

Chapter 3. Aboriginal Focusing Oriented Therapy (AFOT)

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*Dedicated to David Pranteau, Willette Rose Jacobs (Elder Gerald George's sister)
and all the sacred bundles*

Introduction

Aboriginal focusing oriented therapy (AFOT) is part of a wider movement of Indigenous health that does not necessarily challenge models of Western Medicine, but broadens mainstream approaches to health and well being, providing tools, practices and approaches that are strength based, culturally relevant and historically sensitive. The context of Canada is unique in that there are ongoing conversations between First Nations and government regarding the development of Aboriginal health care that acknowledges Canada's history of colonization and the diversity of unique Aboriginal cultures and worldviews present in Canada. In this chapter we discuss Aboriginal focusing oriented therapy (AFOT) as an Indigenous model of Aboriginal psychotherapy particularly effective in addressing complex trauma within the context of the Indian Residential School System (IRSS), Aboriginal child welfare, and the aftermath of the legacy of colonization in Canada more broadly. We draw here from the literature on Indigenous methodologies in the social sciences (Silva 2004; Raibmon 2005; Smith 2005; Valaskakis 2005; Wilson 2009), invoking story to communicate the relational model of AFOT in addressing the intergenerational

dimension of complex trauma. In this chapter we discuss AFOT's notion of the felt sense and the Aboriginal notion of 'all my relations' by means of three stories containing AFOT session transcripts. We illustrate the vast connecting and interconnecting depth of a felt sense through the generations; demonstrating the effectiveness of AFOT as strength based, culturally relevant and historically sensitive for addressing complex trauma.

Background

“The term ‘Aboriginal’ refers to the Indigenous peoples of Canada, including the First Nations, Inuit and Métis peoples. This broad category comprises those who are formally registered as Indians (by way of Canada’s Indian Act), as well as those who identify as Aboriginal, but who may not have legal Indian status. While the sheer remoteness of some Aboriginal communities presents an obvious logistical challenge, there are also instances of Aboriginals opting out of census recording because of shame around their Indigenous ancestry. Consequently, estimates of the current Aboriginal population of Canada range from about 4-7%. According to the most recent Statistics Canada Census information (2006), nearly 1.2 million people living in Canada report themselves to be Aboriginal, representing 3.8 percent of the national population. These figures will be amended shortly with the upcoming release of demographic data from the 2011 Canadian census” (Schiffer 2012, in press).

AFOT is part of a larger movement towards practices for wellness grounded in culturally relevant approaches (Adelson 2004; McCormick 1997). AFOT seeks deepening mainstream medical practices towards congruence with strength-based

approaches that are culturally relevant to Aboriginal society. While acknowledging the context of ongoing colonial violence, AFOT challenges the status ‘subordination’ and allows for the development of practical tools for people to participate in their community and society with a sense of their worth and power (Young and Nadeau 2005).

“Trauma is over-represented within Aboriginal families in Canada. The disenfranchisement of Aboriginal peoples from their ancestral lands and resources (McDonald 1994; 2004; Raibmon 2005), the colonial imposition of the reserve system and Band form of governance (Miller 2000; Steckley and Cummins 2008), the Indian Residential School System (IRSS) (Milloy 1999; Child 2000), and the Aboriginal Child Welfare system (Fournier and Crey 1997; Miller 2001) have each left legacies of trauma that remain in the lived and intergenerational daily experiences of the vast majority of families that make up the diverse Aboriginal cultures and societies of Canada today” (Schiffer 2012, in press).

AFOT targets complex trauma within the broader context of Canada’s colonial history. It centers an Aboriginal perspective, acknowledging the ecology and interconnectedness of human existence. Unlike the individual subject separate and distinct from the world around them characteristic of Enlightenment thought, Aboriginal ontologies are fundamentally relational. People are not conceived of as separate from the world around them, but rather imbedded in and constituted from relationships with the world, people, language, landscape, et cetera.

Relationship to land is particularly relevant. Aboriginal people were disenfranchised from their ancestral lands through colonization and confined to reservations on largely marginal lands. The imposed system of band governance and participation in the

economies of settler society modified the ways in which Aboriginal peoples had access to ancestral landscapes for subsistence, surplus, ceremony and wellness. The legal banning of particular Aboriginal cultural practices, such as the potlatch in British Columbia, and the negative impacts of these policies are well discussed (Steckley and Cummins 2008).

AFOT, The Felt Sense, and ‘All My Relations’

AFOT approaches complex trauma from a relational perspective. In the contemporary Aboriginal context, complex trauma often has a deep and relational history. It may involve one’s history in the Indian Residential School System (IRSS) or the Aboriginal Child Welfare system. It may be layered with the intergenerational impacts of the colonial legacies experiences by several generations within a family.

Clinical observations and empirical research show that the consequences of trauma are not limited to the person immediately exposed to a given traumatic event (Dekel & Goldblatt, 2008). The concept of vicarious trauma was developed in the 1960’s from the study of the prolonged effects of Jewish Holocaust survivors and their families. The area of study now includes survivors of natural disasters, Japanese internment camps, war, Indian Residential Schools, and child abuse (Frazier et al., 2009). Indigenous models of the transmission of trauma, such as Turcotte’s model of Aboriginal Psychotherapy, contend that vicarious and intergenerational trauma (VIT) is something that is both uniquely individual and inextricably collective.

A felt sense, in AFOT, can be defined as a bodily experience of interconnected emotion, energy and sensations that are an expression of knowledge of collective experiences through time. This collection of traumatic experiences informs our minds, our bodies, our emotions and our spirits. It is this implicit and ancestral

memory knowledge, through the generations, that teaches us when to trust, how to trust and where to move ourselves forward for all life concerned. Traumatic intergenerational knowledge helps direct and inform our interactions and actions so that we may connect with decolonized knowing for the survival and growth for all of life and land. It is this decolonized knowing that is our hope in healing past, present and future.

AFOT is grounded in the relational ontology and worldview of Aboriginal cultures. It acknowledges that trauma may be lived, vicarious and/or intergenerational. AFOT meets complex trauma from a place of ‘all my relations’, a phrase used widely among Aboriginal peoples and their allies. To say ‘all my relations’ is to acknowledge the full web of relationships from which a person comes, those they are presently engaged in and have responsibilities to and for, as well as those relationships that may not have come to pass. ‘All my relations’ acknowledges our relationship to our ancestors, to the ancestral lands of our people, the places in which we have lived and where we have traveled, to the plants and animals we have consumed and/or commodified, and to the people to whom we are connected, sometimes without ever meeting. Most broadly, this Indigenous worldview includes the universe and all of its interconnectedness. When I (Jeffrey Schiffer) say ‘all my relations’, I acknowledge my Metis, German and Russian lineages and my relationships as a father, son, brother, husband, employee and social scientist. AFOT works to locate the source of complex trauma within ‘all my relations’.

Critical ethnographers and scholars in critical Indigenous studies, such as Basso (1996), Harmon (1998), Bierwert (1999), Smith (1999), Perry (2001), Nadasdy

(2003), Cruikshank (2005), Raibmon (2005), and Valaskakis (2005) and Miller (2007, 2008) demonstrate the dynamic ways in which story, oral history and autobiography have been marginalized and delegitimized as sources of knowledge. They argue that story is an ancestral form of Indigenous knowledge creation, dissemination and development. Within this tradition, we offer three stories.

AFOT Story 1: INTERGENERATIONAL COLLECTIVE FELT SENSES

Elder Gerald George: Sto:lo Nation

He has been crying spontaneously for many days. He is an Elder and *Wholmock* - a traditional intellectual knowledge keeper and Hereditary Chief. He is a teacher and an Indian Residential School Trauma Survivor. Many of his family members were 'lost' before he could even 'know' them, sisters and brothers and extended family dead from the fallout of church and state policies that stole Aboriginal children from their homes and from one another. He implicitly knows the trauma of generations, as it informs his healing practices and his directions in life. His intergenerational trauma knowledge is part of his medicine bundle.

We are on our way to Prince Rupert to bring AFOT workshops to Indian Residential School Trauma Survivors. He is nervous that he will not stop crying. Whatever this is, it is ancestral.

We know that many places in Canada have been busy bringing up the bodies of children who died and were buried around the Indian Residential Schools, often in unmarked graves or never to be found graves. We will be sitting with the families of these children who are still working their way home, some of them nameless and never to be found. He is an older man crying and I am an older woman hearing into his tears. We both sit in the

‘North’, meaning that we have had decades of witnessing and helping in trauma.

He is not a child-like man crying from his own regressed flashbacks. These tears are a small part of and not all of his own life. They are bigger than his life and the tears of communities through generations. They are the tears of his peoples, the tears of the families we will be sitting with, the tears of generations of the fathers and mothers and grandparents whose children were ‘owned’ by the government and removed from them, to be stripped of their identities, languages, cultures and lands, and of whom nearly half had died. They are also the tears of families to come, impacted by the trauma for generations behind and ahead. It is not over, this fallout.

This felt sense is a cleansing grief and collective water, and he is the body through which the river flows so that by the time we reach Prince Rupert he has cleared enough space for the people to stay present for their stories and their healings. By the time we reach Prince Rupert he is all back together, is himself and the grief waters are placed beside him and held in the land so that we may do the work we are here to do. There is no need for us to talk of it. Only to respect the sacred cleansing that prepared our way here and prepared the way for the families we will be sitting with.

A felt sense is often only a piece of who you are and a part of the relationships we all share in. It is our teacher and our natural way to spiritually connect with our ancestors and to connect with all of life and land. We are in connection and in relationship with water, air, fire, earth and all the relatives who have wings, fins, roots and paws. This spirit connection accesses generations past and future. A felt sense is an ‘all my relations’ connection, an interrelatedness and an intergenerational connecting point.

Land Based Approaches to Complex Trauma and Wellness

The relational approach of AFOT acknowledges intergenerational relatedness. That is to say, that we are connected to and in relationship with those previous generations and our ancestors. Grounded in Aboriginal ontology, AFOT recognizes that we have both lived an intergenerational experience, knowledge and relationship. Trauma, therefore, may be vicarious or intergenerational, as is the case with some of Elder George's trauma from Indian Residential Schooling. AFOT is historically sensitive in a culturally relevant way. It acknowledges the history of colonization in Canada and understands the way this historicity is manifest within the context of Aboriginal worldview and contemporary culture, person and community.

AFOT also acknowledges the central role of land. This is perhaps most explicitly evident in the statement: "By the time we reach Prince Rupert he is all back together and himself and the grief waters are placed beside him and held in the land so that we may do the work we are here to do." Part of Elder George's clearing space for community was through the recognition that the land could hold the collective trauma he was processing.

The connection between interaction with green space and wellness is now well established. *Last Child in the Woods* (Louv 2005) popularized the "No Child Left Inside" movement, and speaks to the countless benefits natural spaces have on child development.

Frances Kuo conducted a study of 28 identical high-rise public housing projects and found a significant difference between those in the projects living near green spaces and those who did not, including: 1) A stronger sense of community; 2) Better coping

with everyday stress and hardship; 3) Less aggression and violence; 4) Better performance on tests of concentration; and 5) Management of problems more effectively (Barton and Pineo 2009). A study of 450 children with Attention-Deficit Hyperactivity Disorder determined that exposure to natural environments alleviated symptoms, while another revealed that views of trees from home improves self-discipline among inner city girls, including enhanced concentration, inhibition of impulsive behavior and delay of gratification. After creative play in verdant settings, children overall demonstrate increased ability to concentrate, complete tasks and follow directions (Barton and Pineo 2009). A recent study, through the European Centre for Environment & Human Health, followed 12,000 people over 18 years in England demonstrating that people experience lower mental distress and higher life satisfaction when living in greener areas (<http://vimeo.com/64293418>).

AFOT adds to the discussion around landscape and wellness, deepening our understandings of how human relationship to land factors into healing and wellness.

AFOT STORY 2: HEALING FROM INTERGENERATIONAL TRAUMA REQUIRES MOVING BETWEEN DIMENSIONS WITH KINDNESS AND GRACE

White Knuckles (the name he chose for this story), Hudson Bay, James Bay Area

It is hard to get himself out of his hunting grounds and medicine camps and onto airplanes. He is terrified to fly. It is not something to fix, he is a man of HIS land, a

grounded man. He ‘white knuckles’ it from Moose Factory to Vancouver every second month for seven training visits. It is for his people that he agrees to make these ridiculous journeys.

There have been many clustered suicides (a cluster of connected people, often youth, dying through suicide) in his communities. The vision of the boy hanging haunts him. White knuckle’s body pain is acute, especially in his neck and back. He is an Elder and Knowledge Keeper, a brave warrior and Medicine Person for his people. He knows the old ways and he is a perpetual laughier.

There are often struggles with religious orders and community members feeling threatened by Indigenous Medicine Peoples and their ceremonies. The communities are navigating the return of their spiritual and cultural ancestral knowledge and practices while being suppressed and oppressed by colonization.

Gratefully, where he lives they still have their Indigenous languages and are deeply connected to the land for survival. Schools close when it is time to hunt. They are in rhythm with their lands. If only their lands were returned to them so they could be self- sustaining and unsubjected by paternalistic policies evidenced in the suicides. It is a communal felt sense of longing and yearning that is always in the background, moving the warriors forward for justice.

AFOT Session: White Knuckles

White Knuckles is distraught and terrified. This is not a memory piece from his traumatic childhood. He is not in a child-like regressed state. He clutches at his own

throat as he feels what the hanging boy went through as if it were happening to him. He has been having sensations of choking and pains in his neck and back and intrusive images of the young hanging boy for weeks now. He is tired.

White Knuckles: 'He is with me day and night. I see him hanging there.'

Shirley: 'Oh yes...there he is hanging, this young dead boy. Since it is so, what do you need to do to relax so we can spend time with him and to see what this is about.'

My gentle solid therapist-driven direction towards the dead boy settles him down. He now knows which direction we are heading and that I will be with him. He visibly relaxes and we can start on our journey.

White Knuckles: "Oh... they are all there, all six of them and they are calling me there."

He is scared but not as scared and surprised to see the children that died in this cluster.

Shirley: "What frightens you so much there?"

White Knuckles: "I am afraid I will die. I am not afraid to die and I am afraid to die."

Shirley: "Oh... it is about the dying. Maybe it's a good day to die." I gently say. "Can we die for just a minute and be curious? And see what it is they want?Can we die for just a little bit of time?"

He is afraid they are calling him to die and he has family and community here that still need him. Knowing we are only dying temporarily secures our journey. We move into dying for just a little bit. Past, present and future are not linear and always available to us and he knows this.

White knuckles: "They are stuck there.... They don't know what to do... They believe they will go to hell for taking their own lives and they are trapped."

Shirley: “Oh, trapped and they don’t know the old ways. No wonder they are calling for you! They need your help between worlds. Cross over and call on the ancestors? I will hold you here and there.”

Long pause.

White Knuckles: “They are relieved now”.

Pause.

Shirley: “The ancestors”. I can sense with him there where they/we are now and we can visit there together.

Pause.

“I am sending them to the ancestors... The ancestors are here. The ancestors are taking them”.

Pause.

Gently he comes back into the room. He is calm and his laughter starts. He laughs and we laugh some more, as it is his way and we laugh.

There is no need to say more. Our journey is complete. The young hanging boy will no longer haunt him. The boy leader and the other children are at peace and in the arms of intergenerational family. White knuckle’s vicarious, intergenerational flashback (the ‘borrowed’ felt sense of the hanging boy), will no longer tax him. His work with these children is now complete and the sacred bundles are now in the hands of the ancestors.

And he is more ready for the unfortunate next cluster of deaths his communities will have to wade through. And we quietly thank the Creator and the ancestors and the waters and lands near Hudson Bay area... always there to guide. We will never be used to the deaths and we will not be alone; the ancestors, our current and future

children, and all of life and land will see us through these difficult times.

AFOT as a Culturally Relevant, Land Based Approach to Psychotherapy

The language of AFOT revolves around place, as evidenced in the following exchange:

“White Knuckles: “Oh... they are all *there*, all six of them and they are calling me *there*.”...

Shirley: “What frightens you so much *there*?”

AFOT is a place-based psychotherapy that identifies where trauma is located within ‘all my relations’, and sits with the client in that place. Through the felt sense, client and clinician move through traumatic landscapes that may span generations.

Sometimes trauma is not of the client, but moving through the client in a vicarious way. The land is also able to hold the trauma and is part of the healing process.

AFOT gently moves through dimensions in time to help foster intergenerational conversations that are community based and healing. The therapy is grounded in the present and yet helpful for all concerned through time. For White knuckles, the felt sense was a call from a cluster of children (sacred bundles) needing their Elder to assist in their death process. White Knuckles grows in knowledge in assisting in his community. AFOT is far-reaching, expansive and spiritual.

AFOT STORY 3: SOMETIMES A TRAUMA RITUAL REQUIRES RENEWED CEREMONY

Heart Woman (empathic woman carrying many teachings and strong community leader)

Heart woman's memories of childhood sexual abuse are surfacing, 'triggered' by her daughter reaching the age she was when her abuse began.

AFOT Session:

Heart Woman: "The urge to cut is so intense... I have to hide my knives so they are not in the open".

Shirley: "Yes, cutting is somehow important. Can we go there to where the deep sensation to cut lives in you?"

Pause

I notice the regression. The 40 year old woman somehow looks pre-teen and in a state of shame and speechlessness; head is hung low and face flushed red. Her arms hang from her shoulders like rags. She is not breathing.

Shirley: "I see you there, can you see you there with me? Notice how old you look there slumped and carrying such a load of feelings. What is this earlier place from long ago carrying? How old are you there?"

I am sure to offer her the knowing that she carries this, that it is a place in time and not the all of her. It may not be all hers, if hers at all and it seems too big to be all hers from where I am sitting.

Heart Woman: "I am young there and so deeply ashamed and so gone and so numb."

Shirley: "This big urge to cut spot from this long ago place... notice it more. What is it that it wants to do? Letting something out? Trying to get back in? Transforming?"

Ask into it.”

Heart Woman: “I am stuck in my shame... It is a bloodletting. It is the only way to release it. There is no other way.” She is distraught.

Shirley: “Oh ... how perfect... no other way... releasing all this big overwhelming shame that you name so casually as yours.”

She is digesting the possibilities of trying on my suggestions to honour her predicament and allow herself to keep company with a confusing place.

Shirley: “It seems so big for a young girl to have so much shame in her young body. Is it possible you are holding the shame and that it is not all yours? Just ask into it further. Is this all yours?”

Sometimes we hold the energy of those around us to calm them down in stressful times. We hold their shame, fear, anger, pain, so they are not as overwhelmed by it. If we hold their energy for them and they are less overwhelmed, they hurt less and they possibly do less damage; they are not quite as emotionally charged... a lateral sharing of violence and pain so to speak. Children are especially wonderful at this.

“Check to see if this is all yours.”

Pause.

Heart Woman: “It is his shame and some of it is hers. I am holding their shame. And cutting is the only way out.”

Shirley: “Only way out... what a good way you have learned in your aloneness. It has worked throughout your life. Cutting through the shame. If only you had had an Elder there or an ancestor there to teach you more. If only you had not been so culturally alone at that time.”

Pause.

Heart Woman: “Tobacco. I could lay tobacco.” She is deep in her knowing.

Shirley: “And where? Where do you lay this tobacco?”

Heart Woman: “In my fire. The fire will take the old shame.”

Shirley: “Your fire? Where is this fire in land that will take this intergenerational shame?”

I am asking about the specifics to her renewed ceremony, finding out clearly where this new ritual is to happen. She chuckles, as she knows she must get completely clear on this. We have sat together many times now. I won’t cheat her out of getting this right. I want the knife set down, as does she. We are in this together, ‘all my relations’.

Heart Woman: “It is my home fireplace. I will lay tobacco and the ancestors will help me with this great old shame that I have carried through the years for everyone.”

Shirley: “Which ancestor? Check in.” We know that if it isn’t a complete ceremony the symptoms will return. She checks in further.

Heart Woman: “It is my great grandmother. She is my helper in this matter of shame.”

We are quietly grateful to the great grandmother and to the fire and all of life and land for helping us see the direction to heal in and the helpers that are needed. The renewed ‘shame’ ceremony can begin. And when the urge to cut has subsided she will know it is done.

Conclusion

AFOT is strength based, culturally relevant and historically sensitive. It is a ceremonial healing process that moves through the generations to pick up healing

energy or to deliver healing energy. AFOT include ‘all my relations’ centered therapy techniques that are grounded in the present, move through time and are deeply land based. Aboriginal Psychotherapy recognizes a felt sense as a bodily experience of interconnected emotion, energy and sensations that are often an expression of knowledge. This felt sense and intergenerational knowledge can move a people gently through trauma and into intergenerational healing.

AFOT is a form of self-ceremony. The ceremony comes out of the client centered therapy experience. It is bodily and spiritually centered. The bodily felt sense informs the communication across generations to process healing. What a client heals now, can heal past present and future generations, in the context of ‘all my relations’. From within the AFOT process, self- ceremony naturally emerges. It is ceremony that is self-directed and involves more than the self. In the case of Heart Woman, her grandmother and all related are also experiencing connection and healing.

Heart Woman knows implicitly just where in land the ceremony is needed. She implicitly knows what medicines are required and just who is to be included in the ceremony. The therapist is simply the witness and while may help facilitate, is not directing the ceremony in any way.

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