

“The Grandmothers Are With Us”

Indigenous Theoretical Perspectives Towards Healing from Family Violence

My intent in this theoretical paper is to roam the landscapes of traditional, contemporary, and future Indigenous theory and healing practices, particularly, within the realm of understanding and healing from family violence. For many Aboriginal peoples, women in particular, violence is reported as the largest concern above other important health matters such as substance abuse, diabetes, mental illness, and historical traumas. Beyond such studies, living theories fit not only the historical times in which they were created, but also the contemporary times in which they are re/considered to best understand our lives. Indigenous theoretical knowledge is a dynamic, timeless, generational legacy upon which Aboriginal peoples have thrived through the traditional teachings of Ancestral Elders. From my recently completed doctorate at the University of British Columbia—in collaboration with a community agency in Vancouver, British Columbia, called Warriors Against Violence Society—I substantiate this article with participant and researcher experiences. Woven throughout is meaningful text affirming that an Aboriginal worldview is different, and oftentimes necessary, from mainstream ways of healing—primarily that of wholism, whereby Aboriginal families often require healing unity. The importance of addressing theories and reasons for the inequality in healthcare among Aboriginal and non-Aboriginal populations cannot be understated.

As I begin walking toward the campus village, I see a coyote in the near distance trotting along the perimeters of our parking lot that is surrounded by town houses. He seems to be looking for an opening where he can jog across the street into Pacific Spirit Park; but the evergreen bushes that he would butt his nose into had fencing behind them too. I watch Coyote, seemingly a little bit lost and a little bit on the prowl for his home habitat

and wonder why he presents himself to me today. What lessons am I to learn from him? I think he brings forth a witnessing experience for me, himself perhaps feeling boxed-in and apprehensive or anxious and trying to find where he belongs. Sometimes such searches end perfectly and right away, other times they take twists and turns and nuances of finding our ways. (Personal Field Note, Author, April 29 2011)

Context

Coyote, in all likelihood, is not at all confined and anxious in working his way home amongst the low-lying trees. Similar to him, I need to be stronger in this way, more aware of where I am going today. I've no doubt he'll find his way home and more importantly, he likely has no concerns in these moments either. He is confident and purposeful, knowing exactly where he is meant to be. Similarly, Indigenous knowledges (IK) and Indigenous methodologies (IM) are never still in time, in context or in the solidity of confidence (Archibald; Battiste and Henderson; Cole; Cajete; Kondrat; Marsden; Mehl-Madrona). Oscar Kawagley and Ray Barnhardt believe "recognition of cultural systems as being dynamic and ever-changing in response to new conditions has enormous implications for the sustainability of indigenous communities ..." (137).

My intent in this theoretical paper is to roam the landscapes of traditional, contemporary and future Indigenous theory and healing practices, particularly within the realm of understanding and healing from family violence. Theories fit not only the historical times in which they were created but also the contemporary times in which they are re/considered to best understand our lives. More importantly, theories can remain adaptive rather than constrictive. Academic or participant-based theories throughout this paper showcase a particular theme: unpacking and understanding the Aboriginal wholeness of health as we journey towards it. In this paper, I present a brief overview of the community agency with which my collaborative doctoral study is based, a survey of Western and Indigenous/Aboriginal health perspectives, and their significance for Aboriginal peoples healthy living.

Warriors Against Violence Society (WAVS, pronounced "waves" and also referred to as "Warriors") is a community agency in Vancouver, British Columbia, that leads the way in theory and practice for such family violence awareness, healing intervention and prevention. My doctoral dissertation, aptly titled by participants "'Hope for Change—Change Can Happen': Healing the Wounds of Family Violence with Indigenous Traditional Wholistic Practices" is a collaborative effort to spotlight the philosophy and practices WAVS and its attending members accomplish to end violence among Aboriginal peoples. My/Our

research involves an in-depth historical and present-day analysis of Warriors, inclusive of exploring its violence intervention model; members’ perceptions and experiences about Warriors; and ultimately, how policy changes can be made to enhance the outreach capabilities of the agency to end family violence.

Aboriginal theoretical perspectives about living within and being a part of nature’s elements (land, fire, water and air), have and still do, guide Indigenous peoples’ intrinsic ideologies of health and healing. In an urban setting like Vancouver and to some extent, its outlying suburban districts, traditional guidance is demonstrated by a number of traditional practices. Indigenous and Western methodological paradigms can positively shape Aboriginal peoples’ health. This particular cultural fusion is complex, not easy to establish and difficult to maintain. Therefore, the main object of our study has been to explore ways that WAVS, as a contemporary healthcare provider, uses traditional/cultural practices that facilitate healing from violence in many of its members’ lives. Guiding questions are:

1. How does WAVS articulate and conceptualize its cultural components and their importance of being implemented and received as an intervention model for healing from family violence?
2. How does the WAVS intervention model impact and support members wishing to heal from both their intergenerational and contemporary perceptions and experiences of family?

On the whole, I/We seek to best understand how WAVS members and facilitators heal from past familial violent traumas and seek healthier beginnings or traverse the “Red Road,” a path of wellness, to which I have heard many Aboriginal peoples refer. As a side-note to my readers, while expected in academe I reference those scholars who have published before me with double quotation marks or with block double-indentation. Further, I denote all participant and researcher-field note voices in italics and with block single-indentation in order to give prominence to their contextual value and to relieve extensive amounts of single quotation marks wherever possible. I pluralize the words “learnings” and “knowledges” because upon closer critique, they are not singular derivatives from singular sources; lastly, I spell the word “wholism” with a “w” in keeping with Aboriginal ancestral and scholarly traditions.

The document *Aboriginal Domestic Violence in Canada*, prepared for the Aboriginal Healing Foundation by Michael Bopp, Judie Bopp, and Phil Lane Jr. suggests the sheer volume of needs to unpack and to bracket in order to fully understand the multiple complexities of Aboriginal peoples’ experiences of violence. Aboriginal family violence and abuse:

- Is a multi-factorial social syndrome and not simply an undesirable behavior;
- Resides within Aboriginal individuals, families and community relationships, as well as within greater society's social and political dynamics;
- Typically manifests itself as a regimen of domination that is established and enforced by one person over one or more others, through violence, fear and a variety of abuse strategies;
- Is usually not an isolated incidence or pattern but is most often rooted in intergenerational abuse that is almost always linked to the need for healing from historical traumas; and,
- Has its syndrome-roots in Aboriginal historical experience, which must be adequately understood in order to be able to restore wholeness, trust and safety to the Aboriginal family and community life. (ix)

The above web of awareness of culturally-sensitive and relevant significances, interventions, recommendations and health policy re/writings propel me towards a powerful comprehension about fluid time and intergenerational connectedness vital to Aboriginal peoples' health and well-being in Canada today. Background context about family violence, specifically among some Aboriginal peoples requires not only past awareness and documentation but also contemporary understanding.

Present reality dictates that extreme numbers of Aboriginal peoples and their wellness paths remain marred in family violence primarily because of cultural loss. As many as eight out of ten Aboriginal women have experienced violence and rates for partner/spousal abuse are significantly higher among Aboriginal women than Aboriginal men and among non-Aboriginal peoples (Statistics Canada 9) and in 2009 Aboriginal females who reported spousal violence were about three times more likely than Aboriginal males (34 percent versus ten percent) to report that they had been sexually assaulted, beaten, choked or threatened with a gun or a knife by their partner or ex-partner in the previous five years (GSS on Victimization). Also recorded is that Aboriginal people tend to be highly re/presented as victims and perpetrators of crime as well as among incarcerated persons (6).

No matter the historical reasons for contestations not being acted upon, Warriors Against Violence Society demonstrates how present violent authority can and should be challenged. According to Glen White, Monika Suchowierska and Margaret Campbell,

Society's ambivalence toward violence in the family is apparent in the various definitions and interpretations of battering and abuse, includ-

ing physical aggression toward a child or intimate partner, corporal punishment, harsh parenting, non-accidental physical injury, assault and crimes against women. (Supplement, 8)

WAVS provides its members with historical and culturally-traditional understandings. It also explains present-day knowledge about where much of their anger and negative behaviours originate, such as institutional rules from generational forced attendance at residential schools. Newly founded missionary churches began residential schools in Canada in the 1840s. They were later institutionalized by the *Indian Act* of 1876, which sanctioned Canadian government personnel (Indian Affairs and Northern Development) to forcibly remove Aboriginal children from their homes and communities, preventing them from learning basic parenting skills, cultural traditions and their Native way of life. Many others were subject to physical and mental abuse, which strongly affected their self-worth as they grew up and attempted to parent their own children (Chrisjohn, Young and Maurun; Lester-Smith).

The Grandmothers Are With Us

There are multiple ways and settings in which Indigenous knowledge can be re/presented, such as through family, community, work and the university. For instance, on days that my personal methodology of health is not working as effectively as I wish, I think of Marcelle Gareau, a Métis woman I met in Ottawa during the 2009 Aboriginal Policy Research Conference. Offering me encouraging words about the completion of my Master's of Arts study, “Aboriginal Women Living with HIV/AIDS: An Empowerment Perspective,” she confirmed, “The Grandmothers were with you” (Personal field note, March, 2009). I return to Garneau's gentle wisdom as my own health challenges ebb and flow like a river's newly born rivulets passing by a static position at every moment in time.

As First Nation daughters, granddaughters, great granddaughters, aunts, mothers, grandmothers, and great-grandmothers, we understand the importance and the significance of our motherhood roles. Our matriarchal predecessors had to be strong, powerful women. Although I had not met my great-grandmother, Leona Julianne Gauthier Simard, she and my maternal grandmothers are known as *Kokum* in *Michif*, a blend of Cree and French *Métis*. *Kokums* learned from their grandmothers and mothers, generational knowledge meant to be passed down to us. We were expected to learn, through our grandmothers' living experiences and teachings, respect for others (Lester-Smith and Fossella). About our collective familial traditions, I offer this pointed exemplar: Duncan Scott, head of the Department of Indian Affairs between 1913 and 1932,

makes transparent his goals of power over First Nation peoples: “Our object is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic, and there is no Indian question and no Indian department” (cited in Jamieson 50). Despite such barriers to honouring our maternal Ancestral ways, grandmothers continuously taught our traditions, deeply protected from an emerging world of colonialism.

Within my own learnings about Indigenous and Western knowledges, I intuitively trust and metaphorically borrow, discover, learn, understand, interpret, and honour the relational Ancient/Ancestral and contemporary knowledges that assist me, throughout this article. In doing so, I traverse such intersectional terrains as:

- Indigenous Knowledges (IK) and health;
- Aboriginal Motherhood;
- Western Knowledge (WK) and health;
- Warriors Against Violence Society (WAVS); and
- Ways of healing for Aboriginal peoples.

In the implicit and explicit seeming *competition* between the better of two worldviews, Indigenous and Western knowledges can be at their best when a fusion of the two becomes deeply re/rooted, understood, and practiced. Presently, however, our collective knowledges reveal that accountability for health policy-making for the benefit of urban Aboriginal peoples in a predominantly Western paradigm has yet to be found. Prevailing wisdoms still do not encapsulate culturally-reverent, traditional ones as best they could. Meanwhile, Indigenous scholars like Archibald continue to explore what authentic Indigenous theoretical research means:

honouring past, present and future in interpretive and analytical research processes including historical references and intergenerational discourse; honouring the interconnectedness of all life and the multi-dimensional aspects of life on the Earth and in the community research design and implementation; and honouring the spiritual, physical, emotional and intellectual aspects of the person and the community in research protocols, methodologies and analyses. (15)

Indigenous scholars who also honour our interconnectedness and how our present lives and research philosophies mirror the wellness of our futures as Aboriginal peoples include Marie Battiste, Peter Cole, Hartej Gill, Leilani Holmes, and Carolyn Kenny. Within my own learnings about Indigenous,

Eastern and Western knowledges, I intuitively trust and metaphorically borrow, discover, learn, understand, interpret and honour the relational ancient/ancestral and contemporary knowledges that assist me, throughout this dissertation. I traverse such intersectional terrains as Indigenous Knowledge Systems (IKS) and health; Western Knowledge (WK) and health; healing in the context of urban-living Aboriginal peoples and family violence; and contemporary knowledges that assist me throughout this paper and my/our greater dissertational work.

Indigenous Knowledge Systems

Indigenous knowledges or worldviews are a philosophical framework that promotes ancestral and present-day Aboriginal knowledges as vital to Aboriginal peoples' health. The essence of worldviews is not only a commonality between diverse Indigenous peoples: it is also of timeless value. Indigenous worldviews include contemporary balanced and harmonious health and ancestral guidance towards our well-being. Indigenous worldviews have existed since time immemorial (Archibald; Dodgson and Struthers). Health worldviews are relevant to and effective in Aboriginal communities because they honor the diversity, concerns and suggestions of all Aboriginal peoples, even the most silent and marginalized of voices.

An Aboriginal conceptualization of health is in many ways, philosophically different than the prevailing euro-centric one. Chief Leonard George of the Tsleil-Waututh Nation describes how he merges his Indigenous philosophical views with metaphorical, yet seemingly concrete applications. In Jo-ann Archibald's *Indigenous Storywork: Educating the Heart, Mind, Body, and Spirit*, he explains:

I try to use old philosophies as a tool. I call it learning how to become a hunter of the city, using the old philosophy of the hunter in the forest and the respect that he had and using only what you need for that day and taking it out, bringing it back and sharing it with as many people whose needs will be suited by it. This changed my perspective on the city. It is a wonderful resource then—go in and hunt and get things out and bring it back home. (48)

WAVS exemplifies this notion of resource-sharing through their traditional knowledges re/appropriated for contemporary pragmatic times. They too, share with as many people as possible. Chief Leonard George's adaptation of Indigenous Knowledge Systems to suit modern urban living is a testament to the timeless nature of the beliefs upon which Aboriginal peoples have thrived

and adapted. IKS, most often learned through the traditional teachings of Elders (an example of linking the past with the present and forward into the future) is experiential. It is about the land, survival and sustainability. It involves the relationship between people and the environment in which they live. While Indigenous Knowledges might be described as somewhat abstract, it is this very fluidity that remains the foundation of IK as an authentic, evolving, sustainable paradigm. Indigenous peoples' perceptions of wellness encompass notions of wholism whereby a balance of the four interconnected quadrants of living—the spiritual, the emotional, the physical, and the intellectual realms—is sought. In this way IK is considered a process, not a product (or an artifact). It is about relationships with the self, family, community, and the greater environment in which people live. In my own life, IK has shown itself throughout my dreams, mentorships, intuition, connectedness with other Aboriginal peoples, nature, spirituality, moral tensions, protocols and responsibilities and my writings, as is evidenced throughout this dissertation. It is important to include IK in health considerations that respectfully benefit the multiple diversities between First Nations peoples and their unique social, structural, and historical realities. For example, within the “*Māori* and Iwi Provider Success” ethical research project, *Māori* collaborators investigate how the values in research are used to respectfully conduct research. Kataraina Pipi et al. reveal key considerations helpful to my work with Warriors: Firstly, the importance of ensuring survival and revival of culture and secondly, the centrality of self-determining cultural well-being. Madeline Dion Stout reminds us that understanding life is a journey of nurturing positive Aboriginal self-identities and utilizing ancestral teachings. WAVS traditional philosophies show that learning ancestral ways of concentrically balanced wholeness positively affects the wellness of past and present members and their families.

The WAVS Theoretical Perspective

WAVS introduces a number of interventional “best practices” whereby members can begin to discover their awareness and sometimes-painful appreciation for generating understanding of oppressively-rooted anger. Included are also wholeness and wellness within their intervention model of healing. Strides are being made with such teachings as taking personal ownership of the violence one inflicts on another person; building on personal strengths; pragmatically sharing comprehensive familial experiences; traditional humility; cultural teachings; and engaging members' voices by heartfelt demonstrations of trust, confidentiality, listening, understanding and Aboriginal storytelling. By focusing on the sharing/learning traditions of group-meeting sharing circles, members learn ways to heal traditionally, contemporarily, and wholistically. “The Helping

Circle,” for instance, was a counselling program developed by M. Honore France and Rod McCormick at the First Nations House of Learning at University of British Columbia. The model was designed to be culturally-relevant and to combine a number of traditional cultural methods such as the Medicine Wheel, legends and nature with current counselling practices. In many traditional sharing circles, a sacred eagle feather or an Aboriginal carved “talking stick” is passed around the circle. Customarily, the person holding the sacred item is the only speaker at the time, while all others respectfully listen and remain silent until their turn. When done respectfully, circle participation reflects the basic traditional and philosophical worldview of Aboriginal peoples whether from a healing perspective, or a teaching approach, or a path to problem solving. David, a participant in this study, explains his own health observations in terms of his seemingly vital spirituality:

I sacrifice ... I fast twice a year, four days, four nights. And I've always done this for my grandchildren. It's not because I don't have a good life but they understand the culture and that's what it's about. It's not about me trying to get magic or trying to be somebody when I'm not. Maybe the words are strong what I say because I speak the truth.... Every year I go sit on a mountain for four days, four nights. I don't eat or drink water. For all the damage I've done in my life, the mistakes. I ask [Creator] if I can release; I ask for forgiveness. I'm not a pretender about spirituality. (December 7, 2010)

The above Vision Quest explanation is just one personal healing ceremony that can demonstrate an active reclamation of cathartic, spiritual tradition as a powerful force throughout one's life. Another traditional ceremony is the Powwow, transformed into contemporary celebration of wellness. Although some aspects of this connective gathering have been adapted such as setting (depending on land space and/or indoor gymnasiums and halls), fundraising events and monetary competitions, the healing benefits of Powwows remain traditional. They re/present an active pathway to balanced health—as social gatherings and connectedness provide spiritual, intellectual, physical and emotional wellness through song, dance, feasts and traditional regalia making and story sharing.

To facilitate healing from storied meaning-making, the imperative lack of self/collective connection between many urban Aboriginal peoples, Warriors offers supportive traditional modes like the talking circle. Talking or sharing circles provide a safe and respectful space in which all members are given the chance to share their points of view with others without fear of criticism or judgment. The circular setting ensures participant respect, encouragement,

and equality whereby no one person sits at the “head” or any less meaningful side-positions of a standard boardroom-meeting-style table. Michael, a participant, describes WAVS’ non-judgmental healing circles in this way: “*It’s not where you’ve been but where you are going: that support we give one another in the WAVS groups. It’s about the importance of men learning how to communicate*” (December 9, 2012). About the safety of the sharing circle, honesty helps the participants. They share stories; they realize they are not alone.

Communal healing can include realizing we are not alone and that practices may vary between diversities of Aboriginal peoples. Traditional Aboriginal community circles/gatherings were meant for solving difficulties and “humbling ourselves” (Joyce Fossella, personal communication, September 29, 2009). For many Aboriginal peoples, urban living creates an inexpressible gap in our selves and our centers of being. It is a kind of knowing and sensing that something is missing but not being able to describe it. Connectedness to other urban First Nations peoples helps to heal this loss. To grow and to know one another and ourselves as engaging community members is to understand ourselves in wholistic ways throughout our past/present/future journeys.

The Warriors philosophy about learning from a perspective of where, how and why present-day physical and emotional aggressions stem is key to healthy, inter-related living. Elder Sara Modeste tells us, “They [Aboriginal peoples] don’t know why, where they get this pain from. They get it from the residential school and literally from the Government of Canada” (Interview, www.hiddenfromhistory.org). Patrick, a participant, explains his emerging awareness of health perspectives from Warriors.

I remember the first day that I got there, I felt at home right away because here they were talking in a circle and when it got to me I let out a little bit of tears. Stating, “I’m a survivor of residential school and I have a lot of anger issues and I don’t know how to have a relationship.” (February 1, 2011)

Patrick demonstrates how vital a traditional sharing circle can be to acknowledgement of past and present systemic, institutional trauma.

Western Knowledge and Health

Many non-Indigenous peoples and institutions in Canada are conditioned by the Western paradigm to think a certain way about life and health, the environment, education and Indigenous peoples. Unfortunately, such ways often fail to enhance bonds of trust and harmony. Western health practices originated in Canada with settler Europeans, Fur Traders, Clergy and newly trained doctors and nurses. Over the years Aboriginal peoples began experi-

encing the Eurocentric health practices negative impacts of poverty, crowded and inadequate housing, high rates of substance misuse, inefficient dietary needs and increased homicide and suicide rates (NAHO). Such Western-driven impacts prove to be in opposition to Aboriginal peoples’ traditional ways of healthy living. Presently, mainstream healthcare remains culturally insensitive and unsafe for many because many healthcare providers do not understand the vital health impacts that lack of Native healing practices present to many Aboriginal persons (Levin and Herbert; Polaschek). To name some of the health disparities between Euro-Western and First Nation peoples, Aboriginal people die sooner than non-Aboriginals and have a greater burden of physical and intellectual disease (RCAP; Dion Stout, Kipling and Stout). Heart disease is 1.5 times higher for Aboriginal peoples, while Type 2 diabetes remains three to five times higher (Health Canada). Particular theoretical and methodological frameworks shape health systems, inclusive of their own philosophies and traditional practices.

Stories of life, of pain and of resilience are shared and discussed among WAVS members, facilitators, study participants and me from which we connectively learn to shift from violence. Melanie, a participant and single parent, discusses ways of “letting go” of her childhood traumas. About the benefits of WAVS in her life, she says her healing process has begun by “*Just talking about every day things that go through our minds ... things that hurt us. For myself, [healing is] being able to relieve myself of shortcomings and all these obstacles that help us learn about ourselves*” (January 10, 2011). Her learnings have propelled her to recently celebrate her two-year anniversary of sobriety. The WAVS worldview seems a cultural conduit as they allow for the passage of Indigenous epistemologies to members. To many Indigenous peoples, who for various reasons have not been exposed to or partaken in Indigenous culture, traditional awareness can be a profound addition to their lives. Learning about the unique, yet all too comparable stories expressed in this study can lead to a better understanding of the social conditions in which many Aboriginal peoples live and thus, to a decrease in violent attitudes and behaviours.

Terry, another participant, is now in his second year of an Aboriginal Family Counseling program. Part of his understanding about healing involves learning some differences between mainstream counselling services and Warriors. I ask him to help me understand a wider perspective:

Before you contacted Warriors did you approach other community agencies?

I did contact counseling to seek counseling for one-on-one with myself. I did attend as a couple with my fiancé and led into doing some one-on-one with myself to find out where the anger stemmed from. Truthfully counseling

did help at one point but then I felt it wasn't strong enough to identify the root of the problem what I was seeking and truthfully I led the counselor to believe this and this and this and just gave them what they wanted to hear in a sense. (March 16, 2011)

Traditional counseling does not resolve deep-seated issues for some. Wholistic healing is difficult. Not to mention, participants in traditional settings might speak dishonestly in order to satisfy what the typical counselor may want to hear. Terry articulates how Western intervention programs “*tend to deal more with surface issues and how to control [anger] and some tools like write down what I'm feeling now to keep a log of it. But it wasn't helping me to find out where it was coming from and why I was behaving like this.*”

Writing about Terry in this moment reminds me of my own traditional practices (or lack thereof) at times. I remember one day, here on the University of British Columbia campus.

When walking to class, I pull a sprig of cedar foliage from a large tree. Alas, it does not come off easily and as I struggle to peel its bow, I find myself saying aloud, “Ouch, that's gotta hurt! I am so sorry for not asking you permission first. Thank you so much.” I've forgotten my protocols of respect for nature. As for my need to carry a cedar sprig for the day, when I return home my husband asks about it. “I just need a little extra strength close to me today” I answer. (Personal Field Note, Author, June 7, 2011)

Leilani Holmes warns that we can borrow things from the land but should do not take anything from it without asking first. She discusses a “fixed and timeless genealogical link between land and humans.... In this heart knowledge, blood memory and the voice of the land constitute an *ancestry of experience* that shapes dreams, desires, intentions and purposeful activity” (46). While my values and actions towards the cedar sprig are, for all intent and purposes backwards, my heart knowledge remained steadfast towards my spoken protocols. My need of cedar-strength at times is an innate logical perception. Another Warriors member speaks of the agency's value in his personal, familial and community life: “*Change is vital. It is life-saving*” (Group Meeting Field Note, March 30, 2010). For numerous members who likewise believe the WAVS program to be life saving, the model facilitates greater awareness of the root causes of violence within families. A number of participants share about their healing crossroads: some identify how they came to attend Warriors, others reiterate differences between the Warriors model and those within Western practices.

Many Aboriginal peoples believe, learn and re-member through “blood memory” that First Nations peoples are all spiritually connected in health

dis-ease and in health wellness. Such practices may include a belief in the Medicine Wheel (spiritual, emotional, physical and intellectual aspects of our well-being); sacred ceremonies (sweat lodges, burning and smudging and ceremonial brushings); sacred healing herbs (sweetgrass, sage, cedar, tobacco and juniper); Aboriginal-led counselling; and traditional healers (Chee Mamuk Aboriginal Program: STI/HIV Prevention and Control [BC Centre for Disease Control]; WAVS *Facilitator Training Manual*). WAVS confirms that Medicine Wheel teachings are important methods for “looking after ourselves in a well-balanced way and [that] the rewards can be achieved by doing this (i.e. compassion, respect, acceptance, pride, strength, kindness, firmness, etc.)” (WAVS 51).

Participatory Healing at WAVS

WAVS teachings are about assisting members through storytelling to learn and to understand the following about themselves, their families, and their community surroundings.

The primary method by which members teach and learn from one another is through the Indigenous tradition of storytelling within ‘talking circles’ (France and McCormick; Graveline; Lester-Smith and Price; WAVS). Archibald explains how one’s belonging in a circle influences both the wholism of the community and that of the individual:

An Indigenous philosophical concept of wholism refers to the interrelatedness between the intellectual, spiritual (metaphysical values and beliefs in the Creator), emotional and physical (body and behavior/action) realms to form a whole healthy person. The development of holism extends to and is mutually influenced by one’s family, community, band and nation. The image of a circle is used by many First Nations peoples to symbolize wholeness, completeness and ultimately wellness. The never-ending circle also forms concentric circles to show both the synergistic influence of and our responsibility toward the generations of ancestors, the generations of today and the generations yet to come. The animal/human kingdoms, the elements of nature/land and the Spirit World are an integral part of the concentric circles. (22)

Warriors echoes Archibald’s values about wholeness, completeness, and ultimately wellness within its intervention model of healing from and ending family violence. They offer members a focus on sharing/learning traditions at their group-meeting circles.

Closing Discussion

In this paper, I explore Indigenous knowledges as a theoretical framework for dealing with family violence that fits the very fluidness of our health.

Theory enables us to deal with contradictions and uncertainties. Perhaps more significantly, it gives us space to plan, to strategize, to take greater control over our resistances. The language of a theory can also be used as a way of organizing and determining action. It helps us to interpret what is being told to us and to predict the consequences of what is being promised.... If it is a good theory it also allows for new ideas and ways of looking at things to be incorporated constantly without the need to search constantly for new theories. (Smith 38)

Including the language of IK theory and practice in health programs and practices that aim to address the needs of Aboriginal peoples is critical in order to reduce barriers to Aboriginal peoples accessing health services; resist or provide an alternative to a dominant, oppressive and colonial health system; and promote the inclusion of a diversity of Aboriginal peoples and their choices for traditional healing worldviews and medicinal knowledges.

Theory allows us to borrow ideas from other topics and apply them to our own fields of interest/concerns. Interfacing Indigenous/biomedical health models enables new frameworks for working within a variety of health systems and effectively meeting the needs of diverse peoples. This combined approach or interfaced medicine refers to a system of medicine that integrates biomedicine with alternative health knowledge systems (Baer). It combines different concepts, practices, and values from different health models, including complementary and alternative medicine and conventional medicines. Cultural-interfaced approaches to health programs are successful in international Indigenous contexts (Boyer; Dodgson and Struthers; Durie; France and McCormick; Morgan, Slade, and Morgan; NAHO; WAVS). Although, rather than “different concepts,” perhaps the term “diverse concepts” may be a more appropriate description of alternative medicinal ways. Even so, “unconventional” may be the apt word for “alternative.” As my tension of word and meaning choice demonstrates, so too, do lexical labels and processes of infusing biomedicine with alternative health knowledge systems flex and wan. When naming different approaches, how does one avoid adversary—at the very least, binary—points of view and practice? Does not both mainstream and alternative medicinal theories and methods “other” one another when presenting polar tensions of our ways and their ways? Re/gaining cultural knowledge about “other” unknowns such as our familial origins like my in-

tergenerational-grounding recipes mentioned earlier, traditional knowledges and practices of good health can be a protective factor against family violence. This knowing becomes beneficial to WAVS members, both offenders and recipients of violence.

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