also cognizant of how complex the issues are.

Although George spent his early life feeling uncomfortable and even ashamed of his Aboriginal identity, he is now deeply connected to his culture, and two years ago was accepted into his community as an Elder after his official, traditional naming ceremony. Culture, particularly in the form of teachings and ceremonies, played a central role throughout our discussion about his life, clients and his work. I asked George how he began to work his way away from his addictions and back towards his culture. His

response was certain and immediate:

> Ok well that's my grandmother. My grandmother, when I was young in the fifties, where I lived in Western Quebec, the men would go off in the wintertime and work in the bush. So all my aunties and my mom would move in with my grandmother...so my grandmother was this big presence in my life. She was still living on the land and we would go out with her when she'd go berry picking and maple syrup and stuff like that. So when I was really messed up it was my grandmother that called me out of it. That's the bottom line. For some reason the spirit of my grandmother is so powerful in me and my sister. We both have this deep sense of our grandmother in us. That was what called me out of the mess, because she kept saying, calling me to her, calling me to the culture. That was the driving force for me to do that. So I listened to that, I finally listened to that. I went to see some Elders and told them my story, and they sat there smiling because it's a story they've heard a million times. It's their own story.

George began working on himself and on reclaiming his family, history and culture. "...[W]hen I was doing my work on the addictions stuff, all of a sudden I was confronted with the fact that you have never talked about your Aboriginal family....and it was just like a shock all of a sudden, I said "Oh my God, it's like I buried my grandmother!"". Culture was central to George's healing journey, and he sees the potential for similar power in his client's journeys.

> I think there's a real hunger for culture for sure...The tools, the traditions, the culture, it's so powerful that when they do get in there it just hooks them. And they do slide in, it's like coming home, it's like a coming home experience. "This is mine." Like when they finally have the "this is mine" stuff, and they take ownership, it's very powerful. Very, very powerful.

Given that George struggled with his Aboriginal identity, with the intergenerational impacts of the residential school, and with drug and alcohol abuse in his early life, it is not surprising that he interacts with his clients from a place of respect and equality. He knows that he could easily, and in fact has been, in their shoes. He sees his role not as someone to direct the behaviour of his clients, but to share his own experience with them. As he said:

> There's a Cree word for counsellor...and it means "one who comes alongside". So that's the role of the counsellor, you just come alongside someone and you walk with them...[T]hat's what I see myself, I was over there and now I'm over here, I'm half way up the mountain and you're just starting up the mountain. So I'm gonna pass on what I got and share it with you. And if you pick it up, you'll get there too.

George's life experience, his passion for improving the lives of others and his love and belief in his culture allow him to work with his Aboriginal clients as "one who comes alongside". This allows him to truly help his Aboriginal clients, in a manner which is not based on power. What is more important, according to George, is that this allows him to function as a positive role model. "No, you don't need to be an addict to help addicts. You don't need to be Aboriginal to help Aboriginal people. I think it is really important for you to be Aboriginal and to be in the healing professions because we need those role models. We need people to have walked the walk along the red road."

**"Colin"**
*Male, Aboriginal, Elder, social work educator, author*

Colin began his journey as one of many residential school children. He was forcefully removed from his family home at the age of nine and spent the following nine years struggling to grow up without the support of his family and community. He took his first drink in high school, and quickly discovered that drinking helped him to escape the fear that he constantly lived with. For many years Colin drifted from job to job and place to place all the while under a shroud of alcohol. After losing several jobs, alienating countless people, and the breakdown of his marriage, Colin ended up in Ottawa. At the recommendation of a friend, Colin entered the Native Social Work program at Carleton. Although he continued to drink heavily, he committed himself to his studies, and successfully completed the program. He then began working as a policy

analyst for the Department of Indian Affairs and Northern Development. Colin was committed to his job there, but found the work frustrating and depressing, and this exacerbated his drinking problem. Eventually his supervisor gave him an ultimatum, he either had to quit drinking, or he would be fired. He decided to enter an Aboriginal-based alcohol and drug addiction treatment program, the Poundmaker's Lodge[2].

After completing the 28-day program Colin returned to his job, relationship and life in Ottawa. He expected to feel immediately better after removing the turmoil that alcohol had created in his life, but instead found that he was dealing with his emotions for the first time in his adult life. At this time, four Elders came into Colin's life, and began to help him to begin his healing journey. For the next several years these Elders guided Colin through fasts, sweats and teachings. He now teaches an Aboriginal social work program, and works as an Elder in his community, passing along the teachings of his culture to other people in need of help along their healing journey.

Given that Colin is an Elder, a social work educator and an author on Aboriginal approaches to healing, a discussion of how his shared experience, belief in culture, commitment to social justice and to equality allow him to be a good Aboriginal social worker seems somewhat superficial. However Colin's life experience provides him with important commonalities with other Aboriginal people. He shares their Aboriginal beliefs and historical context, and also the manifestations of that traumatic context. Colin can truly function as a role model who has been down the wrong path, and for whom culture has proven the way to move onto the healing path. As someone who has experienced the healing power of his culture, and as an Elder himself, it is obvious that

[2] Poundmaker's Lodge is located in Edmonton, Alberta. Created in the early 1970s, it is known as the first Aboriginal-specific addiction treatment centre in Canada. For more information visit http://poundmakerlodge.com/

Colin believes in his culture's teachings and ceremonies, and these form the central mechanism for his healing, teaching and his life as a whole.

As an Elder, Colin is also committed to social justice and equality. Throughout our conversations he spoke often of the terrible traumas experienced by so many Aboriginal people, and of the Western policies, institutions and practices which continue to repress and abuse these people. As an individual who spent a significant portion of his life struggling with pain and the associated alcoholism, he was also clear that all people are equal. Any individual can end up on a similarly destructive path if they are subjected to trauma and abuse and not given the resources and supports necessary to work through that. Colin spoke extensively about the medicine wheel which teaches us that everyone and everything is connected. Colin teaches his students and other community members to be cognizant of this fact, and to work to be responsible to themselves and to their families and communities: "...you get to teach your client how to walk softly on the earth, how to walk softly in his family. The end goal is to walk softly and be responsible for yourself". He views his role as a teacher and an Elder as one of helping his students and clients to bring themselves back into balance and be able to be responsible for themselves and their family and community.

> Human beings only have one heart, and a lot of the time that heart gets shattered through a number of traumatic events. So the question the Elders ask is how do you put that heart back together and get it to work in a holistic fashion? So that's what I do, I work with people who have trauma and broken feelings...I work with them to teach them how to understand that, but also to teach them the language of the heart so they can begin to heal themselves.

**"Mary"**
*Female, Aboriginal, Executive Director, Social work educator*

Mary works as the Executive Director of a national organization which supports and advocates on behalf of the National Native Alcohol and Drug Abuse Program in First Nations, Inuit and Métis communities across the country. In addition, Mary teaches a social work course about First Nations people and their associated context in a program with primarily non-Aboriginal students. I met Mary at a community event, and upon discussing my research with her, decided to talk further with her to gain more of the policy, program and educational perspective. As evident from this manuscript, Mary provided an essential perspective to this research, allowing me to learn more about program design and development, as well as approaches to educating non-Aboriginal social work students. However because of this practice and institution-based focus, our discussions were around her perspectives on education, program design and best practice, rather than her own work as a social worker, or her own personal journey.

**Colonization as context:**

Just as contemporary Western social work practice has evolved according to shifts in Western discourse and context, so too has the practice of Aboriginal social work evolved according to shifts in Aboriginal discourse and context. Contemporary Aboriginal discourse and context centres around the historical and ongoing impacts of colonization. Colonization also provides the central context through which the participants understand how and why their Aboriginal clients end up in their care. Although the tradition of healing and associated ceremonies and teachings have always existed in Aboriginal cultures, the trauma, identity issues, abuse, poverty and drug and

alcohol abuse issues which their Aboriginal clients experience are seen to be manifestations of the ongoing impacts of colonization.

Despite the myth that Canada is a socially progressive, decolonized country, Aboriginal peoples continue to live in the poorest neighbourhoods, be less likely to be employed, or more likely to live below the poverty line, live in overcrowded unfit housing, suffer from a myriad of poor health conditions, particularly respiratory infections, obesity, diabetes, HIV/AIDs and hepatitis, be raised in a single parent household, be abused, be a victim of violence, and to suffer from substance abuse issues. All of these health and wellness disparities have been directly linked to the ongoing impact of colonial efforts at eradicating or assimilating Aboriginal populations, and have an understandably negative impact on the quality of life of contemporary Aboriginal peoples (eg. AHF 2006; Jacobs & Williams 2008; Kelly 2008; Rice & Snyder 2008; Ross 2008).

**Health disparities:**

In their 2008 Human Development Report, the United Nations named Canada as the 4$^{th}$ best country in the world to live in (Watkins 2007). Upon examining statistics regarding the quality of life experienced by Aboriginal peoples, it is clear that the benefits of living in Canada are not shared equally. Statistics show that Aboriginal peoples experience unacceptably high rates of poverty, poor physical and mental health, abuse and/or violence, incarceration and low education. This has been shown to be directly related to the ongoing impact of colonial policies designed to remove the rights and values of Aboriginal people in attempt to systematically destroy Aboriginal culture.

The precise definition of poverty varies by country. In Canada, a household is determined to be impoverished if it is likely to spend 20 percent more of its income on basic human necessities than the average family. Urban Aboriginal peoples are more than twice as likely to live in poverty than non-Aboriginal Canadians living in urban areas (Canadian Council on Social Development, 2003). Poverty rates for Aboriginal women and children are particularly concerning. Aboriginal women in either rural or urban settings are twice as likely to live in poverty as their non-Aboriginal counterparts (NWAC 2007: 5). In 2006, 36 percent of Aboriginal children, on or off-reserve, lived in poverty (Campaign 2000, 2010: 5).

Given the established links between poverty and poor mental and physical health it is not surprising that Aboriginal peoples are also disproportionately represented in these categories (Jacobs & Williams 2008). Diseases associated with poverty include those related to poor nutrition (e.g. obesity, diabetes), poor housing (e.g. tuberculosis) and to addictions (e.g. HIV/AIDS). When compared to non-Aboriginal Canadians, Aboriginal peoples are 1.5 times more likely to suffer from heart disease, three to five times more likely to have type 2 diabetes and eight to ten times as likely to be infected by tuberculosis. HIV rates among Aboriginal peoples have become a particular concern in the last few decades. Fifteen percent of new HIV/AIDS infections in Canada occur in Aboriginal individuals, and close to 60 percent of these new infection are contracted from IV drug use (compared to only 26 percent of new non-Aboriginal cases) (PHAC 2004; PHAC 2010).

Education has been a focus of many Aboriginal communities and groups over the last several decades. As a result, education levels have dramatically increased at both the

high-school and post-secondary level. However according to the 2006 Canadian census, significant disparities persist between education levels of Aboriginal and non-Aboriginal Canadians. Forty-four percent of Aboriginal Canadians do not graduate from high school, almost twice the rate of non-Aboriginal Canadians. Low rates of high school graduation mean low rates of post-secondary education, with only four percent of Aboriginal people completing an undergraduate degree compared to 12 percent of non-Aboriginal Canadians (Statistics Canada 2006).

Given that Aboriginal peoples are notably more likely to live in poverty, have poor health, be victims of abuse, be incarcerated and have limited education compared to non-Aboriginal Canadians, it would seem that there must be social or system contributing factors. Indeed research in recent years links these socioeconomic indicators to the historical relationship between Aboriginal peoples and the government in the form of the enforcement of colonialism and the associated policies of assimilation (Culhane 2003; Jacobs & Williams 2008).

**Indian Act:**

The first piece of legislation designed towards this goal of assimilation was the Indian Act of 1876. This act presented a series of regulations governing how Aboriginal people were supposed to live and manage their lives. Essential to this act was the government's claim of authority in determining who was and was not an "Indian". In direct contrast to most of the traditional kinships systems of Aboriginal societies, the act declared a patrilineal definition of identity; a person's identity or descent as "indian" were determined by that of their husband or father. Not only did this mean that many

Aboriginal women suddenly lost their legal community membership, but it put them under the power of their husband and father. It is important to note that this definition existed in Canadian law until the Indian Act was revised in 1985 (Green 2001: 723; McGrath & Stevenson 1996: 40-41). The repercussions of this policy were not only legal. By legally enforcing patrileneal definitions of identity, and placing women under the power of their husbands and fathers, the Indian Act began the process ingraining patriarchal ideas and values into Aboriginal culture (Green 2001: 725).

Prior to colonization, the majority of Aboriginal societies in North America functioned as matrilineal egalitarian societies. Beyond being seen as equals with important roles and responsibilities, women were seen as essential to the well-being of communities, and sacred as mothers, producers of life (Udel 2001: 43-44). European colonizers realized that in order to assimilate these peoples, they needed to take away the power and respect that the women had as equal members of society, and enforce a patriarchal system like the one that existed within their European societies (Green 2001: 723; Jacobs & Williams 2008: 122; McGrath & Stevenson 1996; Udel 2001: 45). Thus the specifics of the Indian Act were designed to strip Aboriginal women of their rights as individuals and of their identities as valued members of their communities. This resulted in a loss of identity and self-respect for Aboriginal women, and also for a loss of respect for women by Aboriginal men. This has been directly linked to the high rates of domestic abuse present in many contemporary Aboriginal communities, since domestic abuse was virtually non-existent prior to the implementation of these government policies (Jacobs & Williams 2008: 123; Kirmayer et al 2000; Udel 2001). Of course feeling authority over women does not necessarily translate into abuse or violence. Exposure to

the idea of abuse came from the time spent in residential schools.

**Residential School:**

Originally opened by Protestant missionaries in the 1840s, and subsequently administered by the government, the residential school system was implemented with the explicit goal of removing Aboriginal culture and tradition from society. In the 1920s, Aboriginal parents were legally required to send their children to these schools where they were forbidden to speak their native language or practice any of their native customs, traditions or beliefs. This forced segregation created two separate communities of Aboriginal people, one of children without parents, aunts, uncles or grandparents, and one of parents, aunts, uncles and grandparents without any children. Due to the residential school system, several generations of Aboriginal children grew up without parenting role models, while their parents lived their lives without the right to raise their children. Although particularly significant for Aboriginal women, who were traditionally valued and revered as Mothers, the lack of parenting experience created by the residential school system has had lasting impact on Aboriginal men as well as women, and has been blamed for generations of family dysfunction (Jacobs & Williams 2008: 126-127). In forcing the loss of traditional languages, way of life and customs, the system destroyed the ability of younger and elder generations to communicate with each other. Even once children finally returned to their communities, they often were unable to relate to their elders. This created several generations of people with confused identities – they were Aboriginal people, but without any traditional knowledge or the ability to relate to their communities (Jacobs & Williams 2008: 126-127).

Aside from destroying the bond between Aboriginal children and their families and communities, the residential school system also attempted to systematically destroy the self-respect and self-esteem of its students. Children were made to feel ashamed of their language, skin colour, "ignorance" of Western ways of life and of their culture in general. This shame created a lack of self-respect which transferred for many students into a lack of respect for others. Many students were subjected to physical and/or sexual abuse in addition to this verbal abuse. The effects of this abuse have gone beyond the original victims and are still deeply experienced by many Aboriginal families and communities today (Jacobs & Williams 2008).

Much psychological research has explored the lasting impacts of verbal, physical and sexual abuse. Research has shown that abuse often has inter-generational effects in the form of the creation of cycles of abuse (Hobfoll et al 2002: 252; Lapointe 2008). Adults who were abused as children are more likely to abuse others, and to be abused as adults. They are also at a significantly higher risk of suicide, depression, addiction and more likely to engage in risky sexual behaviour (and thus more likely to contract HIV/AIDS and other communicable diseases) (Culhane 2003; Hobfoll et al 2002). Unfortunately the Canadian Aboriginal community is a prime example of these cycles of abuse. Compared to non-Aboriginal women in Canada, Aboriginal women are three times more likely to be victims of violence, five times more likely to die from a violent cause, three times as likely to be a victim of spousal abuse, and eight times as likely to be killed by their spouse after separation (NWAC 2007: 3; PHAC 2003). These high rates of abuse are particularly alarming given that most Aboriginal communities state that such abuse did not exist prior to contact (Udel 2001: 53).

Psychological and social research has shown that women suffering from low self-worth and self-esteem are more likely to be victims of abuse and/or violence (Craib et al 2003; Hobfoll et al 2002: 252). As members of Canadian society who are repeatedly subjected to racism and sexism from within their own communities, outside their communities and even from the justice system, Aboriginal women are constantly devalued and taught that they are insignificant. In communities where the legacy from the residential schooling system is continuing in the form of family abuse cycles, many Aboriginal women are also victims of abuse as children (Craib et al 2003). This systematic degradation of their self-worth and self-esteem, combined often with childhood abuse, makes Aboriginal women extremely vulnerable to abuse and violence as adults.

Unfortunately the effects of abuse often continue long after the event(s). Victims of abuse often suffer long-term impacts on their mental health including severe depression, suicidal feelings and addiction. Rates of addiction amongst Aboriginal people are high in comparison to the non-Aboriginal population in Canada, with rates of addiction among Aboriginal women being especially alarming (Benoit & Carroll 2001). These high rates of addiction have been linked to mental health issues resulting from histories of abuse, displacement from communities and the related lack of support networks, and lack of self-worth and power (Craib et al 2003; Culhane 2003; Lapointe 2008). Addiction jeopardizes the safety of addicts in many ways. They are more likely to live in unsafe housing or not have access to housing, they are more likely to interact in unsafe environments, they are at higher risk for health problems such as hepatitis and HIV/AIDS, and they are more likely to turn to work that is both unsafe and in

confrontation with the law. Women who suffer from addiction are also more likely to be victims of violence and abuse, thus continuing the cycle of abuse (Benoit & Carroll 2001; Craib et al 2003).

**Sixties scoop:**

The Canadian Government's approach to Aboriginal child welfare practiced during the 1960s has been dubbed the "sixties scoop". Federal policies instituted during the early 1960's gave social workers the task of removing Aboriginal children from their homes if certain largely unattainable and culturally inappropriate provincial family and housing stipulations were not met. These regulations failed to acknowledge the hugely different Aboriginal approach to family and child rearing (e.g. extended family households, perceived as overcrowding) and the government created socioeconomic conditions (e.g. poor housing and low economic status). Rather than attempting to understand these differences, and remedy the socioeconomic disparities, social workers forcefully removed thousands of Aboriginal children from their homes, and put them into the child welfare system. The result, not unlike that of the residential school system, was the creation of communities without children, and children without connection to their community (Blackstock 2008; Sinclair 2009b: 90-93).

The impact of this "sixties scoop" is still deeply felt by many Aboriginal individuals and communities. The adoption literature has examined outcomes from various interracial adoptions such as Black-White, Korean-White and also Aboriginal-White. Negative outcomes include high rates of adoption breakdown and identity issues for the adopted children. Rates of these negative outcomes are generally the same for

interracial adoptions as they are for same-race adoptions. However Aboriginal children adopted by white families have much higher rates of negative outcomes (Sinclair 2009b). Many Aboriginal children were not lucky enough to quickly find an adopted family, and spent years moving through a dreadfully flawed foster system, often losing touch with their siblings, never building roots in any one community, and alarmingly often being abused by members of their foster family. Even those lucky enough to be adopted into a family often grew up to develop identity issues and also to experience systemic racism in a way that their White adopted family was not able to prepare them for (Sinclair 2009b).

**Poverty and displacement: The ongoing impacts of government policies**

For Aboriginal peoples, lack of rights, loss of traditional roles and responsibility, cycles of abuse, loss of self and cultural respect, loss of connection to community and an overall loss of identity have been linked to the high rates of indicators previously outlined. At the root of many of these problems within the Aboriginal community is poverty. Lack of education, lack of on-reserve jobs, lack of job experience, and systemic racism and sexism related to colonial assimilation policies all contribute to the extremely high rate of Aboriginal peoples living in poverty (Jacobs & Williams 2008; Kirmayer et al 2000). Aside from creating difficulties in supporting one's self and family, research links poverty to many indicators of poor physical and mental health including obesity, diabetes, and mental health concerns including feelings of shame, helplessness, low self-esteem and depression (Jacobs & Williams 2008).

Lack of economic opportunities on reserve often drives Aboriginal individuals to leave their communities to find work in urban centres, forcing them to leave their

families and communities behind. Data actually indicates that the number of Aboriginal people relocating to urban cities is on the rise (Evans et al 2009; Richards 2000). Upon arrival to urban communities, these people often feel severely displaced, are unable to secure well-paying jobs, are forced to live in unsafe low-income neighbourhoods, and sometimes to participate in underground, criminal forms of income (Cardinal 2006; Culhane 2003: 597-598, 600-601; Hunter et al 2006; Jacobs & Williams 2008: 133-134; Tang & Browne 2008). Thus, poverty can be said to be directly responsible for the high rate of Aboriginal peoples living in circumstances which are detrimental to their well-being and safety.

Community displacement is also connected to emotional well-being. Feeling a part of one's community gives a person a sense of belonging and support. Aboriginal peoples are often forced to leave their communities, in search of better economic opportunities, to escape abusive situations, or for other reasons. In their new urban communities, many people do not feel the same sense of belonging and feel segregated from their support systems. This feeling of displacement is thought to play a factor in the large number of Aboriginal people living off reserve who suffer from mental health issues such as depression and addiction (Cooke & Belanger 2006; Culhane 2003: 600-601; Peters & Robillard 2009).

**The contemporary relationship between Aboriginal people and the state:**

The statistics clearly demonstrate the need to improve the social determinants of health for Aboriginal people. The question becomes how to improve these indicators, and who should be charged with this important task. Given this historical context, it is

not surprising that many Aboriginal peoples are distrustful at best, disdainful at worst, of the Canadian government and the government agents. As agents of social and child welfare, and of the sixties scoop, social workers are often especially distrusted by Aboriginal peoples. Although many contemporary social workers working with Aboriginal clients do so with the best intentions, the memory of the sixties scoop, and intergenerational impacts are still freshly felt by many Aboriginal people. Although this historical context has created a general distrust of social workers amongst Aboriginal peoples, the fact that this context is shared among all Aboriginal peoples puts Aboriginal workers in a unique position to provide culturally safe and appropriate care to Aboriginal clients (Baikie 2007; Hart 2007; Sinclair 2009a).

Aboriginal Elders recognized this opportunity some 50 years ago, and began to talk of the need for Aboriginal social workers to begin to work with their communities in culturally appropriate ways (Sinclair 2009a: 19). The past 40 years has seen a growing community of Aboriginal care workers, likely at least in part due to this community call to action. It is in fact currently hypothesized that more Aboriginal students pursue careers as care workers than any other career/field of study. It is clear that these people fill an important need within Aboriginal communities, but there are many barriers for them in choosing these educational/career paths.

In order for Aboriginal peoples to pursue a career as a care worker they must combine their traditional knowledge with a Western education. For the majority of students this means leaving their community, both literally (in order to attend a post-secondary institution) and figuratively. Although any care worker requires the accreditation associated with a university degree or diploma, attending a Western

university or college can be perceived by community members as "selling out", or deserting one's community. Aboriginal education follows a very different model from the Western one used in Canada. Traditionally, Aboriginal knowledge about life, healing and everything in between, is passed on inter-generationally by Elders. Rather than being taught in formal school settings, knowledge and skills are passed on through practice and participation in daily life activities including sharing in circle, stories and ceremonies (Baikie 2009). This is in stark contrast to the structured and instructional model of Western education. In addition, Western education has a very negative historical context as a vehicle for colonization. For many Aboriginal people, the history of Residential schools as the primary site of colonization and assimilation is difficult, if not impossible to forget (Baikie 2009: 57). Thus the question of whether or not to attend a Western college or university can be a complex and difficult decision for Aboriginal students.

However this is a necessary step towards becoming a care worker in Canada. Aboriginal social workers need the accreditation provided by a university or college education as well as the cultural and contextual skills and knowledge gained from their experience as Aboriginal people (Absolon 2009; Baikie 2009; Freeman & Lee 2007: 110). The challenge for the student becomes discovering a way to reconcile and combine what they learn in university, with the skills and knowledge they have acquired through their Aboriginal upbringing – from parents, Elders and other community members. For many students it is very challenging to combine these two seemingly disparate approaches to social care work, without losing the integrity of either approach (Baikie 2009: 55).

One solution is to design programs specifically targeted towards Aboriginal care

workers. Canada has two such programs for Aboriginal social workers. One is at Laurentian University, the other through the First Nations University (in collaboration with the University of Regina). Both programs actively recruit Aboriginal students, and combine the Western knowledge and skills necessary for an accredited social work program with traditional social care knowledge and skills. The programs are also taught using a combination of Western and more traditional approaches to education, e.g. including regularly scheduled talking circles with Elders with traditional lecture style classes (First Nations University 2011; Laurentian University 2011).

Carleton University previously collaborated with several surrounding First Nations communities to deliver a culturally-tailored Social Work program in those communities. This collaborative program arose from a stated need from these communities, and the dedication of a previous Social Work director. The program design and delivery was extremely complex and required dedication on behalf of the director and flexibility from the Dean and admissions department. Unfortunately due to a lack of funding and the retirement of said Director, and the program is no longer running. The program was a huge success for the participating communities, giving the training necessary for their community helpers to work within the larger social work system while maintaining their Aboriginal approaches to health and healing. Most importantly, the students trained in this collaborative program remained in their communities rather than leaving to work in urban centres. These communities continue their interest in a revitalization of the program (Pierre).

# CHAPTER 3

## SOCIAL WORK THROUGH THE EYES OF ABORIGINAL WORKERS

### What are the components of Aboriginal social work?

Each of the participants has a unique personal journey, with shared characteristics. Each of these journeys provides the context in which the participants interpret the components, or tenets of Aboriginal social work. Not all of the participants are Aboriginal, nor do they all work exclusively with Aboriginal clients, however the following tenets are those discussed in the context of social work with Aboriginal clients. These are the elements of Aboriginal approaches to healing and helping which apply to the specific context of these research participants' client communities.

### "You're not going to get anywhere without a relationship" (Sarah):

All of the workers agreed that it was essential to create and maintain a relationship with their clients. These relationships almost always take a lot of time and effort to develop, and the workers agreed that once you have created such a relationship you need to be prepared for it to last for a long time, i.e. as a worker within this community you need to be committed to stay within the community for a significant period of time. Given the difficulty in building trust within their client population, the workers also all agreed that these relationships take a great deal of effort and time to build. It was agreed that shared life experience, as an Aboriginal person and/or with street and/or substance use experience, greatly assisted in the process of developing trust with clients, and therefore made it easier to develop relationships with them. That said, they also all

agreed that it was possible for people without shared life experience to build trusting relationships with their clients. The most important elements to these relationships lies in non-judgement and respect, in the ability of the worker to share themselves with their clients and in their ability to build relationships that are reciprocal.

The reciprocal nature of the relationships built with Aboriginal clients was seen to be a distinction between the workers' experiences with Aboriginal versus non-Aboriginal clients. They all agreed that it was expected and necessary for them to give much more of themselves in their relationships with Aboriginal clients. In these relationships, there is a two-way exchange of information based on the idea that the client and worker are both teachers and learners. Each brings their own knowledge and experience to the relationship, and therefore each has something to learn from the other. As Pam said, "everyone has medicine within them". The idea of everyone having something to learn and something to contribute is a common idea in traditional Aboriginal teachings, and also functions for these workers to break down power differentials in their relationships. In such a two-way relationship neither person is the expert. Sarah felt that this was especially important for her as a non-Aboriginal worker, to not appear as the expert on the life and experiences of her clients. To be sure to present herself as an equal, and as having something to learn from her clients as well as vice versa.

Approaching the client-worker relationship in this way was also agreed to be important given the devaluing that many of the workers' Aboriginal clients have experienced in their lives. In a two-way exchange relationship the client's knowledge and

experience is carefully respected and valued. As Pierre said:

> Every individual, regardless of who they are, has the expertise about their life. What their lived expertise is about. Who they are as a human being. Nobody else has that expertise. Their expertise might be all screwed up – they may be a basket case, but they're the expert on being their basket case.

In breaking down power differentials and working to increase the self-value of clients, it might seem that such a two-way exchange based relationship would be a better way for workers to interact with any client, Aboriginal or not. However when asked, the workers agreed that in their experience non-Aboriginal clients had different expectations of the worker-client relationship. Non-Aboriginal clients expected workers to maintain a certain level of boundary and distance between themselves and their clients. Jessica said that in her experience with non-Aboriginal clients they expected to talk to her about themselves, not to hear about her. This seems to point to very different established norms and expectations of the client-worker relationship.

A key part of a workers' skills is ability to know who they are, including their strengths, limitations and when they may need to step back and do some of their own healing work. Several of the workers stated that in order to work with Aboriginal clients you must create two-way relationships, and in order to do that you must know yourself. As Jessica said: "...you've got to be ok with feeling yourself with this population, because you're going to be far more yourself with this population than you would be with any other population that you'd work with." George pointed out that for many workers this level of self knowledge comes only with experience and maturity, though none of the workers went so far as to say that workers needed to be a certain age. As with shared life

experience, age and life experience were simply seen to aid in the workers' process of self discovery. Regardless of age or level of experience, the key was agreed to be knowing yourself well enough that you are able to bring yourself to the relationship, because as Pierre said: "particularly when you're in a practice field, where your skill is in interaction – it's what you take to that interaction, not just your concepts, but your being. That's your biggest medicine, is who you are."

**"I think you have to be really spiritually open..." (Jessica):**

Several of the workers mentioned the centrality of spirituality to the wellbeing of their clients, and thus the importance of spirituality in their work. Some of the workers spoke of the importance of being spiritually open, of considering spirituality in their work. They did not feel that they needed to believe in the same spirituality as all of their clients, but that they needed to understand their clients' believe in their spirituality. As Jessica said:

> I think you have to be really spiritually open and believe in the possibility that there are different spiritualities for different people and I believe they're all real. I believe all spiritualities have truth. I can believe, and help people come to be open to their spirituality without necessarily feeling that I have to go through the exact same thing. I have to go through a similar search, but it can be different.

A couple of the Aboriginal workers spoke about how they used spirituality in their own work. For them, having a connection to the spirit, and sharing that connection with their clients was an important part of the healing process. For Pam, there is a deep spiritual component to her work, and she sees herself as a vehicle through which the spirit helps clients. As she put it: "...the spirit speaks through me, because the spirit knows the right

words, the spirit knows what that person needs, I don't."

Jessica, though she is not Aboriginal, strongly emphasized the importance of spirituality in healing. She spoke about her experiences in non-Aboriginal contexts and communities where the inclusion of spirituality in therapy is not encouraged. She in fact said that it is often ridiculed: "There's a lot of pathologizing if people talk about energy and the strength of someone's energy and how it effects them and things like that. There's a kind of laugh into your armpit thing that happens".

**...[T]he individual is interconnected and exists within a family and community"(Rob):**

Given that all of the workers discussed how important family and community are to their clients, it is not surprising that they all also discussed the central role which family and community play in their work. Fundamentally, the workers all agreed that they do not treat individuals, they treat families and communities. Because the health and wellness of individuals is understood at a family and community level, it is impossible for the workers to treat their clients as individuals. They must always consider their individual client's role within their family and community. This was agreed to be vastly different from the approach taught in mainstream social work practice. The most evident example of this difference involves how an individual client with substance abuse issues should be dealt with. Several workers mentioned clients with substance abuse issues who had one or many family members with similar issues. They all discussed the fact that

mainstream social work practice taught them to require their client to cut those people out of their lives, at least until their own addictions were better managed. In contrast, the workers with these experiences agreed that asking the client to cut a family member out of their life was simply not an option. Instead they needed to work with that client to help them to manage their substance abuse issues while maintaining their family relationships.

The above mentioned scenario seemed to be a very common situation for the workers' clients. This was agreed to be a result of the inter-generational impacts of residential schools and other assimilation policies. This makes the community approach to their work even more essential since many members of a family or community are likely to have similar issues and traumas. Research shows that the majority of sexual and physical abuse incidents have an inter-generational component since people who were abused as children are more likely to abuse their own children. A couple of the workers discussed this, and stated that in spite of this, non-Aboriginal clients were much less likely to bring the inter-generational or family/community aspect into their healing process. In Jessica's experience:

> I know when I'm dealing with somebody in mainstream society that's been sexually abused, we assume of course there must be an inter-generational component, it doesn't come into the therapy the same way. It doesn't. They heal themselves, they deal with their own lives, and they may be worried about their siblings who went through it with them, but they're unlikely to think about what other generations may have been through. That's huge here.

The centrality of community to the health and healing of Aboriginal clients impacts where the end-point in their healing journey exists. In mainstream social work,

specifically in work with clients with substance use issues, the hospital or treatment centre is typically seen as the goal-destination or end-point for the client. However a couple of the workers emphasized that with Aboriginal clients this is only one step along the client's journey. For Aboriginal clients the end-point is back at home with their families and communities. Because of this difference in end-point, workers and their institutions must work more closely with families and communities during the treatment process. The work that is done within families and communities is just as critical a step in the client's healing journey as their time spent in the hospital, treatment centre or with the worker. As Mary said: "in communities, community development and promotion of health from a cultural perspective are all things that are absolutely necessary for maintaining wellness and furthering wellness and supporting wellness."

The community aspect to social work with Aboriginal clients further necessitates the involvement of the worker with the community. The workers all agreed that they needed to be involved and have a presence within the community - a stark contrast to the Western focus on individualism and the importance of maintaining boundaries which is taught in mainstream social work. In fact a couple of the workers said that the level of community consideration and involvement required of them as a social worker within an Aboriginal community would be considered unethical by many mainstream social workers/institutions.

As previously discussed, community involvement is important in building trust from clients, but it is also essential if the worker is going to think and work with their

client at the community level. Being present within the community also allows the workers to observe how their individual clients behave within their community. Several of the workers agreed that this is an invaluable tool in working with Aboriginal clients, particularly from this family/community level perspective. Jessica was careful to point out that this level of involvement is not always easy:

> ...[Y]ou're the secret keeper. You know every side of every battle, of every fight, of every war. You know it all. And you've got to work really hard to stay in the centre, because everybody has their truth, and nobody's truth is more real than someone else's. And if you take sides you're gonna lose it. You're gonna lose it and not be their therapist.

As with any population, it is important to not assume that all clients are alike. A couple of the workers stated that not all of their clients are comfortable with the same level of family and community involvement. The close-knit nature of the community means that confidentiality can be extremely difficult, and some clients may not want some or all of their family and friends to know what they are going through. However even for those clients who are not comfortable with certain members of their community knowing everything that is going on with them, all of the workers agreed that there is always an important family and community element to the wellbeing of their Aboriginal clients. They also all agreed that this was a valuable tool to be able to utilize in their work. If a client is really not doing well, a worker has the option of talking with their friends and/or family, and can usually count on their care and support. As Jessica said:

> It's different for a lot of people. There are some people in the community who...their one on one support is with an Elder and then they come to group. And they don't want what we would call "therapy". Some people come to a lot of the community events and do a lot of traditional healing and don't do a lot of counselling. So I think it's different for everyone - I think the work beautifully

> together. I think the group, community and individual support work really, really beautifully together. Because we can create a really great situation where you can be as healthy as possible in groups and your individual work and they can really flow.

**"...[T]he tools, the traditions, the culture - it's so powerful"(George):**

All of the workers, Aboriginal or not, agreed that culture plays a central role in the work which they practice with their Aboriginal clients. This was agreed to be a contrast to mainstream practice which discourages workers from using culture in their work. Sarah, for example, had an Aboriginal patient early in her training who was schizophrenic. His delusions focused around a battle between Christian and traditional First Nations gods and spirits, and Sarah wanted to pick up on that cultural element in her treatment strategy. However she was told explicitly by her superiors not to do so, since they viewed this as "feeding into his delusions". Mary spoke of her mainstream training which taught her to present herself to her clients as a "clean slate", a person without culture or beliefs. In contrast, these workers agreed that it is essential for you to present yourself as a human being with a cultural identity, and also to be sure to present your understandings and knowledge of Aboriginal culture . Aboriginal or not, if you are working with Aboriginal clients you need to make it clear that you have at least a general understanding of Aboriginal beliefs and especially of the historical context of colonization.

Using culture in their practice not only demonstrates to clients that the workers understand Aboriginal history and culture, it also tailors the practice to the contemporary context and understandings of Aboriginal clients. As Jessica said:

> Here the work I do is very culturally specific. Every session I have, every client I work with, culture is huge...when you use symbols and non-verbal images in therapy, you've got to make sure they're culturally specific and that they're relevant to the people you're working with...It's very direct that we talk about culture.

Including culture in their work also allows the workers to help their clients to build pride in their traditions and therefore in their identity. This is especially important in this population where identity issues and shame are so prominent. As Rob put it: "At first I was a little antsy about [the culture piece], like ok how does this fit into harm reduction? But it does because it addresses the issues of abandonment and identity issues...and it gets people feeling proud."

Unfortunately the identity issues and shame associated with the colonial legacy mean that some clients are initially very resistant to any culturally specific element of their healing process. Some clients are ashamed that they do not know more about their culture, others only associate their culture with negativities. Several of the workers also mentioned that clients who are in the midst of serious substance abuse issues are often not ready for the cultural element. For these clients the day-to-day necessities of staying alive maybe be much more important than culture. Some do not want to engage in ceremonies or interactions with Elders while under the influence of drugs or alcohol. The workers agreed that the key is, as discussed above, to let the client guide the process. To slowly introduce the cultural element and carefully gage how the client reacts. They may not be comfortable with the cultural element at all, or they may only be comfortable in a group setting, or in a one-on-one interaction with an Elder. For those clients who do not

want to engage in ceremonies or with Elders while under the influence, the workers try to encourage them to do so when not under the influence. Rob sees this as a positive thing, since it means that the client respects their traditions and culture and does not want to disrespect the Elder or ceremony. Although it can be a slow and careful process to introduce the cultural element to their clients' healing processes, all of the workers agreed that it was an essential component to the process, and that it was eventually always extremely healing for the clients.

> I think there's a real hunger for culture for sure. But it also is on the back of a tremendous amount of shame and fear too. But the tools, the traditions, the culture, it's so powerful that when they do get in there it just hooks them. And they do slide in – it's like coming home. It's like a coming home experience. "This is mine." Like when they finally have the this is mine stuff, they take ownership, it's very powerful. Very, very powerful. (George)

One of the most important cultural tools used in healing are ceremonies. These include smudging, sweat lodges, pipe ceremonies, feasts and many others. The workers agreed that traditional ceremonies provide a less abstract, more tangible way of experiencing the healing that can also exist in the theory of mainstream practices. As George said:

> [Aboriginal culture] has all these natural, like a lot of the stuff that I've learned in College are there in the tradition. The power in Aboriginal culture is they have tangible, physical, touchable, feelable, smellable tools that say the same thing, but better...

The worker also agreed that most of their clients have an expectation for the spiritual, intense healing that can happen in these ceremonies. George spoke of the experiences of Canadian veterans coming home from the Vietnam war. The non-Aboriginal veterans came home and were expected to continue their lives as usual. This caused many of them

to develop severe mental health issues and was the beginning of post-traumatic stress disorder (PTSD) diagnoses. In contrast, Aboriginal veterans came home to communities expecting for them to be traumatized, and waiting with the appropriate healing ceremonies. As Pierre said:

> The ceremonies are really crucial because they are also a really big part of the Aboriginal way of knowing – you know things, you understand things in ceremony. And you understand them on an intellectual level, on a heart level, and on a spirit level...a ceremony can do so much for someone who is dealing with anger or pain or whatever...It's like 9-1-1 to the creator.

This expectation for intense and powerful healing practices extends beyond ceremonies into the workers' clients' expectations throughout their healing processes. As Jessica said:

> Because of the sweats and the cedar baths and a number of ceremonial healings that is part of the different cultures regardless of whether you're Inuit, Métis or First Nations - they all have their form of healing that is quite intense, its ceremonial, it's quite intense. So intense healing, because its already worked into the culture, changes their work with me.

**"Basically Elders are really teachers. They teach you how to fix your pain, and how to walk in balance" (Colin):**

Elders have always, and continue to be at the centre of Aboriginal culture and healing. Elders carry culture through stories, and use these stories to teach others how to live healthy, balanced lives. As Colin said: "[b]asically Elders are really teachers. They teach you how to fix your pain, and how to walk in balance." All of the participants talked about the power and value of Elders. Although there are fewer and fewer around, they continue to be an essential presence in Aboriginal communities. As George said, unlike other healers or helpers, Elders do not need to wear a uniform or badge because everyone knows who they are the minute the walk into a room.

Throughout the research process I had the honour of speaking with several Elders, and also receiving teachings passed on from Elders through my other participants. The teachings can be summed up into three main concepts: the importance of honesty, connection and balance. These three concepts are of course intricately interlaced, each relying on and impacting the other. All of the participants agreed that healing must begin with honesty. Honesty with and about oneself, with and about others, and with and about the spiritual aspect of healing. Colin spoke of the four levels of knowledge above the ground: getting to know yourself; getting to know others; getting to know the invisible helper or the spirit; and then getting to know the creator. Part of honesty is being honest about, and expressing one's feelings. Several of the participants spoke about the fact that many Aboriginal people have been taught, largely via colonial forces such as residential schools, to repress their feelings and emotions. The participants, including the Elders, agreed that an important part of their work was teaching their clients how to express and understand their feelings. How to be honest within themselves, and to others about these feelings and emotions. Using and maintaining honesty throughout this process allows one to truly understand oneself, and place and role within the larger community.

The importance of knowing one's role and place is related to the idea that everyone and everything is connected. As Colin said:

> And for me, I see the creator all over. I see him outside when I look out my window. I see the trees and the people walking by. And I hear your voice and I can imagine who you are, and you can hear my voice and you can imagine who I am. So all these things are interacting from my point of view through the creator. The creator speaks to use through human beings all the time...That's how I get to know the creator, through my interactions with human beings and through

interaction with the earth and the four seasons.

Each individual's connections to themselves, family, community, cultural identity, spirituality, land, environment, creation, the universe etc are all essential components of that person's wellness. The connection of everything is the lesson taught by Elders to impress the importance of responsibility. Of living one's life with thought as to how you are impacting other people and the rest of the environment around you. Pam passed this teaching on to me, and told me that we all are connected, "we all have one heartbeat".

When I asked Colin what he felt the end-goal of his healing work was, he spoke of responsibility. Of helping his clients to become responsible for themselves, and for others.

> ...you get to teach your client how to walk softly on the earth. And to walk softly in his family. And the end goal is to walk softly. To be responsible for yourself. Although its implicit, it's never articulated in clear terms like they do in a Western therapy and therapeutic models. You want your client to walk softly and to be a helper in his community rather than teaching people to be independent. So your job as an Elder is to teach your client how to walk softly and how to be a good human being, not a dysfunctional human being. So the goal is to get your client to understand his dysfunction so he can learn how to walk softly in his family or his community. The language is a little different, but the stated goal is to help your client to become responsible for himself and for others.

In his work, he does not focus as much as mainstream social workers on helping his clients to become good employees, or good parents. Instead his focus is always on helping the clients to become responsible.

> So responsibility then is the key to everything you do. Are you doing this in a responsible way? Are you able to help yourself and your family? There's not too much emphasis to be a good worker or a good family member or whatever – you're going to pick those up anyways if you're a responsible person.

He mentioned that in mainstream, Western society we often think of dedicating time to

improving ourselves, to becoming responsible for ourselves, as being selfish. However he emphasized that we cannot help our families or communities if we do not treat ourselves well, therefore knowledge and responsibility must always start within ourselves.

Related to the concept of connection, is the concept of balance. All of the participants agreed that all Aboriginal approaches to healing are centred on the holistic idea of balance. Health and healing are viewed as holistic, and are seen to be obtained by obtaining a balance between body, mind, spirit and emotions. For the workers, this requires them to think about the health of their clients holistically, to approach their treatment holistically, and to incorporate balance-based healing rituals such as connecting their client with an Elder, or with various balance-restoring ceremonies. The specific ceremonies, or cultural interventions vary according to the specific culture of a particular client, however the centrality of balance is consistent throughout. Sarah mentioned this aspect of her approach to working with Aboriginal clients. She said she is much more likely to ask her Aboriginal clients if they are connected with an Elder, a church and/or a cultural centre such as Wabano (in Ottawa). In contrast, with her non-Aboriginal clients she is more likely to focus just on their physical and mental health issues.

Although there is variation across specific Aboriginal cultures, the medicine wheel is a central healing tool in most, if not all communities. The medicine wheel allows the helper to identify where their client is at physically, emotionally, mentally and spiritually. It allows for identification of imbalance. The medicine wheel, as interpreted

in academic texts, is discussed in further detail in the *Aboriginal healing and the concept of colonization* chapter, however Colin spoke eloquently of how he uses the medicine wheel in his teachings and ceremonies:

> All my way of working is through the Elders and through that medicine wheel. And the medicine wheel looks at the whole person. It looks at the mind, the body and the spirit. And the spirit is represented in how they understand the language of the creator. And that's the teaching. And so you begin to teach your clients the first teaching around the medicine wheel which is your fire and your negative and positive. And from that you get to look at how the negative interacts with the positive. And every client you talk to more or less has more going on the negative side. And that's where you start your teaching from. Start from there and teach them the language of the heart. That's basically how I work. I guess there is a bit of a structure, but it's not so formal as the Western therapists. And I seem to get better results that way too.

**How does this work differ from mainstream social work?:**

The participants outlined the components of Aboriginal social work which apply to their Aboriginal client community. All of these workers were required to complete some form of Western-based training or certification, and were also educated, to varying degrees, in traditional values, teachings and ceremonies. Both forms of healing or helping practices are based on certain values. These values often align, resulting in similar components of practice, but they also often misalign. Discovering these misalignments was a crucial stage of the education process of all of these participants, especially those of non-Aboriginal descent. For many of the participants the differences between Aboriginal and mainstream social work were immediately evident in the practice of social work with Aboriginal clients.

Mainstream social work practice is based on three principles: basic human rights;

individual rights; and science and rationality. Given that Aboriginal people have a different set of values and worldview it is not surprising that the Aboriginal social workers with whom I spoke work within a different set of principles. Although all of the workers would agree that all people have the right to live a safe and happy life, they do not presume to know what that life looks like. Unlike mainstream social workers they do not work with their clients based on predefined images of what those clients have as basic human rights. It is up to their clients to determine what makes them feel safe and happy, and the workers will do what they can to help their clients attain those things.

Aboriginal people, and thus Aboriginal social workers do not base their lives and happiness on individual rights. The Western concept of an autonomous individual is not an applicable concept to the life and happiness of Aboriginal people.

> In a western way of thinking there is a heavy emphasis on the individual and must of the theories are designed to address the deficit of the individual or the individual within the family. They don't consider family and community as the primary focus of intervention. That the individual is interconnected and exists within a family and community and that...when you work with an individual to address unresolved trauma that has a rippling effect and family and community impacts on the individual (Rob).

For Aboriginal people, wellness is defined has having a healthy and balanced community. As previously discussed, the centrality of community to Aboriginal people requires the worker to be a part of the community, a level of involvement which would likely be seen as unethical in other settings. It also requires workers to treat entire families as one unit. As one worker said: "I'm not treating an individual. I'm treating a family and I'm treating a whole community" (Jessica).

Mainstream social work practice teaches workers that if a client is struggling with an addiction issue and has a mother with the same issue they should recommend that their client cease interacting with their mother. The prevalence of intergenerational trauma in Aboriginal families and communities unfortunately means that many families have multiple members who are struggling with various addictions. For these Aboriginal families, ceasing to interact with one or more family members is simply not an option. Instead the worker must deal with both their client and their mother, and any other family members – another level of involvement that would likely be seen as unethical in a different setting.

> I had this amazing experience where I had one client who came in, and she lived with her mother and her grandmother, and her grandmother had never talked about being in a residential school. Her family didn't even know she had been...how awful it was to hear what her grandmother went through, and the three generations ended up crying and sobbing for the first time...So the three of them were able to talk, an heal, and talk about the addiction and the violence and the abuse that had gone from generation to generation and why that was. And it was this amazing thing for the family to go through. And she came to me and was so excited and with so much hope because every generation was starting to see it and she wasn't alone...And its beautiful for her to look at that in a different way – we're all in this together and we can all heal together (Jessica).

Aboriginal cultures have a tradition of community-based healing, and the workers explained that the prevalence of intergenerational trauma and of related addiction makes community level treatment particularly effective in contemporary Aboriginal communities. The traumas are common, meaning that many individuals within a family or community share a similar story. Ottawa has an especially tight-knit Aboriginal community with many members struggling on the streets with abuse and addiction, and many others working at the upper levels of various Aboriginal and governmental

organizations. According to the workers with whom I spoke, every Aboriginal person in Ottawa knows someone who is struggling, no matter what their current job is or where they live. "So when people come together at community events, it's not just three out of a hundred people who have been through this, everybody has had an impact. Everybody has had an impact, even if it's not direct. Everybody has had an impact and everybody is healing together and everybody has a story to tell" (Jessica).

The third principle of mainstream contemporary social work is science and rationality. This again does not fit well with Aboriginal social work practice as described by my participants. For these workers healing is not rational or structured, it is a spiritual process. For Aboriginal people there is power in the unexplained magical. Aboriginal people have traditions of using spirituality for healing. Participation in a sweat lodge is not likely to be scientific process presenting answers to a set of specific questions. Several of the participants stated that most Western people expect structure from healing and helping, and clear answers to questions. In contrast, Aboriginal people expect spirituality and shy away from overly structured interactions. For one of the non-Aboriginal workers, the spirituality of Aboriginal healing was what drew her to working with this community:

> So it was just about learning to use spirituality as a concept within counselling...Because I think psychologists and psychiatrists – there's a lot of pathologizing if people talk about energy and the strength of someone's energy and how it effects them and things like that. There's kind of a laugh into your armpit thing that happens. And I wanted to be different (Jessica).

According to Foucault, practice is based on discourse. Social work practice then

is based on a discourse, on a set of underlying values and principles. Aboriginal social work practice does not align with the principles of mainstream contemporary practice. Instead, Aboriginal social work practice is based on the underlying principles of Aboriginal worldview. In order for a helper to effectively work with Aboriginal clients, the values inherent in their practice of social work must align with the values inherent to that participant's worldview.

> Its understanding from a cultural competency perspective, its understanding and knowing that there's a different worldview between First Nations people and non-First Nations people. And that underpinning that worldview is a whole knowledge base, a different way of developing knowledge, retaining knowledge, and passing knowledge on...So a social work code of ethics might talk about respect for your client, and how you define, actually live respect might look differently from a First Nations and a non-First Nations perspective. So its critically important to be aware of those dynamics. So there's three dimensions to that, to the values. There's understanding your own personal individual values, there's understanding what the school of social work or the social work code of ethics or the professional school of social work promotes, and then there is First Nations, Indigenous peoples' values (Mary).

According to my participants, Aboriginal social work practice is based on the principles of honesty, non-judgement, balance and sharing.

Honesty is one of the primary principles of the social work practiced by the workers with whom I spoke. A worker must know themselves thoroughly and be open and honest with their clients about who they are. This is especially important for non-Aboriginal workers working with Aboriginal clients. These workers must be careful to not present themselves as an expert, to be honest about what they know and understand, and what they do not. All of the workers agreed that understanding and honesty about your identity as a person and as a worker was more important than having a similar or

shared identity with your clients. As George said, "...it's not about the colour of your skin, ...its integrity – living out of integrity of who you are". Workers must be honest about themselves with their clients such that they practice social work as they practice their day-to-day life. To work as an Aboriginal helper is to be an Aboriginal helper: "...this isn't a job, this is a way of life" (Pam).

The workers spoke of the need for honesty from themselves and also from their clients. Since they require honesty from their clients, they require a strict policy of non-judgement from themselves and their colleagues. Given their involvement with drugs and crime, and their Aboriginal identity, many of the participant's clients face extensive racism, stigma and judgement in their day-to-day life. Several participants spoke of racism, stigma and shame being rampant throughout the social welfare system, especially the shelter system. This, in combination with the historical trauma faced by many of these clients, means that it is very difficult for them to trust anyone.

> Because of the adoption issues, because of racism, that kind of thing, there's big trust issues. I'm amazed that people trust me as much...Here it's really tough, and once these people trust you they just want to deal with you. And I appreciate that and I know that's an honour. And I think people pick that up too, that I'm whatever – proud, happy, honoured that they trust me (Rob).

However trust is essential to a healthy worker-client relationship, and this can only be built when that relationship is completely void of judgement. A couple of participants mentioned that the level of understanding necessary to truly come from a place of non-judgement is easier to achieve for Aboriginal workers. This is so not only because of shared historical context, but also because of a visceral, spiritual feeling of connection

and understanding: "...I want to hang around other Aboriginal people because I don't have to explain myself....there is an understanding on a level that isn't conscious of belonging and not belonging" (Pam). That said, the non-Aboriginal workers with whom I spoke have managed to build trusting relationships with their clients, and this is due in large part to the fact that they approach each client and each relationship from a place of non-judgement. "I think we listen to people, and we don't judge them. No matter what they're doing we come from a place of non-judgement and I think that's a really big thing for our population" (Sarah).

The third major principle of Aboriginal social work practice is sharing. Informal sharing and teaching is the key mechanism of learning for many Aboriginal cultures. In line with this approach, Aboriginal helpers share stories with relevance to the client's life situation rather than directing their clients behaviour and lives. The helpers are also the carriers of their client's stories. Sharing your story is seen by Aboriginal people to be a central part of healing, and many of the clients have not had the opportunity to share their story with anyone. Being honest and non-judgemental helps to build the trust necessary with clients so that they feel safe telling their story to you. There is always a two-way sharing of stories, thus the workers must also use their stories to help their clients. Although the majority of my participants said that it was not essential for a worker to have experienced similar life experiences to their clients, they did say that it was essential for more people with similar life stories to become workers and share their stories. In other words, it was essential for more Aboriginal people, especially those with a history

of trauma and/or drug and alcohol abuse, to share their stories and become role models for other Aboriginal people. Workers with this shared history are able to share the story of their healing journey, and walk the red road alongside their clients.

The final principle of Aboriginal social work is the principle which guides Aboriginal healing and wellness in general, the principle of balance. All of the participants spoke of the centrality of the concept of balance to the health and wellness of their clients, their communities, their practice and their own lives. Balance determines how the workers conduct their work. Striving for balance in social work practice requires the workers to work from a position of equality, and non-judgement. Practicing social work from a position of power does not allow for a balanced relationship between the worker and client. The same is true for practicing a deficit-based approach rather than a strength-based approach to helping.

Balance also determines the end goals of Aboriginal social work. As previously discussed, the end-goal of mainstream social work is to inspire your client to change their lives to be more productive and more in line with the status quo. The worker assesses their client in relation to pre-established norms and works with them to increase their alignment with those norms. However for Aboriginal helpers the goal is to help their client become a more balanced individual, family member and community member. This means allowing their client to discover who they are as an individual, family member and community member, and to balance the positive and the negative within themselves. There is no pre-established image of what that person should become, the image is

different for every client. More importantly the image is never static. For Aboriginal people there is no specific end-goal because healing is seen as a journey. Every person has good and bad, positive and negative within themselves, and their life-long healing journey is about discovering that and bringing it more and more into balance. The goal of the helper is not to create a productive, healthy client, but to help and guide them along their own personal healing journey.

**"...[T]he more clear people are about their own personal values, the clearer they can be about their practice" (Mary):**

In negotiating the relationship between worker and client, many of the participants discussed the importance of considering values and worldview. Mary discussed this issue in detail, and summarized the issue nicely in saying that as a social worker working with Aboriginal clients, you must understand your worldview and values, those of the school of social work (or other discipline) and those of your Aboriginal clients. For example, mainstream social work education teaches the worker to always respect their client. However how mainstream social work defines respect might differ from how the worker defines respect, which might differ from how their client defines respect.

Part of understanding that different people operate with different sets of values is also understanding that mainstream social work practice and theory are also value-laden. Mary spoke extensively about the importance of being aware of the presence of these values, of understanding what they are, where they come from and how they align, or do not with Aboriginal values and worldview. In teaching her students to become more

aware of values, Mary uses a combination of lecturing and demonstrative/experiential teaching. She pointed out that it is often difficult for people to become aware of their own values using only theoretical learning. Instead, she brings Elders and other Aboriginal people in to speak first hand of their cultural experiences, and also asks her students to take part in case studies and value exercises. She has found that this combination allows students to get a better understanding of their own values, or Aboriginal values, and most importantly to see where the differences lie.

Mary does not argue that a misalignment of values means that a worker should not work with a given population. Instead she argues that it is essential for the worker to truly understand their own values, and to be aware of differences.

> ...[T]he more clear people are about their own personal values, the clearer they can be about their practice. When people are really clear about how they work with others, it's easier for them to make room for differences. Because they're secure in themselves and they're not threatened by other differences.

When values align, the relationship between worker and client is obviously easier to develop. When values are miles apart, the worker may decide that it is best for them to not work with that particular client. Overall, Mary's goal is not to create a community of social workers with aligning values to Aboriginal populations, her goal is simply to encourage workers to think and talk about values. In her experience, values are not sufficiently addressed or explored in mainstream social work education.

Related to values and worldview is the fact, mentioned by several of the workers, that much of the dialogue around Aboriginal social work is largely deficit-based. These workers argued that there needs to be a switch to a strength-based perspective. This

switch needs to extend from the way that Aboriginal people are spoken about and viewed, to the way in which they are treated and then leading to the way in which they view themselves. Non-Aboriginal Canadians have a history of treating Aboriginal people as though they are lesser beings, attitudes which as previously discussed have seeped into the consciousness of Aboriginal people themselves. Colonial discourse aside, several workers discussed the fact that Aboriginal people tend to continue to be discussed in a negative way in contemporary Canadian discourse. Most discourse focuses on health disparities, addictions, poor conditions on reserves, poverty, lack of housing etc. These of course are all disparities that do exist in Aboriginal communities, yet these workers wanted to emphasize the fact that there is also so much strength and resilience in these same communities. Rather than focus on the negative, the workers actively take a strengths-based approach to their work, focusing on the strengths, knowledge and talents of their clients and their communities.

Mary spoke further of the way in which she teaches her social work students to switch from a deficit-based to a strengths-based approach to social work. She noted that it is easy for social workers to only see Aboriginal people in the context of trauma because that is often the context in which they interact with Aboriginal clients. She teaches her students about the strength, resilience and values that have transcended through generations in spite of forces of acculturation, assimilation and colonization. This gives the students the knowledge that they need to work with their future clients using a strengths-based dialogue, even when their client's situation may seem devoid of

positivity.

> ...that's the first piece is that social workers need to understand that perspective from First Nations people because that's what can frame an approach that is strength-based versus pure deficit focused. And it opens up an opportunity then for social work students to do this to see the resiliency and the strength beyond the deficit and to ensure that when they're working with First Nations individuals, or families in communities that their approach is balanced in that way. That they're not going in understanding that there are no strengths, that its hopeless.

In addition to being aware of values and worldview, many of the workers discussed the importance of considering power dynamics in worker-client relationships. Several of them said that there is an expectation in the Western model of care for the practitioner, whether they be a doctor, nurse or social worker, have a certain level of superiority over their patient or client. Clients expect the practitioner to be in a position of power, and the practitioners themselves have the same expectation. However the workers agreed that relationships with Aboriginal clients need to be based on equality, with both interacting on equal ground.

Although the workers agreed on the necessity of equality in the worker-client relationship in the Aboriginal context, many of them also talked about how difficult an equality-based relationship can be to build and maintain. The workers enter most client relationships with an automatic level of status because of their employment position. Breaking down this power differential takes explicit acknowledgement of its existence, and effort to break it down. The non-Aboriginal workers had the additional issue of coming to the relationship with "white privilege". The non-Aboriginal workers agreed that they are automatically assigned an element of privilege and power because of their

"white" identity. This power imbalance must be levelled in order to have an effective worker-client relationship, and that can only happen if the worker is able to fully acknowledge and understand how and where power differentials exist. As Sarah described:

> ...it goes deeper than [incorporating cultural practices]. I think it's the power dynamic that is really what it's all about at the end of the day. I think if there was more awareness about the amount of power that physicians and nurses or whatever professional they're encountering have. There's times at the end of your day when you think "Oh crap, was I abusing my power?". You know it's not always done with bad intentions – sometimes you're trying to help somebody, but it's still what you think is right or good.

The workers agreed that although they may have discussed the concept of power and privilege during their education, the idea was not fully explored. Nor were they taught the importance of consistently maintaining awareness of their own position and power. Several of the workers agreed that this is often challenging, and is something that they always have to be wary of, and reflect on. Sarah went one step further and said that she does not think that people can be taught to be aware of their power and status. It is a self-reflexive ability that some people have and others do not. Those non-Aboriginal workers without that ability are unlikely to ever be able to effectively work with Aboriginal clients because they are unlikely to be able to understand their position well enough to create an equality-based worker-client relationship.

**"...[T]his isn't a job, this is a way of life" (Pam):**

Codes of conduct, ethics and boundaries are also less rigid or structured within the field of Aboriginal social work. To begin with, the importance of maintaining a presence

within the larger community requires a much more flexible concept of boundaries than that taught within mainstream social work. Several of the workers were taught in their training that they should not have a presence within their client's community. Yet as discussed above, they agreed that their community presence was essential to gaining and maintaining the trust of their Aboriginal clients. This less clear boundary between clientele and community can also make it less clear what parts of the worker's life are their life, and which parts are their work. Pam said that she did not need a clear distinction of the outline of her job because

> ...this isn't a job, this is a way of life. "I don't really have a distinct job description because everything that I do, and this is what I think sets my agency apart from some particularly mainstream agencies, everything I do in my community helps to support a healthier community.

The level of community participation in work with this population also requires different code of ethics, especially principles of confidentiality. Mainstream social work training places the utmost importance on maintaining client confidentiality. Yet, as discussed above, many of the workers agreed that when working with their Aboriginal clients it was often helpful and important to bring in family and community members to the healing process. Generally the workers agreed in the value of ethical principles, but implemented more flexibility in the application of these principles according to the specific context and needs of their Aboriginal clients. Pam spoke in depth about the different standards of ethics and competency that she is held accountable to in her field of work. Rather than being accountable to institutionally created regulations and standards, she said that within the Aboriginal community the Elders and the community members

hold her to a higher standard and level of accountability: "[i]n our community the Elders watch."

**Issues with "the system":**

Several of the workers mentioned system/policy level problems that significantly impede their work with Aboriginal clients. To begin, the healthcare compensation system is overly complex for Aboriginal Canadians, often causing confusion over which level of government should be paying for a particular service. Sarah mentioned her frustration with the fact that the medications covered under insurance for her Aboriginal clients do not reflect the illnesses and diseases that are most prominent within that population such as COPD and diabetes. In addition, she spoke of how difficult even the most simple tasks can be for her Aboriginal clients, such as how challenging it is to get a health card for an Aboriginal person. Funding for Aboriginal community health centres was also discussed by a couple of the workers. According to these workers, Aboriginal community health centres receive approximately half of the funding that a provincially-funded mainstream community health centre receives. This obviously makes resources significantly more scarce and fundraising more essential. In addition, lower funding means that there is less money for salaries and promotions, which creates a high turnover rate at Aboriginal community health centres. Rob estimates that the turnover rate is around two years, which he stated is not enough time to build trusting relationships with clients, especially as an outreach worker.

A couple of the workers spoke extensively about the flaws in the welfare system.

They argued that the welfare system is based on an out-of-date model designed for people who are temporarily out of work. This model does not work for their clients who are likely to be out of work for an extended period of time, and for whom finding a job is not the primary concern. The current welfare system does not get to the root of the problem because it does not allow for the level and length of counselling and long-term care that the clients require. As Rob said:

> ...they're giving people a year at least, sometimes two years. But I mean let's face it, if someone's got 25 years of sheer crap in their lives, one or two years isn't quite enough, it'd be more like five, and that's probably being optimistic.

The end-goal of the system is to get the client working and off welfare, which Rob argues should not be the end-goal of a worker's relationship with their client. As he pointed out, if you help your client to work towards a healthier life in general, they will want to work, "because everyone wants to work, or have something to do that's valuable in their life". The workers interviewed for this research are able to truly help their Aboriginal clients because they are committed to long-term, in-depth work with their clients, but unfortunately this is not what the system wants or requires of them. This is not reflected in the statistics that they are required to submit, because "that's not what they're interested in" (Rob).

Rob also discussed the financial aspect to the issues which he perceives with the current welfare system. According to Rob, shelters receive $2000 per month per person, yet welfare recipients only receive $570 per month, which is not nearly enough to find housing. As mentioned above, Rob argued that the welfare system is designed for people

who are temporarily out of work, and that there should be a different system for those who are likely to be out of worker for longer, a system with more long-term aid and care. Ontario does have the Ontario Disability Support Program (ODSP)[3], but Rob argued that ODSP is flawed as well. The program is purely financial, and he argued that it needs to include access to programs and services. In addition, ODSP recipients receive $1000 per month, with no limitations or incentives to change. Unfortunately, Rob said that if one of his clients with substance use issues receives eligibility for ODSP, he usually loses them as clients. They now have more money for drugs or alcohol, with no incentives to change.

Given the extremely problematic historical context of the Canadian child welfare system and Aboriginal people, I was not surprised to hear many of the workers extensively discuss the flaws of the Children's Aid Society (CAS). The large majority of the workers' clients have spent most of their lives moving through the CAS system. Rob estimated that many of his clients lived in up to 42 different homes throughout their childhood. These workers argued that the system continues to be based on racism and misunderstanding, resulting in a process that seriously negatively impacts the lives of Aboriginal children and families. Sarah specifically discussed the issue of mothers with substance abuse issues. She said that in her experience, CAS automatically removes babies and children from Aboriginal mothers with substance abuse issues, without

[3] The Ontario Disability Support Program provides financial assistance to people with disabilities to help them to pay for living expenses such as food and housing. The program is run through the Ontario Ministry of Community and Social Services. www.mcss.gov.on.ca/en/mcss/programs/social/odsp/index.aspx

sufficiently assessing the home situation. She strongly argued that CAS workers need to start by talking with mothers, finding out what their situation is and what they can do to help, instead of immediately taking away the children. In addition, removing the children only worsens the condition of the mother, and places the children into a life of moving through the CAS foster-care system. As Sarah said:

> Your first step is to talk with that woman, get her some food and work through whatever is going on. Because no woman really wants to be drinking when she's having a baby. It's not really a choice that a woman makes and is happy with. And we know when you take a woman who is addicted and take her kid away, she's just going to get worse.

Several of the workers discussed the prominence of racism and misunderstandings throughout the lives of their clients. In their experience, many social workers are racist, with some hiding it better than others. The workers also spoke of how "white" most of the institutions in which their clients must interact are - from schools, to hospitals, to foster homes. The workers said that if these institutions were less "white", more Aboriginal people would feel comfortable using them. Less white meaning literally having more Aboriginal people working in the institutions, but also in the sense of functioning more in line with Aboriginal ways of knowing, understanding and being. Sarah spoke extensively about the importance of making Aboriginal clients feel welcome from the moment they walk in the door of a program or service. If one of her clients walks into a doctor's office, and the receptionist barely lifts their head to say hello, the client will walk right back out of the door. These people have severe trust issues, and are often greeted with racist judgements and misunderstandings, so they need to be made to

feel welcome and safe immediately. Sarah pointed out that this was not just about looking the same, although she did encourage institutions to increase their Aboriginal staff, but it is more about being respected for who you are and how you look.

**"Learn based on who you are, not on some model of what a student should look like" (Pierre):**

According to the experience of these workers, social work with Aboriginal clients is inherently different than work with non-Aboriginal clients. This seems to indicate that training for those who plan to work largely with Aboriginal clients should reflect the differences that they are likely to encounter in their practice. As described above, several of the workers, particularly Mary, discussed the ways in which they feel that training should be unique for those planning to work in the Aboriginal community.

Although most of the workers agreed that you do not have to be Aboriginal to work with Aboriginal clients, they also said that sharing in the culture and context of their clients did often make it easier to establish relationships. Pierre spent several years developing various social work programs designed specifically for Aboriginal students. His experience can be summarized into three major lessons: programs work best if they are taught in Aboriginal communities; programs require flexibility in terms of their administration; teaching needs to incorporate Aboriginal approaches to learning and knowing.

Pierre was involved in developing several social work programs which were delivered in different First Nations communities in collaboration with a university. These

programs were developed at the request of the communities, and were largely seen to be a huge success. Most of the students were already helpers within their communities, but required formal educational training in social work to receive certification. As Pierre said: "[t]hey're people that were doing this job, but they'd had no training for it". Without these collaborative programs, these students were required to move to an urban centre to receive any formal training. For many this was not an option given their role in the community as a helper, family member and community member. For those who were able to leave, the communities felt that they returned unrecognizable, and unable to relate to the community. For these reasons, Pierre feels strongly that social work programs designed for Aboriginal students should be delivered in collaboration with communities, and in those communities.

In addition to working on the development and delivery of social work programs in Aboriginal communities, Pierre was also involved in re-vamping a university School of Social Work, with a particular effort to improve the program's fit for Aboriginal students. One of the major lessons that he passed on to me about this process was the need for such programs to have flexibility. Many of the students who were ideal fits for the program as established, mature Aboriginal students, many of them community helpers, did not easily fit into the admission requirements of the program. Pierre spent much of his time developing relationships with the university Dean and administrators in order to widen their scope of what a graduate student should look like. Helping them to recognize the potential in less-than-typical graduate applicants, and to incorporate options

for such students to acquire or substitute any additional qualifications during their studies (e.g. taking a required undergraduate course during their graduate studies or being given credit for their experience in their community).

The courses also needed to have flexibility in terms of the way they were taught and evaluated. Specifically, Pierre said that the courses needed to be taught and evaluated with consideration of Aboriginal ways of learning. A program attempting to attract Aboriginal students needs to be culturally-based, not culturally-sensitive. According to Pierre, Aboriginal ways of learning are more holistic, visceral, visual and experiential. The idea of sharing versus instructing, as discussed above, also applies to Aboriginal education. Pierre introduced the idea of teaching in circle to his graduate and undergraduate courses. Teaching in circle allows every participant to interact as both a learner and educator. In his experience, this strategy was ultimately extremely successful for both his Aboriginal and non-Aboriginal students. Overall, Pierre's dedication to providing culturally-based programs attracted a larger cohort of Aboriginal students, who were generally very successful in their studies. According to Pierre, the key to his success was his effort to allow students to "[l]earn based on who [they] are, not on some model of what a student should look like".

# CHAPTER 4

## THE DELIVERY OF ABORIGINAL SOCIAL WORK

### How do these workers understand their clients?:

Aboriginal social work is delivered within the context of the culture of Aboriginal clients, and the historical and contemporary reality of colonization. Aboriginal conceptions of health and wellness, and the statistics and policies related to the ongoing impacts of colonization were previously discussed, however it is important to also discuss how the workers perceive that their clients experience this context.

### Level and complexity of issues:

> Human beings only have one heart, and a lot of the times that heart gets shattered through a number of traumatic events and so the question the Elders ask is how do you put that heart back together and get it to work in a holistic fashion? (Colin)

The clients with whom these research participants work have an extraordinary level and complexity of trauma and issues. George describes the level of trauma and associated illness amongst Aboriginal people as an "epidemic of pain". Most of the participants have spent their careers working with various people with addictions and/or mental health issues the large majority of whom have suffered some sort of trauma in their lifetime. However all of the participants felt that their Aboriginal clients were much more likely to have suffered multiple traumas, and also to suffer from concurrent issues and diseases. When working with a non-Aboriginal population, even those involved with drugs and alcohol, a client might have been sexually assaulted as a child, and suffer from

anxiety as a result of this. Many of the Aboriginal clients with whom my participants work are more likely to have been sexually assaulted by multiple people at multiple times in their lives, in addition to dealing with adoption, racism and poverty. As a result, an Aboriginal client who at first glance appears to suffer from anxiety, is highly likely to in fact suffer from a multitude of physical, mental and emotional ailments. "You know it's just a mess. It's just awful. It's such big, big issues and there's so many layers to it. It's hard when you get into it because one thing leads to another, to another, to another" (George).

**Diversity:**

The worker's clients all suffer from many complex and deep-rooted issues and traumas. Each of the workers explicitly linked these traumas to the ongoing impact of colonialism in Canada, in particular the assimilation efforts of the government through the residential school system and the racist and targeted child welfare policies of the sixties. These policies have resulted in widespread breakdown and scattering of people and families, and led to abuse of alcohol, drugs and people. However the workers were careful to note that there is diversity in Aboriginal peoples' experiences, and thus also in their issues. Several workers mentioned that the Inuit community in Ottawa has a distinct nature. Their Inuit clients tend to be more quiet, requiring the workers to spend more time sitting in silence than they were used to with even their other Aboriginal clients. A couple of the workers also mentioned that their Inuit clients had a different, more subtle

sense of humour than other clients. Sarah said that her female Inuit clients were her "huggiest" - the clients who wanted the most physical affection from her. According to Rob the Inuit community in Ottawa is more tight-knit than other Aboriginal communities in the city. This is especially important to note for a social worker because if one person has a house or apartment, many members of the community will spend their time there, and not out on the streets, in drop-in centres or shelters.

Many of the workers' Inuit clients also suffer from culture-shock. For those who have recently come to Ottawa, the large urban centre is a severe contrast to life "up North". The same thing was noted for First Nations or Métis clients from rural communities. For these clients "culture" is often a more important component of treatment. They are more familiar with cultural teachings and methods of healing, and are also more likely to respond to more tangible forms of "culture" such as traditional art forms, or traditional "country food". George also mentioned that his First Nations clients coming from cities were more "politicized" than those from rural communities. His urban clients were more likely to be aware and angry about politically-based inequalities and to be ""angry, aware of their situation created by the government policy...They are more prone to engage in things. To speak out and say things like discrimination and all that stuff is happening."

As mentioned above, for some clients relatively newly arrived from rural and especially northern communities, cultural elements play an important role in their health and wellbeing. Sarah mentioned that many of her clients, in particular her Inuit clients,

really enjoy creating art of various sorts, and she makes an effort to keep those clients supplied with art materials. Several of the workers also talked about their clients deeply missing "country food", and frequent discussions amongst their communities about the best places to find good country food in the Ottawa area. However not all Aboriginal clients have the same level of cultural experience or knowledge, and even those with a lot of cultural knowledge might not be at a stage of wanting to engage with their culture.

Some of the workers' clients do not immediately embrace a culturally-based approach to their work, and may in fact actively oppose such an approach. Some of these clients are embarrassed because they do not feel that they know enough about their culture, traditions and ceremonies. Others have only negative-associations with their Aboriginal identity, based on internalized stereotypes. For these clients they see their culture as the reason that they are an alcoholic or an addict, or that they were abused. Mary's approach to dealing with clients coming from this perspective is to slowly and carefully teach them the historical context of what they, and their ancestors, have been through. After illuminating this context she uses creation stories to teach these clients what it really means to be Aboriginal, and the positive gifts that Aboriginal people bring to the world.

Several of the workers spoke of the resistance to cultural approaches that they receive from many of their clients who are highly involved with chaotic substance use. For these clients, day-to-day basic survival and the need to fulfill their addictions is more important than any other need, and thus also to their need for culture. Some of these

clients may also avoid interactions with Elders and ceremonies because they see it as disrespectful to participate while under the influence of substances. As George noted: "My experience, and the reality of it is that they're not looking for culturally specific services until they've done some of their healing work. But in the first contact stage, in the early stages of contact, it's not an issue." Although culture was agreed to be a very critical part of the healing process for the workers' clients, they all agreed that it is something to be approached carefully and only in the dose and form desired by each individual client.

**Impact of residential schools:**

The impacts of colonialism, particularly of the residential school system and sixties scoop, continue to be felt by many Aboriginal people. Those clients from the residential school generation often suffered severe trauma as children, in the form of cultural and personal degradation, physical and sexual abuse and abandonment. These traumatic experiences can make clients difficult to work with, causing aggression towards authority figures and making many of them generally very reactive. Many of the clients, especially male clients, are very angry. Traditionally Aboriginal people were very comfortable with feeling and expressing emotions, however the inter-generational impacts of residential schools have created several generations of people, especially men, who have been taught to repress their feelings and emotions. This naturally increases the deep-rooted anger within many of these men. Several of the participating workers noted that it is important to work with clients to encourage them to express their emotions,

whether they be sadness, anxiety, or even anger. In order to work with this community, workers have to develop a tough skin and realize that the anger is not directed towards them personally.

Unfortunately the resulting violence, addiction, depression, anxiety, PTSD and other mental health issues is passed on between generations. Many younger Aboriginal people, from the generation after residential schools, were raised by severely damaged parents, or not by their parents at all. Many residential school-survivors were deemed unfit parents, and had their children forcefully removed and placed in the foster-care system. Some children were lucky enough to be raised by their grandparents or other family members. As George put it: "It's the same situation as in Africa, the grandmothers are raising the children because their parents are the missing culture. They're the ones that got sent to residential school so they don't speak Ojibway/Cree."

**Adoption and identity/gender issues:**

The sixties scoop resulted in an enormous proportion of Aboriginal children being taken from their families and growing up in adopted or foster families. Unfortunately the relationship between the Canadian child welfare system and Aboriginal communities continues to be based on misunderstanding at best, ignorance at worst. As Rob said, "I don't know any other population where so many people have been adopted". For many Aboriginal people being raised away from their family, community and culture has created trust, abandonment, attachment and identity issues.

Many of the workers mentioned the impact of identity issues on the wellbeing of their clients. The majority of their clients were shamed and degraded for their identity in residential school or foster-care, were raised by foster or adopted parents unfamiliar with their Aboriginal cultural identity, or were raised by grandparents with an often insurmountable generational gap. Systematic cultural degradation and extremely rapid cultural and environmental change have caused many Aboriginal people to feel lost within their own skin, community and country. As George said, "...feeling alienated in your own culture and lost. This is your country but you feel like you came in from Pakistan – they're like refugees in their own country." Confused and lost identities are especially an issue for many Aboriginal youth. Too many youth are being raised by their grandparents because their parents are too damaged to be able to raise them. These grandparents are well-intentioned, but come from a time that is worlds away from the contemporary reality of most Aboriginal youth. Many youth no longer speak their traditional language, nor do they practice traditional activities or religious beliefs. These youth do not know how to communicate with their grandparents, and the grandparents do not know how to communicate with the youth. Neither understands the other, and this causes many youth to feel unsure of who they are and their place in the world. "What are 800 people doing *here* with satellite TV playing Playstation surrounded by a million lakes? What are you doing – as a teenager here, where do you go with this?" (George).

The legacy of the residential school system has also caused many of the workers' clients to have complex gender issues. Residential schools were highly gendered, and

students were taught to adopt Western-Christian concepts of gender identity and gender relations. Men were encouraged to treat women as inferior, and the government instituted policies to further entrench these concepts (see pg 57-91). Unfortunately this has manifested into multiple generations of Aboriginal men mistreating Aboriginal women, and Aboriginal women feeling that they deserve to be mistreated. Several participants mentioned the extraordinary abuse and mistreatment endured by their Aboriginal female clients - sometimes at the hands of Aboriginal men, but most often at the hands of white men. Unfortunately it seems that non-Aboriginal men with violent tendencies seek out Aboriginal women as partners. One of the workers discussed the difficulties that this poses for helping such clients since their abusive partners encourage or even enforce negative and unhealthy behaviours.

Many of the workers' male and female clients have suffered from sexual abuse at one or another (or several) times in their lives. Many Aboriginal boys were sexually abused by male priests in residential school and these experiences have created a collective homophobia amongst many groups of Aboriginal males. George spoke of the difficulty that many of his male clients have in opening up to him because of their sexual abuse-related homophobia. Rather than hand those clients over to a female worker, George works slowly with them to gain their trust because of the essential value that he feels he can have to them as a positive and healthy male role model.

> Because I'm a man and I've been through it. So when I share part of my story that lets the cat out of the bag – that's a big, big thing...they need that relief. They need that permission...you normalize the hurt and say there are thousands of us who have had that happen to use. You're not alone anymore.

These identity and gender issues, combined with the high rates of other mental health and addiction issues, means that Aboriginal clients are significantly over-represented in street-involved communities. George estimates that around a quarter of the shelter population in Ottawa are Aboriginal. Within the exclusively Aboriginal community that Rob works, "...we figure about two thirds of [street involved clients] have some kind of FASD, and 90 percent of them have anxiety issues slash depression, we figure about 50 percent of our guys have be abused at one point or another, and we've never had to come up with a figure for the women, but like 85 percent? You know, so I mean that's a lot of things to widdle through and go, ok what percent of each of these things, what's the major factor that's effecting you?". Sarah does not work exclusively with Aboriginal clients, yet the large majority of her HIV clients, her Management of Alcohol Program clients, and her heaviest drinkers are either First Nations or Inuit. Unfortunately this is not surprising to her: "When I know people's stories, I would be dead if I was most of my clients. I would be drunk, I would be smoking crack too – that's the reality of the situation."

**Time in the system:**

Confounding the above mentioned context and resulting issues is the fact that many of the participant's clients have spent most of their lives "in the system". Many spent their childhoods in residential school or drifting through the foster system. After they were released or escaped from those systems many went to the streets, and have split

the rest of their lives between the shelter system and judicial system. This creates individuals without any life skills, without knowledge of the possibilities of a different life, and severely lacking in personal pride.

> Some of my clients got taken away at 2, and they were in CAS until they were 16 and I swear to go they got moved every three or four months. So 42 different places they've lived in. They hit 16 and they're like "screw you CAS', and they're on the streets, they hit the shelter system. So they've never done anything for themselves. They've probably rarely cooked anything, they've never done laundry. You know, where is the cultural capital? Where do they learn anything? Where have they learned any pride? (Rob)

**Racism:**

Racism continues to be a very prominent issue in the lives of most, if not all, of the workers' clients. In spite of Canada's image as a country of tolerance and acceptance, First Nations, Inuit and Métis people continue to experience racism from individuals, organizations and the system at large. As Rob pointed out, a non-Aboriginal person can walk into a nice restaurant looking pretty shabby and be served, the same is not true for a First Nations or especially an Inuit person. Many clients have dealt with racism from other social workers as well. Pam said that many of her clients enter their relationship with her with very low expectations, anticipating that she will soon give up on them as previous workers have done when they fail to meet certain (often racially laden) expectations. According to several of the workers, many of their clients are subjected to racism within the shelter system as well, and many refuse to sleep in the shelters because of this. As seen in the literature, a lifetime of being subjected to racist assumptions and

stereotypes has cause many of the clients to come to believe themselves to be another example of these assumptions. All of the workers spoke of the devastating impacts of this internalized racism on the health and wellbeing of their clients since "[so] many of them will say I'm just a drunk Indian, and that's what they think of themselves because that's what society has said of them for so long" (Sarah). Because so many of the clients have spent the majority of their lives existing within the social welfare system, many do not know what else is possible, let alone what they deserve. One of the essential roles that the workers see for themselves in this population is to work to breakdown the negative labels that form the identity of many of their clients. The workers help their clients to rebuild a positive image of themselves, and to see the possibilities that are available to them outside of the welfare system. This is the critical first step to improving their health and wellness because as Sarah said, it "helps them to see the value in taking care of themselves".

**Community:**

The primary commonality amongst the clients discussed by the research participants is the importance and centrality of community. Colonialism and the associated trauma continues to impact Aboriginal people inter-generationally.

> ...[Its] insidious, it's in the bones eh. We talk about intergenerational stuff, and about carrying your ancestors with you. We're carrying not just the names and what they did, or who they were, but part of their lived experience. And a lot of that was pretty painful (Pierre).

The trauma and associated health issues are also unfortunately very common within and

between Aboriginal groups and communities. As Jessica said:

> I would say 99 percent of people walking through that door have trauma. In the other places I've worked it's not as high. So people may be seeing you for work stress, or for relationship issues. There's more diverse reasons for me to be seeing people.

Health and healing are also understood to occur at a family and community level, not at an individual level. For these reasons, workers must approach the health of their clients at a community level.

> So when people come together at community events, it's not the three out of a hundred people who have been through this, everybody has had an impact. Everybody has had an impact, even if it's not direct. Everybody has had an impact and everybody is healing together and everybody has a story to tell. There isn't somebody sitting there and saying, well feeling awkward and has nothing to say. Everybody has a story to tell that is wrapped up in the same stuff together (Jessica).

For many of these workers' clients, the street community functions as their family and community. The workers felt that there is a stronger sense of community on the streets in general, but that for their Aboriginal clients their street community was cohesive to the point of it functioning as a family, as Sarah said: "it's a deeper sort of bond". Sarah estimates that up to 70% of the street community in Ottawa is First Nations, Inuit or Métis. Many of them are actually related, and many other act as though they are family members. These groups of people help each other to survive in the difficult street environment. They help each other to know who they can trust, where to get country food, where to get socks etc. They often also drink together, but they all look out for each other and form a tight-knit family unit. "You'll see a group of Inuit of First Nations people together and they sleep together, they eat together – they do everything

together" (Sarah).

From the workers' understanding, this bond forms not only because of the centrality of community to many Aboriginal cultures, or out of survival necessity, but also out of the understanding that is shared between Aboriginal people about where they come from, what life is like back home and most importantly what they have been through in their lives. Racism and stereotypes often prevent these Aboriginal clients from reaching this point of understanding with non-Aboriginal individuals. In speaking about her preference to work with and be around other Aboriginal people, Pam spoke of the sense of "not having to explain myself", and of that mutual, unspoken understanding bringing about a sense of belonging.

The importance and closeness of Aboriginal families and communities can be problematic for workers. Within the Aboriginal community in Ottawa, almost every single individual, whether a homeless addict or government employee, has someone in their lives who is dealing with addictions, other mental health issues and/or homelessness. Although this can facilitate help and healing, it can also hinder healing. Several of the participants spoke of the difficulty that their clients had in sobering up when they continued to be around family and community members who were users. In a different context the workers would have recommended that their clients stay away from other users, however they all agreed that it was inappropriate to ask their Aboriginal clients to do so. Family and community are essential to the wellbeing of their Aboriginal clients, and cutting out members of their family or community is simply not an option.

Sarah mentioned several of her clients who came to the city to flee from hugely abusive or dysfunctional families, yet were tremendously depressed because they were away from those families.

> We have two Inuit women, married for like 30 years. Their husbands died, they had multiple kids in the north...and their husbands died and their lives fell apart. They started drinking, then came here, and they cry, and cry and cry about how much they miss their husbands, how much they miss their kids. And you just can't console them (Sarah).

The small size and tight-knit nature of the community can also cause confidentiality issues. Some of the workers' clients avoid seeking services from Aboriginal-specific providers because they are afraid that everyone there will know them. This is a particular issue for clients seeking harm reduction services such as needle exchanges, and also for those with stigmatized illness such as HIV/AIDS.

**Strength and resilience:**

Although the workers had many sad stories to tell about their clients, they all were careful to point out the resilience and strength demonstrated within each of their clients. Several spoke of the natural support networks that exist within the families and communities of their clients and how these support networks greatly facilitated their work. Others spoke of the skills and resourcefulness demonstrated by their clients in continuing to exist, and even thrive, despite a lifetime of poverty, abuse and trauma. Many of the clients are talented artists, others musicians. All of the clients have a unique set of skills which has allowed them to survive extremely difficult circumstances. For

many of the clients, this skill set includes their sense of humour. Almost all of the workers talked about the wonderful sense of humour that many of their clients continued to have, a talent especially appreciated by the workers given the many challenges presented by their day-to-day work. As Sarah said" "[My clients have a] very good sense of humour which is always refreshing in this job."

**Different expectations of therapy:**

The workers who do healing work, or what in the western world is referred to as 'therapy' all spoke of the differences in expectations and actions between their Aboriginal and non-Aboriginal clients. They all agreed that Aboriginal clients both expect and act with more honesty. Jessica specifically spoke of her Aboriginal clients' ability to discuss what she refers to as an individual's "shadow side":

> I just think there's certain things that people don't like to talk about. I think we have a shadow side. Actually I think Aboriginal people are better at talking about it - the shadow side...Human beings have a really, really ugly shadow side, and they have so much beauty too. And that's just the human condition.

The workers also all spoke about the fact that their Aboriginal clients expect a higher level of intensity in their therapy as compared to non-Aboriginal clients. This can mean that issues are dealt with more quickly, since clients going through Western-modelled therapy have to "go through things like most Europeans, like therapy and counselling – it's like an endurance test sometimes. It goes forever some of that stuff" (Pierre). Aboriginal clients also expect their therapy to be emergent and not necessarily rationally defined. Colin spoke of his non-Aboriginal clients who "want more structure

in their therapy. They're more focused on themselves individually. They aren't as comfortable opening up and sharing their story with others. They are more guarded." In contrast, the workers felt that their Aboriginal clients expected and reacted positively to less structured therapy models, and to conversations, feelings and events that might not be easily explained with science or rationality. Pierre described his Aboriginal clients as:

> ...more ready for things to happen. And things can happen, can be turned around in an instant, or in a ceremony, or even a walk or in a conversation with somebody...Or if a dream comes through to them or a vision comes to them, they don't dismiss it, they honour it and they acknowledge it and those are fundamental skills that they have, or knowledge or wisdom I'd say that they have.

## Aboriginal social work practice:

The participants of this project practice a certain form of social work which is influenced by Western social work and the associated theory and context, Aboriginal approaches to healing and the associated cultural models and colonial context, and by the realities of their clients' lives. The discussion above describes how these workers understand their clients' lived realities, and the influence of culture, both Western and Aboriginal, and context on these realities. The way in which the workers deliver care lies in the overlap between Aboriginal and Western social work/helping practices, through the lens of contemporary Western discourse and colonial context. The following discussion outlines how this overlap emerges as the delivery of Aboriginal social work.

### "...[L]et me tell you my story if you've got time to listen" (George):

The social work practiced by these participants is less directive and formal than other social work. Informal sharing of information and teachings, usually in the form of

stories, is the central format through which these workers help their clients. Using stories to communicate is traditionally the mechanism used by parents and Elders to teach others. It is seen by many Aboriginal people to be a more respectful way of teaching, a way of teaching that does not assume a position of superiority or authority. As George said: "...I'm not this professional who has all the answers, let me tell you a story." Several of the workers also discussed the importance of sharing their own stories, as healthy role models, especially the workers who are Aboriginal and/or are recovering addicts.

> They're the ones who are going to be standing in the front lines and be visible. So when a guy says "who the fuck are you?" You can turn around and say "well let me tell you my story if you've got time to listen." So you don't have to be [Aboriginal], but we need to be. It's important for the community. If the Inuit, Métis and Aboriginal people who have healed are together and are walking examples of how you can get out of the hole (George).

Many of the workers also spoke of the importance of encouraging their clients to share their stories. As Colin said, "sharing your narrative heals". The workers emphasized that everyone's story is powerful, and encouraged their clients to see the value in their stories. As George said, "The fact that you've survived and can still function. The skills that you've developed to just continue living with all that you've gone through - that is gold, that is priceless." Thus the workers play an equally important role as a carrier of stories as they do as a story teller. Several of the workers also discussed the informal exchange of stories that happens within communities. This provides valuable opportunities for workers to learn about (and from) their clients, and is yet another reason why workers need to maintain strong ties and presence within the

larger community.

Interestingly, Jessica, who is not Aboriginal, took a slightly different take on the use of storytelling in her work. She did say storytelling is an essential tool in her work, and that she uses it more often with her Aboriginal clients than with non-Aboriginal clients, however she also emphasized the importance of including a certain level of client-specific clinical information.

> Sometimes, I wouldn't say I give instructions, but I do think it's really important as a therapist, depending on who you're working with, to let people know why you're going through something. So if someone is going through trauma work...if somebody talks about nightmares or flashbacks, well this is your brain healing itself.

**"There's a Cree word for counsellor, and its means "one who comes alongside"" (George):**

All of the participants agreed that although all social work is supposed to be "client-centred", working with Aboriginal clientele necessitates practicing truly client-centred care. They all agreed that working with this population was only possible if their clients truly felt listened to and respected. That trust was especially challenging to develop, and that it required an honest and non-judgemental approach to each client-worker relationship. A few workers were careful to point out that it is easier to build trust with Aboriginal, street-involved clients if you share some element of their live experience, whether it be your Aboriginal heritage, experience with substance abuse and street-involvement, or even both. However all of the workers agreed that you do not need to be Aboriginal or have previous substance use experience, you simply need your

clients to feel that they are respected, and that you can be trusted. George pointed out that non-judgement and respect are part of Aboriginal culture:

> That's a part of Aboriginal culture: it's not about the colour of your skin, the teachings are all there about that too – its integrity. Living out of integrity of who you are. And that's what's the most important. So if you have integrity and people know they can trust you, and you're there for them. You can't solve their problems for them but they know you're there for them. That's the most important thing.

Sarah also mentioned the importance of ensuring that the environment in which she interacts with her clients is also respectful and non-judgemental. Disrespectful, judgemental and especially racist behaviour is not tolerated from staff or other clients in the programs in which she works. She spoke of an example of a client repeatedly being rude and racist to other clients. This client was eventually asked to leave the program for the protection of the other clients.

Part of being non-judgemental and respectful of clients is also meeting them where they are at in their healing journey. As Rob put it, respect requires "meeting people where they are and trying to understand why they are where they are". The workers agreed that this is not always easy. Truly client-centred care means approaching each individual client carefully, gauging where they are in their life and addiction, and allowing them to dictate how the relationship will proceed. Clients may not want to see a worker when it is convenient for them, and the workers all agreed that with such an untrustworthy population it is essential to work with their clients whenever they are ready to do so. Rob mentioned that he had been taught in his certification program that he should avoid interacting with clients when they are intoxicated. However he will sit

down and speak with a client whenever they want to talk. He is careful to never deny a client the opportunity to open up, and also pointed out that people are more likely to open up when they are intoxicated. As he said, "I'm not picky about how things happen. Whatever's in the best interest of the client".

Part of meeting the client where they are at, being non-judgemental and respecting the client, is allowing the client to direct their healing process. As a worker with Aboriginal clients, your job is not to fix or heal your clients, nor is it to impose certain ideas of a healthy life upon them. Instead, the workers all agreed, your job is to help them along their journey. As Pierre said: "...when we work this way, the social worker is a helper, that's the way to see it, always as a helper. You can't do a person's healing, but you can assist them if they're open to it." In approaching the relationship with the client as a helper rather than as the expert, the worker is approaching the relationship as an equal, rather than as a superior. George eloquently spoke of the worker's role as walking alongside their clients.

> There's a Cree world for counsellor, and it means "one who comes alongside". So that's the role of the counsellor. You just come alongside someone and you walk with them. And the walking, the journey, the stories are told to share.

Allowing the client to direct the healing process always indicates that the worker values the wants, needs and knowledge of the client. Rather than approaching the relationship as the expert in what that person requires, these workers emphasized that the client often truly knows best. Pam mentioned how important this approach is with a population of people who have been disrespected, devalued and often given up on by

many programs, agencies and institutions:

> If you're my client and you come in here, I do not have an agenda. I'm not going to save you from your life and get you on the good path and get you away from all that temptation - what do you want to do? Because the biggest thing that I have found doing this work, in dealing with people who are struggling with...chaotic substance use, who are newly diagnosed or not so newly diagnosed with HIV, is how much other agencies and other workers have given up on them.

She went on to further emphasize the importance of helping her clients to see the knowledge, skills and value that they have:

> Be who you are because that's ok. Because the people that I serve have had all kinds of people tell them "you're nothing, you're worthless, you're a loser, you're a junky, you're a whore." I'm going to be the one person that tells them you're beautiful and you're smart. And you are worth something. And if I tell them enough maybe they'll start to believe it. That's how I do my job. It's really simple.

As a nurse, Sarah is required to deliver a somewhat different form of care as compared to the other participants. She provides her patients with many of the forms of counselling that the other workers do, but is also required to prescribe them medications, and to monitor their physical and mental health and ailments. As such, it could be expected that her approach to patient-care would be less client-driven. Yet Sarah also spoke of the importance of treating her patients with the respect that they are often not given from other practitioners. Although she did not say that she allows her patients to completely direct their care, she spoke of the importance of negotiating. Negotiation allows her to deliver the medical care that her patients require, while still respecting their wants and needs as they understand them.

> [In the hospital setting] you can tell people what to do and they will do it, you expect that they're going to listen to you. It's not like that out here at all – so you have to do a lot more negotiating, which is a much better way of treating people.

> In the hospital our clients get treated like absolute shit and it's because that's not the way – you can't just tell me what I'm gonna do.

Specifically, this approach sometimes means giving psychiatric medications to patients who continue to drink in spite of the possibility of the alcohol negatively interacting with the medications. For Sarah this often means dealing with volatile behaviour from patients who have been refused treatment elsewhere, and treating them with care and respect because she understands where the volatility is coming from and that it is not directed at her.

**"...[N]ot everything has to be concrete. We celebrate wonder and we just acknowledge it" (Pierre):**

In thinking about the differences between an Aboriginal and a Western or mainstream approach to social work, many of the workers agreed that the Aboriginal approach is less structured than Western or mainstream approaches. Part of this distinction lies in the importance of allowing the client to guide their own healing. Flexibility was agreed to be essential when working with Aboriginal clients - the ability to use knowledge and skills gained through education and training, but to tailor those according to what works for the specific person, family and/or community that you are working with or in. George spoke of the need with this population to "get out from behind the desk". He said that many of the approaches are the same as what he was taught in school, but "in different clothing". He said that the ability to help someone comes from life and experience, not from theory. His approach is to take the theoretical elements that he learned through his education and bring them to a more natural setting,

to use language and behaviour that is more natural in an interactive relationship.

The other part of the discussion of the "less structured" nature of Aboriginal social work lies in the spiritual, magical or unexplained element of healing that cannot be explained using Western, rational logic. As Pierre explained:

> When we do a sweat lodge, things can happen that you can't understand and people say there's magic there. But there's so much history...it's such an organic experience. Not just intellectual, not just emotional, not just a spiritual thing – its everything. Its under circumstances that are ancient, and even the way its conducted has been passed on for generation after generation. And its magic because as we say, you can create your own magic. You can do your own magic. We've got to find a way of helping you get to the point where you can do it.

This spiritual, magical healing element is expected from most Aboriginal clients, and they are comfortable with the unexplained mysterious nature of this element of healing. According to Pierre, for Aboriginal people "...not everything has to be concrete. We celebrate wonder and we just acknowledge it. We don't have to understand it all, we can just celebrate it for what it is." The workers contrasted this to their experiences with the expectations of non-Aboriginal clients who really struggle if they cannot understand, rationalize and explain everything involved in their healing or treatment.

Related to the relative lack of structure in Aboriginal approaches to social work is that fact that the approach is also less diagnostic. Several of the workers mentioned this difference, that it was important in their work with Aboriginal clients to resist the mainstream temptation to over-diagnose. Part of this is due to the fact that many Aboriginal clients have a myriad of complex, interrelated issues which require correspondingly complex, interrelated approaches to healing. As Jessica described:

> [In the mainstream population if a client comes in with anxiety] I target anxiety.

> In this population if someone comes to me with anxiety, there's usually a lot more going on than anxiety. And what you're doing is you're working together to try and find a healthier way of life. To find a healthier way of integrating or framing and a healthier way of life. You're not trying to target anxiety, because chances are there's a lot more going on than anxiety. So you're looking at it slightly differently.

The other component of this difference is the fact that clients are viewed holistically. Rather than identifying a client as mentally ill, or an addict, the workers view the client as a complex, whole being who is suffering and in need of help.

# CHAPTER 5

## ETHNOGRAPHIC REALITIES: ABORIGINAL SOCIAL WORK AND GOVERNMENTALITY

### Critiques of Foucault:

Since the 1970s, many scholars have adopted, transformed and critiqued Foucault's work on power, biopower and governmentality. One common critique has been the lack of empirical grounding in this theoretical work. Scholars have argued that Foucault's work is diagnostic rather than being prescriptive – it can be used to analyse, but not to prescribe how governing should function. This makes the theories challenging to apply, particularly in policy settings. Foucault's focus was explicitly on discourse, which these critics argue does not account for the reality of micro-level or lived experience (McKee 2009).

Other scholars question Foucault's abstract representation of governance, and the resulting portrayal of power as inescapable. In his recognition of resistance, Foucault states that resistance is part of power relations, and works to reinforce power and governing structures. Critics of this argue that this may account for the role of group resistance, but does not allow for the reality of individual freedom and agency. Critics question how the actions of individuals who do not buy into the intentions of biopower or governing bodies fit in within Foucault's theoretical constructs (McKee 2009). Although individuals may not be able to change overarching power and governance structures, they may be able to act in resistance to those structures. This critique is particularly relevant

to the context of Aboriginal peoples, who are more likely to resist governing efforts given the colonial context.

Another common critique questions Foucault's lack of discussion of social, cultural and economic difference. Empirical evidence shows that socioeconomic difference can hugely affect the ability of individuals to access and respond to power. This critique is especially relevant when looking at the power relations in which Aboriginal peoples exist. Aboriginal peoples, especially those using/abusing drugs, are often of significantly low socioeconomic and socio-cultural status, and may therefore be impacted by power and governing structures differently than people with higher socioeconomic status (McKee 2009).

**Realist governmentality:**

Contemporary researchers support the theoretical basis for Foucault's understanding of governmentality as a mechanism for control, but recognize that on-the-ground realities are often more complex. McKee (2009) offers a framework which allows for use of ideas of power, biopower and governmentality while accounting for local realities and variations. "Realist governmentality" utilizes Foucault's focus on discourse and relationships in examining how power and governing structures influence social realities and policies. The key to accounting for local realities is the addition of ethnographic fieldwork to Foucault's theoretical constructs. Ethnographic research allows for the determination of how governmentality and power play out in a particular

location or context. This approach can also be thought of as a way of examining the friction of power and governmentality.

Critics of Foucault argue that the reality of how governmentality plays out is often different from the original intentions of the governing powers. Although Foucault argued that all individuals exist within power relations, and that resistance simply reinforces these relations, empirical research indicates that individuals may in fact have more agency than this allows for. By including ethnographic research in governmentality studies, one can examine how individual people adopt, change or resist governance. This focus at the point where governance touches down in reality, also allows for examination of how power relations differ in different contexts. Rather than following Foucault's assumption that all people are effected by power equally, this strategy allows for acknowledgement of how socio-cultural and/or socioeconomic difference impacts power relationships and governance. Thus realist governmentality uses Foucault's theoretical groundwork to examine power and governance, while focusing on the difference between what is attempted and what is actually accomplished in a particular context.

Contemporary researchers support the theoretical basis for Foucault's understanding of governmentality as a mechanism for control, but recognize that on-the-ground realities are often more complex. Devine (1999) for example, used ethnographic research to examine whether or not contemporary low income area schools function as panopticons. Foucault theorized the teacher as the "in loco parentis" - as a parent or role model leading by example (Devine 1999: 253). However Devine's research showed that in lower

income schools discipline is virtually non-existent. Rather than being controlled bodies, the students in his research were actually looking for more discipline. Instead, Devine determined that these schools were controlled by a culture of violence – by mechanisms more in line with old threats to physical safety. He found schools with entryways lined with metal detectors where the majority of faculty focus was spent on dealing with drugs and violence rather than on teaching skills and knowledge. Foucauldian analysis would argue that students complying with standardized pedagogy is a way of controlling or normalizing them, but Devine argues that this is over-intellectualizing the situation. It is essential for students to acquire the knowledge and skills in standard curriculum in order to function in the world as it exists. When teachers stop disciplining their students they are no longer able to teach them these skills (Devine 1999: 252). Devine found that most teachers in such environments had given up hope for their students – they no longer tried to teach them because they did not see any value in trying. These attitudes are reflected directly back onto the students, whose educational experience leave them feeling that there is no hope or possibility for their future.

The same can be said for the manner in which Aboriginal people, especially those dealing with drug and/or alcohol dependency issues, are treated. Many of the workers interviewed spoke of their clients as being a forgotten people. Canadian society has created the image of the drunken Indian – the Aboriginal person with no hopes of becoming a "functional member of society". Rather than dealing with these people as human beings capable of becoming healthy, their interaction with Canadian institutions is

often limited to the police, courts and perhaps a welfare worker. In line with Foucault's emphasis on internalization of control, this image of the drunken Indian is felt deeply within the core of many Aboriginal people. Many of the workers' clients referred to themselves as "nothing but a "drunken Indian"".

The workers that I interviewed, however, insisted on treating each of their clients as a human being full of potential and never beyond hope. For the Aboriginal workers, particularly those with previous experience with substance abuse, their experience formed the foundation for a discourse of potential and hope. They told their stories as examples of how to climb out of the depths of the "drunken Indian" stereotype. At first glance it seems that these workers were practicing according to Foucauldian analysis – that they were functioning as in loco parentis in order to guide their clients to change their lives according to societally accepted norms. Yet it is not quite so simple. The workers spoke of using stories to "walk alongside" their clients – not to direct them. Foucault's governmentality through role modelling depends on a power differential – the role model holds more power as the identified "more successful" or "normalized" individual in the relationship. Yet these workers spoke of "walking alongside" their clients. This requires that there is no power differential – both parties must come from a place of equality.

**The applicability of Foucauldian analysis to this ethnographic reality:**

Conducting social work as a mechanism of control is likely to be problematic for many clients, however this is especially true for Aboriginal clients who are multiply repressed and often already very distrustful. Many Aboriginal families directly experienced social work as biopower during the 1960s when their children were removed from their home because they were not living according to Western defined standards. A Western model of social work as biopower, with the associated hegemonic structure, practitioner/patient power imbalance and prescriptive approaches to treatment seems a stark contrast to traditional Aboriginal mechanisms which are about healing, not treatment, about sharing not instructing, and start with the premise that people are only able to heal when they decide they are ready. It seems likely that Aboriginal social workers would actively work to find a way to provide help and healing to their clients without participating as agents of governmentality, and this research provides an examination of the ways in which they do so.

Mainstream social work has been said to function as a mechanism of biopower utilizing disciplinary and pastoral power to aid clients in bringing their lives more in line with norms. Inherent to this theory is the existence of a power imbalance between the social worker and the client. The position of the social worker allows them to be the observer and the client the observed. However for the workers with whom I spoke, equality is a central tenet of the way in which they help their clients. The social worker is not superior to the client in any way, nor do they present themselves as having all the

answers, or knowing what is best for the client. Their role is not to heal the client, but to help them along their healing journey. A couple of participants even stated that they were not even in control of how they guided their clients along their journey, that they were only a vehicle through which the Spirit could communicate with the client: "...there are times when the Spirit speaks through me, because Spirit knows the right words, Spirit knows what that person needs, I don't" (Pam).

A relationship of equality between the worker and client requires a different mode of interaction. In contrast to the one-way observation and surveillance central to disciplinary power, these Aboriginal social workers share information and stories about themselves as well as hearing their client's stories. Each of the participants spoke of how essential it is to give more of yourself when working with Aboriginal clients then you would with other populations. Working in circle is one mechanism for ensuring that all participants are valued equally. In circle everyone has a story to tell and something to contribute. All group work is always conducted in circle, and the worker participates as a member of the circle, not as its leader.

The participants also spoke of how essential it was for them to be a member of the Aboriginal community, something which is a direct contrast to what they were taught in their formal education. Social work ethics teaches the worker to maintain a barrier between themselves and their clients. This barrier ensures that the power imbalance persists and thus that the worker maintains their position of authority. For workers in an Aboriginal context, these barriers must be broken down, and the worker must present

themselves as an equal, and as a normal person. Participating in community events is an essential component of this, and allows the worker to form relationships of equality with their clients. One non-Aboriginal worker spoke of the value of her community participation in learning about Aboriginal culture. Participating in community events, and becoming a member of the community allowed her to learn with the community, to embark on a journey of cultural discovery together.

Breaking down the barriers which typically exist in mainstream social work relationships also creates a more genuine relationship between the worker and their clients. By sharing themselves with their clients and participating as a member of the community, the worker-client relationship becomes almost a friendship. Many of the workers mentioned that they often hug their clients – a practice that is strongly discouraged in mainstream social work. They all care deeply for their clients, something which is of special value to Aboriginal social work clients whose lives are often sorely lacking in love and care. As one worker stated: "...that's what love and caring does. It doesn't have a colour, and it doesn't have a culture. It crosses all of that. So you have to have that and that's what people are looking for. They're looking to be loved" (George). All of the workers also spoke of the value that their relationships with their clients added to their lives, and how this strengthened their commitment to the community. Jessica expressed her deep attachment to the Aboriginal community, a level of attachment she had not felt for other communities with whom she has worked: "I'm very attached to this community, and I wouldn't say that for any other population I've worked with. I love my

work, I love my clients. I've always loved my work, but I wouldn't say I was attached to a community like working with Aboriginal clients" (Jessica).

Several of the participants were careful to point out that their position put them in a position of power within our Western society. They stated that it is essential to recognize that they were in a position of power and privilege because of their status, and to actively ensure that they did not use or abuse this:

> ...it's about the power dynamic, that is really what it's all about at the end of the day. I think if there was more awareness about the amount of power that physicians and nurses or whatever professional they're encountering had. There's times at the end of your day when you think, "Oh crap, was I abusing my power?". You know it's not always done with bad intentions. Sometimes you're trying to help somebody. But it's still what you think is right or good (Sarah).

One worker described an interaction with several clients where it was necessary to break with standard codes of conduct in order to maintain a relationship of equality:

> ...if I go to someone's funeral and I'm really upset, they see that too...I'm not supposed to drink with clients, but I do make exceptions...One of the guys, he was 19, and he died, and we came out of the funeral, and they were like "have a drink", and I was like ok. And I was really clear about what it was, I'm doing this because its community, because he drank, and they understood and respected that. And its stuff like that, like knowing when to make exceptions and going, ya, this is important thing to do to show respect. So I just had one drink out of the bottle (Rob).

A Foucauldian analysis of mainstream social work theorizes that the social worker observes and assesses their client according to established norms, a process Foucault refers to as normalizing judgement. I would argue that Aboriginal social workers do not follow this process. All of the participants emphasized the need to accept the client for who they are and where they are in their life, not to assess them according to where they are with respect to any established norm. The end-goal for clients is not to meet the

status quo, but to be happy with the person that they are. The workers with whom I spoke did not wish to change their clients, but worked to help them get to know themselves and be happy with who they were. As Pam said:

> Be who you are because that's ok. Because the people that I serve have had all kinds of people tell them "you're nothing. You're worthless. You're a loser, you're a junky, you're a whore". I'm going to be the one person that tells them you're beautiful and you're smart, and you are worth something (Pam).

In mainstream social work, the worker guides the client along their path towards an established norm. The assumption is that the worker knows what is best for the client, and how they should work towards those worker-determined goals. In contrast, the Aboriginal workers with whom I spoke allow their clients to guide the relationship. Their clients determine how the relationship develops and what specific help they want from their worker. This could mean counselling, going with them to a sweat, taking them to a doctor's appointment or just listening to their story. As Pam said, the worker genuinely does not have an agenda:

> So when I say that I come from a client-centred perspective, which is what I would have learned in my social service worker diploma program, I really mean a client-centred perspective. If you're my client and you come in here, I do not have an agenda. I'm not gonna save you from your life and get you on the good path and get you away from all that temptation – what do you want to do? Because the biggest thing that I've found doing this work....is how much other agencies and other workers have given up on them (Pam).

Truly accepting and respecting who a client is as a person, and not having certain societally-based expectations of them means that the workers have a different code of conduct for their clients. Many of the participants discussed the fact that many of their clients had been refused services from mainstream institutions because their behaviour

failed to meet societal norms.

> Almost all of my clients do drugs or drink alcohol. Those people don't get care in the hospital. If you're a mental health patient and you're drunk you don't get medication because they want you to stop drinking and then they'll look at your mental health. We don't deal with it like that here. If you're depressed and you're drinking then we'll look at why you're drinking so much – it's probably because you're so depressed. So we'll still give you the antidepressants even though they say you shouldn't be drinking...It's a different way of approaching people – you don't look at a drunk and say "wow if they would just pick up their boots and stop drinking then life would be...", you have a different understanding of addiction, of mental health and the stigmas aren't there. And you really live out the values of respect and non-judgement (Sarah).

For a community with deep-rooted anger, mistrust of authority and drug and alcohol abuse issues, behaviour is often far from what our society generally accepts as appropriate.

> Respect is a big one. Meeting people where they are and trying to understand why they are where they are. There's this guy, his mom just died...and he's starting to act out...by me its fine...But he's acting out, he's not violent – angry is probably too strong a word, but ya people are backing off of him, and I understand, and we get along fine. (Rob)

All of the workers with whom I spoke said that respecting their clients' decisions and actions is critical to their relationship, although this is not always easy to do. As Sarah put it "If I talk to my nursing friends in the hospital, and the things that get them really upset and pissed off – the clients that they have a difficult time with, in my head...I'm thinking that's everyone of my clients. Every one of my clients would be the difficult client in the hospital." (Sarah). Mainstream social work rests on the role of the worker to assess their client in relation to societal norms and work with them to better align themselves with those norms. For the workers with whom I spoke, this is never their role. They accept their clients for who they are, even when they feel that the client's

actions are not in their best interest. As Rob said:

> It's a pretty common counselling thing to say "where do you see yourself in ten years". And I've got guys that are just like "ah, same – just sitting here drinking". And I'm like "and that's ok?", "yep". It's like okay, well then everyone's happy. And it's like, sorry I can't accept that, I mean I know I'm supposed to accept it but I can't. But there's not much you can do except wait, and wait, and wait (Rob).

The process of confession and internalization is the mechanism through which Foucault's concept of power shapes the behaviour of individuals. Individuals change their behaviour not because they are forced to, but because interaction with professionals, such as a social worker, causes them to want to change to be more aligned with societal norms. In contrast, the workers with whom I spoke strive to help their clients discover who they are, not who they are in relation to the status quo. For Aboriginal people, knowing who you are is an essential component of healing, "[t]hats your biggest medicine, is who you are" (Pierre). Aboriginal helpers guide you in discovering who you are, and there is no pre-determined answer of who that is. It is a process of true self-discovery. Story telling is a key mechanism for this process. The worker tells stories and encourages the client to share their stories. This is an especially powerful tool used by Elders:

> ...[T]hey talk in stories. It's very difficult when your brain is set for answering questions – so an Elder will all of a sudden, you'll be talking and you'll be asking questions and they'll tell a story. And hopefully you're able to pick out the teaching that is in the story – so it's this indirect teaching through a story....It's incredible. A very respectful way of saying, "well I'm not this professional who has all the answers, let me tell you a story" (George).

Central to pastoral power as a mechanism of control is the placement of the responsibility to change on the client. It is not the responsibility of the professional to

make the client change, but of the client to want to change. The same is true for Aboriginal helpers. Most of the Aboriginal participants stated that it is the responsibility of the individual to heal, and that they cannot heal until they are ready to. The worker must care for their clients, must have compassion for their pain and hear their stories, but it is not their responsibility to fix their client's pain. As one Elder said "you can't take on everybody else's stuff completely, don't be greedy eh. It's their stuff. And you can have compassion for them, but you're not going to help them by taking on their pain" (Pierre).

Although the Aboriginal worker-client relationship does not result in internalization of a certain self-image, internalization is a large factor in the self-image of many Aboriginal people. Many of the participating workers spoke of the internalized shame and distain that their clients felt as a result of government and societal projections of the worthless, drunken Indian. Many of the workers' clients saw themselves as a direct reflection of this negative stereotype. Unfortunately this process of internalization has created deep-rooted pain in many Aboriginal people, and caused them to believe that they are not capable of living beyond the stereotype. Although the workers were all careful to work with their clients according to their desires, many of them said that a lot of their clients did not have a sense of what was really possible from life. Many of them have lived their entire lives either in foster care, jail, or on the streets. This prevents them from knowing what other life is possible, and from feeling that they deserve anything else. "A lot of people have no idea what's possible. So they just don't know what to say [when asked what they need]...A lot of the ones of the street just have no idea what could be

done for them or made available."(Rob)

In addition to being hindered by their clients' internalized negative stereotypes, many of the workers also feel hindered by the Western institutions within which they are forced to work. Although they work with their clients from a place of equality, respect and non-judgement, they still have to do so within a system that is not supportive of that approach. The system is set up to get people off of welfare support, not to support real, long-term help and healing. If a worker wants to keep their job, and also truly help and support their clients, they are forced to do so while also abiding by the standards set by the larger institution.

> ...[S]ocial services, that's welfare. And they want to get people working, and that's brilliant and it's a good thing, but once people do go to treatment or stop their drug use they will want to work, because everyone wants to work or have something to do that's valuable to their life. But it doesn't get to the root of the problem. If they really want to have...Aboriginal people in particular off welfare, they've got to go more for the root causes. I should be given more leeway to get people into counselling and that, and do more long-term work....it's what I do anyways, but a lot of it doesn't get recognized by my stats because that's not what they're interested in (Rob).

> One big thing, something stupid but simple and huge, is it take forever for us to get an Inuit person a health card...what status covers sometimes and doesn't cover is ridiculous. I don't know what the government is thinking with that. If you look at this issues that statistically all their nice epidemiological research shows, and yet the medications they cover! We know COPD, diabetes, HIV all those things are higher, but to get the good medication for that is very difficult. So that's really stupid and really frustrating and shows a lot of ignorance by the government right there (Sarah).

The Aboriginal workers are attempting to practice social work according to Aboriginal values and beliefs about healing, but do so within institutions based on Western values and beliefs. They are an Indigenous minority within predominantly white

institutions. These institutions operate according to "white" ideals, and are also primarily operated by white individuals. All of the participants spoke of the importance of increasing the Indigenous presence in these institutions, and also of how difficult it is to truly operate according to Indigenous values within these white systems.

> I think our institutions are often too white. I think our education institutions are too white, I think our hospitals are too white...I remember people talking about if you had just even one person that identified as Aboriginal in an organization that you would have a different populations accessing that organization...for some people it might be about looking like you, but I think it's also about having people respect the way you look – or being able to look beyond someone's racial category (Sarah).

The question of the applicability of a Foucauldian analysis to the work of Aboriginal social workers is not black and white. These workers practice a form of social work that is a blending of their mainstream social work training and traditional approaches to helping and healing, delivered within the context of colonial history and contemporary Canadian society. The result is a form of practice clearly distinct from mainstream practice, but still delivered within primarily Western-based institutions and to clients living within a Western-based society. However Aboriginal workers are able to resist the institutions in which they work in certain ways.

Given that the workers do have to build their client relationships within the context of contemporary Canadian society, often within Western-based institutions, it may seem that practicing truly client-centred, equality-based care is only an ideal. After all, the workers do approach their clients' care with certain ideas about what might work well for them, although they may still allow the client to choose whether or not to follow

that path. However a Foucauldian analysis of social work with Aboriginal clients allows us to see that mainstream approaches to this work function as a mechanism of remaking people. As such, mainstream approaches to social work with Aboriginal people could be, and in fact have been, seen as a form of continuing colonization. Thus even if Aboriginal social workers' dedication to truly client-centred care is only an ideal, it is still an important political and anti-colonial statement. In basing their practice on client-centered, equality-based ideals, the workers contribute to an equalization of power, and present an approach to social work based on helping, not on remaking.

Fundamentally, the workers with whom I spoke practice a distinct form of social work in resistance to the governmentality-based practice of mainstream social work. They do so every day in their practice by continuing to treat their clients with equality and respect, and helping them along their healing journey without dictating what that journey consists of. Many of the participants stated that their community held them to a higher standard of accountability than any Western institution. In Aboriginal communities Elders watch over the community and ensure that everyone treats each other with love and respect.

> ...[I]n the community that I work for I'm actually held to a much higher standard of competency and self-awareness than your [competency re-certification package] which would take far too much time from my time with my community and caring for myself and maintaining my competency, so quite frankly it's not worth it (Pam).

Under these standards, care and respect are valued far above Western institutions' standards of professional conduct. The workers live their lives according to the standards

set by their Elders and their community and exercise their small acts of resistance in order to do so within the confines of Western institutions.

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