
Traditional Healing Practices Among First Nations Students

Nina C. Wyrostok

Barbara L. Paulson

University of Alberta

ABSTRACT

Traditional Native healing practices are an important aspect of the First Nations peoples' conception of health and well-being. The purpose of this study was to assess post-secondary First Nations students' attitudes toward traditional Native healing practices. First Nations adult volunteers were surveyed in several adult educational settings to appraise their attitudes towards traditional healing practices in terms of their interest, valuing, and participation. The majority of subjects reported having participated in a diversity of Native healing practices. Implications of the prevalence of these beliefs and practices are discussed and recommendations for counsellors are offered.

RÉSUMÉ

Les pratiques de guérison traditionnelles autochtones constituent un élément important de la conception aborigène de santé et de bien-être. Le but de cette étude est d'évaluer les attitudes des étudiants des Premières Nations du niveau postsecondaire envers ces pratiques de guérison traditionnelles. Pour ce faire, des volontaires adultes autochtones de divers milieux éducatifs ont été étudiés afin d'évaluer leurs attitudes : leur participation à ces pratiques, ainsi que l'intérêt et la valeur qu'ils y accordent. La majorité des sujets ont indiqué avoir participé à plusieurs pratiques de guérison autochtones. Les implications découlant de la prédominance de ces croyances et de ces pratiques sont étudiées et des recommandations à l'usage des conseillers sont offertes.

Traditional Native healing practices are of increasing relevance to counsellors and educators as our conceptions of mental and physical health expand to include cross-cultural systems of healing. Undoubtedly, students who bring with them a cosmology incorporating traditional Native healing will perceive the counselling process in a different light. In order for assistance to be effective, the counsellor needs, among other things, to understand the clients' world-view (Frank & Frank, 1991; Halfe, 1993; Katz, 1985; McCormick, 1995-96; Torrey, 1986). Even more significant is the prevalence of a First Nations world-view or value system that includes traditional healing practices. This value system can strongly influence a student's acceptance of and involvement in the learning and counselling process.

HEALING IN THE FIRST NATIONS WORLD-VIEW

Despite cultural diversity among First Nations groups, common beliefs about health and illness exist (Bopp, Bopp, Brown, & Lane, 1985; Dufrene, 1991;

Duran & Duran, 1995; Locust, 1988; Young, Ingram, & Swartz, 1989). Wellness is perceived in the context of harmony of the spirit, mind, emotions, and body while illness is considered to be the result of disharmony (Dufrene, 1991). A common theme arising from Eliade's (1964) survey of shamanism is that illnesses are perceived in shamanic cultures to be associated with some form of soul loss or spirit illness. First Nations healers often consider depression, anxiety, somatic complaints, and alcoholism to originate from spirit illness (Halfe, 1993; Hammerschlag, 1988; Jilek & Todd, 1974; Krippner, 1990; McLean, 1990).

Because the First Nations world-view does not separate healing from spirituality, but rather, treats it as an integral part of the process (Couture, 1996; Dufrene, 1991; Duran & Duran, 1995; Halfe, 1993; Winkleman, 1990), many members of the First Nations community expect a more integrated healing experience than is offered by the compartmentalized approach of Western medicine. In the First Nations tradition, the healer has a special role in communicating with the spirit world, in addition to healing the physical and emotional complaints of the person (Couture, 1996; LaDue, 1994; Meili, 1991; Wall & Arden, 1990).

In examining the basic components of counselling in a cross-cultural study, Torrey (1986) found more similarities than differences between indigenous healers and modern psychotherapists. Krippner (1990) researched traditional healers on six continents and subsequently argued that, "There is no psychotherapeutic technique that does not have its counterpart in one or more Native healing systems" (Krippner, 1990, p. 183). In the course of studying First Nations healers' work, Bergman (1973), Hammerschlag (1988), Jilek and Todd (1974), and Krippner and Colodzin (1990) observed activities that could be conceived as processes similar to counselling approaches involving behaviour modification, hypnotherapy, family therapy, dream interpretation, and group therapy.

Dozier (1966) recognized that mainstream substance abuse programs and clinics are unsuccessful for First Nations people. More recently, Weibel-Orlando (1989) studied more than 50 substance abuse programs that were effective for First Nations people, concluding that success arose from those programs that were self-generated, led by a healer or shaman, and organized as healing communities. Successful treatment programs were those that took into account First Nations values and traditional healing approaches.

THE STATUS OF TRADITIONAL HEALING PRACTICES

Although relatively little is known regarding the extent to which First Nations people actually seek out traditional healing, there is growing evidence that these healing systems persist. In his study with First Nations people in British Columbia, McCormick (1995) found that 25 of his 50 participants sought to do their healing by way of connecting to their culture and traditions and 35 of the 50 reported doing so through the healing powers of nature.

The Cariboo Tribal Council in British Columbia (Cariboo Tribal Council, 1991) conducted a study regarding the residential school experiences of First Nations people. In the course of this study, these researchers found that 45% of those surveyed consulted elders for advice and 41% accessed the sweat lodge ceremony as part of their use of mental health services. Two-thirds of respondents endorsed traditional Native healing as a mental health resource. Researchers who conducted a study among Navajo families suggested that approximately half of the sample utilized traditional Native healers (Stewart, May, & Muneta, 1980).

The Nechi Institute on Alcohol and Drug Education and Research Centre (1991) is a program that has drawn clients and trainees from around the world. In their 1991 study, Nechi researchers surveyed 500 First Nations addictions-counsellor trainees. Of these trainee respondents, 27% used Native healing activities as an integral part of their own recovery process. In comparison, 18% of respondents accessed Alcoholic Anonymous and 17% sought mainstream counselling.

Increasingly, First Nations students are returning to post-secondary education through college preparation programs. One aspect that has been consistently identified as having a positive impact on First Nations students' success in school is the accessibility of counselling services (Henderson, 1991; Jeanotte, 1982; Trimble, 1981; Wright, 1991). For counselling to be effective, it is essential that counsellors develop an understanding of, and adapt to, their clients' needs and world-view (Dauphinais, Dauphinais, & Rowe, 1981; McCormick, 1995-1996; Torrey, 1986). Failure to understand the First Nations person's world-view regarding illness and healing may hinder the counselling process.

OVERVIEW OF THE STUDY

The focus of this study was to gain an understanding of the level of involvement of First Nations student respondents with traditional Native healing practices. The extent to which First Nations people are currently active in traditional healing practices is relatively unknown, and existing literature is insufficient to support hypotheses in this regard. For this reason, an exploratory survey method was chosen that would facilitate a preliminary estimate of the extent to which First Nations students are engaged in traditional healing.

For the purpose of this survey, we defined traditional Native healing practices (NHP) as "those activities and ceremonies performed with the help of an elder or recognized healer for the purpose of helping people to feel better mentally, emotionally, physically, and spiritually." Specifically, respondents were asked to report their interest in, their valuing of, and their experience with traditional Native healing practices. Data were collected through the use of a cross-sectional descriptive survey designed specifically for this research. The following three questions were asked: (a) To what extent are First Nations students interested in traditional Native healing practices?, (b) To what extent do First Nations students value traditional Native healing practices?, and (c) To what extent have First Nations students had experience with traditional Native healing practices?

METHOD

Participants

Of the original total sample group of 110 First Nations students, 99 volunteered to respond and 11 declined. Respondents were 99 First Nations adult volunteers, studying in urban post secondary institutions in the Edmonton, Alberta region. Fifty respondents were male, 45 were female, and four did not indicate their gender. Respondents' ages ranged from 20 to 63 years, 74% clustered in the 20 to 40 year groups, as would be expected in a student population. The mean age of participants was 35.7 years old. There was no gender difference with regard to mean age (female 35.6 years; male 35.7).

Respondents reported backgrounds in 16 different language groups and sub-groups from across Canada. Sixty-nine percent reported Cree (Algonquian) origins, characteristic of the Edmonton region. Eleven percent reported other Algonquian backgrounds, 11% Athabaskan backgrounds, 7% Siouan backgrounds, 4% Iroquoian, and 3% West Coastal. Five percent of respondents identified their language backgrounds as English or French while still reporting themselves as First Nations people. Ten percent indicated more than one language background.

Instrument

A survey questionnaire was constructed to assess respondents' attitudes toward traditional healing practices through the three variables: (a) interest, (b) valuing, and (c) experience with traditional healing practices. Following a review of both the anthropological and psychological literature, an initial set of survey items was generated. Subsequently, three First Nations people with cultural expertise assisted in reconstructing, clarifying, and editing these items and the survey instrument as a whole. Finally, a measurement expert was consulted to affirm the structure of the instrument.

The final instrument was composed of five items assessing interest in, and nine assessing valuing of traditional healing, all using the five-point scale ranging from *strongly agree* (1) to *strongly disagree* (5). Five items on the experience scale, using a three-point scale, with *never* (1), *occasionally* (2), or *many times* (3), assessed the extent of actual experience in traditional healing activities. One open-ended item "I have participated in other healing activities such as . . . ," queried respondents to describe other traditional healing activities that were not specified by the instrument.

For the purposes of analysis, responses from negatively worded items were entered into the data set in reverse order to maintain the intent of the responses. The Hoyt analysis of variance was used to calculate internal consistency. Within the three distinct clusters (interest in, valuing of, and experience in traditional healing), internal consistency was calculated at 0.81, 0.79 and 0.89, respectively. It is reasonable to regard the instrument as reliable. Because the survey instrument was designed to assess three different variables (interest, valuing, and expe-

rience) the Cronbach's alpha coefficient was calculated to establish whether or not the instrument actually achieved this end. The relatively low calculated value of 0.34 indicates that the survey likely does assess the three distinct variables.

Calculations of Pearson product-moment coefficient indicated that the interest and valuing clusters correlated significantly ($r_{12} = 0.7476$) while the experience cluster was unrelated to the former two ($r_{23} = -0.2641$, $p = 0.004$ and $r_{13} = -0.2675$, $p = 0.004$). It would seem that, while respondents' overall interest in and valuing of traditional healing varied together, their participation in these activities would not be predicted by the previous two variables.

Procedure

Eleven adult educational institutions in the Edmonton region were approached to participate in the study, and seven consented. With the permission of administrators and classroom teachers, data were collected from student volunteers in classroom settings. Instructions on the cover sheet of the instrument indicated to respondents that they were being asked for their views on "traditional Native healing practices" which was defined as "those activities and ceremonies performed with the help of an elder or recognized healer for the purpose of helping people to feel better mentally, emotionally, physically, and spiritually." A statement on the cover sheet assured respondents of the protection of their privacy in answering. Verbal explanations preceded data collection, informing students of their rights and stressing that their academic status in the present class would be in no way related to nor impacted by their participation. Written consent was obtained from all respondents and handled separately from questionnaires to ensure anonymity.

Respondents were told that health and education programs were often developed without input from First Nations people, many of whom were currently involved in counselling or recovery programs. They were also told that professionals working in these programs might not know much about the way First Nations people viewed traditional healing practices; therefore, these views could be of great importance in the counselling process for many people.

RESULTS

Overall, respondents expressed strong interest in traditional healing practices. Table 1 displays means and standard deviations of responses for each of the interest items, in items number one through five and valuing items in items number six through fourteen. The effect of gender was not statistically significant for neither interest items, $F(1,93) = 1.27$, $p > .05$ nor valuing items, $F(1,93) = 1.20$, $p > .05$.

In response to the first item, over four-fifths of respondents affirmed their interest in learning more about Native healing. With regard to talking about traditional healing, 64% of respondents indicated interest in talking about traditional healing. An overwhelming 90% of respondents would read about these practices should they find such an article. The greatest affirmation of "strongly

TABLE 1
Mean Interest and Valuing in Native Healing Practices

	Mean	SD
Interest items		
1. I would like to learn more about NHP.**	1.73	0.89
2. I enjoy talking about NHP with some people.	2.20	0.89
3. NHP are interesting to me.	1.79	0.92
4. If I saw a newspaper article about NHP I would read it.	1.73	0.75
5. I would be curious about results of this questionnaire.	1.58	0.78
Valuing items		
6. NHP** are too out-dated for me.	4.06	0.44
7. I hope NHP do not become forgotten.	1.51	0.80
8. NHP are an important part of my cultural identity.	1.98	1.01
9. NHP can be helpful when used along with Western medicine.	2.56	1.06
10. I hope future generations continue NHP.	1.63	0.79
11. NHP can be as helpful as Western medicine.	2.11	1.04
12. Canadian society should make it easier for NH*** to practice.	1.92	0.92
13. I would never recommend NHP to anyone.	3.78	0.99
14. NHP should be replaced by Western medicine.	3.66	0.93

Note: **NHP = Native Healing Practices; ***NH = Native Healer(s); Participants rated each item according to their valuing, using a five-point scale from *strongly agree* (1) to *strongly disagree* (5).

agree,” was in response to the fifth item, pertaining to curiosity about the study results. Clearly, the First Nations people in this study reported a strong interest in traditional healing, a finding of importance to counsellors and educators in cross-cultural settings.

When answering Item Six in the valuing statements, the respondents rejected the concept of traditional healing as out-dated as reflected by a high mean score. Conversely, in Item Seven, participants strongly supported traditional healing practices as something that should not be forgotten. Combining the use of traditional healing in conjunction with Western medicine (Item 9) created considerable ambivalence for respondents. It is possible that First Nations people place more value upon traditional healing for some ills and more value upon mainstream methods for others. For example, traditional healing practices may be more valued for emotional and social illnesses and Western Medicine preferred for acute care or infectious disease. Respondents reported that Native healing practices could be as helpful as Western medicine.

The data from Item 10 confirmed respondents' hopes that these healing practices would survive over time. An overwhelming 90% of respondents reported hopes that traditional healing would continue to be practised in the future. Similarly, a relatively high score on Item 13 suggested that participants would be highly supportive of NHP by recommending them to others.

As shown in Table 2, participants indicated their experience in participating in specific healing practices. There was no gender difference for experience items, $F(1,93) = 1.08, p > .05$.

Overall, 80.8% of participants reported at least some previous experiences with specific traditional healing practices. Participation in the sweat lodge ceremony was reported by 44.5% of respondents. Prayer ceremonies were accessed in the occasionally category by 46.5% of respondents while 28.3% reported many times. The herbal cures item drew a positive response from 49.5% of participants. Only 9% of respondents reported experience with Shaking Tipi, a ritual in which Spirits join participants inside the tent, asserting their presence both visually and auditorily. Finally, 57% of respondents indicated some experience in the pipe ceremony. Prayer ceremonies were the most frequently accessed while Shaking Tipi was the least. Naturally, respondents' experiences with these various activities would be subject to tribal group differences in practices.

When respondents were asked if they had "participated in other healing activities" that had not been specified by the questionnaire, 11 additional healing activities were identified by 26 of the 99 respondents. The most frequently reported of these activities were dances ($n = 16$) and healing circles ($n = 6$). Additionally, four participants reported involvement with sweet grass ceremonies and two identified fasting and feasting respectively as other healing experiences. Traditional healing experiences reported by a single respondent included a Lac St. Anne Pilgrimage, HIV/AIDS ceremonies, crystal healing, smudging, and making

TABLE 2
Personal Experience of Native Healing Practices in Percentage

	Never	Occasionally	Many Times	No Response
1. Sweat lodge	52.5	28.3	16.2	3.0
2. Prayer ceremonies	22.2	46.5	28.3	3.0
3. Herbal cures	46.5	33.3	16.2	4.0
4. Shaking Tipi	94.8	6.1	3.0	6.1
5. Pipe ceremonies	40.4	36.4	20.2	3.0

Note: Participants rated each item according to their valuing, using a three-point scale *never* (1), *occasionally* (2), and *many times* (3).

offerings. Interestingly, three respondents reported experience with peyote meetings which are indigenous to First Nations groups in the Southern United States (Hammerschlag, 1988). Perhaps this is suggestive of the breadth of healing practices in the Pan-Indian context.

DISCUSSION

In accordance with previous research (Cariboo Tribal Council, 1991; Jilek & Todd, 1974; McCormick, 1995; Nechi, 1992; Stewart et al., 1980), these findings contribute to the growing evidence that traditional healing practices remain a vital part of the First Nations community. Urban First Nations students continue to be connected to their traditional practices despite the influences of mainstream North American culture. First Nations urban dwelling respondents were able to access traditional healing activities despite being remote from the First Nations communities. Although the results of this study are indicative of a strong interest in traditional healing, there are many First Nations people who may not acknowledge or discuss their traditional healing activities (Young, Ingram, & Swartz, 1989). In order to determine this possibility, counsellors may need to explore this with their First Nations clients in a way that is both respectful and supportive.

A number of sampling and methodological limitations should be considered in generalizing these findings. The results of this study are subject to the limitations of a volunteer sample. Also, all of the respondents were students, and may not be representative of First Nations people generally.

Although traditional practices are valued for their part in cultural identity, they are also valued for their curative power. Traditional healing is not to be mistaken for antiquated ritual. First Nations students may be involved in traditional healing practices without necessarily disclosing this information to a teacher or counsellor. Encouragement and support through the validation of the traditional values of First Nations students who are entering post-secondary educational institutions is a crucial aspect of their academic experience.

In a multicultural society, the counsellor will need to acquire at least a basic knowledge of those cultural groups that he or she is likely to encounter in practice. This point has been suggested by Hammerschlag (1988) who wrote, "The degree to which we can sensitize ourselves to the needs and beliefs of our constituents even if we do not share those beliefs, will determine how we might better provide for their health needs" (p. 129).

Since four-fifths of respondents reported active participation in traditional healing activities, counsellors must not assume that urban First Nations people are removed from traditional practices but, rather, are still able to access Native healing through their community networks. Considering the prevalence of traditional healing practices, counsellors need to be sensitive to another world-view while refraining from making ethnocentric judgments; to undermine or diminish traditional practices, no matter how subtly, may irreparably damage the coun-

selling relationship. With an increased awareness of the strength of traditional beliefs maintained by First Nations clients, counsellors can incorporate this knowledge into their own practices. For example, consulting Elders and including them in the student services team could be helpful to First Nations clients. Counsellors can also become aware of First Nations people in the community to whom a student can be referred to access traditional healing practices. Emphatically, it is not recommended that mainstream counsellors incorporate these practices into their own work, but instead, rely on consultation and referral to respected members of the First Nations community (LaDue, 1994; Rose, 1992).

Finally, the most important foundation upon which to build respect for another world-view is to increase our awareness of other cultural interpretations of reality (Pederson, 1991; Wrenn, 1962). It is not possible to respect an alternate view if we uncritically assume that our own value system is the only reality. Learning to recognize and to accept our own biases for what they truly are is critical in order to refrain from imposing them upon our clients. Only through examination of one's own value system can the challenge of respectful cross-cultural counselling be legitimately undertaken (Pederson, 1991; Wrenn, 1962).

A critical role of the counsellor is to encourage and support First Nations students in exploring the resources of their heritage, to facilitate their well-being, and to assist them in achieving their goals. This can be enhanced through an awareness of the First Nations world-view, a knowledge of local cultural practices and resources, and a recognition of the constraints of one's own value system.

Considering the lack of information regarding the extent to which First Nations people are involved in traditional healing practices and the scarcity of existing literature describing these, additional research to increase our understanding of the role and impact of traditional healing practices appears necessary. An interesting direction for future research would be to assess the extent and impact of traditional healing activity in the reserve communities. It would also be valuable, using qualitative methods, to investigate the meaning of these traditional healing practices for First Nations people.

Note

¹ A copy of the survey instrument may be obtained by contacting the authors.

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About the Authors

Nina Wyrostok, Ph.D., is a counselling psychologist who is currently working as the Director of Support Services in the Wetaskiwin Regional Public School Division in Central Alberta. She has previously worked as manager of a residential program for Aboriginal children in the Northwest Territories and maintains strong interests in cross-cultural issues and research.

Barbara Paulson, Ph.D., is an Associate Professor in Counselling Psychology at the University of Alberta who is currently teaching in the counsellor education program. She has extensive experience as a psychologist with the University of Alberta Student Counselling Services and in the public school system. Her research interests include counselling process, treatment of suicide, and school counsellor training.

Address correspondence to Barbara Paulson, Department of Educational Psychology, 6-102 Education North, University of Alberta, Edmonton, Alberta, T6G 2G5, Canada. Electronic mail may be sent to barb.paulson@ualberta.ca.