

THE HEALING OF ABORIGINAL  
OFFENDERS: A COMPARISON  
BETWEEN  
COGNITIVE-BEHAVIOURAL  
TREATMENT AND THE  
TRADITIONAL ABORIGINAL  
SWEAT LODGE CEREMONY

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## Abstract

Within the correctional system, aboriginal people are disproportionately represented at both the provincial and federal levels. Moreover, recent statistics confirm that this disproportional representation is increasing at alarmingly high rates. While high levels of social discord and poverty can be implicated in this disproportional representation, it is also reasonable to suggest that current correctional programming may not yield the same positive results with some aboriginal offenders as it does with non-aboriginal offenders. In the absence of effective rehabilitation, large numbers of aboriginal offenders return to prison repeatedly. The present study develops hypotheses about the experiences of federal aboriginal offenders who attended cognitive-behavioural programming and the traditional aboriginal Sweat Lodge ceremony as part of their healing while incarcerated in a forensic psychiatric hospital with the Correctional Service of Canada. The primary method for data collection consisted of a qualitative semi-structured interview in accordance with a “Grounded Theory” protocol (Glasser & Strauss, 1967). Eleven respondents were interviewed and asked to speak about their personal experiences within both of these treatment approaches. Their stories revealed a rich and varied narrative drawing attention to the fact that the aboriginal community is a very diverse people and culture. The processes of acculturation and deculturation are considered central factors in accounting for this diversity and, therefore, were incorporated into the design of the study. Results revealed that respondents saw both of these treatment approaches as having interesting points of parallel but, by far, there were more differences than similarities. While cultural variables such as “worldview” and “etiquette” were argued to be central in accounting for these differences (i.e., traditional vs. contemporary), acculturation was also thought to produce a wide spectrum of response variability from

within the sample population. Respondents identified the most salient aspects of the Sweat Lodge ceremony and the cognitive-behavioural programs uncovering strengths and weaknesses of both while at once revealing interesting insights into areas requiring address. Finally, directions for future research, as well as suggestions and recommendations are made with the intent of enhancing each approach so that the efficacy of correctional programming with aboriginal offenders will be sensitive and responsive to the needs of its client population.

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Special thanks to the aboriginal Elders who took time from their busy schedules to become involved in this research. Your receptivity, assistance, and wisdom have helped this study take form and direction. It is hoped that through your example, other Elders will come to see the importance of endorsing similar research of this kind.

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Finally, I give thanks to the Grandfathers and the Creator... "All my relations".

## Dedication

This thesis is dedicated to all aboriginal peoples who are in the process of trying to find and define themselves.

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## 1. Statement of Purpose

The purpose of this research was to study the experiences of aboriginal men who attended cognitive-behavioural programming and the Sweat Lodge ceremony as part of their treatment at the Regional Psychiatric Center (RPC) - Prairies while incarcerated with the Correctional Service of Canada (CSC). The men studied were federal offenders serving, on average, a sentence of 8-years for violent and assault related offences. In addition, all had a history of mental health issues and were receiving high intensity treatment at the RPC. The focus of the study was aimed at acquiring a deeper understanding and appreciation of the perceptions of respondents as they relate to the psychological effects and potential healing properties from attending the Sweat Lodge ceremony and cognitive-behavioural programs.

Although this research effort has been fuelled at several levels, its primary source has arisen out of a personal commitment to improve and promote effective correctional treatment for aboriginal offenders. As a member of the aboriginal community, it has been difficult at times to witness how some aboriginal men struggle through core correctional programming largely because this programming did not take into account the values and principles of the aboriginal culture. Ignorance and insensitivity to these cultural variables, paired with program “success” criteria that generally fails to incorporate traditional aboriginal worldviews or teachings into the evaluative process, provided evidence for the need to investigate the experiences of aboriginal offenders within both of these healing/treatment modalities.

It was hoped that this research could make a contribution to current correctional programming by revealing how traditional aboriginal cultural nuances and etiquette are often inconsistent with the program evaluation criteria of cognitive-behavioural models. It was also hoped that an exploration of the Sweat Lodge ceremony would reveal some of its characteristics and how men experience that ceremony. That exploration could suggest some of the (potential) healing properties of the Sweat Lodge ceremony and, to the extent possible, provide some degree of evidence of its therapeutic effectiveness. Ultimately, it was hoped that this research would reveal strengths and weaknesses of both approaches while drawing attention to the need to strike a healthy balance between the two programs.

The present study also investigated differing acculturation/deculturation levels of participants and the relation or impact that this has on the reported experience in either treatment approach. It was felt that doing this would reveal a diverse aboriginal population and provide an opportunity for different segments of the aboriginal community to find their voice and rightfully express their experiences with every sense of entitlement.

## 2. Review of the Literature

### 2.1. Background

Aboriginal people are disproportionately represented in the courts and correctional system (Waldram, 1994, Griffith and Verdren-Jones, 1994). According to Achtenberg (2000), in 1991-1992, aboriginals accounted for 11% of the federal inmate population, 15% in 1996-1997, and are presently estimated at around 17%. Boe (2000) reported that, as of January 1999, this proportion had increased to 17.5%. These figures are alarmingly high given that aboriginal people only represent approximately 3% of the total population of Canada presently (Achtenberg, 2000).

Waldram (1997) reported that the distribution of aboriginal inmates across Canada is subject to tremendous variation. In particular, he noted that as much as 64% of the national aboriginal inmate population in federal jurisdiction is located in the prairie provinces of Alberta, Saskatchewan, and Manitoba. LaPrairie (1996) reported that, within this region, many more aboriginal compared to non-aboriginal persons are incarcerated; 25 times more in Saskatchewan, 9.7 times more in Manitoba, and 7.2 times more in Alberta for aboriginal people as compared to non-aboriginal groups.

As significant as these numbers may appear, they do not lend themselves easily to speculation about potential causal factors. One of the most readily identifiable correlates with these high incarceration rates is the high levels of poverty, and its associated evils, that is the reality for large numbers of aboriginal people (Duran, 1995). Whether the product of systemic racism or not, aboriginal people have high incidences of drug and alcohol addiction, high unemployment rates, malnutrition, and shortened life

expectancy (LaFromboise, 1988; McShane, 1987; Foster, 1988). In addition, aboriginal offenders have a multitude of problem areas that often go beyond those of the general offender population such as high suicide rates, high mortality, low educational achievement, high levels of abuse and violence, and high levels of mental health concerns (Trimble and Hayes, 1984; Waldram and Wong, 1996; Duran, 1995).

## 2.2. Correctional Programming

The rehabilitation of offenders has advanced considerably since the days of Martinson (1974) and his condemning report asserting that, “nothing works” when it comes to effective treatment of offenders. Gendreau (1996) reported, that there is a growing body of literature attesting to the efficacy of offender rehabilitation programs. Results from this literature reveal that the majority of correctional programs designed on the principles of “effective” correctional programs (See Andrews, Bonta, and Hoge, 1990) produced positive treatment effects that are reflected in reduced recidivism rates. Gendreau and Ross (1980) found, that approximately 86% of 95 intervention studies they reviewed were "successful" with reported reductions in recidivism rates ranging from 30% to 60%. Bonta (1997) also reported, that "appropriate" treatments were found to reduce criminal recidivism rates by 50% on average. In addition to these works, there is an increasing volume of research attesting to the potency of offender rehabilitation programs (Andrews et al, 1990).

Bearing in mind that effective treatment does not always equate with appropriate treatment, it is important, nevertheless, to distinguish between effective and ineffective intervention strategies in the treatment of offenders. In their depiction of effective treatment, Andrews et al (1990) argue, that service must be provided to high risk offenders and that the service must address the criminogenic needs of the offender.

These same authors speak of the risk, need, and responsivity principles as central components in treatment efficacy. Similarly, in his principles of effective treatment, Gendreau (1996) suggests, that there should be a matching between the characteristics of the offender, therapist, and the program.

At present, the Correctional Service of Canada offers a number of core treatment programs which have been designed in accordance with the principles of effective correctional treatment. These programs include: Cognitive Living Skills Programs, Substance Abuse Programs, Substance Abuse Pre-release Programs, Sex Offender Treatment Programs, Family Violence Programs, Violence Prevention Programs, and Literacy Programs (Correctional Service of Canada, 2000). In addition to the above, there are a number of programs such as cross-cultural awareness and race relations training, parent skills training, and leisure skills training that are designed to cater to some of the noncriminogenic factors of offenders. Noncriminogenic factors are those aspects of the individual that have no direct causal link to criminal behavior but may require attention in an effort to help facilitate the eventual return and successful reintegration of the offender to the community.

In spite of the reported success of core correctional programming within the general offender population, the extent to which these same programs facilitate rehabilitation of the aboriginal offender population is unclear. Although there is some evidence that aboriginal offenders recidivate at higher levels than the non-aboriginal population (Welsh, 2000; Hamilton and Sinclair, 1991; Hann and Harman, 1992), this does not necessarily imply that correctional treatment that is effective for non-aboriginals is not effective for aboriginals (other variables may account for these differences). While social and economic factors at the community level may be

implicated in these elevated recidivism rates, it is not unreasonable to assume that the efficacy of core correctional programming may not yield the same results with some segments of the aboriginal population because of the lack of sensitivity to the cultural needs of aboriginal offenders.

At present, available data from the Correctional Service of Canada reveals that only an approximated 3.2% of employees from 1996-1997 were of aboriginal ancestry. Although this figure parallels the overall national representation of aboriginal people in the country, this number still falls short in comparison to the number of aboriginal offenders who are incarcerated within the federal correctional system. The lack of correctional workers of aboriginal descent may have a negative impact on the effectiveness of correctional programs. Moreover, the ratio between aboriginal staff and aboriginal offenders becomes even more disproportional in geographic areas where the distribution of aboriginal offenders is known to be higher (especially the prairies region).

In an attempt to address this problem, the Correctional Service of Canada has implemented cultural sensitivity training for non-aboriginal staff and has hired increasing numbers of aboriginal Elders, Elder's helpers/healers, aboriginal programs officers, and native liaison officers to provide aboriginal specific services to aboriginal offenders. In addition, the fact that a number of aboriginal-based correctional institutions have been built in recent years provides some evidence of the Correctional Service of Canada's ongoing commitment to providing appropriate programming for aboriginal offenders (Solicitor General of Canada, 1988).

### 2.3. Heterogeneity of the Aboriginal Population

Within the aboriginal population, and between and within specific aboriginal communities/reserves/nations, there is tremendous variation particularly in relation to

the degree of adherence to “traditional” values and/or beliefs. Waldram (1997) in his research on aboriginal offenders concluded, that it is erroneous to think of aboriginal people as a homogeneous population. Although only a superficial, first-level way of distinguishing differences (since nation and tribal differences are not considered), he proposed that aboriginal people fall into one of three overlapping categories depending upon the degree to which they adhere to the dominant Euro-Canadian culture or traditional aboriginal worldviews. According to his model, the three groups consist of Euro-Canadian, bicultural, and traditional. Traditional people are the furthest removed from Euro-Canadian culture and tend to adhere strongly to indigenous (traditional) aboriginal beliefs and values. The Euro-Canadian group, for the most part, has been effectively assimilated into Euro-Canadian culture and ascribes to most of the norms and values of the dominant culture. Lastly, the bicultural group seems to operate comfortably in both the aboriginal and non-aboriginal worlds. As a result of these differing levels of acculturation, it makes sense that aboriginal offenders may require different types of correctional programming.

In particular, the spiritual and cultural needs of aboriginal offenders warrant careful consideration since these areas may not only point to more "appropriate" avenues of treatment, but they may also play an indirect, yet fundamental, role in identifying contributing causal factors and predictive variables of criminal behavior. LaPrairie, (1996) reported, that a policy on native offender programs was instituted in 1987 by the Correctional Service of Canada as a result of increasing awareness and recognition of the importance of traditional culture and aboriginal spirituality. Since this date, aboriginal-based programming has continued to expand within provincial and federal correctional facilities offering components such as native life skills training, spiritual

ceremonies and practices, aboriginal literacy programming, substance abuse treatment, family violence programs, native liaison services and cultural development (Correctional Service of Canada, 2000).

One specific component of aboriginal-based programming is the traditional Sweat Lodge ceremony. Since the introduction of this traditional ceremony into correctional programming, surprisingly little research has been done to examine its characteristics or how it is experienced by participants. In part, this may account for the general lack of understanding of the therapeutic benefits of participating in this cultural healing practice. Many treatment staff are entirely unfamiliar with the significance of the Sweat Lodge ceremony and, therefore, are at a distinct disadvantage in terms of understanding how this traditional practice may overlap, reinforce, complement, and go beyond, mainstream correctional programming.

#### 2.4. Native Spirituality

All-too-often, the Euro-Canadian understanding of native spirituality incorrectly places it within the realm of organized religion. Native spirituality is not a religion in the traditional sense, but rather, a way of life, a way of being, thinking, understanding, and processing life experience (Rutledge and Robinson, 1992). Spirituality, not just native spirituality, speaks of “complexion”, “conviction”, “essence”, and “resolution” and these variables should be considered important within any discussion relating to recidivism. Indeed, resolve, arguably, may be one of the most important factors affecting recidivism.

Central to native spirituality is the teachings of the medicine wheel, or as it is often referred to as the “sacred circle”. The medicine wheel is a symbol that serves as a teaching tool to help aboriginal people understand the different ways in which all things are interconnected (Cianci and Nadon, 1986). This symbolic system consists of a circle

that is divided into quadrants by two diametrically opposed axes that run North-South and East-West. These axes represent orientation towards tasks and relationships. The medicine wheel teaches about the relationships between the four winds, the four grandfathers, the four cardinal directions, the four races of man, the four elements, the four stages of growth and development, as well as the four aspects of our being (Bopp, Bopp, Brown and Lane, 1984; Mails, 1988; McGaa, 1990). Additionally, depending on nation or tribal affiliation, each of the four directions has a symbolic animal spirit, sacred task, and color that is associated with it.

When people speak of the medicine wheel, it is generally the latter relationship concerning the four aspects of our being that comes to mind. The four quadrants within this relationship are the emotional, the physical, the intellectual, and the spiritual. Each of these quadrants are considered to be separate yet equal parts of a larger whole (McCormick, 1995). According to Cianci and Nadon (1986), aboriginal people believe that each individual is born into one of these quadrants and that this becomes our “natural way” or core personality as it were. In order to grow as an individual, each person must learn to balance and incorporate the teachings from the other quadrants. Traditional teachings posit that when any of these domains is imbalanced with reference to the others, the life of the individual also will be imbalanced, and therefore, unhealthy. In this sense, healing would necessarily involve the restoration of balance between the four elements so that the individual can return to a harmonious whole (Mails, 1988).

There are literally hundreds of aboriginal ceremonial practices that fall within the realm of native spirituality (McGaa, 1990). Although there are parallels in these ceremonies between the various tribal nations, there is also considerable variation, but not to the point of rendering the ceremonies unrecognizable. An exhaustive listing of

these ceremonial rites and passages goes beyond the intended scope of this work. Suffice to say, however, that there is some degree of universality among the tribal nations particularly in relation as to why a specific ceremony is performed. While the ceremonies may differ and go by different names from tribe to tribe, essentially, the purposes behind the ceremonies are the same. These purposes generally take the form of giving thanks to the Creator, purification and cleansing, rebirth, vision questing, preparation, healing, and honoring (Rutledge and Robinson, 1992).

#### 2.5. Native Spirituality Within Prison

The introduction of traditional native spirituality into the correctional system in the early 1980's did not come about easily. In fact, it has been argued that were it not for the creation of the Charter of Rights and Freedoms, traditional aboriginal spiritual practices within forensic settings might not have occurred at all. In early years, native spirituality encountered a lot of opposition as a result of cultural ignorance by non-aboriginal staff. It is reported that some correction officials initially considered aspects of these traditional spiritual practices to be a breach of security. For example, many of the sacred artifacts that were used in these ceremonies were deemed to be "potential weapons" and were therefore confiscated (Waldram, 1997).

In fairness, however, part of the resistance to the introduction of traditional native spiritual practices to prisons originated from within the aboriginal community itself. Many Elders maintained that inmates were "undesirables" who were unworthy of spiritual ceremony and that the prison environment was an inappropriate place for something as sacred as spirituality (Waldram, 1997). A number of aboriginal inmates also expressed concerns over the introduction of native spirituality into the correctional system. They considered it sacrilege to practice certain traditional spiritual ceremonies

in the negative environment of a prison. Additionally, there were concerns regarding the “less than holy” background of some of the Elders who were chosen to work with the inmates. In other areas, the matter of remuneration for the services of Elders became an issue. Based on traditional aboriginal custom, it is inappropriate to pay an Elder for his/her services. That Elders were paid by the Correctional Service of Canada for their services called into question the legitimacy of the practice of the Elders (Waldram, 1993).

In spite of these rough beginnings, traditional aboriginal spirituality within the correctional system has grown considerably over the years to the point where it is now recognized as being an integral part of rehabilitative programming (LaPrairie, 1996). Unfortunately, as of yet, very little research has been completed in this area that would provide evidence that traditional native spiritual practices and ceremonies effect positive change in aboriginal offenders.

#### 2.6. The Sweat Lodge Ceremony

Of all the traditional native North American ceremonial practices, the Sweat Lodge ceremony is perhaps one of the most widespread (Bruchac, 1993). Indeed, Hall (1986) reported that therapeutic Sweats were probably known in all areas of aboriginal America but that the practice differed considerably regionally and culturally. In spite of these differences it has been suggested that the most widespread Sweat Lodge tradition is that of the Lakota Sioux which, by proper name, is referred to as "Inipi" (McGaa, 1990).

In essence, the Sweat Lodge has been described as a sacred ceremony that is used as a purification rite in preparation for communication with the creator (Rutledge and Robinson, 1992). Additionally, the Sweat Lodge is often used for praying, divining,

healing, petitioning, blessing, protection, to change one's heart and intentions, and thanksgiving (Mails, 1988; Bucko, 1998). It is also a place of personal testing where an individual can show courage, endurance, and strength (Bruchac, 1993). Since the Sweat Lodge is said to be the womb of mother earth and woman, for many, participation in and completion of the Sweat Lodge ceremony is parallel to being renewed or reborn (Waldram, 1997). Above all, the Sweat Lodge is a holy and sacred place for spiritual encounter and discovery of life (Rutledge and Robinson, 1992).

Since it is difficult to speak of the "typical" Sweat Lodge ceremony because there is so much variation from tribe to tribe, I'll describe what has been my experience. One common form of Sweat Lodge is made from twelve willow saplings, which form the framework for the structure. The saplings are bent and tied together to form a half-sphere that has an average size of six to eight feet in height and twelve to fourteen feet in diameter. Traditionally, hides or buffalo robes would cover the frame but today heavy tarp or canvas is utilized. In the center of the lodge, a pit, approximately three feet across and one foot deep, is dug to contain the heated rocks, or "Grandfathers" as they are often referred to, that will be used for the ceremony. Although by no means universal, often the floor of the Sweat Lodge is strewn with sage and/or flat cedar. When complete, the lodge can hold as many as ten to fifteen individuals.

Depending upon the purpose of the Sweat, the ceremony will vary accordingly. A healing Sweat for the sick, for example, can last for days at a time and sometimes use as many as one hundred and four Grandfathers. Also, during this type of ceremony, herbs and healing medicines are used that normally would not be used in a "regular" Sweat Lodge ceremony. Generally speaking, it has been this writer's experience that a "typical" Sweat Lodge ceremony begins with all participants smudging (cleansing) prior

to entry into the Sweat Lodge itself. When passing through the doors of the lodge, participants are expected to crawl as to do otherwise would be considered a sign of disrespect to the Grandfathers and the Creator.

As they enter the Sweat Lodge, participants sit themselves in a clockwise manner around the stone pit. Once all are inside, the Elder will prepare and bless the pit to receive the Grandfathers. When this Blessing is finished, the fire keepers will be asked to bring in one Grandfather from which to burn sweet grass, sage, tobacco, and cedar. It is often at this time that individual offerings of tobacco are presented to the Elder for special prayers. Immediately afterwards, those present in the Sweat Lodge are asked to pray while the Elder prepares the Pipe.

Once the Elder has finished praying, the fire keepers are invited into the lodge to smoke the Pipe with all present. Although the Pipe is passed for four complete revolutions within the circle, it is typically only on the first pass that all will smoke. For the remaining three revolutions, only those individuals sitting in the inner circle of the lodge will pass the Pipe. Once the Pipe is returned to the Elder, he ends the Pipe ceremony with prayer. The Pipe is then taken out of the lodge and placed upon the altar outside. The Pipe and tobacco are used to help send prayers to the Creator. At this point in the ceremony, the Elder asks the fire keepers ("Elder's helpers) to commence bringing in the Grandfathers. The first five of approximately twenty-one Grandfathers are smudged before being brought into the lodge. As all Grandfathers are put into the pit, they are sprinkled with sage and/or flat cedar.

The Sweat Lodge ceremony is divided into four sessions referred to as "rounds". Depending on the nature of the Sweat and the readiness of the participants, the Elder will determine how the Grandfathers will be divided for the rounds. It has been this

writer's experience that the Grandfathers are roughly divided equally for each of the rounds. Each round takes approximately twenty minutes to complete with a ten-minute break in between. Participants are allowed to leave the Sweat Lodge during these breaks but when leaving they are to crawl and exit backwards as a sign of humility.

After the Grandfathers are brought into the pit, the Elder asks that the canvas flaps of the lodge be closed so that there is absolute darkness within the lodge. This is important since it is believed that so long as one's eyes are looking outwards, one can not see inwardly. Prior to beginning his teaching/healing, the Elder will ask that everyone pray hard in their own way, not for themselves, but rather, for the Ancestors and the loved ones in their lives. The Elder then commences to splash the Grandfathers with water producing extremely hot steam vapors. Tradition teaches that this steam is the sacred breath from the Grandfathers and that it has healing properties. No two rounds are alike and may consist of any combination of prayer, healing, cultural teachings, spiritual teachings, singing, and sharing of life stories by the Elders.

The Sweat Lodge ceremony is an extremely moving experience that challenges participants in a very personal manner. To be sure, the heat generated within the Sweat Lodge ceremony can fill the most strong and confident individual with insecurities and self-doubt. It is not entirely uncommon to witness a person cry out in anguish or ask that the ceremony be stopped so that they can remove themselves from the lodge. It is for this reason that the Elders forewarn that the Sweat Lodge is not to be taken lightly or without serious conviction. The successful endurance of a round is often the beginning step towards much larger changes in life. Success in making commitment to changes may often depend on the outcome of the personal trials within the Sweat Lodge ceremony.

It is believed that when the pain is at its worse, whether physically, psychologically, or emotionally that the greatest gains in making changes are possible. It is during intense moments of emotional/psychological pain that the individual will allow their pain to flow forth with the encouragement from Elders and other participants. As for the physical pain, the Elders teach that, in contrast to the suffering of the ancestors, the time endured during the Sweat Lodge ceremony is small in comparison. It is because of this that the pain is to be accepted and embraced with a sense of duty, sacrifice, and unselfishness.

In speaking about the benefits from participation in the Sweat Lodge ceremony, Rutledge (1992) writes: “Many Medicine People believe that our Native American brothers and sisters who are serving time in prison would benefit from the sacred Sweat Lodge ceremony. Many have never experienced its purifying effects. I've noticed great changes in these prisoners. They seem to gain a new goal in life and a renewal of hope and respect for themselves after experiencing Sweat Lodge ceremonies.” Although this comment convincingly argues that participants benefit from attendance to the Sweat Lodge ceremony, it does little to advance our understanding of its healing and therapeutic properties.

Kinsley (1996) argued, that in most cultures there remains a close relationship between illness, health and spirituality/religion. He writes:

Health, sickness, and healing are inextricably related to religious or moral concerns, themes, and practices in almost all cultures. Until recently, for example, healers in most societies were religious specialists of one kind or another. Shamans, priests, and spiritual mediums dominated healing. Healing practices, furthermore, were typically religious rituals. Sacrifice, pilgrimage,

prayer, and propitiation of spirits, for example, were common practices to bring about healing in most cultures. Concepts of health and sickness were religious or moral. (Pp. 1)

With the exception of a handful of studies (Waldram, 1993; Swartz, 1988; Wilbush, 1988; Hall, 1986; Jilek, 1974), available research examining the healing or therapeutic properties of traditional native spirituality is virtually absent. Of those studies that are available, research approaches are almost exclusively qualitative in design often relying on subjective evaluation of therapeutic effectiveness (Waldram, 1993). This is somewhat a concern since critics have charged that traditional native spiritual approaches have not been seen as having passed the rigors of strict scientific scrutiny. Until this is done, reported findings may be treated as interesting anecdotal evidence by some segments of the scientific community.

But there are many valid scientific methods and methodologies that are not strictly quantitative in nature. One can argue that a qualitative approach is not only quite appropriate at this early stage of investigation, but also appropriate in and of itself to investigate the experience of the Sweat, especially its spiritual and healing dimensions. Phenomenology as a scientific method speaks to this latter focus.

The qualitative approach can examine ideas and constructs that may elude a strict quantitative research investigation. The present investigation will use a qualitative approach to explore the therapeutic properties of the Sweat Lodge ceremony in an effort to reveal the perceptions and attitudes associated with this spiritual/ceremonial practice.

## 2.7. Cognitive-Behavioural Therapy

Over the years, the field of corrections has made considerable progress in advancing our understanding of what constitutes effective correctional programming

(Andrews et al, 1990; Gendreau and Goggin, 1996). Results of meta-analytic investigation (see e.g. Gendreau, 1996) indicated that cognitive and behavioural oriented programs with the emphasis on operant and social learning principles are essential to effective programming for offender populations. The obvious approach to effective correctional treatment that satisfies both the behavioural and cognitive components is that of cognitive-behavioural therapy.

The cognitive-behavioural approach to treatment arose out of the integration of the technologies of behavioural therapy with the clinical concerns of cognitive-semantic theorists (see Meichenbaum, 1977). The synthesis of these two approaches resulted from the increasing recognition of the important role of cognition in affecting positive behavioural changes (Newell and Dryden, 1990). Meichenbaum, (1977) in his self-instructional training (SIT) suggested that behavioral changes could be facilitated by modifying the instructional messages that patients give themselves (Hawton, Salkovskis, Kirk, and Clark, 1989).

The cognitive-behavioural approach to treatment posits that maladaptive thoughts give rise to maladaptive feelings; such thoughts and feelings, in turn, produce maladaptive behaviours. The process of change involves the changing of faulty cognitions, which are then supplemented with new more adaptive cognitions (Valliant and Antonowicz, 1991).

Maladaptive thoughts, referred variously throughout the literature as cognitive deficits (Ross and Fabiano, 1981) and cognitive distortions (Yochelon and Samenow, 1976), manifest themselves in a variety of forms not the least of which includes poor sequential and consequential thinking. Cognitive-behavioural interventions not only attempt to change faulty thought processes, but also target more global cognitive

schemas such as attitudes, beliefs, values, and expectations. Techniques frequently used to accomplish this include effective problem solving, self-control, and self-instructional skills training (Gendreau, 1996).

Cognitive-behavioural therapy is also based on operant and social learning principles. The appropriate use of positive and negative reinforcement as part of an operant conditioning regime can strengthen and reduce positive and negative cognitions and behaviours. Central to the cognitive-behavioural approach is the idea that behaviours are learned and, therefore, can also be unlearned or that new behaviours can be learned. By helping the client see the relationship between the contingency factors in the environment, that is, the relationship of positive and negative reinforcers and their own behaviours, they are better able to predict and control their own responses.

One of the primary aims of the cognitive modification strategies of cognitive-behavioural therapy is to identify irrational and/or problematic thinking styles. These strategies are founded on the evidence that there is a relationship between one's thoughts and one's feelings. Succinctly put, what one thinks often determines how one feels and behaves (Ellis, 1996). The therapist's task within this approach is to help the client challenge, and eventually change, maladaptive, self-defeating cognitions. Generally, this is accomplished through the introduction of very basic, yet effective, cognitive strategies such as perception checking and positive self-talk that equip the client with practical cognitive and behaviour management skills (Meichenbaum, 1977).

It is reported that forensic treatment programs taking a social cognitive theoretical approach frequently offer the most promise in effective treatment intervention with prison populations (Ross and Fabiano, 1985). These same authors reported that when this approach to treatment is taken, reductions in recidivism range

from 60 to 70 percent for high-risk penitentiary inmates and drug-abusing offenders. How these findings relate to aboriginal offenders is uncertain since it is reported that aboriginal recidivism levels in general are higher than non-aboriginal offenders (LaPrairie, 1996). Even so, there is no direct evidence that mainstream correctional programming is not as effective for aboriginal offenders.

Despite this fact, there appears to be some evidence suggesting that, in comparison to other approaches, aboriginal populations are most responsive to cognitive-behavioural approaches to therapy. Renfrey (1992), argued that certain characteristics of cognitive-behavioural therapy such as “present time orientation”, “action orientation”, and “directiveness” are most congruent with the expectations, values, and needs of a significant portion of the aboriginal population.

#### 2.8. Cognitive-behavioural Programming and the Sweat Lodge Ceremony: Similarities and Differences

Intuitively, it is reasonable to think that any comparison between the Sweat Lodge ceremony and cognitive-behavioural programming will yield more differences than similarities simply as a function of cultural differences. Upon closer examination of the literature, however, it appears that many of the therapeutic properties associated with cognitive-behavioural programming also operate within the Sweat Lodge ceremony. This section draws on that literature and examines aspects such as therapeutic alliance, group processes, therapeutic engagement, holistic versus compartmentalized approaches, egocentric versus sociocentric worldviews, humor, and treatment outcome evaluations for similarities and differences within each of these treatment methods.

By doing so, it is conceded that the categories appearing in this section of the research have not emerged solely from the data itself, but have been also drawn from

and guided by the literature for comparative purposes. The degree of influence this approach has had on the entire project cannot be accurately stated as it is reasonable to assume that subsequent category development and data analysis may have been affected – wittingly or not - by this process.

### 2.8.1. Therapeutic/working alliance.

It has long been accepted that human relationships play a central role in the process of healing. Hippocrates is reported to have said “Let your best means of treating people be your love for them, your interest in their affairs, your knowledge of their condition, and your recognized attentiveness to them” (Moermann, 1979, Pp70). It has been argued that the relationship that develops between the healer and the patient is of central importance since it is often the symbolism that is attached to this relationship that produces the healing effect (Dow, 1986). In fact, it has been suggested that no matter what orientation or treatment modality is employed, the relationship is thought to be the primary operative ingredient and is a necessary but insufficient condition for change (Kottler, Sexton, and Whiston, 1994).

Although somewhat an overgeneralization, Lederer (1959), in his work regarding “primitive psychotherapies” makes the point of the commonality among different therapeutic approaches. He writes:

First and foremost, they all work. Regardless of rationale or technique, all these methods seemingly affect real improvements in emotionally disturbed patients. And beyond that, all have certain common elements of technique, that come down to this: they all take a great deal of time – from months to years, with frequent, usually daily, contact between the therapist and the patient, and as a result an intense relationship springs up between the two, with fairly similar

characteristics regardless of setting and place...Major differences also appear, as to means, techniques, and basic orientation. Far from using psychodynamic theory and aiming at insight, these primitive psychotherapies use magical, religious, or mystic techniques to achieve essentially the same results (Pp. 263).

While the majority of traditional native spiritual ceremonies that are conducted within correctional facilities are practiced within a group format, it is reported that Elders also spend a great deal of time conducting one-on-one counseling sessions with aboriginal inmates. For example, one particular program that utilizes the services of Elders in their treatment model for aboriginal sex offenders reported that Elders spent approximately one third of the total programming time in ceremonies while the remaining time was spent conducting one-on-one counseling with the inmates (Ellerby and Ellerby, 1998). It is within these one-on-one sessions that the relationship between the Elder and the inmate is given room to flourish and that this relationship transfers over into the Sweat Lodge ceremony.

Waldram (1997) reported, that the interaction style of Elders with aboriginal offenders was marked by a very personal approach that was more intimate than the typical therapist-client therapeutic relationship. Ellerby and Ellerby (1998) reported, that for many Elders, this relationship appears to take on a very nurturing role that is more akin to that of a mother/father or grandmother/grandfather. It is because of this perceived role of the Elder as an “extended family member” that the relationship could have therapeutic value that goes beyond that of other professional therapeutic relationships. For example, it is reported that most aboriginal offenders tend to view Elders with great respect and reverence and are , therefore, less inclined to act disrespectfully or approach without sincerity (Waldram, 1997). Despite the seemingly

close relationships Elders have with their “clients”, the “professional” boundary between the two are well defined within the cultural context and is clearly known to the “client” *before* the relationship develops. Boundary violation issues are, therefore, minimized despite the closeness of the relationship.

As opposed to the more personal side that Elders contribute to the one-on-one therapeutic relationship within the Sweat Lodge, the Elder assumes a role of a teacher in addition to that of a counselor or helper. Not only is the Elder teaching proper conduct and practice in relation to spiritual matters, but they are also teaching valuable lessons about the history, traditions, and culture of Native peoples and how a number of these historical factors have affected Aboriginal peoples in the past and present. Contained within these teachings are guiding rules and principles of appropriate behavior and self-conduct as well as the transmission of morals and values (Stiegelbauer, 1996).

In addition to teaching, the Elder functions as a ceremonial leader who is there to assure the integrity and authenticity of the religious observances of the Sweat Lodge ceremony (Solomon and Stonechild, 1995). In this sense, the Elder’s presence in the Sweat Lodge is to direct and channel the spiritual process so that the relationship that unfolds is not so much between the participants and the Elders but rather between the participants and the Ancestors/Grandfathers. Their role as a ceremonial leader gives them immediate respect, integrity, and authenticity that the average therapist has to take time to build and develop (if they ever can) within the therapeutic relationship. To say that the Elder has a definite edge in this area is an understatement.

However, most Elders humbly submit that, in actuality, they play a minor role in the healing of clients and that the “true” source of healing originates from within the relationship between the individual and the Creator. It is hypothesized, however, that

this approach may serve to unintentionally reinforce in the “client” the need for self-management skills rather than to foster a sense of dependency on the continual support offered by the Elder. As admirable as this form of humility is, Elders must not discount the full impact of this relational factor within the therapeutic alliance with aboriginal offenders as there is little doubt that this makes a valuable contribution to the healing process.

In addition to the relationship between Elders and offenders, there are other important relationships that arise as a result of the group process within the Sweat Lodge. Specifically, there are individual as well as group relationships that develop between the Sweat Lodge participants. It could be argued that group psychotherapy and the group processes associated with the Sweat Lodge ceremony share many of the same essential features.

#### 2.8.2. Group therapy.

According to Croken and Perez (1985) there are a number of therapeutic factors that contribute to the healing process as a result of group psychotherapy. In particular, they make note of the following ten factors: self-disclosure; interaction; acceptance (cohesiveness); insight; catharsis; guidance; universality; altruism; vicarious learning; and the instillation of hope. Of these, the authors argue that cohesiveness is one of the more important factors since it is through the development of strong group cohesion that other therapeutic factors are maximized. Moreover, they suggest that without strong cohesion, the likelihood of establishing productive and collaborative working relationships between group members is greatly reduced and that this in turn adversely affect other therapeutic factors. Cohesiveness, as defined by the authors, is the extent to which the group is attractive to its members.

Most of the identified therapeutic factors associated with group psychotherapy also appear to be present within the Sweat Lodge ceremony to a greater or lesser extent. For example, within the Sweat Lodge ceremony, self-disclosure does occur and it is very much facilitated by empathic listening and encouragement from the other group participants. In addition, it is hypothesized that the anonymity afforded through darkness during the ceremony creates an atmosphere that is conducive to a more revealing, and perhaps, less guarded disclosure.

The therapeutic factor of insight is thought to occur in both the cognitive-behavioural programs as well as the Sweat Lodge ceremony. Insight is said to occur as a result of interpersonal learning and feedback. Croken and Perez (1985) defined insight as awareness or the gaining of understanding of one's own psychological functioning (emotions/feelings, thoughts/cognitions/attitudes, dreams, and fantasies). Within cognitive-behavioural programming, insight, as thus defined, may be a necessary but insufficient condition for change. The Sweat Lodge ceremony also sets out to promote insight in these domains but never detached or in isolation from the remaining two aspects of being (spiritual and physical), as discussed previously under the Medicine wheel.

Although many superficially similar interactions operate within the group therapy of cognitive-behavioural programming and the Sweat Lodge ceremony, distinctions should be drawn between the interaction during the ceremony proper and the breaks before, and in between ceremonial rounds of the Sweat Lodge; Similarities are more apparent in the latter phases of the Sweat Lodge ceremony. During the ceremony, interaction is limited and, for the most part, very formal and scripted with careful consideration to boundaries associated with sacredness. Interaction during the breaks is

more relaxed and informal but still with regard for the sanctity of the ceremonial grounds. Humor is almost always present during the informal interaction phases of the ceremony.

Croken and Perez (1985) also consider the therapeutic effect of vicarious learning to be an important aspect associated with group therapy within cognitive-behavioural programming and the Sweat Lodge ceremony. Accordingly, through observation of other group participants and “therapists”, the individual group member begins to identify with, and incorporates the desirable characteristics of other group members. Unfortunately, this process appears to be a double-edged sword in that the individual is likely to also identify with and incorporate undesirable characteristics of the group. Hopefully, by promoting a strong theme of positive and responsible group membership, these latter characteristics will be kept to a minimum. Within a treatment milieu, this identification process has the potential to affect positive change in group members.

Similar to vicarious learning, Croken and Perez (1985) suggest that the therapeutic factor of universality contributes to a process of identification by revealing to the patient that his/her problems are not unique or significantly different from that of others in the group. The resulting identification serves to normalize one’s fears of being demoralized, and does as much to strengthen definitions of self as it does to create points of connection that increase cohesion within the group. I argue that universality occurs in the identification process both within cognitive-behavioural programming as well as the Sweat Lodge ceremony.

The therapeutic factors of altruism and the instillation of hope are also identified by Croken and Perez (1985) as aspects of group therapy. Respectively, altruism is

considered to be the strength or benefit that one group member derives from recognizing within themselves that they help another group member whereas the instillation of hope is the wish/desire – or perhaps, the expectation – that change and improvement is possible. Again, I argue that this therapeutic factor appears to be operating within cognitive-behavioural programming as well as the Sweat Lodge ceremony.

Croken and Perez (1985) also identify catharsis as a therapeutic factor in group therapy. According to these authors, catharsis is conceived as a release of intense feeling and emotions followed by a strong sense of relief. While cathartic release appears to be occurring in both treatment approaches, its presence within the cognitive-behavioural programs is a tertiary gain since the model does not set out to actively employ cathartic release into its design, but rather focuses on cognitive processes (Valliant and Antonowicz, 1991). The Sweat Lodge ceremony, on the other hand, deliberately employs catharsis as a central component of the healing process to the extent that release is facilitated and encouraged throughout the ceremony (Ross, 1996).

Despite some parallels, there are considerable differences between the group processes within cognitive-behavioural programming and the Sweat Lodge ceremony. One area that is readily apparent is the process of self-disclosure. Although both sides use what amounts to self-disclosure, the manner in which the disclosure is evoked by the therapist or Elder is markedly different. In contrast to the more challenging and confrontational style within cognitive-behavioural groups, the delivery style of Elders tends to be nurturing and non-confrontational (Ellerby and Ellerby, 1998). As a result, the individual is never made to feel pressured, but rather, he or she is encouraged to disclose only when they are ready to do so. Elders contend that disclosure that is forced

prematurely will not only be false and untruthful, it may also serve to impede the healing process overall.

A second area of difference is the interactions that occur within cognitive-behavioural groups and the Sweat Lodge ceremony. In some forensic settings, group psychotherapy may be offered in a therapeutic community (TC) format in which the patient's peers play a central role in the therapeutic process (Waldram and Wong, 1996). According to the TC model, patients are encouraged to actively communicate and interact with one another, discuss problems, monitor progress, and confront each other when necessary to ensure compliance.

This form of interaction is very different from the interaction that occurs in the Sweat Lodge ceremony in a number of ways. First and foremost, there is absolutely no confrontation directed towards the Elder or other participants within the Sweat Lodge ceremony as this would be considered to be disrespectful towards the Elder and a desecration of the Sweat Lodge. When this form of negative interaction occurs, it is believed that the Ancestors and Grandfathers will not enter the Sweat Lodge. For this reason the Elder instructs the participants to concentrate on thinking only positive thoughts and that language and behavior should never be profane or blasphemous. On those rare occasions when the Elder does confront the Sweat Lodge participants, it is generally in regards to proper ceremonial protocol.

Moreover, there is little interaction that occurs in the Sweat Lodge ceremony proper as the majority of the round is spent praying, singing, and listening to the teachings of the Elder(s). On occasion, however, particularly when participants are invited to share, others will vocalize their support for the individual who is disclosing with the intent of providing additional strength and encouragement.

Generally, however, the most active time for interaction occurs before and after the ceremony as well as during the breaks between rounds. At these times, the interaction is more relaxed and informal but still within the parameters of expected behavioral conduct. Typically, it is during these informal periods that participants provide feedback to one another. As Croken and Perez (1985) have suggested, this process of providing feedback is associated with interpersonal learning and is thought to be instrumental in promoting personal insight. These same researchers suggest that those individuals making the greatest gains in personal insight also make the greatest improvements in terms of healing.

A third area of difference has to do with the idea of participants monitoring each other's progress within the group process. Naturally, any evaluative activity would necessarily involve one group member making judgements about another. Although the aboriginal culture has changed considerably throughout the years, there remains in place a number of core values that have changed very little over time. Three such values that continue to be active in aboriginal culture have to do with ideas of not interfering in the lives of others, having no right to advise, guide (therapeutic factor of guidance) or give instruction, and of having no right to judge others (Task Force Report, 1988).

The latter, however, is often misunderstood: it does not preclude making judgement about a single act by an individual, but rather, an individual is not supposed to cast judgement on another individual as a whole (Ross, 1996). As a result of this cultural practice, more traditional aboriginal offenders are extremely hesitant to judge the progress of others as it is felt that this right belongs solely to the Creator. Probably in no other sphere is this norm adhered to more strongly than in matters of spirituality.

Despite some similarities, rules and norms that dictate appropriate group behavior for aboriginal peoples both in and out of the Sweat Lodge ceremony are inconsistent with many of the practices of cognitive-behavioural group process and the TC concept. As such, the utility of the TC approach has been called into question when working with traditional aboriginal offenders (Waldram and Wong, 1996).

Generally speaking, participants of the Sweat Lodge ceremony are almost exclusively of aboriginal ancestry although, on occasion, small minorities of non-aboriginal participants are in attendance. The fact that there is a level of homogeneity within the group is important since it is speculated that this may contribute to the therapeutic factors of acceptance and universality all the while increasing cohesion within the group. According to Croken and Perez (1985), acceptance has been defined as “the extent to which members feel accepted and valued by the group”(Pp.20), while universality is defined as “the patient’s realization that his problems are not unique” (Pp. 23).

It is difficult to accurately state what impact the heterogeneity of the Sweat Lodge ceremony participants has on group processes. It is reasonable to assume that group cohesion might be lessened to some extent by a restricted form of universality that limits some aboriginal group members from relating to the experiences of other participants (aboriginal and non-aboriginal) as a result of acculturation/assimilation. With lessened group cohesion, interaction within the group may be affected. In fact, it may be the case that some feelings of resentment could be generated from the “intrusion” of non-aboriginal participants into a Sacred aboriginal ceremony. Alternatively, and on the positive side, group heterogeneity may contribute to learning to

be more tolerant and respectful of non-aboriginal members and other different aboriginal subgroups.

The notion that aboriginal people are a homogeneous population has been questioned by a number of researchers in the past (Waldram and Wong, 1996; Johnson and Lashley, 1987; Bennet and Bigfoot-Sipes, 1991; Shore, 1974; French, 1997; Renfrey, 1992). These researchers argue that aboriginal people are in fact a very diverse population due to cultural differences and as a result of differing levels of acculturation, deculturation, and assimilation into mainstream Canadian culture. It is because of this diversity that the utilization of group psychotherapy may not be appropriate for some aboriginal offenders. Whether or not this assertion holds true within the Sweat Lodge ceremony is questionable. Jilek (1974) writes of aboriginal spiritual ceremonies:

The group therapy aspects are also obvious: they provide participants with support, acceptance, and stimulation by a protective community and direct individual striving towards collective goals. Cathartic abreactions take place at every spiritual ceremony when [participants] go through affective discharges in front of a sympathetic and attentive audience, publicly expressing emotion-charged experiences in a recognized symbolic manner (Pp.20).

In the end, despite being a group process, the Sweat Lodge ceremony is ultimately a very private and personal matter between the individual, the Grandfathers, and the Creator. Therefore, for many participants, interaction with others falls secondary to this primary relationship and causes the heterogeneity and diversity of participants to be less of a concern. In spite of this limited interaction, however, simply being present within the Sweat Lodge ceremony exposes participants to a number of therapeutic factors associated with group process. The interaction with others who participate in

ceremony is also augmented by more informal interactions during breaks outside the Sweat Lodge.

### 2.8.3. Therapeutic engagement.

Within cognitive-behavioural group programming, it is expected that group members play an active role in group activities since it is in the interaction where some therapeutic properties exist. A significant portion of interaction within cognitive-behavioural programming consists of dialogue and verbal exchanges. In contrast, within the Sweat Lodge ceremony, the client takes on a listening role in the healing process. In fact, the focus of the “therapeutic encounter” is primarily on the Elder since he or she is deemed to be an instrument of sorts through which symbolic healing is carried (Duran, 1995). In some regards, it has been suggested that the effectiveness of the therapeutic encounter depends largely upon what the Elder *does* rather than what he or she demonstrates to *know* and that what is of real importance is the process and not so much the content of what is being said (Sandner, 1972).

### 2.8.4. Compartmentalized versus holistic approaches.

The Western scientific paradigm is essentially reductionist in nature; it involves the breaking down of larger systems into smaller subsystems so that these smaller components in turn can be analyzed in isolation (Duran and Duran, 1995). By and large, this approach has come to dominate most disciplines including the field of psychology. It is through the application of this basic scientific principle that psychology and other related fields determined that the best way to understand the nature of man was to study each of his facets in isolation. To accomplish this task, it necessarily involved the separation of mind, body, and spirit.

That scientific methodology has advanced our understanding and learning in most fields can not be refuted. And yet, critics charge that the very source of strength of the scientific paradigm may very well be its source of weakness. Due to the reductionistic design of some research approaches, the connection between the constituent components and that which it was derived from can not always be made easily.

In contrast, traditional aboriginal worldviews recognize that all things are connected to each other, and, therefore, changes occurring in one area will invariably trigger change in another areas. Implicit within this worldview is the teaching that the “whole” can not, or rather should not, be dissected into separate components as each part by itself does not act independently of the others. Furthermore, this perspective asserts that the moment the connection between the constituent components is severed, the amount of information this reveals in regards to the larger system will be of limited value. For example, the study of the physical quadrant by itself without taking the spiritual and emotional quadrants into account would be of limited value since it is believed that each quadrant is greatly influenced by the other quadrants (Duran & Duran, 1995).

Understanding this different perspective is important because it not only provides information as to how ill-health is defined, but it also provides invaluable information as to how healing is approached. For traditional aboriginal people, the process of uncovering which quadrant requires address appears to be of less importance than simply knowing that a state of ill-health (imbalance) exists. This relative lack of emphasis placed on causative factors may be more fully understood when one becomes more familiar with the aboriginal approach towards healing. According to this tradition,

regardless of the causative factors or where the malaise has its beginnings, holistic healing addresses all aspects of being at once and restores a state of harmony within the circle.

In this regard, Couture (2000) writes:

Traditional healing strategy is literally holistic; that is, it confronts simultaneously all dimensions of the individual. It is holistic in that it avoids exclusive reliance on verbal mediation and didactic method – not withstanding a predilection for and importance of story-telling; preferring rather to engage the client in multi-experiencing, e.g., through listening, hearing, seeing, touching, feeling, thinking, speaking, singing, dancing, praying, fasting, etc. (p 38).

Perhaps in no other way is this holistic approach to healing better exemplified than through participation in the Sweat Lodge ceremony. Through this ceremony, it is postulated that healing to all aspects of the individual (according to the medicine wheel) is possible simultaneously without making one area a priority over another. Physically, the Sweat Lodge is an extremely exhausting and demanding ordeal as the body sweats profusely in an attempt to cool from the intense steam. Emotionally, the Sweat Lodge ceremony is an extremely moving experience that demands a completely honest and critical self-evaluation that can be very painful and unsettling. Cognitively, the Sweat Lodge demands strong concentration and discipline as participants struggle to maintain control of their thought processes and also attempt to incorporate the ancient teaching from the medicine wheel into contemporary living. And finally, the Sweat Lodge ceremony is a highly spiritual practice that reconnects participants with the Creator and ancestors (grandfathers/grandmothers). For many, the starting point for change begins

with a growing spiritual relationship with the Creator for it is through this relationship that one learns to walk a balanced life on the “Red Road”.

Traditional Cree teachings posit that there are seven ways to discharge built up negative emotions. These seven methods are: talking, crying, yelling, sweating, singing, dancing, and praying (Ross 1996). Interestingly, each of these methods of release is associated with one or more of the primary quadrants identified in the medicine wheel and participants in the Sweat Lodge ceremony utilize all of these methods of release save dancing. As a result of the holistic approach, no single quadrant can be healed in isolation since addressing one within the Sweat Lodge ceremony will, invariably, address all.

#### 2.8.5. Egocentric versus sociocentric worldviews.

One of the primary objectives of many Western-based therapy approaches is the promotion of autonomy through the strengthening and healing of ego functioning (McCormick, 1995). Duran (1995) argued that individualism, an inherent part of this Western-based perspective, is very much at odds with the traditional aboriginal values of community and consensus. Traditionally, from a very early age, aboriginal people are taught to see themselves not as separate individual beings, but rather as only a small part of a complex interrelated web (Ross, 1996). In fact, this traditional value teaches that the more the individual moves away from this interconnectedness, the more problematic their lives will become (Ross, 1996). For some aboriginal people, mental illness is thought to be the result of excessive individualistic behavior (McCormick, 1995).

From the traditional aboriginal perspective, the goal of “therapy” is not just to strengthen, but rather to help the individual transcend egocentric thinking and experience the self within the context of community (Katz & Rolde, 1981). Harmony to

the self *and* the community are requirements in the healing process. The community is closely involved in the healing process of the individual. The implications of this difference is of major importance since it would suggest that many of the Western-based intervention strategies violate the cultural value system of aboriginal people. This, of course, will limit the potential therapeutic efficacy of many Western approaches.

The transmission of this cultural value from one generation to the next has deteriorated substantially over the decades almost to the point of being a foreign concept to younger generations (Waldram 1997). Although many forces have conspired to bring this about, the introduction of governmental campaigns such as the residential school system and foster placement strategies have delivered the most damaging blows (Waldram and Wong, 1996). Indeed, LaPrairie (1996) suggested that the majority of aboriginal inmates currently in the correctional system are this very population. But despite pressures for aboriginal people to assimilate into mainstream Canadian culture, core remnants of traditional aboriginal culture still live on through the teachings of the Elders. Furthermore, it is reported that these traditional aboriginal values are currently experiencing a resurgence or renaissance as increasing numbers of aboriginal people are returning to their traditional roots (Duran and Duran, 1995).

Understanding this cultural difference is important because not only does it provide valuable information on how illness is conceptualized by aboriginal populations, but, it also provides important clues as to how healing should be best approached. LaFromboise, Trimble, and Mohatt (1990) write: "Traditional ceremonies reinforce personal adherence to cultural values and remind participants of the importance of strengthening and revitalizing family and community networks" (Pp. 630). Thus, one of

the primary goals of traditional healing approaches is to reconnect the individual to social network systems such as friends, family, and the community (McCormick, 1995).

Consistently, the available literature seems to be suggesting that it is in this capacity as cultural educators/teachers that the Elder makes the most contribution (Stiegelbauer, 1996). Part of this cultural education involves the teaching of traditional value, norms, responsibilities, and expectations. It is through these teachings that aboriginal people are taught to put family and the community ahead of personal wants and needs (Mails, 1988). Although much of these teachings are exemplified through simple modeling by the Elders, it has also been reported that traditional ceremonies are often used as a vehicle for the transmission of these values (McGaa, 1990). Participation in ceremonies helps to reaffirm a commitment to the bonding of others, as well as honoring relations (Rudledge, 1992). The Sweat Lodge is but one of a vast number of traditional ceremonies that are available for this purpose.

Before leaving this topic, it is essential to make an important point of distinction: emphasis on the self is not the illness, as some aboriginal people have come to believe, but rather, self-emphasis to the detriment of the community is unhealthy. Couture (1996) argues that, under the themes of holism and personalism, traditional aboriginal teachings “describe a strong sense of responsibility both towards self and the community” (Pp.45).

#### 2.8.6. Timeframes.

It is surprising – and somewhat disconcerting – that for many professionals who are working with aboriginal populations, cultural sensitivity amounts to little more than a peripheral awareness of the different meaning behind behaviours such as eye contact within the aboriginal community. Save this, it seems that very little is known about other aspects of aboriginal culture and tradition. One area that is consistently overlooked and

unappreciated is the aboriginal conceptualization of time. In contrast to Western thinking which conceptualizes time and history in a linear temporal sequence, traditional aboriginal people understand time to be cyclical and circular (Rutledge, 1992). With regards to history, it is reported that aboriginal people tend to view history in spatial terms rather than in a temporal manner (Knudston & Suzuki, 1992).

This topic is important since the literature suggests that the role that time plays in the healing process for aboriginal people is quite foreign to Western thinking (Duran, 1984). One area of difference has to do with the significance of past events particularly as they relate to criminal behavior. According to Ellerby (1998), numerous Elders who were interviewed for his research expressed concerns over the fact that cognitive-behavioural and many mainstream therapeutic approaches remained too focused on the criminal offence itself. It was felt that continual emphasis on past events would actually hinder movement forward and therefore adversely affect the healing process. Since past events can not be undone, it was felt that constant revisitation of the past would only fill individuals with negativity and, subsequently, remove hope for the future. Elders therefore expressed that once disclosure had occurred, energy should be concentrated and directed on the positive promise that the future brings.

A particularly interesting belief that some traditional aboriginal people embrace concerning time maintains that time and intensity can produce similar results. Duran (1995) further elaborates this idea:

The practice of Western psychotherapy entails a linear passage of time in which the client/community can resolve or be cured from its present problems. In native American thinking the idea of time having to pass in order to receive healing or blessing makes no sense. In native American healing, the factor that is of

importance is intensity versus passage of time. For instance, if the person dances with great intensity, that person achieves as much as the person who dances for a long time (if time is the only variable). When Western therapists treat a native American person, time passing may not be as crucial as the intensity of the therapeutic process (Pp. 16).

Within the Sweat Lodge ceremony it is apparent that Elders are aware of the relationship that exists between time, intensity, and healing. Periodically, after having gauged the progress of a group of Sweat Lodge participants over the course of numerous ceremonies, the Elder will greatly increase the intensity of the Sweat Lodge ceremony. On these occasions, the Elder will increase the number of “grandfathers” to be used in the ceremony so that the heat generated within the lodge will be very intense – almost to the point of being unbearably hot. During these sessions, the Elder will instruct the participants to concentrate deeply and to pray hard.

#### 2.8.7. Humor.

We have all, at one time or another, heard stories of people who have literally laughed themselves back from states of serious ill-health to recovery. Although most of these stories are anecdotal, an extensive body of research has been completed examining the therapeutic properties of laughter and humor (Wickberg, 1998; Kuhlman, 1984; McGuire, Boyd and James, 1992). Available literature seems to suggest that humor is a powerful catalyst associated with positive healing gains in a number of areas. Kuhlman (1984) reported, that humor plays an instrumental role in reducing the harmful side-effects of stress; that it can cause neurochemical changes and affect the body’s immunity system; that it provides cathartic release for emotional tension; and that it has the power to reduce depression and restore hope. Others like Richman (1996) reported, that humor

can play a central role in the facilitation of insight and understanding as well as fostering a sense of acceptance, belonging, and cohesion

In spite of empirical evidence documenting the benefits of humor in the service of healing, some practitioners have been hesitant to integrate this approach into their treatment modalities. To an extent, this may be understandable since it has been reported that, unless timed properly, humor can have potential risks since the client's response can not always be predicted (Richman, 1996). When ill timed, it is easy to understand how a client can feel that their concerns have not been taken seriously or that their deepest pains have not been validated. Rather than risk this potentially serious outcome, many therapists choose to simply avoid the area of humor entirely.

Since the cultural value system of aboriginal people holds the group and the larger community in high regard, it stands to reason that they would be a highly gregarious people. If there is any one single characteristic that is almost always present in the social gatherings of aboriginal people, it is the element of humor. In many ways, this may come as a surprise to those who are only vaguely familiar with aboriginal populations since a humorous disposition is often incongruent with stereotypes that portray aboriginal people as tragic and stoic. Not only do aboriginal people recognize that humor and laughter have the power to heal, but it is also viewed as a precious gift, which is considered to be sacred (Lame Deer and Erdoes, 1994). Given the perceived importance of humor, it is entirely appropriate to find humor present even within spiritual practices such as the Sweat Lodge ceremony. Indeed, by recognizing its therapeutic properties, Elders consciously introduce humor as part of the ceremony itself.

Traditional teachings also posit that laughter is yet another way of releasing negative emotions. It is this deliberate application of humor where the Sweat Lodge (and other traditional ceremonies for that matter) differs substantially from conventional Western psychotherapeutic approaches within correctional facilities.

#### 2.8.8. Treatment outcome evaluations.

Duran (1995) reported that the study of cross-cultural thought is fraught with difficulties as a result of the universality point of reference of psychology used to interpret behaviors from other cultures. He writes:

As long as the language implies that the discourse is cross-cultural, we are perpetuating the notion that other cultures do not have their own valid and legitimate epistemological forms. 'Cross-cultural' implies that there is a relative platform from which all observations are to be made, and the platform that remains in place in our neocolonial discipline is that of Western subjectivity (Pp.5).

Not only does this subjectivity create a template from which to evaluate other cultures, but it also sets in place strict methodological guideline that distinguish between acceptable and unacceptable research. Some researchers believe that the division is the result of a long-standing debate over scientific objectivity vs. subjectivity (Waldram, 1997). Proponents of quantitative research charge that qualitative approaches are far too subjective in nature and are therefore guilty of accepting anecdotal information as scientific evidence. In addition, other identified problem areas include a relative absence of measurement as well as the violation of psychometric principles that are associated with reliability and validity.

To date, the greater percentage of research that has been completed on the topic of traditional aboriginal healing has been primarily qualitative in design. Although these efforts have advanced our knowledge considerably, there are those, particularly disciples from the quantitative school of thought, who are hesitant to recognize the contribution that qualitative researchers have made in this area (Duran, 1996). In fact, it has been suggested that the strict empirical approaches that are so typical of western methodologies cause numerous practitioners to approach traditional healing methods with a fair degree of skepticism since the spiritual content of these traditional approaches does not lend itself easily to objective or quantifiable measure (Duran, 1984). It is on this point of scientific measurement where western psychology and traditional aboriginal approaches to healing depart from one another.

In contrast to pre/post-test measures, Elders inform that they gauge improvements in their clients by observing changes in attitudes, beliefs, and behaviors in eleven different domains (Ellerby, 1998). These domains break down as follows: presentation style; hope; honesty and accountability; identity and insight; respect; remorse and empathy; openness; trust; the development of relationships; emotional expression; and ceremonial behavior. Examples of specific behaviors may include increased politeness, respectful listening, and a genuinely friendly deportment to name but a few. It should be noted, however, that not all behavioral indicators as identified by the Elders are readily accepted by therapists as being indicative of change. Specifically, the domain of ceremonial behavior has fallen under scrutiny because it was felt that offenders would attempt to feign their efforts solely with the intent of creating a false impression (Ellerby, 1998).

In many ways, these cognitive and behavioral indicators are not entirely unlike the factors that therapists look for in determining change in their clients. The difference, of course, is that some western therapists would prefer not to rely on subjective evaluations of progress if at all possible since this type of “measure” may be subject to wide variation of interpretation and, therefore, error. The issue is further complicated when one stops to consider that a basic tenant of the aboriginal value system prevents the overall judgement of others. As a result, when it come to performing evaluations, some Elders may feel that they are being placed in a precarious position of having to violate deeply ingrained cultural values if asked to evaluate the progress of individuals.

On the basis of the foregoing literature review, it is apparent that aboriginal people are presently disproportionately represented in the federal correctional system and are projected to increase dramatically in the near future. The literature revealed that aboriginal offenders tend to recidivate at higher rates than the general offender population and, it is argued that, this contributes to the over-representation of aboriginal offenders in federal correctional facilities. While there is no direct evidence to support the position that aboriginal offenders do not respond as favorably as the non-aboriginal offender population to core correctional programming, it is reasonable to render treatment and programming suspect in this equation.

The literature also indicates that the Correctional Service of Canada has come to recognize that the aboriginal population presents with special needs that are primarily cultural in nature, and in response, have introduced aboriginal-based programming. While the effects of core correctional programming (as measured through recidivism rates) has been studied extensively on the general offender population, its effectiveness within the aboriginal population has received little attention; the same holds true of

aboriginal-based programming. The literature suggests that traditional native spirituality (as part of aboriginal-based programming) may offer some promise in the rehabilitation of aboriginal offenders and that the Sweat Lodge ceremony is an integral part of traditional aboriginal spirituality.

The present study proposes to investigate the “aboriginal experience” in core correctional programming (which is primarily cognitive-behavioural in design) and the traditional aboriginal Sweat Lodge ceremony. In so doing, we may gain a deeper level of understanding of the impact that these two treatment approaches has on this population. It is hoped that this study will reveal points of similarities and differences between these two approaches as well as strengths and weakness that hinder and facilitate effective programming.

In other areas, the literature seems to be suggesting that aboriginal people are a heterogeneous population and that acculturation may be a significant factor in producing this diversity. In addition to the above objectives, this research also proposes to examine the role that acculturation has on the reported experiences of participants in these treatment approaches. It is hoped that this line of inquiry will reveal some of the cultural diversity within the aboriginal population and the extent to which acculturation affects perceptions towards cognitive-behavioural programming and the Sweat Lodge ceremony.

Ultimately, this study aims to improve core correctional programming and aboriginal-based programming for federally incarcerated aboriginal offenders so that they can successfully rehabilitate and resume their roles and duties as dedicated family men, active community members, and law obeying members of society.

### 3. Method

#### 3.1. Methodological/theoretical orientation

The present study endorses the orientation of social construction as a framework in which to position its methodology and findings. The basic premise on which social construction operates is that reality is socially constructed such that individuals shape, and are simultaneously being shaped by, the world around them. According to this position, a fundamental activity of being human is making sense of or deriving meaning from personal experience (Colaizzi, 1978). This orientation is consistent with the aim of this study to capture the personal meaning associated with the experiences of the Sweat Lodge ceremony and the cognitive-behavioural programs for all of the research participants.

The study of hermeneutics is also greatly concerned with the idea of extracting meaning from the existential world and is an expression of the post-modernistic stance. As with the notion of the social construction of reality, hermeneutics also examines how we interpret the recreation of lived experience. In addition, and more specifically, hermeneutics strives to understand the intended meaning behind written text by reconstructing the internal workings of the text and restoring to the work its ability to project itself outside itself in the representation of an experienced world (Hirsch, 1976). Hermeneutics involves translation, interpretation, and clarification and can be thought of as a bridging or synthesizing of the cultural horizons of author [sic] and interpreter (Hirsch, 1976). It is at once the art of understanding and the art of explaining.

When studying the correctional programming experience of aboriginal offenders, the aim was to understand it through the personal meanings that the research participants created from their experience. In this regard, the interest is on tapping into data such as the perceptions, thoughts, and feelings that reveal, but also create, the experience. A qualitative research methodology was deemed to be most suitable and consistent with this orientation and research goal.

According to Miles and Huberman (1994), there are a multitude of qualitative research paradigms from which to choose from, but the “naturalist” emphasis that is typical of the qualitative approach has a number of recurring features. Typically, qualitative research is conducted in a field or real-life situation and involves intense and/or prolonged contact between the researcher(s) and researchee(s). The aim of the researcher is to gain an integrated or “holistic” overview of the context under study. Through a process of empathic understanding and suspension of preconception, the researcher attempts to gain an “inside” view of the data through the perceptions of local actors.

Characteristically, qualitative research focuses primarily on three areas: description, classification, and interconnection of concepts (Dey, 1993). Accordingly, in the descriptive component, not only is the task to provide a thorough and comprehensive description of the phenomenon under study, but that description encompasses the context in which action is embedded. In terms of classification, the data must be ordered intelligibly and this is typically accomplished through a process of breaking data down into its constituent components and then assigning these components to categories on the basis of defining characteristics. Analysis of qualitative verbal data is typically conducted using words such that clustering or categorizing is possible around central

themes and expressions. Once categorized, regularities, singularities and variations in the data can be identified. At this point, associations and relationships between the categories are made possible through a comparative procedure that examines the frequency with which characteristics and categories occur.

Specifically, by applying a “grounded theory” Protocol (Glasser & Strauss, 1967) the generation of theory was achieved through a comparative analysis between and among groups in the same substantive areas. Fundamental to this research approach is its emphasis on natural events as witnessed or experienced by research participants and the meaning that is attached to these events. A main task of qualitative research is to adequately explain the ways people in specific settings come to understand their life situations. Many interpretations of qualitative data are possible since little “standardized” instrumentation is used.

Analysis was an ongoing and evolutionary process that occurs concurrently with data collection and allowed for continual revisitation so that categories and their relationships could be re-conceptualized and refined.

### 3.2. Research Setting

The current study was conducted at the Regional Psychiatric Center (prairies) in Saskatoon, Saskatchewan. The Regional Psychiatric Center (RPC) is one of three federal forensic psychiatric hospitals operated by the Correctional Service of Canada (CSC). The mandate of the RPC is to provide quality mental health services within the strict demands of a correctional environment. The facility services both provincially and federally incarcerated male and female offenders. In addition, service is provided to those individuals who have been remanded by the Courts for assessment purposes and those found not to be criminally responsible or deemed unfit to stand trial.

The facility has a bed capacity of 210 patients. Of this figure, approximately 100 beds are assigned to patients on the “Bow Unit” who are chronically and acutely mentally ill. The remaining beds are dispersed throughout the other units in the facility. The five units: McKenzie, Assiniboine, Clearwater, Churchill and Bow operate quite independently and are autonomous to the extent that each develops and implements its own assessment process, correctional planning, treatment, and evaluations. Although there is some degree of variation, units generally employ treatment modalities that consist of both group and individual interventions and are cognitive-behavioural in orientation.

The McKenzie and Assiniboine units deliver the Aggressive Behaviour Control Program (ABC) for those offenders who have been assessed as high risk to commit non-sexual violent offenses. Typically, patients on these units are impulsively aggressive and have extensive histories of criminal violence. The ABC program specializes in three main areas: 1) the Regular ABC Program 2) the ABC Domestic Violence Program 3) the ABC Plus program. Combined, the two units have a 46-bed capacity with roughly 24 beds allocated to the regular ABC program on the McKenzie unit and the remaining allocated to the ABC Domestic Violence Program and the ABC Plus Program on the Assiniboine unit. On average, the ABC regular and Domestic Violence Programs are 6-months in duration with the ABC plus program lasting from 6-12 months.

The Clearwater unit has a 48-bed capacity and provides effective programming for high-risk sexual offenders with sexual deviance, particularly Axis I paraphalia. The program is high intensity in nature and is 6-8 months in duration. Treatment is viewed as a process wherein the patient can learn new and adaptive strategies at recognizing and managing their risk. The program focuses on relapse prevention as a central framework.

The Intensive Healing Program (IHP) of the Churchill Unit addresses the treatment needs of provincial and federal female offenders. Patients on this unit present with a multitude of problem areas including suicidal ideation and behaviours, self-mutilation behaviour, intense anger and anxiety, identity disturbances, and dissociative symptoms. Objectives of the program are to increase the ability to cope, improve functioning by developing problem-solving skills, and to acquire skills in the area of relapse prevention. The unit has a ten-bed capacity with programming lasting from 6-12 months in duration depending on the needs of the individual.

The Bow Unit is an in-patient program that caters to the needs of offenders who suffer from severe and persistent mental illness. Schizophrenia, depression, manic depression, and organic brain damage are some of the presenting problems. The unit has five subprograms consisting of Acute Treatment, Active Treatment, Low Functioning Sex Offender, Work Therapy, and the Group Home. Objectives of the program are to promote effective coping, to overcome deficits of their mental illness, to acquire better social and living skills, to reduce dependence on disturbing behaviors, and to reduce the likelihood of criminal recidivism. The unit has a 100-bed capacity with programming lasting approximately 18-months in duration.

The team based unit management model at the RPC provides for a versatile multidisciplinary approach to service delivery. Teams are composed of social workers, addiction counselors, occupational therapists, recreation therapists, registered nurses, psychiatric nurses, psychologists and psychiatrists. A collaborative effort among team members is highly encourage to achieve optimal treatment gains. Within the cognitive-behavioural programs, group facilitators may take the form of any one or combination of these occupational groupings.

Although there are five units throughout the facility, efforts are directed to three primary diagnostic groupings: high risk sex offenders, high-risk violence offenders and offenders with acute/chronic mental health problems. For the most part, offenders - or rather “patients” as they are referred to - arrive at the Regional Psychiatric Center for assessment and treatment and then generally return to the referring “parent institution” upon program completion. While there is considerable variation due in part to the specific treatment program and the status of the patient, on average, patients stay approximately 7 months.

In terms of psychiatric diagnoses, most patients at RPC have both Axis I and Axis II diagnoses according to the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM - IV)(American Psychological Association, 1994). Axis I diagnoses include substance related disorders, sexual disorders, schizophrenia/other psychotic disorders, and mood disorders. The most common diagnosis on axis II is personality disorders in the form of Antisocial Personality Disorder (APD) and Borderline Personality Disorder.

In regards to patient distribution, roughly half of the facility capacity is reserved for acute/chronic mentally-ill patients, followed by violent patients, patients with sexual disorders, and female patients respectively. Referrals to the Regional Psychiatric Center are approximately twice that of admissions. Of interest is the disproportionate representation of patients who are of aboriginal ancestry: On average, aboriginal people comprise approximately 45-50% of the patient population. The Regional Psychiatric Center recognizes the unique spiritual and cultural needs of this population and, in response, has introduced traditional aboriginal-based programming that is delivered by Elders and traditional healers. In addition, research such as the present study, is on-going

so that treatment approaches can be at once culturally appropriate and maximally effective.

### 3.3. Participant Selection and Recruitment

In designing this research, the aim was to obtain comprehensive interviews from a sample of aboriginal male patients with different histories in terms of treatment level, acculturation, and tribal background regarding their perceptions and experiences of the traditional aboriginal Sweat Lodge ceremony and cognitive-behavioural programming. The process of selecting participants was multi-faceted and included extensive review of case management files, psychiatric nursing notes, psychological files, and the Offender Management System (OMS)(Correctional Service of Canada database). In addition, institutional Elders were offered tobacco as per tradition for their assistance in identifying potential research participants.

Operationally, the selection process began with the generation of a list of aboriginal patients who were recorded in the unit's activities log as participating in the weekly Sweat Lodge ceremony. Once identified in this manner, a file review was conducted to determine the extent to which these same individuals participated in cognitive-behavioural programming. Due to the comparative nature of the study, all participants had to have had exposure to both the Sweat Lodge ceremony and cognitive-behavioural programming. Regrettably, in setting this criteria, candidates with extensive experience in cognitive-behavioural programming or the Sweat Lodge ceremony solely were eliminated from the study.

Because there appears to be some evidence suggesting that more acculturated aboriginals are over represented in the prison system (see La Prairie, 1996), the participant pool was not subjected to a randomization procedure for fear of replicating

this distribution pattern within the sample. Given that one of the tasks of this research involved differentiating individual perceptions of programming as a function of acculturation, random selection of participants would have failed to provide adequate representation from some segments of the aboriginal population. As such, the screening of candidates was purposeful and deliberate with the intention of creating a sample with as wide a spectrum of representation as possible from individuals thought to be at different acculturation levels.

At this preliminary stage in the research, the aboriginal Elders at the RPC were approached for their assistance in the participant selection process. At the initial meeting with the Elders, tobacco was presented (as per traditional protocol), followed by a brief presentation of the nature and importance of the study.

Once potential participants were identified in the above manner, the institutional Elder at RPC respectfully approached the potential participant, briefly explained the nature of the research, and ascertained whether or not the candidate was interested in participating in the research. If so, the candidate was asked whether or not he would be willing to participate in a selection interview with the researcher. On those occasions where the Elder was unavailable, the candidate was approached directly by the researcher.

The selection interview consisted of my presenting an overview of the nature and purpose of the research with emphasis on the need to understand the perceptions of the aboriginal population regarding treatment efficacy. In addition, as opposed to being pressured to participate in the research, candidates were invited to participate as I described the proposed research as a collaborative effort in advancing an understanding of aboriginal populations and their response to treatment within the correctional system.

At this time, issues pertaining to anonymity, confidentiality, and consent were discussed along with the data collection and interview procedures. In addition, any questions and concerns voiced by the candidates were addressed at this phase. At the end of this process, candidates were given the opportunity to consider their position for several days before submitting a final decision. If, at the time of subsequent contact, the candidate agreed to participate in the study, schedules were coordinated accordingly to conduct the interview.

The initial candidate pool derived from those participating in the Sweat Lodge ceremony consisted of 37 individuals; this number was reduced to 25 after applying the screening criteria of mandatory exposure to both the Sweat Lodge ceremony and cognitive-behavioural programming. Of the remaining 25 individuals, 4 immediately declined to participate while 3 gave their consent, only to withdraw it after reconsideration. Of the remaining 18 individuals in the sample pool who agreed to participation in the research, six were excluded on the basis of redundant representation (i.e., item endorsement) in the areas of acculturation. For example, if two subjects had very similar acculturation profiles based on the scoring of the acculturation indicators, then only one subject was included in the final selection sample. That is to say, if two individuals scored identically with scores of 3 on language, 2 on cultural knowledge, 2 on cultural activities, 3 on traditional spirituality, and 1 on rural upbringing, the second individual was eliminated because of replication of this profile. Of the final 12 individuals selected for this research, one individual withdrew (demonstrating the voluntary nature of the research) after the interview, transcribing, and interpretation of the data were completed thereby reducing the sample to a total of eleven participants.

In light of the criminal and psychiatric characteristics of the sample population in the current study, it is difficult to determine whether or not the results can be generalized to the aboriginal population within the entire correctional system or the aboriginal population as a whole. As a result, care must be taken in any attempts to generalize and apply the present findings out of a psychiatric forensic setting.

### 3.4. Sample

The sample for this research is comprised of eleven male aboriginal inmates attending high intensity treatment at the Regional Psychiatric Center (Prairies) in Saskatoon, Saskatchewan for physical and sexual assault related offences. It is difficult to determine if these individuals represent a good cross-section of the aboriginal population at the RPC and the larger community. However, there are representation from the Sioux, Cree, Dene (Chipewyan), Saulteaux, Blackfoot, and Ojibway nations. Despite screening efforts in the sample selection procedure, the same may be said in relation to the variable of acculturation.

Respondents ranged in age from 19-53 years with a mean sample age of 33.27 years and a standard deviation of 10.87 years. Most respondents had extensive criminal histories dating back to their juvenile records and had served previous periods of incarceration at the provincial and federal levels. In terms of offence, all respondents in this research were serving sentences for violent and/or assault related offences; most were sexual in nature. On average, the sample produced a mean sentence of 8 years and a standard deviation of 2.87. With the exception of one individual serving a sentence of four years, all were serving sentences of 5 years to life (life is considered as 10 years for the purpose of calculating mean sentence length unless otherwise specified).

All respondents in this study, save one, were diagnosed as having a Substance-Related Disorder on Axis I of the Diagnostic and Statistical Manual – IV (DSM-IV). Interestingly, virtually every respondent was diagnosed as having an Antisocial Personality Disorder or having antisocial personality traits on Axis II. All respondents presented with a host of psychosocial and environmental problems on Axis IV including difficulties with primary support group, the social environment, education, occupation, and economics, as well as difficulties associated with the process of acculturation and assimilation.

Three out of eleven respondents in the sample reported that they were raised in a “traditional” manner and therefore had extensive knowledge of aboriginal culture. The greater percentage of respondents, however, had a modest amount of cultural knowledge, and, were it not for the availability of aboriginal-based programming within the correctional system, it is difficult to determine whether or not they would have rediscovered their cultural heritage. Similarly, participation in cultural activities, traditional spirituality, and ceremonial events was marginal for most of the sample prior to their incarceration and cultural re-awakening.

Five of the eleven respondents were fluent in their native tongue as well as English, although it was evident that English was not as fully developed for three of these individuals. Contrary to much of the available literature intimating a positive correlation between language and cultural knowledge (Cuellar, Harris, and Jasso, 1980; Red Horse, 1988), fluency in a native tongue within the current sample did not necessarily translate into a substantial cultural knowledge-base. Some respondents suggested that if the interviews had been conducted in their native tongue, they could

have provided more details in their responses. The remaining six respondents were fluent in English only, having never had the opportunity to learn their traditional tongue.

Seven of the respondents in this research reported living a portion of their life on reserve and, of these, three indicated that they plan to return to the reserve upon the completion of their sentence. The remaining four individuals in the sample reported that they were born and raised in an urban environment and had very limited exposure to reserve life if at all. Six of eleven participants reported growing up in a succession of foster-homes, while two individuals reported negative experiences associated with the residential school system.

### 3.5. Acculturation Scale

Acculturation is not a new area of study; it has been around since the end of the nineteenth century. Throughout its history, acculturation has proven to be a complex, multi-dimensional concept. Acculturation, according a classic definition by Redfield, Linton, and Herskovits (1936): “comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups”(Pp. 149). There is widespread agreement that acculturation is an important factor in mental health related issues (Berry, 1997).

As increasing numbers of aboriginal people move from their rural homes to more heavily populated urban centers, acculturation appears to be inevitable. Indeed, some aboriginal families have lived in an urban environment for generations and, through acculturation, have lost much of their traditional values, customs, and beliefs (Norris, 1996). If assessment and treatment are to be accurate and appropriate for the aboriginal population, there is need to be able to more clearly differentiate between these

acculturation levels. Although there are a wide variety of acculturation scales available for other ethnic and racial groups, this researcher is unaware of any acculturation scales that presently exist for the aboriginal population.

The divergent viewpoints and opinions expressed by respondents in this research, it is argued, is as much a function of their individuality as it is their differing levels of acculturation. Proof of these differences can be found in respondent acculturation profile compilations, which clearly reveal significant differences between those individuals raised in a more “traditional” manner as compared to those individuals raised in a more “contemporary” manner (see figures 6-16). All other things being equal, it is suggested here that the differences in participant response patterns can be partially attributed to these differing levels of acculturation.

To assist in conceptualizing these acculturation differences, a Likert- type scale was developed and implemented so as to give the each client a score in relation to five acculturation indicators. (see figure 1). As opposed to other models that utilize a 3-point continuum progressing toward assimilation (Waldram, 1992; Waldram and Wong, 1996), the present model advances a 5-point continuum ranging from “traditional” to “contemporary” as part of two processes: acculturation and deculturation. This distinction is important in the sense that it attempts to capture processes of both cultural lose and cultural gain.

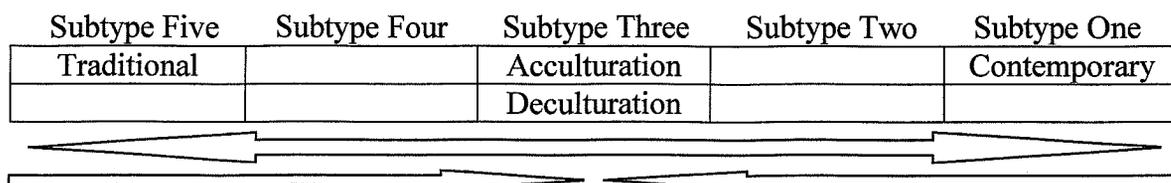


Figure 1. Likert-type acculturation scale

While it may be argued that acculturation and assimilation are indistinguishable, differences between these two may be found within such notions as volition. That is to say, rather than imposed assimilation (which, historically has been the case), aboriginal people can choose to acculturate as a process of “adaptation”, for lack of a better word. In the same manner, individuals can choose, to some extent, the degree to which deculturation occurs. Examples of both might include a decision to pursue higher levels of education (acculturation) or leaving behind certain cultural traditions such as attending traditional spiritual ceremony (deculturation).

Conceived in this manner, the continuum allows for a wider spectrum of aboriginal sub-type representation as a result of differing combinations of acculturation and deculturation. In addition, the model is bi-directional (as opposed to unidirectional movement from traditional to contemporary) and recognizes that some segments of the aboriginal population have been acculturated for generations and that for these individuals, cultural acquisition is moving from contemporary to traditional.

#### 3.5.1. Acculturation indicators.

Throughout its evolution, the measure of acculturation has changed markedly. In contrast to earlier one-dimensional measures that were based primarily on the factor of language, acculturation scales presently measure acculturation along numerous factors which include: language usage, adherence to traditional values, customs, and beliefs, loyalty to culture of origin, preferences, ethnic identity, attitudes, behaviours, attendance to religious ceremonies, and community participation to name but a few.

After a review of the available literature, I identified a number of possible variables that might be used in measuring the acculturation levels of aboriginal people

(see figure 2) and further argue that the items of 1) native tongue 2) cultural knowledge 3) cultural activities 4) traditional spiritualism and 5) rural/urban experience are the most prominent indicators for making distinctions between traditional and contemporary aboriginal people.

Self-determination	Worldview	Assertiveness	Native Tongue*	Passivity
Sociability	Education	Self-concept	Employment	Band Membership
Peers/Associates	Cultural Activity*	Judgmental	Egocentrism	Cultural Knowledge*
Ceremonial Activity	Dietary Preference	Identification	Communication Style	Respect
Cognitive Style	Emotionality	Rural/Urban Upbringing*	Treaty Status	Traditional Spirituality*

(\* Most prominent indicators)

Figure 2. Indicators of acculturation

The first indicator of “native tongue” provides an indication of language retention and acquisition. It reflects the degree to which the participant speaks either of the official Canadian languages and/or their own aboriginal tongue. The second indicator of “cultural knowledge”, is defined in terms of awareness and understanding of cultural customs and traditions, cultural beliefs and values, and cultural etiquette and protocol. On the whole, it speaks of cultural familiarity. “cultural activities”, the third indicator of acculturation, reflects the frequency and variety of participation in traditional aboriginal events. The fourth cultural indicator of “traditional spirituality”, attempts to capture the degree to which the individual embraces, and/or is involved in traditional aboriginal spiritual and ceremonial activities. “Rural/urban experience”, the final indicator, attempts to discriminate between those aboriginal people raised on reserve or in a remote rural setting and those raised in small towns and cities.

For the purpose of the proposed acculturation scale, individuals are scored on the above five items. Within each of these five items, individuals are scored according to the following criteria: 4 = completely present, 3 = high, 2 = medium, 1 = low, and 0 = completely absent (see figure 3). Whereas the poles of this scoring continuum are self-explanatory, the middle ranges of high, medium, and low require some elaboration. Scores of 3 (high) are mostly, but not entirely consistent with the traditional aboriginal culture while scores of 1 (low) closely approximates, but is not entirely consistent with contemporary culture. A score of 3 on the indicator of native tongue, for example, would suggest that the individual is more fully versed in the aboriginal language (traditional) than English (contemporary). Conversely, a score of 1 on this dimension would indicate that the respondent is more familiar with English and has a modest command of an aboriginal tongue. A score of 2 (medium) indicates that the individual has about the same exposure to both the traditional and the contemporary culture on this particular indicator.

Complete present Score = 4	High Score = 3	Medium Score = 2	Low Score = 1	Complete absent Score = 0
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Figure 3. Acculturation scale scoring

Respondents are assigned to one of five subtype groupings after scores are added on the five acculturation indicators of native tongue, cultural knowledge, cultural activities, traditional spiritualism, and rural/urban experience. Subtype groupings range in scores in the following manner: subtype one = 0-3, subtype two = 4-7, subtype three = 8-12, subtype four = 13-16, and subtype five = 17-20 (see figure 4).

Subtype 1	0-3
Subtype 2	4-7
Subtype 3	8-12
Subtype 4	13-16
Subtype 5	17-20

Figure 4. Acculturation scale score ranges

3.5.2. Subtype five.

Individuals scoring within this category represent that segment of the aboriginal population that is farthest removed from the dominant Euro-Canadian culture. In reality, these individuals represent an extremely small segment of the aboriginal population and are the closest approximation to the “traditional” aboriginal culture. Their knowledge-base would be almost entirely of the aboriginal culture and, in all likelihood, they would have been raised in isolation with little contact from the Euro-Canadian culture. Realistically, it is doubtful that there are any aboriginal people remaining who *completely* fulfill the criteria of this category and as such this subtype functions primarily as a theoretical anchor in the scale.

3.5.3. Subtype four.

Individuals scoring within this subtype are similar to traditional aboriginal people in most regards, and, for the most part, maintained their traditional ways. Cultural loss, therefore, is less a factor with this segment of the population, but rather, it is more in the area cultural acquisition (of the dominant culture that is) that sets this subgroup apart from subtype five. Although indicators in this subtype continue to be heavily endorsed towards the traditional side of the spectrum, as compared to subtype five, subtype four scores have greater movement towards the contemporary end of the scale.

#### 3.5.4. Subtype three.

Subtype three aboriginals represent a group of individuals that have the ability to adjust well and function in both cultures. Generally, individuals scoring within this subtype have retained a significant portion of their traditional culture and have gained sufficient knowledge of the dominant culture to be effective in either culture. A central factor in this subtype is the ability to speak one of the official languages of Canada as well as an aboriginal tongue. In addition, these individuals are generally familiar with the norms, morals, and values of each culture. The remaining factors may be present or absent in various levels and combinations.

#### 3.5.5. Subtype two.

For the most part, this subtype of aboriginal is acculturated to the dominant Euro-Canadian culture in most regards with perhaps the exception of a superficial knowledge of the aboriginal culture, remnants of a native tongue, and the occasional attendance to cultural/ceremonial activities. Generally speaking, however, subtype three individuals have lost their native tongue, do not attend cultural/ceremonial activities, do not practice native spirituality, reside in an urban environment, and are, generally, more highly educated. Although the cultural adaptability of this subtype allows for a profitable existence, it frequently comes at the expense of cultural identity.

#### 3.5.6. Subtype one.

Individuals within this category are fully acculturated into the dominant Euro-Canadian culture to the extent that their beliefs and values are virtually indistinguishable from other Canadians. These individuals have little knowledge of traditional aboriginal culture, do not participate in cultural activities, have never lived on reserve or a rural setting, and if they are spiritual, they do not endorse the native orientation. This not to

suggest, however, that these individuals are without any definition of aboriginal identity since this is often provided by the larger society in the form of discrimination and racism.

Scores will be assigned for each participant on each of the indicators of the acculturation scale. These scores will then be added in order to generate a total score that, depending on where in the range the total score falls, suggests an acculturation subtype for each individual. Individual participant acculturation profiles (see figures 6-16) provide a summary of scores on each acculturation indicator, a total score, a range score, and a subtype scale rating. It is noteworthy to mention that even though some respondents may have the same subtype assignment, this does not imply that all indicators were identically endorsed. Indeed, no two respondents had identical profiles yet, out of the sample, 8 of 11 categorizes as subtype three. Figure 5 provides a summation table of the acculturation levels of the sample on all indicators, scores, and scale subtype ratings.

	<i>participant 1</i>	<i>participant 2</i>	<i>participant 3</i>	<i>participant 4</i>	<i>participant 5</i>	<i>participant 6</i>	<i>participant 7</i>	<i>participant 8</i>	<i>participant 9</i>	<i>participant 10</i>	<i>participant 11</i>
Native Tongue	3	0	3	1	3	3	3	3	0	0	0
Cultural Knowledge	2	2	1	1	4	2	1	1	2	2	3
Cultural Activities	2	1	1	2	4	2	1	1	3	3	3
Traditional Spiritualism	3	2	3	3	4	3	3	2	2	3	3
Rural Upbringing	1	0	0	3	3	4	4	4	2	0	0
Score	11	5	8	10	18	14	12	11	9	8	9
<b>Subtype</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

Figure 5. acculturation indicator scores and subtypes for sample

### 3.6. Participant Profiles

#### 3.6.1. Participant one.

Indicator	4	3	2	1	0
Native Tongue		•			
Cultural Knowledge			•		
Cultural Activities			•		
Traditional Spiritualism		•			
Rural Upbringing				•	
Total	0	6	4	1	0
Score	11				
Scale Rating	3				

Figure 6. Participant one profile of acculturation scale scores and scale rating

The participant is a single 19-year-old offender serving his first period of federal incarceration of four years for four counts of sexual assault and one count of sexual interference. He has a long-term supervision order for a period of 7 years following release from incarceration. In relation to his criminal history, he has approximately 20 charges as a young offender including the serious charges of sexual interference, sexual assault and assault. As a young offender the patient served numerous periods of secure custody in provincial juvenile facilities.

The participant fulfills the criterion for an Axis I diagnosis of paraphalia. He has a history of mental health problems beginning around the age of nine-years-old. Psychiatric diagnoses were entered by the attending psychiatrist at discharge from the RPC.

The participant was born into a dysfunctional home environment on his home reserve. Ultimately, he was removed from this environment and placed into several non-

native foster homes and group homes where he experienced physical and sexual abuse. In spite of these frequent moves, he has managed to retain a functional command of his native tongue.

This individual has discovered much of his cultural identity from aboriginal programming offered within correctional facilities. This individual also has Elder's helper status and is deeply committed to his newly discovered spiritual way of life.

3.6.2. Participant two.

Indicator	4	3	2	1	0
Native Tongue					•
Cultural knowledge			•		
Cultural Activities				•	
Traditional Spiritualism			•		
Rural Upbringing					•
Total	0	0	4	1	0
Score	5				
Scale Rating	2				

Figure 7. Participant two profile of acculturation scale scores and scale rating

The Participant is a single thirty-seven year-old third time federal offender serving a seven-year sentence for assault causing bodily harm, two accounts of uttering threats to cause bodily harm, and two accounts of aggravated assault. He has an extensive criminal history consisting of an estimated 31 criminal convictions which spans a period of 20 years.

In terms of DSM – IV diagnosis, the participant has alcohol dependency and anti-social personality disorder on Axis I and Axis II respectively. In addition to alcohol dependency, he has a profound poly-substance abuse problem that began early in his

teenage years. Drugs and alcohol are a consistent contributing factor in his criminal behavior.

The patient comes from a large dysfunctional urban family that was plagued by violence, alcoholism, and sexual abuse. As a result of these on going difficulties, he reports that he was up-rooted from his family and placed in a succession of foster homes. With the exception of one sibling, all ties to his family of origin have been severed.

The patient has only recently begun to rediscover his traditional aboriginal identity. Although he does not speak his native tongue, he is aware that he is from the Sioux Nation and appears to have a modest knowledge of tribal and cultural traditions. Moreover, his participation in cultural and ceremonial activities continues to increase as his knowledge of the culture deepens. In recognition of his commitment to tradition, the title of “Oskapeyes” (Elder’s helper) has been bestowed upon the patient by an Elder. Much of his rediscovery of culture has occurred within the correctional system.

3.6.3. Participant three.

Indicator	4	3	2	1	0
Native Tongue		•			
Cultural Knowledge				•	
Cultural Activities				•	
Traditional Spiritualism		•			
Rural Upbringing					•
Total		6	0	2	0
Score	8				
Scale Rating	3				

Figure 8. Participant three profile of acculturation scale scores and scale rating

The patient is a single, 24 year-old male serving his first period of federal incarceration of 6 years for sexual assault. Combined with his juvenile history, he does not have an extensive criminal record. Most of his offences have been committed while under the influence of alcohol.

The participant has an Axis I diagnosis of substance dependency. He reports that he began drinking at the age of nine and that his drinking has increased in frequency and intensity throughout the years. Although he reports the occasional use of drugs, he does not believe it is as problematic for him as alcohol.

The participant was born and raised in an urban setting to a family that had lost touch with most of their cultural traditions, with the exception of language. He describes a chaotic family environment that was plagued with alcoholism, violence, and marital discord. In addition to the neglect associated with alcoholism, the patient experienced extensive verbal and emotional abuse. The subject attended residential school in his formative years. Like other participants, this individual's discovery of his traditional aboriginal culture has occurred primarily within the correctional system.

#### 3.6.4. Participant four.

Indicator	4	3	2	1	0
Native Tongue				•	
Cultural Knowledge				•	
Cultural Activities			•		
Traditional Spiritualism		•			
Rural Upbringing		•			
Total	0	6	2	2	0
Score	10				
Scale Rating	3				

Figure 9. Participant four profile of acculturation scale scores and scale rating

The participant is a single 37-year-old offender serving a first time federal sentence of life for second-degree murder. Thus far, he has served 17 years of his sentence. With the exception of this conviction, the patient has only one other criminal offence for careless use of firearm for which he received a period of probation for one year.

In terms of DSM-IV criteria, the subject has Axis I diagnoses of substance abuse disorder, social phobia, and panic attacks. He reports that his substance abuse consisted of heavy alcohol consumption and the sniffing of solvents which began at around the age of 12-years old. On Axis II, he is diagnosed as having below average intelligence as well as anti-social personality traits.

The participant was born on his home reserve. At the age of 6 years, he was put into residential school where he was subjected to physical and mental abuse. He lost most of his native tongue while in residential school. At the age of 12, his mother passed away and as a result, he was placed in numerous foster-homes where he once again experienced neglect and abuse. Presently, he has no contact with immediate or extended family members. As with other participants, the patient's re-introduction into traditional aboriginal culture occurred primarily while incarcerated within the correctional system.

### 3.6.5. Participant five.

Indicator	4	3	2	1	0
Native Tongue		•			
Cultural Knowledge	•				
Cultural Activities	•				
Traditional Spiritualism	•				
Rural Upbringing		•			
Total	12	6	0	0	0
Score	18				
Scale Rating	5				

Figure 10. Participant five profile of acculturation scale scores and scale rating

The participant is a 53 year-old third time federal offender currently serving an indeterminate life sentence, which began in 1976, for non-capital murder. The National Parole Board (NPB) awarded him both day and full parole releases to the community. Unfortunately, his performance while on community supervision was unsatisfactory and resulted in numerous parole revocations. Ultimately, his full parole was revoked by the NPB for incurring new charges for sexual assault and sexual exploitation. The participant has an extensive criminal history consisting of approximately 18 criminal convictions of which the greater percentages are assaultive in nature. He first became involved in criminal activity in 1963.

In terms of diagnosis, the participant has alcohol dependency and Anti-Social Personality Disorder (APD) on Axis I and Axis II respectively. Consistent with the diagnosis of APD, the participant has a lengthy history of aggressive and assaultive behavior.

In regards to upbringing, the participant reports that he was born and raised on the reservation in a dysfunctional family environment. At an early age, a traditional man

in the community selected him for mentorship. The participant states that he has knowledge from the teachings of the wolf, is a traditional pipe carrier, has Elder status, and is “gifted” to perform healing ceremonies.

3.6.6. Participant six.

Indicator	4	3	2	1	0
Native Tongue		•			
Cultural Knowledge			•		
Cultural Activities			•		
Traditional Spiritualism		•			
Rural Upbringing	•				
Total	4	6	4	0	0
Score	14				
Scale Rating	4				

Figure 11. Participant six profile of acculturation scale scores and scale rating

The participant is a single 44-year-old offender serving a federal sentence of 8 years for 2 counts of sexual assault. He has an extensive criminal record which consists of an estimated 51 past criminal convictions of which approximately 30 are for theft/property related offences. In terms of disposition, he has been incarcerated practically on a yearly basis for varying lengths since 1980.

In relation to diagnosis, the participant has an Axis I disorder of substance dependency and schizophrenia (paranoid subtype). He has a long-standing alcohol problem as well as an extensive history of inhalant dependency. His use of alcohol and inhalants began at around the age of 13 while his diagnosis of schizophrenia occurred at the age of 15 years. On Axis II, the patient has been diagnosed as having an Anti-Social Personality Disorder (APD).

The participant was born and raised on his home reserve into a family that was relatively stable. He reports no instances of neglect or abuse within his family of origin. For the most part, he was raised in a single parent environment after his father deserted the family. At an early age the subject was sent to residential school where he remained until grade 10. The participant states that his family continues to be supportive of him and are willing to assist him as he re-builds his life.

Despite his traditional beginnings, the participant has lost a significant amount of his culture. Only recently has he begun to re-introduce himself to ceremonial and cultural traditions. More recently, the subject has been banned from participating in aboriginal programs for dishonesty, disrespect, and inappropriate trading of native crafts for tobacco.

3.6.7. Participant seven.

Indicator	4	3	2	1	0
Native Tongue		•			
Cultural Knowledge				•	
Cultural Activities				•	
Traditional Spiritualism		•			
Rural Upbringing	•				
Total	4	6	0	2	0
Score	12				
Scale Rating	3				

Figure 12. Participant seven profile of acculturation scale scores and scale rating

The participant is 25-year-old first time federal offender serving a 7 year sentence for two counts of Sexual Assault, two counts of Uttering Threats to Cause Death, Failure to Comply, Assault, and Overcome Resistance. He does not have an extensive adult criminal record. As a young offender, however, he has eight previous

convictions and spent numerous years in juvenile custody. Thus far, his institutional performance during his current sentence has been problematic resulting in treatment termination and a total of 32 disciplinary offences.

The participant has an Axis I diagnosis of poly-substance abuse and an Axis II diagnosis of APD with borderline traits. In addition, he has a family history of schizophrenia. However, upon assessment, the patient gave no evidence of perceptual or cognitive impairment.

He was born and raised on his home reserve. He describes a dysfunctional home environment in which alcoholism and abuse were prevalent. In addition, he reports years of sexual abuse at the hands of a family relation. Unfortunately, due to the nature of his offence(s), his connection to his community is greatly strained and in all likelihood will be severed. The subject has children, but is presently single.

The participant has retained his aboriginal language and has some knowledge of cultural traditions. Although his introduction to aboriginal spirituality and ceremony is fairly recent, he has demonstrated a strong level of commitment in this regard.

### 3.6.8. Participant eight.

Indicator	4	3	2	1	0
Native Tongue		•			
Cultural Knowledge				•	
Cultural Activities				•	
Traditional Spiritualism			•		
Rural Upbringing	•				
Total	4	3	2	2	0
Score	11				
Scale Rating	3				

Figure 13. Participant eight profile of acculturation scale scores and scale rating

The participant is a 48 year-old aboriginal male of Ojibway ancestry serving a life sentence for second-degree murder. At this point in time, he has served approximately 25 years of his sentence. His criminal history began in 1971, and with the exception of his current conviction, consisted almost entirely of theft and/or property related offences. Alcohol has been identified as a contributing criminogenic factor in the commission of all of his criminal offences.

In regards to upbringing, the participant is the fifth born of five other male siblings. He was born and raised on reserve into a family that was extremely dysfunctional as a result of alcoholism and abuse-related issues. It is reported that he was temporarily placed in foster homes on the reserve on a least two occasions when his mother could no longer adequately care for him. Although his family spoke their native Ojibway tongue, they were not "traditional" in any capacity. Both of the Subject's parents are deceased and contact with his siblings is virtually non-existent.

Developmentally, records reveal that the subject suffered post-delivery complications, which were caused by mercury poisoning that his mother had contracted during the pregnancy. As a result, his development was retarded in a number of domains. It has been reported that he did not walk until the age of six. In addition, due to urinary and fecal incontinence, he did not begin formal schooling until the age of ten. At the time of his first incarceration, the subject had a grade two equivalency. The participant recalled being ostracized by his peers and siblings as a result of his impairments. A neuropsychological battery of tests confirmed that the subject suffers from moderate neurological impairment.

In terms of DSM-IV diagnosis, the subject has a poly-substance abuse problem on Axis I. On Axis II, it was been suggested that he has dependent, histrionic, and

borderline personality traits. On Axis III, it is reported that the subject experienced a CVA (stroke) resulting in residual left Bell's palsy and left sided muscle weakness. Reports indicated that the subject has no official diagnosis of mental illness and that, with the exception of the noted cognitive deficits, his difficulties appeared to be primarily emotionally based.

As is the case with many other research participants, the subject reports that only upon his arrival to prison did he discovered his traditional aboriginal roots. He reports that he has "Oskapeyes" status and is working closely with the aboriginal Elders.

3.6.9. Participant nine.

Indicator	4	3	2	1	0
Native Tongue					•
Cultural Knowledge			•		
Cultural Activities		•			
Traditional Spiritualism			•		
Rural Upbringing			•		
Total	0	3	6	0	0
Score	9				
Scale Rating	3				

Figure 14. Participant nine profile of acculturation scale scores and scale rating

The participant is a 24 year-old offender of Ojibway ancestry serving a 7-Year sentence for a Sexual Assault. His criminal history began as a young offender in 1988 with a conviction for Mischief. His young offender record includes further convictions for compliance and assault related offences. As an adult, he has also incurred numerous criminal convictions for assaultive and property related offences. Presently, he is serving his first period of federal incarceration but has served time previously in provincial adult

and youth facilities. Alcohol has been implicated in every one of his previous 22 convictions.

In terms of upbringing, the participant reports that he was born into a highly dysfunctional family and raised in a combination of urban and rural communities. He reports that he was an only child and was raised primarily by his grandmother. When he was four years old, his father died in a logging accident. His mother recently passed away from cancer during his current period of incarceration. He described his childhood as unhappy and recalled being left alone for days at a time when his family members were on a drinking binge. He states that the main factor contributing to his chaotic and unstable upbringing was the alcoholism and violence of family members. His grandparents are still alive and continue to live on the Gull Lake reserve in Ontario.

According to the DSM-IV, the participant has a poly-substance abuse problem that is reportedly in remission on Axis I. He reported that he began drinking at the age of eight and that he briefly experimented with drugs. Alcohol has been identified as a major criminogenic factor in the commission of his offences. On Axis II, he has been diagnosed as having an Antisocial Personality disorder.

In other areas, the subject claims to have a formal education level of grade seven but also states that he is functionally illiterate. Employment-wise, he has a limited and sporadic work history with no marketable employment or trade skills. Domestically, he is involved in a common-law relationship that has produced one child. His partner is reported to have an ongoing struggle with substance abuse primary in the form of marijuana.

The participant reported that his family of origin was not "traditional" by any means and that they perpetuated a legacy of violence, abuse, neglect, and alcoholism.

The subject does not speak his native tongue and has only recently begun to immerse himself in traditional aboriginal culture including attendance to spiritual activities such as the Sweat Lodge ceremony.

3.6.10. Participant ten.

Indicator	4	3	2	1	0
Native Tongue					•
Cultural Knowledge			•		
Cultural Activities		•			
Traditional Spiritualism		•			
Rural Upbringing					•
Total	0	6	2	0	0
Score	8				
Scale Rating	3				

Figure 15. Participant ten profile of acculturation scale scores and scale rating

The participant is a 23 year-old Metis first time federal offender serving a 5-year sentence for a multitude of property related offences such as Break, Enter and Commit Theft, Obstruct Public, Possession of Property Obtain by Crime, and Possession of Stolen Property. Past criminal history includes convictions for numerous break and enters, theft under and over, assault with weapon, and obstructing police. His offending behavior dates back to 1990 when he was charged with theft and shoplifting.

He reports that he was born and raised in large urban cities. He is one of four siblings, which includes one brother and two sisters. His parents separated when he was a child. There is a positive family history of alcoholism involving most members of his family and, in particular, his mother. Due to the high levels of dysfunction in his home environment, the subject was placed in numerous group homes and foster homes

throughout his youth where he experienced varying levels of abuse. The participant does not recall his family as "traditional" in any form.

In terms of DSM-IV diagnosis, it is suspected, although not confirmed, that the participant suffers from the effects of Fetal Alcohol Syndrome. In addition, given the extent and pervasiveness of his substance abuse history, it is reasonable to consider a poly-substance abuse problem on Axis I. In other areas, it is reported that he has anti-social personality traits on Axis II.

In most aspects, the subject is a urban aboriginal man who has only recently begun to learn about his aboriginal roots, traditions, and customs since his arrival to the correctional system. He continues to actively engage in cultural and spiritual activities as part of his treatment.

3.6.11. Participant eleven.

Indicator	4	3	2	1	0
Native Tongue					•
Cultural Knowledge		•			
Cultural Activities		•			
Traditional Spiritualism		•			
Rural Upbringing					•
Total	0	9	0	0	0
Score	9				
Scale Rating	3				

Figure 16. Participant eleven profile of acculturation scale scores and scale rating

The participant is a 32 year-old offender of Cree ancestry serving his first federal sentence for Second-degree Murder (life 15). In terms of forensic history, from 1984 to 1987, he received five charges of Break and Enters, Theft, three charges of Fail to Appear, one charge of Possession of a Prohibited Weapon and Unlawfully At Large

which dated back to when he was 16. These charges were dealt with by way of fines or provincial incarceration with the longest period being four months in duration.

With regard to upbringing, he was born in a small urban setting. His father died prior to his birth. He is the third oldest child with one older brother, one older sister, and three younger stepsisters and one younger stepbrother. Records reveal that he lived with his mother until he was 11 years old. There was a history of alcohol and physical abuse in the home. He enjoyed school and completed grade 10. At the age of 11, he ran away from home and lived on the street. He was placed in foster care and ran away on several occasions. He has a history of alcohol abuse, which started at the age of nine. He used marijuana, hash and "pills" which he would steal from his mother and sell them at school. He has a history of intravenous drug abuse with a noted preference for heroin.

Diagnostically, the participant is reported to have a substance abuse problem (in remission) on Axis I and on Anti-Social Personality Disorder on Axis II according to the DSM-IV. Records reveal that as early as grade seven, the subject was experiencing unspecified mental health difficulties.

Similar to others in this study, the participant was not raised in a traditional aboriginal home environment. His return to the "Red Road" has only occurred recently with his exposure to the correctional system. He contents that traditional approaches to healing have produced the greatest gains in his rehabilitation.

### 3.7. Measure

Miles and Huberman (1994) indicate that how a research project is designed is largely dependent on the purpose of the research and the intentions of the researcher. Since the present study is both exploratory and confirmatory in nature, a qualitative research design, calling for the development of a semi-structured interview

questionnaire, was utilized (see Appendix A). This instrument was selected to obtain a balance between structured and unstructured questioning/responding.

In relation to the exploratory component of this research, a significant portion of the study was directed towards capturing the Sweat Lodge ceremony and cognitive-behavioural program experience as perceived by the participants. In light of the highly descriptive nature of this undertaking, participants had to be allowed the opportunity to tell their own story in their own terms. The open-ended questioning format of a semi-structured interview schedule allowed respondents to expound in areas of their choice (within the confines of the questions).

McCracken, (1994) writes of the interview:

The long interview is one of the most powerful methods in the qualitative armory. For certain descriptive and analytic purposes, no instrument of inquiry is more revealing. The method can take us into the mental world of the individual, to glimpse the categories and logic by which he or she sees the world. It can also take us into the lifeworld of the individual, to see the content and pattern of daily experience. The long interview gives us the opportunity to step into the mind of another person, to see and experience the world as they do themselves (Pp.9).

The semi-structured format of the interview, in conjunction with the relatively neutral and non-directional stance of the researcher (refer to section 3.1.1), combined to produce a rich and highly descriptive narrative.

In relation to the confirmatory aspect of the present study, a number of a priori research questions have been generated and refined throughout the evolution of this project. In order to test these questions, some element of consistency was necessary so that comparative analysis could be conducted. By standardizing the interview questions,

responses could be compared across the sample on any number of variables. For example, comparisons of the impact of acculturation on perceptions towards programming were made possible.

### 3.8. Data Gathering Procedure

The present study collected two forms of data over a period of months between January, 1999 and April 1999. The first type of data was biographical/historical in nature and was utilized in the sample selection process in order to identify varying levels of acculturation of potential research participants. Variables such as language, cultural knowledge, cultural activities, traditional spirituality, ritual and ceremonial activity, and rural/urban upbringing were identified as potential indicators of acculturation.

The second type of data, which formed the core of the research, consisted of a taped semi-structured interview with each participant. These interviews were conducted in privately assigned interview rooms within the institution and lasted approximately one to two hours in length. In order to address concerns of confidentiality and privacy, interviews were held off the participant's unit. For the most part, these interviews were uninterrupted but were often pressured in terms of time as a result of institutional scheduling demands. The interview provided respondents the opportunity to reflect on their personal experiences in the Sweat Lodge ceremony and cognitive-behavioural programming. In so doing, they were able to identify and articulate the significance or "meaning" associated with these experiences in accordance with their own social-reconstruction.

Prior to each interview, respondents were informed of their rights in regards to their participation in the study. Care was taken to explain that participation in the research was strictly voluntary and would result in neither favor nor negative

repercussion in relation to their prison sentence. In addition, it was thoroughly explained to participants that, to the extent possible within a prison environment, privacy, anonymity, and confidentiality were strictly protected. After review, discussion, and the signing of informed consent, participants were presented with tobacco in accordance with proper cultural protocol. Again, care was taken to explain to participants that acceptance of the tobacco offering did not constitute making the interview a sacred undertaking (as it is often understood) so that it would preclude voluntary withdrawal from the study.

At this preliminary stage of the interview, clarifications of definitions were provided along with instructions pertaining to the interview process itself. Specifically, participants were informed that, in spite of the semi-structured nature of the interview questions, no response was incorrect and that the aim was to attempt to capture the personal experiences of each participant. Moreover, participants were instructed to elaborate in their responses and provided as much detail in their account as their comfort levels would allow. Additionally, respondents were instructed to refrain from answering any questions that they perceived to violate their personal belief system (e.g., discussing their spiritual relationship with the Creator/Ancestors).

In conducting these interviews, it was imperative that participants be allowed the opportunity to speak openly and freely without undue influence from the researcher (see section 3.11). By necessity, I examined my personal biases and communication style, and remain continually vigilant of potentially prejudicial questioning and prompting that unwittingly attempted to elicit desired or expected responding from research participants.

### 3.9. Data Analysis

Data analysis of the interviews in the current research was a comprehensive and on-going process that evolved continually throughout the duration of the study. As opposed to a linear progression involving a set of sequential steps from data to conclusion, analysis within the present qualitative design can best be described as a non-sequential, iterative process requiring the development of a dialectic relationship between the emerging categories and the data.

It involved a line-by-line extraction of hundreds of “incidents” from the data which were then coded, conceptually linked, and returned to the data time and again for re-analysis. After working and reworking the data in this exhaustive and time-consuming manner, overlapping and interrelated thematic categories and sub-categories begin to slowly emerge from the clustering of codes. To illustrate, the primary theme of trust emerged from codes and thematic sub-categories that initially did not seem to be conceptually related. Initially, codes for personal safety, sincerity, confidentiality, competence, and professionalism did not appear to be conceptually related until the analysis revealed that these thematic sub-categories are related to trust.

Application of a qualitative open-coding procedure as well as an active memoing technique in accordance with a "grounded theory" protocol (Glasser and Strauss, 1967) allowed for a constant comparative method of data analysis that guided: a) the identification of preliminary categories within the data; b) the identification of the most theoretically significant categories and thematic formulations within the data; c) and the identification of the patterns within and between the categories and themes within the data; and d) the development of theoretically relevant hypotheses.

According to Miles and Huberman (1994), codes, in essence, are symbols that are utilized in the categorizing of data. They write:

Codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study. Codes usually are attached to "chunks" of varying size - words, phrases, sentences, or whole paragraphs, connected or unconnected to a specific setting. They can take the form of a straightforward category label or a more complex one (e.g., a metaphor)(p.56).

Procedurally, the constant comparative method of data analysis requires the assignment of codes for each instance or incident in the data into as many categories of analysis as possible. Again, however, rather than systematically coding the data and then progressing to the analysis, this process is iterative in the sense that the coding of incidents for a category are continually compared against previous incidents in similar and different groups coded in the same category. In so doing, the theoretical properties of the categories eventually reveal their characteristics thereby making the generation of hypotheses possible (Glasser and Strauss, 1967).

In conjunction with the above coding procedure, a memoing technique (Glasser and Strauss, 1967) was employed to assist in the annotation of data. Notes within these memos greatly contributed to the analysis by revealing relationships within the data and conceptually linking codes and categories according to their properties and characteristics. Not only did this technique successfully control for redundancies in the interpretation of the data, but it also helped carry the analysis to the point of theoretical saturation.

The following summarizes the general steps taken in the analysis of data for the present study:

- 1) All taped interviews were transcribed.
- 2) Transcribed interviews were reviewed and de-contextualized from the semi-structured questions contained in the interview.
- 3) The resulting narrative was then subjected to the aforementioned coding procedure revealing preliminary themes and categories.
- 4) These preliminary themes and categories were then exposed to multiple-iterations and comparisons to the original data in order to reveal additional themes and categories as well as their characteristic properties.
- 5) Categories and themes were then collapsed to reduce redundancies and approximate theoretical saturation.
- 6) Data matrices were constructed to assist in displaying and organizing the content of the analysis.
- 7) Primary categories and super-ordinate thematic formulations were identified along with constituent components.

In conducting qualitative data analysis, it is conceded that the researcher brings much of his or her conceptual framework and pre-judgements to the research. This, in conjunction with the process of interpretation, has the potential to overshadow the experiences as reported by the research participants. In this regard, Ericsson and Simon (1993) write, "In the second kind of analysis, the observed verbalizations are analyzed in terms of their meaning. Even in this case, the theory building the analysis limits the encoding to selected aspects and features rather than the full meaning of the verbalization." (Pp. 6.).

This issue draws into discussion the notion of bias and the fallibility of the concept of a "neutral researcher". McCracken (1988) argued that within qualitative research, since

the researcher himself is an "instrument" in the collection and analysis of the data, the researcher cannot fulfill the research objectives without tapping into their own experiences. Indeed, the idea of "value-neutral" social science is increasingly being abandoned as unrealizable at best and, at worst, self-deceptive (Gilchrist, 1994 as reported in McCracken, 1988).

### 3.10. Validity and Reliability

Qualitative research can, and should, not be judged or evaluated on the same psychometrically defined criteria of validity and reliability as that of quantitative research. Despite efforts to apply psychometrically defined criteria such as convergent validity, discriminant validity, and construct validity within the context of qualitative research, it is generally held that these constructs have little to no application outside of a quantitative research design. Dey (1993) argued that in qualitative research, where new tools of analysis (such as semi-structured interview questionnaire) are continually being created, confidence through consistency of measurement may not always be attainable. Under these circumstances, reliability and validity should be based less on the psychometric properties of the measure and more on the validity of the researcher's account. Rather than attempt to inappropriately apply these psychometric criteria within a qualitative research design, Reason and Row (1981) suggest alternative criteria in the form of "adequacy", "plausibility", "verisimilitude", and "apparency" as measures of validity.

Above all, O'Dea (1994) argues that what is essentially being sought in qualitative research is validity through "truth" in narrative. To be truthful, the narrative must be "authentic" and this means that the account must be faithfully and precisely related to the realities of the experience. To be truthful, an explanation of qualitative

data must have the following characteristics: 1) it must be exact, so that no ambiguity exists; 2) it must be economical, so that it forces us to make the minimal number of assumptions and still explain the data; 3) it must be mutually consistent, so that no assertion contradicts another; 4) it must be externally consistent so that it conforms to what we independently know about the subject matter; 5) it must be unified, so that assertions are organized in a manner that subsumes the specific in the general, unifying where possible, discriminating when necessary; 6) it must be powerful, so that it explains as much of the data as possible without sacrificing accuracy; 7) it must be fertile, so that it suggests new ideas, opportunities for insight (Bunge, 1961 as cited in McCracken, 1988).

#### 3.10.1. External-rater reliability.

To address aspects associated with reliability, three graduate students from the department of psychology at the University of Saskatchewan participated as external-raters. The external-raters were provided a 63-item inventory (originally a 69-item inventory with 6 items removed for no responses) of thematic quotes from the research respondents and asked to identify the primary theme in the quotation.

External-rater one positively identified 35 out of 63 themes resulting in a 56% concordance rate with the researcher's findings. External-rater two correctly identified 38 out of 63 themes producing a concordance rate of 60%. External-rater three had a 43% concordance rate by correctly identifying 27 out of 63 themes. Combined, all three raters produced a mean concordance rate of 53%.

It is noteworthy to mention that virtually every thematic category identified by the external-raters was part of the spectrum of themes contained in this study.

Quotations used in support of one thematic category, however, were used by the

external-raters in support of a different thematic category (e.g., identity as opposed to duty). In addition, some themes were subsumed under larger themes that did not always produce a bilateral relationship (e.g., shame and stress).

Although not a strong figure, a 53% concordance rate provides some degree of evidence of the positive fit between the data and the themes identified in the analysis. In actuality, the fit between quotes and themes is even higher in that individual raters positively identified themes that were ultimately dropped because one rater did not answer the question. When recalculated with this adjustment in mind, the mean concordance rate increases marginally to 55%. Again, this figure is artificially low, however, since the themes are interconnected and there is considerable amount of overlap such that a related theme and not the exact theme may have been identified by the external raters. For example, in the case where the theme was “sincerity”, the external rater may have identified “genuineness”. While this response captures the gist of the theme, it still would not count as an exact hit. If the computations were done based on the identification of themes rather than exact hits, the concordance rate would increase substantially.

### 3.11. Autobiographical Note

At an unspoken level, there exist an assumption that research is somehow easier and, perhaps, even more revealing if the researcher is a member of the population being studied. Somehow, there is the belief (and hidden expectation) that research participants will be more cooperative and forthcoming in their responses to a researcher of similar background. This assumption is not always accurate and is more complex than it appears as my own experience as an aboriginal researcher reveals.

At a personal level, the present research has been extremely liberating in a number of ways, and at the same time heavily taxing. As a member of the aboriginal community, aspects of my relationship to the sample population by way of heritage have both facilitated and hindered the progression of this study. My relationship as an aboriginal researcher warrants careful consideration as a legitimate source of information in deepening our understanding of the present findings. By the same token, it is correct that this variable be given proper consideration as a possible confound.

Biographically, I am a mixed-blood member of the Cree Nation (Swampy Cree to be precise). I am the product of the foster placement strategies of the government and child welfare agencies that has come to be known as “The Sixties scoop”. Like countless numbers of other aboriginal children from my generation, I was apprehended by the now defunct Children’s Aid Society and made a permanent ward of the provincial government as a result of parental neglect and abuse. Through the ages of five to eighteen, I was placed in a succession of five different foster homes where I experienced varying levels of emotional and physical abuse. Without exception, all of these foster homes were of Euro-Canadian decent including English, French, Jewish and Ukrainian extractions.

In virtually every respect, I was immersed in the Euro-Canadian culture with little-to-no contact from my family of origin or the aboriginal community. Retrospectively, I recall blatant and covert attempts by social workers and foster families to discourage and restrict access to any form of familial/cultural support. Within the schools I attended, and the almost exclusive Anglo-Saxon communities where I resided, I experienced racism at levels that I have not encountered since. Through a combination of isolation and systemic racism, I distanced myself emotional and psychologically from

my aboriginal background, choosing rather to identify with *my* Anglo-Saxon heritage. Only recently have I come to understand the survival or adaptive functioning behind this transformation.

As recent as a decade ago, the aboriginal community was as divorced from me as it is for a significant number of other non-aboriginal Canadians. For the most part, my beliefs, values, and morals were indistinguishable from the dominant Euro-Canadian culture. Again, because of isolation and broken ties, there was no other cultural orientation available from which to grasp a sense of identity. The internalization of racist attitudes towards aboriginal people produced feelings of shame, self-hatred, and self-loathing as central themes throughout the youth of my life. In due course, these sentiments were projected outwardly towards my family of origin and other aboriginal people as a whole.

Upon reflection, there was an active depression that went unabated for years. Poorly disguised within anger and then channeled through an unhealthy need to achieve as a compensatory reaction, this depression began to lift near the completion of my undergraduate degree in Social Work. Although I felt a sense of pride and accomplishment upon graduating, these feelings were secondary to the sense of empowerment and emancipation that I experienced. This cornerstone marked the return to my people, as I somehow knew it would even as a teenager.

My reconnection with the aboriginal community has occurred largely through my professional work. In reality, this re-union was not nearly as moving as I had somehow imagined – and hoped – it would be. In fact, I was shocked and disheartened to discover that a new form of discrimination awaited me from my own people. The charge of “apple” or “monias” (White Man) was launched at me time and again,

rekindling feelings of resentment that I thought had died years earlier. Thus far, the re-introduction to my culture has been marred by moments of clumsiness and awkwardness, while at other times, it has been a deeply moving and humbling experience.

I continue to make mistakes in this period of rediscovery; there are so many fine points of distinction within the culture that I need to still learn. I am at once saddened and, oddly enough, take some degree of solace in knowing that there is a process of rediscovery occurring for all aboriginal people and that I am not alone in my loss. At another level, I have come to accept that my experiences can not be undone and that I am simply who I am: a contemporary aboriginal man. To an extent, the reclaiming of my rightful position within the aboriginal community has been facilitated by the shared experiences from a lost generation that, after all these years, have begun to find their way home.

Within the context of the present study, the fact of my being an aboriginal researcher introduced variables into the research that may, or may not, be apparent for other non-aboriginal researchers. At the preliminary level, resistance from some segments of the aboriginal population, including Elders and patients alike, seriously impeded this research. Admonition occurred repeatedly citing that scientific inquiry of the Sweat Lodge ceremony was “improper” because of the sacredness of the ceremony. Whether it was explaining that the Ancestors would not approve, or that the Sweat Lodge was a gift given solely to aboriginal people from the Creator, the net effect was to create strange feelings of shame that were associated with having betrayed my own people. So strong were these feelings at times that I came close to terminating the project on several occasions.

Not until I began to get deeper into the literature did I discover that this resistance was only one voice amongst many. Another extreme position maintains that aboriginal people will continue to be marginalized so long as “traditionalists” exist and retard the inevitable process of acculturation and assimilation. I was pleased to slowly discover that the majority voice was neither of these two extremes but rather a recognition of the need to preserve the traditional elements of culture while at the same time educating non-aboriginal people “of our ways” – including our spirituality.

This matter continues to be debated within the aboriginal community and now includes new elements of ethics concerning “ownership” of data results. In the end, one Elder gently reminded and advised, that no man can judge another and that the rightness and wrongness of anything can only be determined by each heart. Thus was reborn my commitment to this research.

In other areas, the fact that I am of aboriginal descent, in all likelihood, enhanced sincerity, honesty, and trust within the interviews. It can be argued that the presence of these aspects allowed for a deeper, less “protected” version of experience that was less encumbered by suspicion or fear of repercussion. In short, the fact that I am aboriginal appeared to play an instrumental role in accelerating the development of rapport and “connection” between respondent and interviewer. Whether or not this is a caveat for validity related concerns is grounds for debate. The position of the researcher, however, is that this relational factor only added to the research by creating a comfort level within the interview that was conducive to a deeper and richer narration of personal experience.

In another capacity, it became apparent to me that some interviewees appeared to be using the interview as a form of therapy in its own right, and that this process may have been partially facilitated by our common aboriginal ancestry. Respondents reported

disclosing feelings and sentiments for the first time that they had previously been unable to express to cognitive-behavioural facilitators. At the same, however, some respondents reported that they were able to express sentiments that they felt they could not speak to the aboriginal Elders about. In some regards, it makes sense that this should occur given that a significant portion of the sample reported feeling disconnected from mainstream society, as well as to their aboriginal roots. For these individuals, I bore witness to a struggle to define self and eventually emerge strengthened through its articulation.

In terms of possible disadvantages, the fact that I am of aboriginal ancestry may have actually increased feelings of distrust for some respondents. The fact that my employer is the government of Canada presented as a concern for some aboriginal clients who insist that the Canadian government is largely responsible for the plight and oppression that aboriginal people have endured throughout the years. To be perceived as an "agent" of this oppressive system is a significant impediment in establishing rapport. Under these circumstances, it is reasonable to expect that responses may have been guarded and less damning than may have been the case otherwise.

At a personal level, the courage and triumph expressed by the majority of respondents strengthened my own journey of self. In comparison to the lives of some respondents, my life was relatively "stable". That they endured their hardship and still fight for individuality speaks of a substance of character that is worthy of both praise and admiration. More than anything, however, it was the sense of connectedness or camaraderie within this struggle that moved me to a deeper source of strength beyond the self. In a very real sense, the knowledge of this affiliation seemed to lighten my burden through the simple awareness that others had endured the same hardship as I and were scarred in similar fashion.

Just as participation in the present study appeared to empower respondents, so did my participation empower me. In conducting this research, enough evidence emerged to give validation to many of the thoughts and feelings that I had carried for a significant portion of my life. Although empowering by itself, this validation allowed me to appease feelings of guilt and shame that had remained silently below the surface for years. In short, it graciously allowed self-forgiveness to occur for needing to forsake one's ancestors.

In its wake, this research leaves behind self-debilitating feelings and emotions that have gone unchecked for the majority of my life, replacing them instead with a confidence and conviction that surely must be available to only those who know they rightfully belong. More than this, however, it has ignited a passion within to defend and preserve "traditional aboriginal culture" while at the same time expanding its parameters to embrace the ever increasing diversity within the aboriginal population. At length, it is hoped that the words contained within these pages will help others find their way home as have I.

#### 4. Findings

Within corrections, it is standard practice to have program evaluation reports written on group participants within cognitive-behavioural programs and, to a lesser extent, aboriginal-based programs. Ultimately, amongst a host of other factors, these reports are used to help formulate judgements that have application in determining rehabilitative gains, community re-integration, and predictions concerning the probability of criminal recidivism. Although these programs are frequently subjected to an evaluative process, less frequently does it include commentary based on the perceptions of the client population, which is what this thesis focuses upon.

In the following section, respondents have, to varying degrees, offered their perceptions of the cognitive-behavioural programs and the traditional aboriginal Sweat Lodge ceremony from within a psychiatric forensic setting. Following a thorough content analysis of participant narratives, the results were organized within two primary perceptual domains: “Perceived Characteristics of the Program(s)” and “Perceived Relation to the Program(s)”. In the first domain of “Perceived Program Characteristics”, the following four perceptual areas were examined: Perceptions of cognitive-behavioural programming and the Sweat Lodge ceremony; perceptions of the Elders and cognitive-behavioural group facilitators; perceptions of self/others; and perceptions of technique similarities and differences. A total of 33 thematic subcategories emerged from the data and were distributed within these four perceptual areas (see figures 18-21).

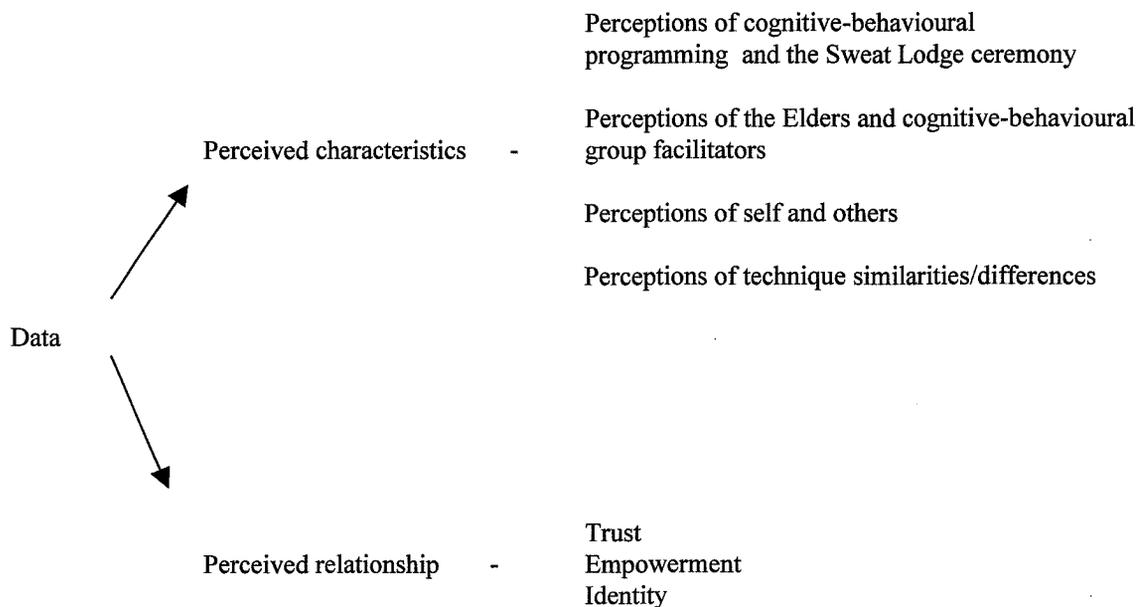


Figure 17. Primary and secondary perceptual domains

Specifically, in the perceptual area of “Perceptions of cognitive-behavioural programming and the Sweat Lodge ceremony”, the following thematic sub-categories emerged from the data and were compared across both treatment modalities: Sanctuary, identity, sacredness, structured, trust, stress, awareness, involvement, and duty. In the perceptual area of “Perceptions of the Elders/cognitive-behavioural group facilitators”, the following ten thematic sub-categories were compared: Respect, commitment, trustworthiness, sincerity, professionalism, approachability, sensitivity, control, relation, and veneration. In “Perceptions of self/others”, the thematic sub-categories of connection, sincerity, respect, ability, identity, unselfishness, commitment, and empowerment. Lastly, in “Perceptions of technique similarities and differences” the thematic sub-categories of time, humor, language, sacredness, holism, and engagement emerged from the data (see figures 18-21).

In the second primary perceptual domain of “Perceived Relationship to the Program(s)”, three super-ordinate themes consisting of trust, empowerment, and identity emerged from the data. These super-ordinate themes (constructs) produced 40 thematic sub-categories as constituent components. In the cluster of trust, the following 13 thematic sub-categories emerged: Sincerity, conformity, suspicion, safety, respect, environment, competence, reliability, integrity, fairness, consistency, openness, and approachability. The second super-ordinate theme of empowerment produce 16 thematic sub-categories which consisted of: commitment, perceived control, ownership, awareness, understanding, environment, enabling, status, hope, beliefs, abilities, community, activism, purpose, receptivity, self-determination. The last super-ordinate cluster of identity produced 11 thematic sub-categories comprised of: Belonging, connectedness, unselfishness, roles, status, duty, expectations, cultural knowledge, self-acceptance, congruence, and pride.

It is somewhat difficult to account for the apparent lack of symmetry of responses in the findings. While it is certain that significant differences do indeed exist between these two approaches, it was interesting to find that respondents were often unable to acknowledge the extent of the similarities. It is speculated that this may be the result of the identification process. That is to say, in their attempts to define their aboriginal identity, most respondents could not clearly articulate what it meant to be aboriginal, but rather, intimated that being aboriginal meant not being “white”. It is argued that this mindset may seek out differences as a way of achieving definition. Moreover, it may be the case that as one embraces “traditional identity”, participants are predisposed to rejecting the cognitive-behavioural approach. It is suggested that this process may have inhibited the actual level of similarities between these two approaches from fully

emerging and that these similarities may have been more apparent than is reflected in the present finding.

#### 4.1. Perceived Program Characteristics

In this primary perceptual domain, it became apparent that respondents were offering their perceptions of cognitive-behavioural programming and the Sweat Lodge ceremony at different levels and from different perspectives. At times, this took the form of statements regarding program efficacy as a whole, while at other times, it involved responses that required a high degree of introspective. Within this section, process, cultural differences, and characteristics of principle players were the primary areas of focus. The intent was not to simply highlight these aspects but, rather, to bring these two treatment approaches to life by animating the players and the more salient characteristics. Sanctuary, identity, sacredness, structured, trust, stress, awareness, involvement, and duty were identified as comparative themes in this cluster.

##### 4.1.1. Perceptions of Cognitive-Behavioural Programming and the Sweat Lodge

###### Ceremony

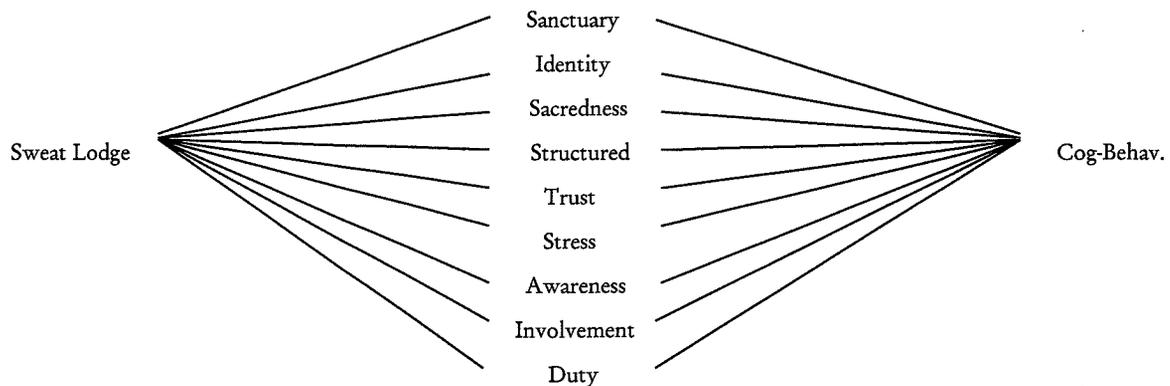


Figure 18. Perceptions of Sweat Lodge ceremony and cognitive-behavioural programming

#### 4.1.1.1. Sanctuary.

In discussing the Sweat Lodge ceremony, respondents consistently reported experiencing a sense of safety and refuge that was not apparent in the cognitive-behavioural programs. For that matter, the Sweat Lodge has been described as a haven of sorts offering both protection and freedom from the prison environment as a whole.

*Just feeling more free. When you go to a Sweat Lodge ceremony, you feel free. You feel relaxed. After a Sweat, you come out of there you're - just happier. (Participant four).*

*When it's time for somebody from a Sweat Lodge to disclose something, they disclose it inside the Lodge, and nobody's supposed to talk about it after that. Nobody brings it out and says, 'Hey, this guy went to the lodge and he said he raped his wife,' or something. (Participant two).*

More than this, however, respondents reported that the environment within the Sweat Lodge was non-threatening to the extent that one's guard could be momentarily dropped without fear of repercussion or consequence; that under the protection of sacredness, feelings of security, trust, and acceptance were able to grow and develop.

*Cause at least there I don't have to [feel] that I'm being, or trying to be, conformed to someone else's standards. I can go there and be myself without worrying about heavy repercussions. (Participant eleven).*

For some, the perceived safety of the Sweat Lodge provided protection from “bad medicine” in the spiritual world. Whether through deliberate acts of malevolence by others, or through violations of proper protocol as a result of ignorance, participants reported feeling safe under the care of the attending Elder(s).

*Not only did I enjoy being at the lodge, but I felt safe there when I was with these two Elders because I felt like they're willing to put their foot down. (Participant ten).*

In stark contrast to the perceived safety of the Sweat Lodge ceremony, when speaking about cognitive-behavioural programming, respondents reported feeling guarded and cautious as a result of concerns that their behaviors could be misinterpreted and result in an unfavorable program evaluation.

*it almost seems that they're 'under the gun' in the group. With the programs they have to be careful what they say. I think they [participants] pick and choose what they say so it won't come back on them. (Participant three).*

In addition, it was expressed that care had to be taken when disclosing within the cognitive-behavioural programs so as to not self-incriminate, particularly in relation to committed offences for which the individual has not been formally charged. Similarly, participants reported that disclosure to other group members was also guarded since

rules of confidentiality were frequently violated and could result in personal safety issues depending on the nature of the offence.

*Well, my offense was a bad offense. I took the [sex offender program]. And I come [sic] back into the institution, but I shared it - and it came back to me... There are people that are there, they're there and when they come out they go back into the institution after you're done the program. When It was over... People knew what I was in for and they were able to figure it out. (Participant one).*

In other areas, some participants felt that the unpredictability and unfamiliarity of the program contributed to a perceived loss of control that fed into feelings of vulnerability, which, in turn, often resulted in the patient distancing and disengaging from the program.

*Parts I don't feel comfortable with? Well, parts that aren't... we don't know what's going to happen next eh. Parts... like today I feel uncomfortable with parts... like this is a spousal abuse program and we're going to be learning about sexual abuse in the family. Well this is about beating up your spouse, it's not about sexually abusing members of your family and all that, you know. So why bring this here. Why don't you bring that to the Clearwater program and let 'em deal with it over there eh. Um, a lot of us are feeling offended by that eh. A lot of us are feeling like... why don't you put it over there you know. (Participant four).*

#### 4.1.1.2. Identity.

*It's something that to us, as native people, was very important because we didn't have nothing really – most of us native people want to get back into something – try to get answers for ourselves in dealing with our own – sort of 'soul healing' I guess that's what the Sweat Lodge is all about. (Participant three)*

Of all the thematic formulations that have been identified in this research, few have emerged as clearly and consistently as that of cultural identity. In providing their comments, respondents made references to cultural identity as a reported sense of togetherness, commonality, and/or prevailing collective cultural experience that is intimately tied to perceptions of self as aboriginal.

*this [Sweat Lodge] is a special event of the program that native people – you know, it could be any people I guess – but it's all this nation of native people. And it is something that is very - should be respected, you know, itself as well as participating in that area is something that has helped me in a constructive way and in a constructive manner – the way things are done, you know. It's something that is so positive that I, that I actually value it very much myself. It's a fulfilling type of feeling. Me myself, when I participate in this kind of idea, it's kinda of a...just one path to follow, you know, with the positive thinking, you know. Whether it's a prayer or the idea of a Great Spirit of god, whatever, you know. (Participant four).*

While the Sweat Lodge experience appeared to be inseparable from cultural identity, the connection between cognitive-behavioural programming and cultural identity seemed to be entirely absent. In speaking of cultural identity, respondent alluded to notions of duty and commitment and how this, in turn, contributed to a sense of direction or purpose in life. The notion of cultural identity appeared to have been fostered by reported feelings of connectedness and belonging.

*I really enjoyed working with [Elder] because I really realized that there's a better way of helping my people than sitting in prison and talking about my traditions and all the 'native' values that I've seen on TV or in written books eh. (Participant three).*

#### 4.1.1.3. Sacredness.

Similar to the theme of cultural identity, cognitive-behavioural programming has not been referred to by respondents in terms of sacredness like that of the Sweat Lodge ceremony. Although a small minority of participants said that the teachings within cognitive-behavioural programming was sacred (i.e., parallel to teachings of the self within the Medicine Wheel), the greater percentage of respondents did not see participation in cognitive-behavioural programming as a sacred undertaking.

Central to the theme of sacredness appeared to be the perception that the Sweat Lodge is a holy and undefiled spiritual practice that, when conducted properly, will summon the Grandfathers (spiritual ancestors). In reference to sacredness, participants alluded to factors such as sincerity, respect, purity (body, mind, and soul), and spiritual fulfillment.

*I won't be alone anymore. You have that spirituality filling that space inside you. Like you think you're alone all the time and you're walking by yourself all the time. Now there's somebody beside you or inside you walking with you and being with you. You have that strength with you. You don't have to make the hard decisions by yourself. You have that inner voice helping you be right. Calling you. (Participant six)*

*When you go out to the Sweat Lodge, you gotta respect the ceremony. The Elders tell you it's sacred ground. Behave yourself. (Participant four).*

*I was on medications - antidepressants - I come off of those. I asked the Elder to help me out. Something that could help me so I could get off the medications. He made some potion that ... the warden O.K.'d. They gave me some potion. I guess that's how I got off medications I was on. It helped me. (Participant four).*

#### 4.1.1.4. Structured.

Repeatedly, in the interviews, participants reported that there was a significant difference between cognitive-behavioural programming and the Sweat Lodge ceremony in terms of the structuring of the programs. When discussing structural differences, respondents appeared to be talking about the manner of organization, design, and scheduling of the programs. For the most part, the Sweat Lodge has been portrayed as a relatively flexible ceremony that does not necessarily have the strict deadlines and time frames that cognitive-behavioural programming must adhere to.

*In the Sweat Lodge there's not really much of a schedule. You just go in there.  
(Participant seven).*

In addition, respondents indicated that the Elders performing the Sweat Lodge ceremony were infinitely patient and flexible with their scheduling of time so that the needs of the client(s) were not put secondary to the demands of time constraints.

*There there's like no – as the Elders say – there's no time limit. There we're not on the guard's time or on staff's time, we're here for ourselves. We don't have to worry about whether or not we meet their time requirements. (Participant three).*

As opposed to assigning program dates to participants like that of cognitive-behavioural programming, respondents reported that the individual initiates his or her own dates through the offering of tobacco to the Elders. At no time is the individual pressured or forced to engage in a component of treatment that they are not adequately prepared for.

*With the Elder you can pretty well go offering tobacco and, if he has time, he'll talk to you and, if he doesn't, he'll try to make a time for you, you know.  
(Participant six).*

In comparison to the Sweat Lodge ceremony, respondents related that cognitive-behavioural programming is highly structured and organized to the extent of being overly rigid and unaccommodating.

*Well I just uh...in the cognitive programs I wish there was...I wish it didn't just come off a white sheet of paper eh – telling us well this is where the program is going to go or this is what we're going to do today. (Participant six).*

Additionally, they report that, because of the time frames under which the program operates under, they frequently felt rushed towards program completion without ever having attained a sound understanding of the content. Consequently, some participants felt that treatment and rehabilitative gains were needlessly compromised or diminished.

*in this program [cognitive-behavioural] here at RPC, you're given a date when you should make your own presentation about yourself and your experiences in life. (Participant three).*

Under these circumstances, some respondents expressed resentment that performance evaluations would then reflect negatively upon the program participant(s). Lastly, some respondents expressed concern that the systematic and sequential delivery approach of cognitive-behavioural programming seldom allows room for re-visitation so that when program participants do return to a previously completed component, it takes on the appearance of backtracking or lying.

*it [cognitive-behavioural program] goes by a schedule. And you're supposed to be finished by this time and supposed to start by this time and you're supposed to have this much sessions in at this time. (Participant four).*

#### 4.1.1.5. Trust.

Repeatedly, in their comparisons of cognitive-behavioural programming and the Sweat Lodge ceremony, respondents identify trust as a central issue within treatment and the healing process. At a general level, respondents reported that trust was more of a concern within the cognitive-behavioural programs than the Sweat Lodge ceremony. To an extent, this seemed to be the result of concerns related to the official program evaluation and assessment reports that are standard in cognitive-behavioural programs. Results revealed that respondents viewed trust along different dimension depending on which treatment approach was being referred to. For some respondents, trust in the aboriginal programs was almost entirely defined in relational terms, which translated into things such as rapport.

*And a lot of inmates come to her and they grumble to her. They want to know well Granny, why can't we have a phone call; why won't you give us a phone call. And I have to stand up for Granny and say, 'Hey, you guys can't have a phone call. Granny said you can't. (Participant seven)*

As a minority percentage, however, some respondents spoke of trust in terms of professionalism and made reference to variables such as conduct, competence, sincerity,

ethics, dependability, and reliability. Although Elders were rarely criticized along professional lines, a few respondents remarked that, on occasion, Elders inappropriately timed their use of humor and, at times, appeared insensitive to the fact that a significant portion of Sweat Lodge participants do not speak a native tongue.

In cognitive-behavioural programming, respondents said that staff were frequently perceived as insincere or not genuine in their work efforts and, in fact, cared very little for the well-being of program participants. In the end, respondents reported that these perceptions adversely affected the development of trusting relationships.

*It almost feels like, if I don't meet their requirements, it's going to come back on me in a report or something. Or, if I come up for a parole hearing, it's going to say, "he did not meet the requirements of the program" or "he did not do this.*

*It almost seems that they're 'under the gun' in the group. With the programs they have to be careful what they say. I think they pick and choose what they say so it won't come back on them. (Participant one).*

Finally, respondents said that institutional discrimination and societal racism were active elements that often made it difficult to develop trusting relationship within the prison environment. It should be noted, however, that not all trust related issues were directed towards staff since the hierarchy within the offender population often puts some offenders in a more precarious position than others such that care had to be taken in terms of self-protection from fellow inmates.

#### 4.1.1.6. Stress.

As previously indicated the Sweat Lodge ceremony was perceived as a safe haven that protected participants from many of the demands of the institution as a whole. Under these conditions, respondents reported experiencing a sense of comfort and relaxation. When Sweat Lodge participants speak of feeling “renewed” and “invigorated” at the completion of the ceremony, noticeable reductions in stress levels were identified to be a key element in this transformation. As before, it is argued that the factors of trust, honesty, and sincerity, which are thought to be an inherent part of sacredness, also play an important role in reducing the stress levels of Sweat Lodge participants. To be sure, other variables such as cultural identity, perceptions of connectedness and belonging, and cultural etiquette, play an important role in the stress management of Sweat Lodge participants.

Given the perceived atmosphere of distrust operating within cognitive-behavioural programming, it is entirely reasonable that respondents should also identify stress as another subcategory in the comparison between these two treatment modalities. When addressing the topic of stress, respondents made reference to factors such as worry, anxiety, tension, and strain. Comments revealed stress as a common reaction to the constant surveillance and continual evaluation that participants are subjected to within the program(s).

*Well it almost seems like, if I don't say the right things or say the things that they want to hear, I'll be looked down on – that he's not being open or he's hiding something or he's not telling us everything that we know about him. (Participant six).*

In addition, respondents informed that they frequently experienced high levels of stress from being unduly pressured to address aspects of their healing that they did not feel emotionally equipped to deal with.

*they [cognitive-behavioural facilitators] put a lot of pressure on me to talk about certain things, like what I just mentioned eh. And the thing is I feel better when somebody... you know like...they tell me to talk about it. But right now they're forcing me to talk about it. So I do talk about it. But, I don't feel good about it. When I feel good about something I feel like, "tell me what I should say, and I'll think about it overnight, and I'll say it the next day." A little bit of nudge is all a person needs – you don't have to be pushed into something. (Participant nine).*

At a more basic level, some respondents indicated that because of the difficulties they experienced in simply understanding or comprehending the content of the program, their stress levels were barely manageable.

*Well I'm not sure what I expect to get out of them, 'cause half the time I don't understand what they're about and they look at it as, 'Oh he's not doing work,' or, 'he's not handing in his homework,' or 'we better dock him pay 'cause he didn't show up' or 'he's late for group. (Participant five).*

#### 4.1.1.7. Awareness.

Through their attendance to the Sweat Lodge ceremony, respondents reported that they were gaining increasing levels of awareness in a number of areas of their lives. As defined by respondents, awareness translated as increased learning, insight, and understanding. For some respondents, the greatest gains in awareness occurred in the realm of cognition so that for the first time in their lives they were able to see the patterns in their thinking and thought processes.

*every situation you are, there's some bad, but then there's some good sometimes, eh. You know what I mean? Before, I never used to see that. [I only saw] Bad in everything. Something happens and I was trying to ... that I thought was wrong I took that bad part of it to heart, but I never really opened my eyes to see the good inside it. Instead of just looking at one thing, I can see ... a wider perspective of it. A peripheral vision. I start to do that more now instead of just having a narrow view (Participant three).*

For others, participation in the Sweat Lodge ceremony produced gains in awareness in regards to relationships at the intimate, familial, and community levels and their role within these relationships. In addition, a significant number of respondents reported that attendance to the Sweat Lodge ceremony promoted a deeper understanding and appreciation of cultural history, traditional teachings, and expectations.

*Different Elders have different ways of doing Sweat Lodges. The first one was a more experienced Elder ...his teaching...Some Elders are good in their teaching and some...well each direction has different teaching. (Participant four).*

*Well to help me to grow with my life – like, to help me understand what I'm supposed to do. Two weeks ago I was appointed Waskapio [Elder's helper] here and, I don't know...there's certain expectations that go with that and I said to the Elders as to how long I could keep it [status] and whether or not I warranted keeping it or losing it. (Participant eight).*

More than this, however, respondents reported acquiring a higher level of awareness regarding spirituality, and how, in terms of causation and treatment, this force is vitally important in the healing process.

Similar to the Sweat Lodge ceremony, respondents attributed increases in awareness in multiple areas of their lives from cognitive-behavioural programming. Although this included awareness changes within the relational, behavioral, and emotive domains, by far, it was felt that the most significant changes occurred in the cognitive realm producing growth in personal awareness and thought processes.

*for myself, I guess it [cognitive-behavioural programming] makes me realize how important to utilize my thinking, you know? It works [cognitive-behavioural models] in my life... because, you know like myself – I thought I knew it all. But really, I didn't look at myself, you know. I was looking out rather than looking at*

*myself eh. So, as a result of it, I wasn't aware about my thinking most of the time eh. (Participant eleven).*

*And, when I get into [cognitive-behavioural programming] and that, I find [sic] that there's a lot of areas that really open my eyes and thinking - okay, nobody's ever taught me these things. Nobody's ever shown me that there's a way around to do things eh. (Participant ten).*

*Cognitive-behavioural programs tells me how to be self-aware, you know – aware of my feelings and my behavior and my thoughts and everything else. it's a part of my life and I've just come to recognize it here, that we talk about it, that it's always in me. My way of thinking at certain times was not very proper. The way I conducted myself...my behavior. So I'm grateful for that – information I receive in the programs. (Participant six).*

#### 4.1.1.8. Involvement.

Recall that in the literature review, it was noted that the roles of the clients and the “therapists” differed significantly depending upon which treatment approach was used. The collaborative approach of cognitive-behavioural programming is a radical departure from the therapist-centered (Elder-centered) approach of the Sweat Lodge ceremony. For most participants, this difference appeared to translate into perceptions regarding involvement in the therapeutic process. In reference to involvement, respondents alluded to factors such as discussion, exchange, and engagement.

Although respondents are involved in the Sweat Lodge ceremony (i.e., praying and singing), involvement as defined in the above manner is virtually non-existent. During the ceremony proper, there is no conversation that transpires between the Elder/participant or between participant/participant. When working with the Elders in the Sweat Lodge, there is little to no direct exchange of interaction since the bulk of the activity focused on the Elder conducting the ceremony with minimal input from the participants.

*The Sweat Lodge just goes along and you just pray and Sweat and talk to a higher power I guess. (Participant five).*

*I feel like there should be more involvement for looking at ourselves inside [the Sweat Lodge] eh. Right now it's all just prayers said in a language that we don't understand – prayers said in the Cree language – and I'm Sioux – and I don't understand their language eh. That's all I see right now you know, an old guys sprinkling things on a rock eh and that's all I see eh. That's all I see is an old guy splashing water on the rocks eh. And if they sing a song eh, at least I could learn a song. But the thing is the language, I can't learn the language eh and that's hard enough for me. (Participant two).*

This manner of “therapy” is considerably different from the collaborative approaches of cognitive-behavioural programming, which attempts to actively elicit involvement from the participants as an integral part of the therapeutic process.

*He [psychologist] always looks at, and takes a look at the way you feel, what you're thinking. They ask you what you're feeling. And he understands the way you feel. He puts himself in your situation. He just understands how you feel. He's trying to reach out to you and help you. Give you a solution, how to get out of that cycle you're in. Whatever the cycle, whatever is bothering you. He tries to get you out, to talk about it you'll feel better. And if you talk about it you'll feel better. (Participant eleven).*

*Ah, psychologists will counsel you or give you an idea or – rather maybe listen to you – your views about everything, how you feel, you know. They're asking you questions about certain things. (Participant nine).*

Within the cognitive-behavioural approach, a substantial amount of the therapeutic properties are derived from group interaction and direct input from the clients. In fact, as part of the group, members are expected to share their input through ideas and feedback to other group members.

*I can't say that I didn't know the things that they have taught me. I have gotten in touch with them over a certain period of my life. But it's just the fact that nobody ever discussed them with me, see. (Participant three).*

It should be noted, however, that some respondents reported having difficulties with the mandatory aspect of program participation in the cognitive-behavioural programs. These individuals reported harboring feelings of resentment towards program

facilitators for prematurely demanding participation from group members before their time. The same expectation of mandatory participation does not exist within the Sweat Lodge ceremony.

#### 4.1.1.9. Duty.

The “egocentric/sociocentric” distinction referred to in the literature review provides the background from which to understand the perceived theme of duty. One of the basic tenants of sociocentric thinking is that the self is placed secondary to others and that each individual has a responsibility, duty, and moral obligation to protect the well being of others. For some respondents, this sense of duty was achieved through respectful behavior towards others in general, while others felt that their duty was more at a spiritual level (i.e., praying for others). Surprisingly, a substantial number of respondents informed that, for them, duty was seen more as a pledge to serve the aboriginal community within a spiritual capacity. Still others reported that, for them, duty involved an element of sacrifice and suffering for the sake of others. The perception of duty appears to be reinforced by the often-reported belief that the performance of duty is a sacred undertaking. Duty, as thus described, was spoken about only in reference to the Sweat Lodge ceremony and at no time did respondents identify duty as a theme in cognitive-behavioural programming.

*I suppose that, for myself, I go there to pray – thankful for the lives. You know, being grateful for life in general. There are some people that are unfortunate, you know, that are handicapped, you know. And are unable to turn around and are immobile and able to see. And I’m thankful for all that and as well as the*

*people that I've got, you know. My family – I pray for them and people in general. (Participant eight).*

*But when you take a – when you go to a Sweat Lodge, it's my belief - I would think the Elder's belief - that you don't come in there and open a brand new pack of cigarettes and pass them around and all have a smoke break, you know, during the opening of the door eh. I don't think...you know...if you got a bad habit – leave it outside there. You're smoke – well leave it outside there. You're only in the Sweat Lodge for an hour. So, an hour without smoke is pretty good, I figure. (Participant five).*

#### 4.1.1.10. Summary of Findings

The current results suggest that aboriginal people have very diverse thinking and perception towards cognitive-behavioural programming and the traditional aboriginal Sweat Lodge ceremony. In the end, with the exception of a few identified areas of parallel, the majority of respondents felt that these two approaches were more different than similar. Of the nine thematic sub-categories identified, respondents reported differences in every area with the exception of parallels in “awareness”.

It should be stated that this point, that the findings provide only minimal support of the hypotheses relating to acculturation. Rather than support the idea that the "traditional" participants would prefer "traditional" approaches and that the more contemporary (acculturated) participants would prefer more contemporary approaches, the present findings appear to contradict these predictions.

Results suggest that the more acculturated participants were very committed to traditional ways, while the more traditional participants appeared to be more able to recognize points of similarity between these two approaches. Whereas the traditional participants felt that both approaches had something valuable in the healing journey, the more acculturated participants felt that the traditional Aboriginal approaches were most beneficial.

#### 4.1.2. Perceptions of Elders and Cognitive-behavioural Facilitators

As part of the identified program characteristics of cognitive-behavioural programming and the traditional aboriginal Sweat Lodge ceremony, respondents provided their perceptions of the institutional Elders and Elder's helpers conducting the Sweat Lodge ceremony as compared to the cognitive-behavioural group facilitators (which included psychologists, psychiatric nurses, primary nurses, social workers, and occupational therapists). Standardized formatting of the cognitive-behavioural programs is thought to negate occupational differences between facilitators. Consistent with many of their perceptions regarding the Sweat Lodge ceremony and cognitive-behavioural programming, participants, on the whole, identified more differences than similarities between these two groups of individuals.

Within this primary category, respondents provide their perceptions under two areas: Their perceptions of the facilitators and Elders and their perceptions of how the Elders and facilitators perceive the respondents. For example, if the participant is talking about respect, he may say that he respects the Elder because of the respect that the Elder shows him.

*With the Elders, they don't give us requirements. They don't expect us to...well they expect uh...I don't know if they demand respect, but they have earned it. (Participant one).*

*Well, we're taught to respect Elders. And Elders teach us respect for others...they teach us respect. Respect for other people. Treat other people the way you want to be treated. (Participant five).*

This elevated respect towards Elders appeared to have multiple sources of origin including a belief that the Elder is either spiritually gifted/imbued, that they are the holders of traditional knowledge, and/or that Elders would not breach their confidence or do them harm.

*Well I think I have more respect for the Elders...they don't write anything down. They just talk to us and try and help us through our problems. They don't write anything down...well, they do a report – well, it's not really a report, it's just their viewpoints of things. (Participant eleven).*

*If I was to talk to somebody else – you know, some “characters”, or something like that, asking all these questions – or a psychologist or something like that – they would probably perceive this as me not being serious about myself. They would say that I have a problem or something eh...a hidden problem. That's not necessarily true. (Participant three).*

In contrast to the respect that is given to the Elders, for some participants, the respect shown to the cognitive-behavioural facilitators appeared to be given only in a reciprocating manner depending on how respectful the facilitator was towards them. For these participants, respect appeared to be something earned through action rather than something that is ascribed through title. On the whole, most respondents felt that the cognitive-behavioural facilitators held them in low regard and had a general lack of respect for them.

*Other psychologists that I was with in the past...didn't ease into it, [they] just said "well you have to do this right away." It was pretty much [they] say "jump," and I was supposed to say "how high? (Participant ten).*

*With psychologists it almost seems that they're judging you. Whereas Elders – they don't use big psychological words or big 'white-man' words – trying to put us down and make us feel even worse. They [Elders] talk to us as if we're humans instead of just some "thing". (Participant one).*

#### 4.1.2.2. Commitment.

*They [Elders] go farther than just doing their job. They seek to help people. (Participant nine).*

Within the context of the present study, commitment has been conceptualized as the extent to which respondents reported experiencing the Elders and cognitive-

behavioural facilitators as obligated, responsible, or pledged to their duties. A re-occurring perception in this research has been that Elders are some how more committed to their work and the client population than are the cognitive-behavioural facilitators.

*Psychology [sic] expect to get paid. They charge by the hour, whatever they do. Whereas Elders, they just...I think they do it because they want to do it and they feel obligated to do it if they're given tobacco or uh, if they're given cloth.*  
*(Participant four).*

When speaking about the cognitive-behavioural facilitators, the majority of respondents did not feel that these individuals were investing much of a commitment to their duties and/or the client population. In some cases, respondents alluded that the cognitive-behavioural group facilitators were often unwilling to deviate from their program delivery or measures of progress in determining treatment gains.

*I'm not really sure. I just...almost think they're [cognitive-behavioural facilitators] trying to conform me to their standards. And, if I don't meet them, it's almost like I'm a discard or a write off. (Participant one).*

Not all comments directed to the cognitive-behavioural facilitators were damaging, however; some participants were appreciative and responsive to their efforts.

*I want to understand this programming, and if I don't understand something I'll ask them [cognitive-behavioural facilitators]. I'll make sure I ask the question,*

*“Can you rephrase that question in a different manner, a better way of understanding your way?” and they’ll help you. These people are here to help me. (Participant seven).*

#### 4.1.2.3. Trustworthiness.

Trust, or rather trustworthiness, as operationalized within the context of this study, refers to aspects such as dependability, reliability, honesty, and the degree to which one is ethical, and principled. This definition of trustworthiness applied equally to the cognitive-behavioural facilitators and the Elders.

Without question, the Elder is in a very advantageous position in term of establishing rapport and maintaining a therapeutic relationship with the client population. Within the relationship with the Elder, there are a number of key variables of which trust must be considered one of the central factors.

*I know with the others [Elders], they don’t like rush us through anything. They just, they have um.. if you did something wrong that concerns them, they’d talk to us about it instead of writing some log or entry that I never get to see. they [Elders] do focus more on the positive stuff because I’ve never seen them say anything bad about me – I’ve never had any bad reports – and I get reports too from the Elders. I’ve never seen bad reports on me eh. (Participant five).*

The relationship between the cognitive-behavioural facilitators and the respondents appeared to be greatly strained as a result of trust-related issues. It was

expressed repeatedly that care had to be taken when speaking with the facilitators so that nothing could be misunderstood or misconstrued.

*with the psychologist and nurses [cognitive-behavioural facilitators] there's more distrust of them. 'Cause if I say the wrong thing, they're gonna go in their office and write it down, you know? 'I said this,' or, 'I said that,' or, 'you said this to me,' 'This and this was said to me, ... whatever. (Participant four).*

In some cases, it was evident that the respondents were suspicious of the cognitive-behavioural facilitators and therefore found it necessary to be guarded and vigilant in their interactions so that their thoughts and behaviors would not be misinterpreted and result in negative program performance evaluations.

*Well it's almost as if I have to be careful what I say around them – the psychologists. If I say the wrong thing then they'll think that I'm doing something wrong or not meeting their expectations. Then they'll go and write it down and it will come back in a report that, he's "falling back", or, "going into his old cycle" and all this stuff. (Participant eleven).*

*I find they try to find fault in you more often eh. I read some of my reports, the good things I've done, they've never been mentioned in my reports. All the bad things, you know, "well, [name] was kind of a little grumpy today," whatever. There's always negative things I see from them, you know. (Participant two).*

#### 4.1.2.4. Sincerity.

Sincerity, as defined, referred to the extent to which the Elders/cognitive-behavioural facilitators were perceived as being genuine, guileless, and earnest in their interactions. Consistently, respondents reported experiencing the institutional Elders as more sincere in their duties than the cognitive-behavioural facilitators.

*Well Elders, I think they get satisfaction out of helping people, whereas psychologists just seem to do it for their money and say that they “helped” someone else. What is the person supposed to do if they fall back [relapse] and how are they supposed to feel or deal with themselves? Whereas the Elders, they say well, you fell back, so we’ll just continue on from there. We’ll try and stop it from happening. (Participant eight).*

As an indicator or display of sincerity, respondents reported that the aboriginal Elders frequently went beyond the “call of duty” and were willing, when necessary, to take “that extra step” in assisting the client population.

*The sincerity those people [Elders] had – they were just willing to teach and they just wanted to help you eh. That’s all they wanted to do was help you eh. They didn’t care if they got in trouble...as long as they were helping you. (Participant seven).*

In comparison to the aboriginal Elders, the cognitive-behavioural facilitators were generally perceived as insincere and uncaring in their interactions with the client

population. One reoccurring theme, in particular, was that the clients represented little more than a pay cheque to the cognitive-behavioural facilitators.

*But here, with the nurses and the staff, it's...to me it almost seems that to them I'm only a paycheck – I'm just a walking number. But, well they try and say different, but it almost seems like they're just in it to try and make me feel different or something like that. (Participant one).*

On the whole, the majority of respondents reported the perception that some of the cognitive-behavioural facilitators were remiss in their duties and had minimal concern for the well being of their clients.

*I've never seen a psychologist or especially one of the primary nurses come to one of the social gatherings we've had at Christmas, we had a round-dance and I've never seen them say, 'today's Saturday. I'm gonna go to the RPC and I'm gonna attend one of these social gatherings because I do care about my patients.' I've never seen that... you know, a primary nurse do that. And I wonder why. Most probably because they're only there Monday to Friday to pick up their cheque. You know, work for a cheque and wait for it to come in eh. (Participant three).*

#### 4.1.2.5. Professionalism.

In their comments relating to the sub-category of professionalism, respondents alluded to the degree to which they experienced the Elders and cognitive behavioral

facilitators as conducting themselves in a professional capacity. Although expertise and knowledge were considered to be elements of professionalism, consensus appeared to equate professionalism with professional conduct, attitudes and behaviors.

*I sat in the lodge one time and one of the Elders said something to me in Cree eh, and everybody laughed. And um...I said, "What did you say?" – "Oh I didn't say nothing," he said. "Okay, well thanks a lot," I said, and I crawled out of the lodge myself 'cause I thought, "hey if you didn't want to tell me, obviously you must have talked about me," you know. He must have said something negative about me. And that's something you shouldn't do – I don't care how much of an Elder/priest you are, whatever eh. You don't do that. And I find, like, I find that that happens often eh. It's just too often for me eh. (Participant three).*

In the end, it is difficult to determine whether or not the participants saw the Elders and the performance of their professional duties in the same manner as they defined professionalism for the cognitive-behavioural facilitators. For most participants, professionalism for cognitive-behavioural facilitators was framed within the context of employment, while the "employment" of the Elders was considered more of a sacred duty or undertaking that was not bound by the same criteria of professionalism.

As part of professionalism, participants appeared to recognize that the cognitive-behavioural facilitators were subject to guidelines of appropriate/inappropriate conduct and that these guidelines were often crossed.

*well a lot of the primaries too – I have another thing – they're too here for sexual things eh. They want to see what response you have to them because they're females eh. (Participant two).*

#### 4.1.2.6. Approachability.

As part of their perceptions towards the cognitive-behavioural facilitators and the Elders, respondents identified “approachability” as an important area of discussion. For the most part, approachability translated into terms such as accessibility, receptiveness, and an experienced sense of feeling welcome. As in other areas, the Elders, generally, were considered to be more approachable than the cognitive-behavioural facilitators. Again, it is speculated that this may have something to do with the fact that almost all interactions between cognitive-behavioural staff and the clients are charted and recorded.

*Yeah. You don't have to worry about anything. He's [Elder] coming around talking to you. Shakes your hand. They're always laughing. (Participant five).*

*No, no I think I find Elders, they got feathers...They're more, their more what you call open. ...How to show, how to open eh. (Participant seven).*

These same sentiments about approachability, however, were not universally expressed by respondents since some reported experiencing difficulties connecting with the Elders for one reason or another.

*So that's what I...The Elders eh, I find the Elders...in here I find it very hard to deal with my Elders. I find it very hard to communicate with them because it's like they don't want to communicate with me. I don't know if it's because I'm not Cree or whatever eh. But I sure wouldn't mind to talk with them sometimes, that's all. (Participant two).*

Given that the participants reported high incidence of perceived distrust, lack of commitment, and insincerity in their relationships with the cognitive-behavioural facilitators, it is reasonable that their perceptions of the facilitators' approachability should also be negatively affected. Within the present sample population, it is evident that the greater percentage of respondents felt that the cognitive-behavioural facilitators were generally unapproachable, difficult to access, and distant within the therapeutic relationship.

Not all participants reported this perception, however; some individuals clearly felt a stronger connection with the cognitive-behavioural facilitators than the Elders.

*with my primaries I find I can be really personal – I can tell them, 'Well, this is the way I felt,' 'This is the reason I beat up on my wife,' 'This is the reason I was so hateful. (Participant eleven).*

*"I never really asked any of them [cognitive-behavioural facilitators] for help...I just try to...[I'm ] not really into asking people for help. But I'm trying to. I guess it's more of the pride. I don't ask people for help. I do try sometimes. I talk to them, just talk to them about every day, something like that. Not talk to*

*them about what's bothering me, sometimes. But sometimes when I do talk to them there's nothing bothering me this time. But I can't ... I can't really say it. That something is bothering me when it's not. But I do talk to them every day.*  
*(Participant six).*

#### 4.1.2.7. Sensitivity.

Sensitivity, referred to the degree to which respondents perceived the Elders and cognitive-behavioural facilitators as delicate, perceptive, and/or responsive in their interactions with patients. Moreover, attributes such as diplomacy, tactfulness, and respect were considered to be central aspects of sensitivity. Although the Elders were generally portrayed as being highly sensitive to the Sweat Lodge participants, on occasion, this sensitivity became questionable.

*I find that some of the Elders are a bit obnoxious I would say, you know, because where certain minorities that come into the lodge – maybe there's a Vietnamese, a Chinese guy, or a black person that comes into the lodge. Because they don't speak the Native tongue there, I've seen some of the Elders make jokes about some of the individuals that come into the lodges eh. We've had one Vietnamese person that asked, "Well, what happens if it gets too hot?" Instead of telling him to lay down, you know, on your side, he said, "Well just tell me and I'll throw more water on the rocks." And everybody starting laughing at him eh.*  
*(Participant two).*

Similarly, the cognitive-behavioural facilitators did not escape unscathed in the perceptions of research participants. Repeatedly, respondents made charges that the facilitators were crossing personal boundaries prematurely without due consideration to the patients.

*I was sexually assaulted when I was a little boy but, also as a little boy when I was 12 years old, I sexually assaulted somebody else too eh – which happened to my younger sister. One of the things is that they [seem... ”that’s all you should be talking about in this program,” you know, “why don’t you bring it out more.” Why should I? I’m in here for stabbing my wife and her brothers – it’s got nothing to do with what happened when I was a kid, you know. But what happened when I was a kid happened when I was a kid, you know. Other than that, I’ve got nothing else on my file for this, so why are you bringing it up? Why are you making it a big point that I should hang my head more in shame you know? I’ve been sexually abused, I’ve robbed people, I’ve sexually abused my wife, my sister, you know. What, are you trying to make me hang my head in shame or something? Are you trying to make me feel more guilt? All those things have happened in my life and there’s no way anyone can shame me any more than I’ve already been. So...what are you trying to do there nurse. (Participant three).*

#### 4.1.2.8. Control.

“Control”, as a thematic sub-category, was defined as the extent to which the respondents experienced the Elders and cognitive-behavioural facilitators as governing,

overpowering, paternalistic, and/or domineering. For the most part, Elders were not reported to be controlling towards the Sweat Lodge participants. Respondents generally alluded that the Elders were respectful and sensitive to the stages of healing for each individual and never imposed their will against the participants. In spite of this, however, the theme of control surfaced periodically within the Elder/patient relationship and therefore warranted inclusion in this discussion.

*I know I needed help, eh. I talk about [having concerns] with the Elders. They put bad medicine and that discouraged me. And plus I couldn't go to church. (Participant ten).*

Perception of the cognitive-behavioural facilitators as being controlling surfaced time and again throughout the interviews. At times, this perceived control was identified in terms of conduct and behavioral expectations. At other times, respondents reported feeling pressured and forced into areas of self-examination that they did not feel adequately prepared or ready to deal with the cognitive-behavioural programs.

*But right now they're [cognitive-behavioural facilitators] forcing me to talk about it. So I do talk about it. But, I don't feel good about it. When I feel good about something I feel like, 'tell me what I should say, and I'll think about it overnight, and I'll say it the next day.' A little bit of nudge is all a person needs – you don't have to be pushed into something. (Participant six).*

#### 4.1.2.9. Relations.

The relational sub-category has been defined as the extent to which respondents report experiencing the Elders and cognitive-behavioural facilitators as linked, bonded, attached, kin, family, and/or consanguineous. In their comparisons between the aboriginal Elders and the cognitive-behavioural facilitators, respondents repeatedly identified differences in the manner in which the patient/therapist relationship is conceptualized. In a sense, the Elder is in the favorable position of often being accepted or recognized as a parental/familial figure. This parental status appears to afford the Elder higher levels of trust and respect in comparison to the cognitive-behavioural facilitators. The relationship with the Elder was viewed more as friendship or companionship that was not subject to the same standards as the professional relationship with the cognitive-behavioural facilitators.

*With an Elder ... it's not professional, it's companionship – it's a brother, it's friendship eh. (Participant nine).*

At no time in their discussions did the research participants ever suggest that the cognitive-behavioural facilitators were accepted or perceived as parental or sibling figures within the therapeutic relationship.

#### 4.1.2.10. Veneration.

Veneration, as a thematic sub-category, appeared to refer to the degree to which the Elders or cognitive-behavioural facilitators were perceived as revered, esteemed, respected and/or wise. More often than not, it referred the extent and depth of the knowledge base of the Elders and cognitive-behavioural facilitators as a function of

lived experience. Interestingly, respondents indicated that there were significant differences between the cognitive-behavioural facilitators and the Elders in this regard.

Without hesitation, most respondents readily identified the aboriginal Elders as highly venerable. Often, along with this perception was the expectation that the Elder “tell” the individual the root of their problem and how to go about correcting it.

*Whereas a native person – the [Elder] will not sit there and expect you to give yourself an answer. I mean, you’re there to see him and he’s supposed to give you some kind of an answer, He’ll give you ideas – not just to listen to you.*

*(Participant four).*

*But the Elder doesn’t ask you questions [he] just tells you straight out, straightforward. The primary asks you questions and the psychologists will ask you questions. All these people that work will ask you questions, but the Elder won’t ask any questions. He’ll just tell you the way it is. Straight. About life and about yourself and what he sees. It’s all right there. He won’t say “What do you think about it? (Participant one).*

In comparison to the wisdom attributed to the aboriginal Elders, the cognitive-behavioural facilitators were generally not looked upon as being wise or having a great deal of experiential knowledge. Periodically, however, the facilitators were considered to be learned.

*I'm going to benefit and these teachers [cognitive-behavioural facilitators] have helped me a lot. For me, that's how I look at it now. I never used to look at it like that. Anything that helps, I take it. (Participant five).*

#### 4.1.2.11. Summary of Findings

In summary, it is evident that respondents hold different perceptions towards the cognitive-behavioural facilitators and the Elders in a number of important areas. Of all the thematic sub-categories reviewed in this section, it appears that the perception of relationships may be the most important aspect in that boundaries and expectations appear to be more clearly defined within the relationship with the aboriginal Elders. Because of this relational factor, the Elder does not need to concern himself/herself with establishing trust, sincerity, and commitment to the extent of the cognitive-behavioural facilitators. In this regard, the Elder has a decided advantage in establishing therapeutic alliance and rapport.

It is important to remember, however, that each individual, regardless of title, brings to the relationship their own inequities and frailties that can enhance and hinder the development of a strong relational connection. This applies equally to the cognitive-behavioural facilitators and the Elders.

#### 4.1.3. Perceptions of Self and Others

As part of the perceived program characteristics of cognitive-behavioural programming and the traditional aboriginal Sweat Lodge ceremony, participants offered their perceptions of themselves and other participants as they were involved in these two treatment//healing approaches. Analysis of this primary category revealed the differing

levels of insight, awareness, and understanding that respondents had towards themselves and others as well as some of the feelings, beliefs, and attitudes that are associated with this area.

Results suggest that respondents had different perceptions of self and others depending on whether the context was in the cognitive-behavioural programs or the Sweat Lodge ceremony. Within cognitive-behavioural programming, respondents generally portrayed themselves as being more competent for having acquired more skills and abilities than other group participants. At no time did they make this distinction in reference to the Sweat Lodge ceremony. Speculatively, traditional aboriginal etiquette and cultural taboos maintains that it is wrong for one person to judge another (particularly in relation to spiritual matter) may help to account for this pattern. Having said this, however, it was then difficult to account for the high number of comments that were directed towards others in relation to “genuineness” in the Sweat Lodge ceremony. Within this cluster are codes for connection, sincerity, respect, ability, identity, unselfishness, commitment, and empowerment (See figure 20).

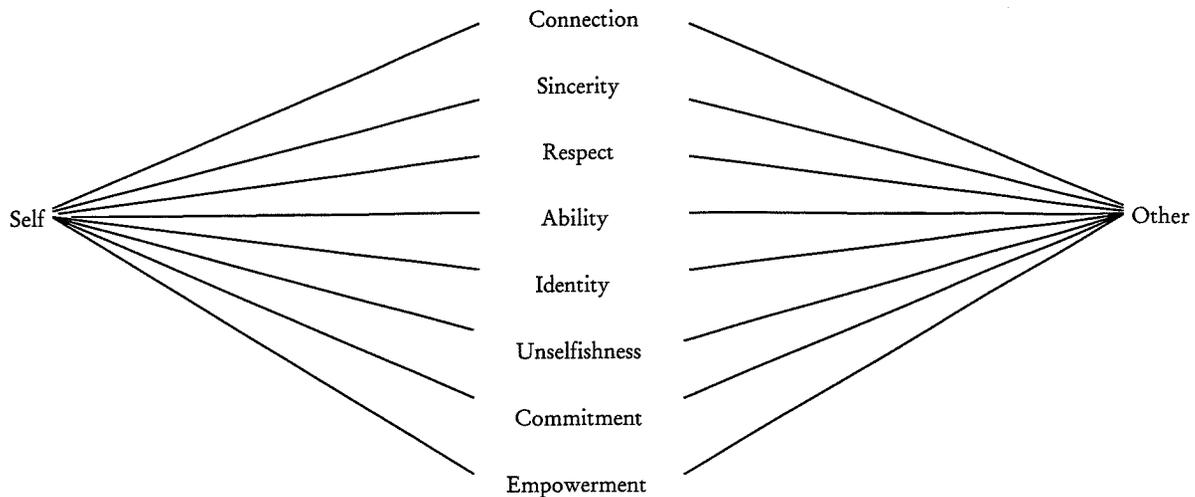


Figure 20. Perceptions of self and others

#### 4.1.3.1. Connection.

*Sometimes I'm walking around empty, trying to look for something to fill that emptiness in me. And this [Sweat Lodge] will work, maybe. I'm hoping that it will fill that space up. That space where there's nothing. I feel alone all the time so...[I] might as well try spiritually. (Participant six).*

Connection, as alluded to by respondents, referred to an experienced sense of attachment, union, and/or alliance with others. For the most part, this sense of “connection” appeared to be promoted more strongly within the Sweat Lodge ceremony with cultural identity and spirituality playing a central role in fostering this perception. Although respondents indicated that cognitive-behavioural programming also espoused the theme of connection (i.e., familial, societal), they indicated that it did not center its approach around this theme like the Sweat Lodge ceremony and only moderately

incorporated cultural and spiritual aspects into the program. In the absence of cultural and spiritual content, respondents intimated that connection within cognitive-behavioural programming did not unfold between group members to the same extent as the Sweat Lodge ceremony.

*before, I didn't want to get to know anybody. I just wanted to be by myself and the [cognitive-behavioural ]staff...I know I can be by myself but I don't have to talk to anybody or something like that. (Participant seven).*

A number of respondents reported the perception that others group participants in the cognitive-behavioural programs were disjointed from each other and not a cohesive unit, but rather, that each participant was preoccupied with their own individual learning.

*You're looking at a blackboard and you're not really there with each other.  
You're kinda there by yourself. You're kinda focused on something else.  
Something that's being taught to you and sometimes you get somebody talking in the classroom but then you're just listening. You're not really there for ... you're not really a cohesive unit. (Participant six).*

For other respondents, the discussion of connectedness did not pertain to the immediacy of the groups, but rather spoke of “feeling part of something” or “belonging to something” such as exist in family and community. Again, respondents reported that cognitive-behavioural programming does integrate the notion of connection to family and society into its design, but it is not a fundamental orientation like that of the Sweat

Lodge ceremony. In short, respondents implied that one could not attend the Sweat Lodge ceremony without paying homage and re-affirming commitment to family and community.

*I came to see, ever since I opened my eyes it started...I want to change my life. I don't want to [live] like this anymore. I basically look at my family, it makes me think about what my family had to go through too. Makes me think about my sisters, my brothers, how their hurting. My mother, my sisters, my nephews...how they're hurting affects what we do. These things before in my life I never thought of before. (Participant five).*

Yet, some participants felt that both the cognitive-behavioural programs and the Sweat Lodge ceremony were equally effective in promoting a sense of connectedness for the participants.

*As a group, when everybody prayers together [in the Sweat Lodge], then it works pretty good. Then, for the [cognitive-behavioural] program group, if everybody puts their mind and focus on the program, then [it'll] work. (Participant six).*

#### 4.1.3.2. Sincerity.

Respondents also identified sincerity as a major thematic subcategory within perceptions of self and others. Sincerity was defined with terms such as genuineness, truthfulness, and “realness”. In their perceptions of self, respondents discussed sincerity primarily within the context of the Sweat Lodge ceremony.

*before you enter the Lodge, I think the thing that really stands out is the sincerity that's in your heart. You know, if you're just there to sauna, then you don't do it. (Participant nine).*

*Well I think when a person has to walk a lot... then he has to really pray and consider the things he's done – the harm he's done – to other people. And then enter the Lodge eh. If you don't think about these things – if you have no care in the world – like the way I used to live – there's no sense going into a Lodge. There's no sense going into a [church] because you are not going to change. It's like you have to approach something with sincerity. (Participant two).*

In similar fashion, respondents confined their perceptions of the sincerity of others almost exclusively to the context of the Sweat Lodge ceremony. Although some comments were less diplomatic than others, the charge frequently made was that other Sweat Lodge participants were not sincere in their approach to the ceremony.

*I think they should have it [Sweat Lodge] inside the institution. But I think they should only have it for people who are willing to participate in everything – willing to make changes in everything – willing to do their...you know, really show that they are making changes in their life...well I don't know how to say it but...but I think it should be in there but just uh...I don't know how to say that certain people shouldn't be there. (Participant three).*

*I find that the experiences with them is pretty...is not as sincere as I would like to see things being [done] when you are talking about traditions eh. I see...in my experience I find a lot of negativity around here by inmates eh. And it begins to rub off on some of the Elders. (Participant eight).*

#### 4.1.3.3. Respect.

Respect, for most respondents, appeared to be defined as the extent or degree to which they experienced themselves and others as considerate, appreciative, and/or having regard. At an individual level, some respondents reported that the Sweat Lodge ceremony played an important role in instilling in them a greater sense of respect for others.

*They [Elders] teach us respect. Respect for other people. Treat other people the way you want to be treated. (Participant ten).*

For some respondents, respect was demonstrated in areas such as acceptance and tolerance as well as maintaining a non-judgmental stance towards others.

*Taught me [Sweat Lodge] more to accept myself I guess. And other people. [To be] more familiar with others... get along more better with other people. I can see them, not judge and not try to be better than most people. I'm just trying to be me, eh. (Participant eleven).*

Lastly, some respondents reported feeling a sense of calm or control that appears to be mediated, somewhat, through the scripted behaviors that are associated with respectfulness in the Sweat Lodge ceremony.

*you're more humble to your soul when you follow spirituality. You're more kind, you're more peaceful, you're more calm to your fellow brother. And you don't judge him anymore, the way you used to. You just look at everybody as equal. You look at them differently, as just the same. (Participant seven).*

Respondents confined remarks about respect in their perceptions of others primarily to the context of the Sweat Lodge ceremony. Comments provided in this area seemed to suggest that Sweat Lodge participants were highly respectful towards others within the ceremony and this was demonstrated through behaviors that were non-confrontational, non-threatening, and non-judgmental.. Again, respondents alluded that other participants appeared to be more accepting and tolerant of others within the Sweat Lodge ceremony.

*Well I think with they're different by the way they're accepted. The way we look at some of the programs and the Sweat[Lodge]. 'Cause within the Sweat [Lodge] we don't look at one person – what they've been accused of, or why they're here. (Participant nine).*

For the most part, this respectful position by the Sweat Lodge participants appeared to be sustained and carried over in interactions well after the completion of the

ceremony. A few respondents, however, felt that this respectful behaviour was confined within the ceremony proper but that outside of the Sweat Lodge, during the breaks between the rounds and after the ceremony, conduct was often considered to be inappropriate and highly disrespectful to the sanctity of the ceremony. During these occasions, these respondents indicated that the “prisoner hierarchy” would resurface frequently producing degrading comments and threatening behaviour towards other participants.

*I see a lot of guys coming out – we shake hands as we come out of the [Sweat] Lodge. A lot of guys will shake hands by using their index finger in the palm of the other person’s hand you know. That’s... a lot of people say that’s a derogatory sign of some kind and has a lot of different meanings and I don’t know what the meanings are. (Participant two).*

#### 4.1.3.4. Ability.

*It [cognitive-behavioural programming] has taught me a bit, but sometimes you don’t really get to use it. You see it on paper, but then you really don’t... it’s not ingrained into you enough. You know its on paper, you know what to do but then after when it comes to using it, sometimes you don’t. (Participant six).*

Ability, for the majority of respondents, appeared to capture a perceived sense of competence, capability, and/or mastery. In determining whether these characteristics were present or not, respondents seemed to look towards aspects such as increased knowledge, skill acquisition, and skill demonstration. Interestingly, respondents rarely

offered their perceptions of others in this regard, but almost always implied that they were more able than their group counterparts. Comments in this area were made exclusively in reference to cognitive-behavioural programming.

*Like before I come in [to cognitive-behavioural programming], I [needed to] learn to speak. But now I'm practicing - speaking. I had a hard time speaking. I was afraid to speak. I was so afraid to speak I was crying. (Participant four).*

*I can talk to people now without really being conscious of myself. It [cognitive – behavioural programming] gave me that sense of self I guess... Yeah. Like I can talk to a whole room full of people without ever feeling nervous or anything like that. Like, before that, I used to be this ...I guess I just used to chew my nails right down to the bone I guess. It doesn't really bother me now. (Participant eleven).*

#### 4.1.3.5. Identity.

*growing up nobody ever taught me anything about being native eh. I'm just discovering it inside of prison eh. It's not the best of settings because I've seen so much negativity but the thing is, I'd really like to learn more of it eh. (Participant two).*

Of all the thematic subcategories to arise in this research, few have emerged as clearly and repeatedly as identity. When speaking of identity, respondents related experiencing a sense of selfhood as a result of cultural distinctiveness and/or uniqueness.

This reported sense of identity appeared to be fostered primarily within the setting of the Sweat Lodge ceremony.

*I attend [the Sweat] because basically because I find that that's what I want to be doing when I get out – that's what I want to do with my life. I want to be able to show my people how to do things eh. (Participant three).*

At a larger level, respondents appeared to be aware of the importance of discovering and maintaining a sense of cultural identity as part of holistic healing for aboriginal people as a whole. Intuitively, most respondents seemed to recognize that participation in cultural ceremonies and spiritual practices would inherently address issues relating to identity.

*this is a special event of the program that native people – you know, it could be any people I guess – but it's all...this nation of native people. And it is something that is very...should be respected. (Participant three).*

#### 4.1.3.6. Unselfishness.

Although a significant percentage of cognitive-behavioural programming at the RPC incorporate lessons pertaining to unselfish behaviours, most participants were inclined to perceive unselfishness as originating from the teachings within the Sweat Lodge ceremony. For most respondents, the perceived sense of unselfishness within themselves and others was determined from the presence of other variables such as acts of altruism, humanitarianism, and generosity.

*It makes me look at the world, how the world is. It makes me see about everybody. It makes me respect everything that lives, this Earth. It makes me think about people that are sick, people that are hungry, the people that won't eat. It makes me think about the people that are having wars right now. The people that ... children, kids, babies, old people, ladies, women, men getting killed 'cause of it. It makes me hurt inside when I think about them. All I can do is pray to not let it happen. It makes me think about the alcoholics, drunks. People without homes. People that are disabled, people who can't help themselves.... makes me open my eyes. It's a lot of hurt, eh? It's a lot of pain. (Participant six).*

In essence, unselfishness appeared to be measured along the lines of one's ability to "transcend the self" and approach others with a sense of duty and moral obligation.

*I go there to see my Creator, I pray to him for families and other people. Especially the Elders and the children. That's all. (Participant ten).*

*The thing is I want to do a Sweat Lodge and I want to do it my way and I want to do it for my children and I want to do it for my wife. (Participant two).*

#### 4.1.3.7. Commitment.

*But sometimes I get lazy and I don't want to do the paper-work and that...I don't really want to do anything. All I want to do is just lay back and read. Read my cowboy and war books. (Participant six).*

As with their perception of the Elders and cognitive-behavioural facilitators, respondents also identified commitment as an important aspect of their perceptions of themselves and others. Commitment was defined as being obligated, engaged, and/or responsible. As with sincerity, respondents did not seem to discuss commitment except when it appeared to be absent or lacking.

For the most part, respondents did not question their own commitment levels in relation to the Sweat Lodge ceremony and cognitive-behavioural programming but frequently questioned that of others. For those who did, the allusion made was that, in both the Sweat Lodge ceremony and cognitive-behavioural programming, others were simply creating the most favorable impression in the hopes that their period of incarceration would be lessened. Whether or not the teachings, lessons, skills or beliefs were ingrained or incorporated into the individual appeared to be of lesser concern than impression management. In the end, it is speculated that this belief may be the result of the prison environment as it is doubtful that this type of “conning” occurs outside the prison grounds.

*I think a lot of us believe that the Sweat Lodge is supposed to be for spiritual healing because we're supposed to show that we believe in a God – we're supposed to show that we believe in something eh. In the [cognitive-behavioural]*

*group setting, with our primaries, we try to convince our primaries that we believe in ourselves, that we believe that we can change – trying to show... Where in the Sweat Lodge we believe that there is a Creator, we believe in religion, you know. We believe in a God. And that's what I figure. I figure we're just trying – wherever we are – we're trying to con the person we're with. This is what we believe – and it's not really right. (Participant two).*

At other times it was felt that some participants were using the Sweat Lodge ceremony simply as an escape from boredom or for recreationally purposes as in the case of a sauna. Still others reported that some participants attended for reasons that were related to ego and status.

*because we haven't really made any changes in ourselves. We haven't really looked at ourselves and we haven't really wanted to change. I think we just wanted praise from the other inmates and praise from the Elders that, "hey, this guy is Indian" and "hey, he's coming in here with long hair and a feather...he's a good man." (Participant eleven).*

Some rather strong statements were made in regard to the perceived commitment levels of others in both the Sweat Lodge ceremony and the cognitive-behavioural programs.

*And everybody inside my class is talking about how they quit their drugs and how they can see a better way of living and all this... And I find that they're*

*completely different because they talk about one thing in the program and how they're living and changing their lives and they're not doing it. I see guys go in the Sweat Lodge, come out of the Sweat Lodge – like I mentioned earlier and ask, "Hey, whose got the pot?" (Participant two).*

#### 4.1.3.8. Empowerment.

*It's being able to voice my own opinions. Sitting in [cognitive-behavioural] class and say well...I put down a 'provider', that's what I believe the husband is. I put down 'a protector', because that's what I believe a husband is. I answered all the things I put down...if I put down something, I tell them why my feelings are like that. Something that's basically...really gets to me is looking within myself eh. (Participant five).*

Although never referred to in direct terms, respondents made reference to empowerment as a central component within the healing process. In their commentaries, respondents likened empowerment to a perceived sense of entitlement and/or authority. With the exception of one participant who spoke about the empowerment of aboriginal people in an activist position, all other comments were personalized at the individual level and directed strictly at self within the context of both the Sweat Lodge ceremony and the cognitive-behavioural programs.

*sometimes I guess, I used to think that what other people [cognitive-behavioural] say or think about if I said something stupid. It really bothered me. But now, I kinda figure that it doesn't matter what other people think of me. I'm not gonna*

*be mad or angry. I hold back from the situation. I'm not gonna feel stupid. Now I just go right in there and I don't even worry about what other people think is stupid because I know that not everybody listens to you and jumps on you every time you say something dumb. So it doesn't really bother me now. And if I do say something stupid, well, it happens! (Participant eight).*

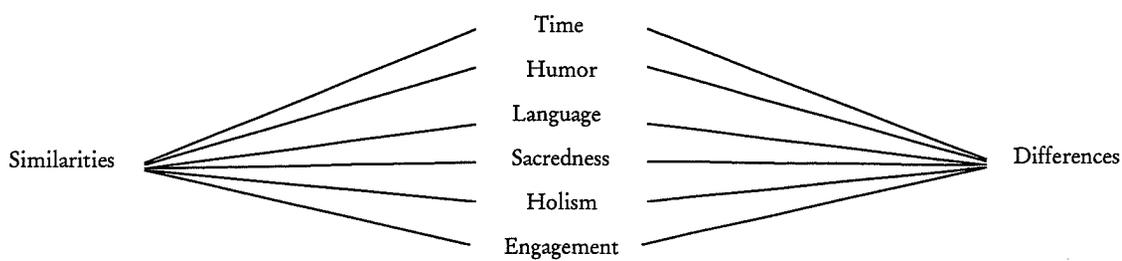
#### 4.1.3.9. Summary of Findings

The findings in this perceptual area reveal that there are fairly significant differences in how respondents perceive themselves and others in the cognitive-behavioural programs and the Sweat Lodge ceremony. In addition, it appears that traditional cultural norms and rules of etiquette are variables that affect this perceptual area. Not surprisingly, in their perceptions of self, respondents saw themselves as more committed, sincere, and respectful than others in either treatment approach. Interestingly, respondents did not speak positively or encouragingly of others along these three dimensions, but were quick to point-out transgressions especially when it came to the Sweat Lodge ceremony.

In other areas, the findings revealed that the Sweat Lodge ceremony, moreso than cognitive-behavioural programs, produced strong feelings of connection and identity that appeared to be largely the result of the strong cultural component. Within cognitive-behavioural programming, respondents saw others as disjointed and disconnected. Lastly, respondents spoke of feeling personally enabled and empowered through both treatment approaches and it was noted that respondents did not offer any comments towards others along these dimensions in either treatment modality.

#### 4.1.4. Perceptions of Technique Similarities and Differences

The final primary category as part of the perceived characteristics of the Sweat Lodge ceremony and cognitive-behavioural programming is technique similarities and differences. Analysis of this primary category produced thematic subcategory codes for time, humor, language, sacredness, holism, and engagement (See figure 21). In regards to perceptions of technique, respondents reported that these two treatment modalities were more different than similar, producing responses that appeared to be mutually exclusive.



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Figure 21. Perceptions of technique similarities and differences

##### 4.1.4.1. Time.

In their comments regarding perceptions of time, respondents referred to factors such as pace, duration, and tempo both within the Sweat Lodge ceremony and cognitive-behavioural programming. Moreover, time was also spoken of in other dimensions including scheduling, chronology, and longevity. When compared along these dimension, respondents indicated that there were more differences than similarities within these two approaches. Respondents alluded that the Sweat Lodge ceremony was

not bound by the same time constraints as cognitive-behavioural programming and that this had the affect of greatly reducing the anxiety and stress levels of participants.

Respondents intimated that this difference allowed participants to pace themselves in accordance with their own levels of readiness and that it permitted participants to withdraw or “recoil” without fear of repercussion. Furthermore, unlike the cognitive-behavioural programs, the Sweat Lodge ceremony permitted respondents to revisit problem areas repeatedly and at any given time and that this enabled participants to understand and incorporate the teachings more completely.

*[in] the disclosures, they [cognitive-behavioural program facilitators] want it all at once. One shot...and sometimes you miss when you do it all in one shot. Sometimes you miss little pieces. It might come up after you do it. Makes you look like you are lying. That's how it made me feel. (Participant one).*

Some respondents reported the perception that, temporally, cognitive-behavioural programs tended to place too much emphasize on historical and past events (i.e., things that could not be changed) and that this approach had the tendency to steal too much energy away from the present and future. Because of this emphasis, respondents indicated that they were forced to carry the shame and guilt of their offences throughout their healing journey and that this greatly reduced their rehabilitative gains.

*Well they make you feel like it's the past that's really affected your life so much. But I don't think it's the past – I think it's more daily living today. I think it's our peer pressure eh. I think...see I never learned to be a jailbird until I came to jail*

*eh. So it's the things in our life...our future. We have to know what to avoid in our life and when to avoid it. (Participant three).*

As a final point, respondents identified differences in the manner in which time factored into the longevity of programming. Specifically, respondents noted that cognitive-behavioural programming has a commencement date and an end date and that this is a stark contrast from the Sweat Lodge ceremony which has no ending and is considered a lifelong endeavor.

*It [Sweat] goes on forever, as long as you want it – you plan it out. You can go everyday – as long as you want. (Participant four).*

#### 4.1.4.2. Humor.

*It makes you feel good, you know. You try to think positive in every situation.*

*There's laughter involved and everything else – happiness. So that's what the Sweat Lodge is all about. (Participant five).*

By and large, respondents reported the perception that the use of humor in the cognitive-behavioural programs and the Sweat Lodge ceremony differed significantly from one another. Humor referred to a perceived sense of amusement and/or comic relief. Respondents identified humor as an accepted and integral part of the Sweat Lodge ceremony while it was reported that humor within the cognitive-behavioural programs was generally frowned upon and was perceived as disruptive by the program facilitators.

*In making people comfortable – face to face – there should be a little laughter in there to make people comfortable. But they [cognitive-behavioural facilitators] don't understand it like that. See, the native way, you kind of chuckle and laugh and smile when you talk eh. That doesn't mean that you less seriousness about what you're saying, you know. So there's a big difference. When there's an Elder, he'll laugh with you – not laugh at you, but he'll laugh with you, you know, in a lot of the discussions you have eh. (Participant four).*

*In the Sweat Lodge there's more laughing, like people making jokes and all that. And you're always laughing before you even go there. After, it kinda helps to relief the tension in you. When you're kinda tense and all that. And all the stress on you. Laughing gets rid of some of that before you even go in there. Then you laugh and you go inside there and you start to feel good. Then with the sweating and the meditation I guess, you start to feel better right at the end and you're still laughing. When you come out there's still a lot of humor then too. I guess you feel pretty good when you come out of there. In the classes [cognitive-behavioural programs], there's not too much laughing I guess. They're kinda too serious. I don't know if I should call it serious, but it's more of ... you're taking the classes and you're learning and something like that. It's more of a.... You're more serious like.... Sometimes it's interrupting for the class. The laughter. Sometimes... I don't know. Maybe it's not an appropriate time to laugh, or to make jokes or something like that. (Participant six).*

*In the cognitive programs there's no humor at all. Everything is dead serious. You gotta be serious – if you make a joke or something – the nurses just come down on you, “Well you shouldn't say stuff like that, you know. (Participant one).*

A few respondents remarked, however, that humor was universal affecting both staff and patients without being confined to either the Sweat Lodge ceremony or the cognitive-behavioural programs.

*It's all up to the ... If the program coordinator is happy and wanted to joke around, then they will. And if a patient wanted to joke around they can too at the same time, then they will. And in the Sweat Lodge, they talk about jokes, they talk about funny jokes and they laugh. (Participant eleven).*

#### 4.1.4.3. Language.

In discussing language, comments from respondents revealed the obvious awareness that the cognitive-behavioural programs were always conducted in English while the Sweat Lodge ceremonies were conducted in a combination of English and an aboriginal tongue (primarily Cree). Respondents expressed that language barriers existed in both the cognitive-behavioural programs and the Sweat Lodge ceremony and that this frequently interfered with their ability to understand and incorporate the teachings from either. This problem area appeared to be intimately related to the acculturation levels of the respondents such that the more traditional the individual, the more difficulties within cognitive-behavioural programming, and the more contemporary, the more difficulties

within the Sweat Lodge ceremony. Since few respondents were bi-culturally adapted, the problem of language barriers was pervasive within the sample.

*I think the Sweat Lodge should be...there's a lot of us from different native groups. Some of us are Sioux – I'm Sioux myself. There's a lot of Crees in there, Ojibway, Inuit people inside the lodge – there's a lot of other people that aren't of Native decent – Chinese and Black people as well eh. And because the Elder is Cree or Ojibway, or whatever, he shouldn't be just speaking in his own tongue alone, he should be speaking in a tongue that everyone understands. I mean, that's the way you teach your people, you speak so everybody can understand...I feel like there should be more involvement for looking at ourselves inside eh. Right now it's all just prayers said in a language that we don't understand – prayers said in the Cree language – and I'm Sioux – and I don't understand their language eh. That's all I see right now you know, an old guys sprinkling things on a rock eh and that's all I see eh. That's all I see is an old guy splashing water on the rocks eh. And if they sing a song eh, at least I could learn a song. But the thing is the language, I can't learn the language eh and that's hard enough for me. (Participant two).*

*Well I'm not sure what I expect to get out of them, 'cause half the time I don't understand what they're about [cognitive-behavioural programs] and they look at it as, "Oh, [he's] not doing work," or, "[he's] not handing in his homework," or, "we better dock him pay cause he didn't show up," or, "he's late for group" ... one of the reports that was written about me says that my worker, she*

*felt I didn't participate in the programs to their requirements enough, that I was having minimal participation, 'cause she said that I wasn't understanding or... if couldn't understand it or relate to it, I wouldn't participate. (Participant one).*

#### 4.1.4.4. Sacredness.

In their perceptions of technique similarities and differences, respondents identified the theme of sacredness as an important area of comparison between the cognitive-behavioural programs and the Sweat Lodge ceremony. In defining sacredness, respondents made reference to holiness, purity, and spirituality. Respondents viewed the Sweat Lodge ceremony as a sacred undertaking and at no time did they indicate that the cognitive-behavioural programs were sacred in any manner.

*When you go out to the Sweat Lodge, you gotta respect the ceremony. The Elders tell you it's sacred ground. Behave yourself. But, to me, sacred ground, it doesn't matter where you are, you still gotta behave yourself. (Participant seven).*

*Before you go to the Sweat, you can't drink or do drugs [or] Swear. (Participant nine).*

#### 4.1.4.5. Holism.

*Yeah, they're all one sided. But I think cognitive is all like...they tell you just how to be honest. Okay, I know how to be honest. But over on this other side there's dishonesty about. You know, even my dishonesty, some people would say "even*

*when I lie I tell the truth.” That’s like a...I think we’ve got to categorize things better – look at things: good and wrong. (Participant two).*

In their discussions of whether either approach was holistic, respondents referred to aspects such as completeness, wholeness, integration, and balance. Consistently, respondents reported that the cognitive-behavioural programs were unbalanced or incomplete in their approach towards healing. Comments from participants revealed the common perception that the cognitive-behavioural approaches were too narrow in focus and were often "one-sided" in their lessons. In contrast, the Sweat Lodge ceremony was viewed as an all-encompassing approach that incorporated a wider spectrum of variables that are related to healing and well being.

*So that’s it eh. That’s the way I see it. They [cognitive-behavioural programs] look at certain areas of your behavior patterns eh. And I find that that’s not right. They should look at everything...they should know you eh. (Participant ten).*

*To be honest, it's [Sweat Lodge] not preparing me... it's like everything I do, eh. It's done a good thing to me, eh. (Participant five).*

#### 4.1.4.6. Engagement.

*A psychologists will counsel you or give you an idea or – rather maybe listen to you – your views about everything, how you feel, you know. They’re asking you questions about certain things. Now, on the other hand, as an Elder, you tell*

*them how you feel, what bugs you, this and that – he'll try and give you an answer rather than you trying to give yourself an answer, you know. So there's a little difference in that aspect of it. (Participant three).*

Another important area of distinction between cognitive-behavioural programming and the traditional Sweat Lodge ceremony was the level of engagement that participants felt. Engagement appeared to translate into terms such as engrossment, involvement, exchange, activity, and/or preoccupation. As with the majority of subcategories within this cluster, respondents felt that there were more differences than similarities in this domain. Generally, respondents reported experiencing a lesser degree of involvement with the Elders to the extent that their personal experiences often went by unheard and were overshadowed by the agenda of the Elders.

*Well, usually the Elder talks to us, tries to guide us. [but with the] Psychologists, you talk to [them] for you to identify where you need help. (Participant eleven).*

*He [psychologists] always looks at, and takes a look at the way you feel, what you're thinking. They ask you what you're feeling. And he understands the way you feel. He puts himself in your situation. He just understands how you feel. He's trying to reach out to you and help you. Give you a solution, how to get out of that cycle you're in. Whatever the cycle, whatever is bothering you. He tries to get you out, to talk about it you'll feel better. And if you talk about it you'll feel better. (Participant five).*

#### 4.1.4.7. Summary of Findings

Findings in this section reveal that respondents saw significant areas of difference in technique between cognitive-behavioural programming and the Sweat Lodge ceremony. At its most fundamental and obvious level, most respondents indicated that cognitive-behavioural programming was not a ceremonial or spiritual process like the Sweat Lodge ceremony and, therefore, was generally not considered to be a sacred undertaking. At least two respondents argued, however, that the teachings in cognitive-behavioural programming were just as sacred as the teaching in the Sweat Lodge ceremony and that the source is also spiritual.

In other areas, respondents revealed their perceptions towards aspects such as humor, time, and language within the context of both treatment approaches. In regards to language, respondents suggested that barriers existed in both the cognitive-behavioural programs and the Sweat Lodge ceremony. It was suggested some respondents who are from more remote communities experience difficulties with the English language while in the cognitive-behavioural programs and that urban aboriginals experience difficulties understanding the aboriginal tongue in the Sweat Lodge ceremony. Humor and time were reported to be very different across these two treatment approaches and that culture, once again, appeared to be responsible for creating these differences.

Lastly, the findings reveal that respondents are aware of differences in process within these two approaches. Respondents seemed to be aware that the cognitive-behavioural approach was singularly focused in the cognitive domain while the approach within the Sweat Lodge encompassed more aspects of “being”. Respondents also recognized that there were substantial differences in relation to therapeutic engagement with either the cognitive-behavioural facilitators or the Elders.

## 4.2. Perceived Relation to the Program(s)

In the previous sections of this work, we analyzed respondents perceptions of cognitive-behavioural programming characteristics and the traditional aboriginal Sweat Lodge ceremony. Throughout this process of data analysis, it became increasingly clear that the narratives from respondents appeared to be positioned within a wider conceptual framework that enhanced meaning and greatly added to the interpretation and understanding of reported experience. This wider framework took on the appearance of three super-ordinate clusters that were organized around the concepts of trust, empowerment, and identity. The third cluster of identity, however, could reasonably have been included as a thematic sub-category within the cluster of empowerment, but, because of its strength in terms of thematic representation, it warranted inclusion as a separate super-ordinate cluster of its own.

It is argued that the pervasiveness of these three super-ordinate clusters was strong enough to form the backdrop in which the perceived program characteristics were identified. It speaks of an atmosphere where trust is vitally important to adaptation and survival. It also speaks of a process of learning, discovery, and rebirth that, not only helps to shape and define, but also nourishes a concept of self and community.

### 4.2.1. Trust

Trust, the first of the three super-ordinate clusters consistently re-appeared as a concern for respondents. It was expressed that, within the prison environment, it was extremely difficult to develop relationships that were perceived as safe and non-threatening. On the one hand, depending on the nature of the offence for which the individual was incarcerated, respondents reported that there was frequently a need to conceal the nature of their index offence from other inmates for fear of personal harm or

injury. In particular, those individuals convicted for sexual offences involving children were most leery of disclosure. On the other hand, in the name of the inmate's own sentence management, respondents reported that there was a need to remain constantly guarded in their relations with institutional staff for fear of the possible negative repercussions on their sentence length, parole eligibility, visitations rights, and, in some cases, release suitability.

The primary concern with trust appeared to be related to personal harm issues, with "harm" being played out in a number of interesting scenarios. As previously discussed, harm took on a physical form as in acts of violence or assault resulting in personal injury. Additionally, harm was associated with possible negative consequences relating to prison sentence and length of incarceration. At another level, however, harm was defined in psychological terms and concerned itself with matters relating to the professional "expertise" or competence of mental health workers. Lastly, some respondents indicated that harm was possible at a spiritual level and reported that the use of "bad medicine" was an ongoing concern for them.

Within the super-ordinate cluster of trust, thematic sub-categories of sincerity, conformity, suspicion, safety, respect, environment, competence, reliability, integrity, fairness, consistency, openness, and approachability emerged into prominence (See figure 22).

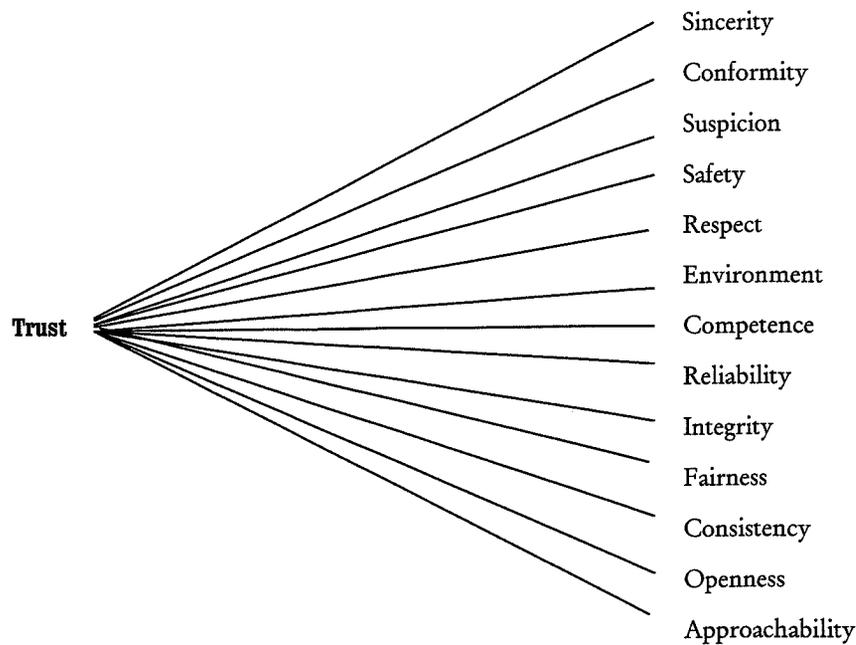


Figure 22. Perceived relationship to the program (Trust)

The majority of these thematic sub-categories have arisen and been explored in previous sections and, therefore, will not be revisited in this discussion. However, due to their importance in relation to the contextual validity of this study, the thematic sub-categories of suspicion and conformity should be introduced at this time since they have not been previously discussed.

#### 4.2.1.1. Suspicion.

*They [nursing staff] don't understand the native ways...I don't [trust them], I wouldn't even...the way I talk to you here, I don't talk to them...Because after interviewing, they go in their office and change things around...that's why we never really open up...protecting myself...because, what's the point, the way I see*

*it... What's the point to be with nurses that don't understand you. (Participant eight).*

In virtually every interaction that takes place within the prison environment, respondents indicated that there was a need to be highly aware of their conduct. It was felt that every move and utterance was recorded in their files as evidence in the decision making process regarding their rehabilitation and sentence. Even though respondents appeared to understand the necessity of this “surveillance” within the evaluative process, strong feelings of resentment were expressed over this unrelenting vigil and the need to be constantly engaged in damage control. Under these circumstances, respondents indicated that trust and suspicion became a central factor throughout their incarceration. Intuitively, however, they appeared to recognize the importance of trust within a therapeutic milieu, but, because of its potential for damage, they were willing to forego this element rather than relinquish what limited control they possessed.

Respondents intimated that it was necessary to approach each situation with a certain degree of suspicion, which meant experiencing feelings of apprehension, mistrust, wariness, and misgiving. Although trust and suspicion may appear to be two sides of the same coin, it is argued here that a client may not trust their therapist overall, but not hold their professional competence as suspect. As a result, suspicion may be considered a disciple of trust. Once again, these feelings of suspicion were pervasive and appeared to transcend the *entire* institutional experience but with trust clearly less of a concern within the Sweat Lodge ceremony.

*Well it's almost as if I have to be careful what I say around them – the psychologists. If I say the wrong thing then they'll think that I'm doing something wrong or not meeting their expectations. Then they'll go and write it down and it will come back in a report that, he's "falling back," or, "going into his old cycle" and all this stuff. Whereas the Elders, they don't write any words down. Whatever is said to them they keep in confidentiality. (Participant one).*

*You're kinda in that mind-set [in cognitive-behavioural programs] where in that you think you're gonna get in trouble every time you say something to a staff member. (Participant ten).*

#### 4.2.1.2. Conformity.

Cognitive-behavioural treatment approaches are inherently Eurocentric in its assumptions and values and this seriously compromises the neutrality of the approach such that evaluative criteria of “success” depend on the degree of conformity to these standards. This neutrality is further compromised and intensified within the prison environment which strongly endorses and promotes the “expected” behaviors and morality of the larger society. Realistically, despite efforts to remain sensitive to cultural differences, the norms and values in place are those of the dominant Euro-Canadian culture.

Many respondents reported feeling that little effort was given to understanding “the native way” and that there was “pressure” to adopt the norms and values of the larger society. To a degree, respondents reported feeling that conformity was somehow a measure of progress in their program evaluations. As a result of this perception, some

respondents reported experiencing strong feelings of bitterness and resentment that, at times, interfered with their treatment. On the whole, conformity appeared to be equated with compliance and respondents intimated that the prison environment demanded compliance of attitudes and behaviors.

*You know some of the programs and teaching we receive here, it's very hard to apply it in prison because it's a different environment all together – the attitudes that go with the people around me, you know. So it is very, very hard. Because, let's face it, the prison environment is an abnormal environment. And that goes with the attitudes eh. I'm not saying that...people like myself always look at things that bother them. And there's a lot of others that are the same way. But you still get affected in a certain way by your surroundings eh. And it's very hard to... some time you just try existing and coping and everything else. Which bothers me about living in this environment. (Participant two).*

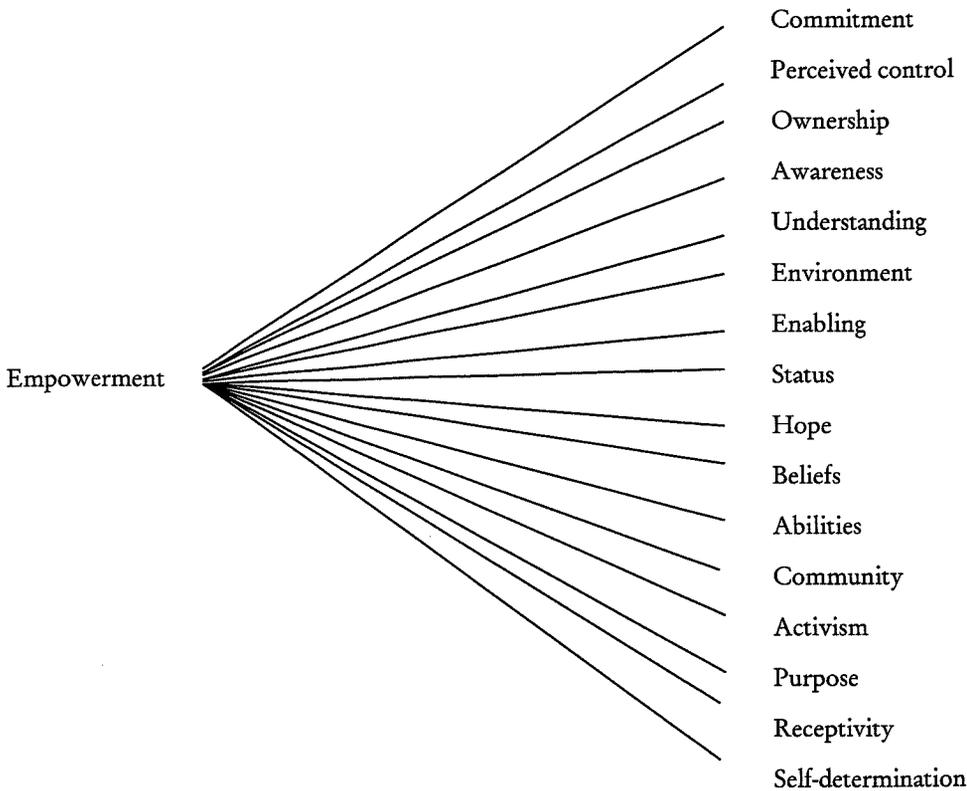
*[in the cognitive-behavioural programs] if you fought back, you know you'll lose so you either put up with it or fight back. And, if you fight back, you lose. (Participant six).*

#### 4.2.2. Empowerment

Empowerment, the second super-ordinate cluster, presented as the most prominent theme under which healing was conceptualized. Although only one participant within this study referred to empowerment directly, all alluded to characteristics or elements of empowerment in one form or another that have been

identified in the literature (see Cornish, 1991). In terms of latitude, respondents identified a significant number of thematic sub-categories of empowerment that provided interesting insight into this area. Within this cluster are codes for commitment, perceived control, ownership, awareness, understanding, environment, enabling, status, hope, beliefs, abilities, community, activism, purpose, receptivity, self-determination (See figure 23). While all are certainly important, by far, the most prominent themes to emerge within this super-ordinate cluster were commitment, perceived control, ownership, and awareness and, as a result, discussion will be confined to these areas.

At a colloquial level, respondents generically defined empowerment in terms of “gaining strength” or “getting stronger” in their lives. At a general level, this consisted of being able to freely generate choices and make informed decisions. It also appeared to encompass elements of culpability for past actions while fostering a sense of hope for the future.




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Figure 23. Perceived relationship to the program (empowerment)

4.2.2.1. Commitment.

*in groups they'll [other participants] do okay. But after group, after everything's done, they're all in a rush to go home. They're all in a rush. Coffee break! Coffee break...I don't think that their really focused on the group eh. (Participant seven).*

Commitment has been discussed previously as a thematic sub-category under perceptions of self/others. Its inclusion within the present discussion of empowerment is important because it reveals the extent to which the respondents recognize its role in the

healing process. Time and again respondents indicated that in order for healing to begin and to be successfully maintained, commitment had to be present. Almost always, commitment was spoken of in terms of duty and responsibility and this seemed to apply equally in both the cognitive-behavioural programs and the Sweat Lodge ceremony. In the Sweat Lodge, however, “duty” also appeared to be associated with sacred observances. This is a significant departure from cognitive-behavioural programming, which almost entirely excludes the aspect of spirituality in its agenda. Despite this difference, respondents indicated that the process of becoming committed involved an examination of core personal values and beliefs, prioritization, and then strict adherence to the expectations of these values and beliefs as a way of life.

It is noteworthy to mention that commitment was perceived differently in the contexts of the Sweat Lodge ceremony and cognitive-behavioural programming. Commitment, from within the Sweat Lodge ceremony, was generally viewed in terms of community, whereas in the cognitive-behavioural programs, commitment was thought to be more personally empowering.

*I'm not gonna get caught up in the negative thinking. Like some guys do [in cognitive-behavioural programming]. They get caught up with that negative thinking. They worry what other people think. And they get caught up with that and they lose track of what they've learned. But now, I don't let that bother me anymore. I made my decision already. This is where I'm going. (Participant eleven).*

#### 4.2.2.2. Control.

*In a program [cognitive-behavioural] setting you've got to be kind of a...you know...you sit there as a student eh – type of idea. Whereas in the Sweat Lodge you're a participant...the Sweat Lodge, okay...when I tell you what the Sweat Lodge is all about – you come there for yourself, you know, and what you have to do for yourself. That's all. There's a big difference now between the two.*

*(Participant three).*

In many ways, the essence of empowerment may be intimately associated with aspects of control – or even the perception of having some control. That is to say, whether one has control to generate choice and decide freely. From one perspective, respondents alluded that control is very much affected by external relationships and the environment. From another perspective, control was conceived as an internal event that allows for self-regulatory thinking and monitoring of behavior. Within this study, respondents have identified and supported both of these positions. They have articulated repeatedly their concerns over how cognitive-behavioural programs are “thrust” upon them with little regard for their readiness or receptivity for treatment. They have suggested that this approach is very different from the Sweat Lodge ceremony, which affords the individual absolute control over their healing journey.

*And for the cognitive-behavioural programs, it's... hard. It's hard. It's hard you know? Sometimes it's hard and confusing. You know. But you have to do it. You have to do it. You have no other choice. I gotta do this. (Participant six).*

*If a man goes there, he doesn't have to talk to anybody. He doesn't have to talk to the Elder, he doesn't have to talk to the pipe holder. He likes it there, he's gotta take a look at himself and he'll stay and think to himself until he is ready. What do you think? He can say that to himself. (Participant ten).*

Respondents indicated that when the time is right, the individual initiates their own healing through the offering of tobacco. In one instance, this act appeared to signify the simple acceptance of needing help from others. Similarly, in another instance, it signaled an acceptance that spiritual forces were operating to affect their lives and that these forces were often beyond their personal control. At the same time, however, by “walking the red road”, respondents indicated that they were, in fact, gaining some control of these spiritual forces through a life of purity, humility, and devotion. It was expressed that if one lived a “good life”, protection was provided against “bad medicine”.

*in this program here [cognitive-behavioural] at RPC, you're given a date when you should make your own presentation about yourself and your experiences in life. With the Elder you can pretty well go offering tobacco and, if he has time, he'll talk to you and, if he doesn't, he'll try to make a time for you, you know. (Participant four).*

Perhaps more than any other area, respondents referred to the importance of control - or even the perception of control - in the stages of healing. They indicated that much of their healing was determined through the challenging and discarding of deeply

ingrained, maladaptive thoughts and behavioral patterns. Respondents reported that in the process of change, they needed to feel as though they had some control over the pace and degree to which they were discarding their inequities. They indicated that the Sweat Lodge ceremony was more sensitive to this process than the cognitive-behavioural programs.

#### 4.2.2.3. Ownership.

*I can claim I know every [cognitive-behavioural] program in here, you know. Now, still it's not really how much I understand or how well I can communicate – that's important. But how I'm going to find these programs for myself...that's what counts eh. It's because everything I do has got to be up to me. It's my choice and decision what I do. So it's up to me. I can have the programs for the rest of my life – I still have to be able to make my own decision what to do, you see? So I have to choose, you know. I have to do the best I can for myself to stay out. (Participant eleven).*

In addressing one's healing, respondents reported that there was a need to “confess” or acknowledge the existence of one's problem areas. In a significant way, this appeared to involve uncovering and accepting the “truth” of oneself. Specifically, it translated into areas such as accepting full responsibility for their offence(s), acknowledging the extent to which they have negatively affected the lives of others, acknowledging their fears and vulnerabilities, and acknowledging their personal pains, hurts, and losses. Along with these acknowledgements, respondents informed that ownership involved the identification and challenging of faulty thoughts and distortions

(coping mechanisms/defensive strategies) that allowed these truths to remain hidden for a significant portion of their lives.

*You pass around that feather [in the Sweat Lodge] and you tell the truth – not the truth about ‘oh yeah, I smoke dope or I deal drugs or whatever.’ But the truth is I hurt this woman. I hurt my wife you know. I beat up on my own father - and I feel so bad because I beat up my father - now I realize what my father was going through, you know. We feel bad ourselves. And, when we pass around that feather, I realize that was our own confession. (Participant two).*

For some respondents, ownership meant becoming an active player in their own lives as opposed to a victim of life circumstances. It allowed respondents to navigate their own lives and make decisions accordingly. It involved complete acknowledgment and acceptance of full responsibility for one’s actions and behaviours. Respondents suggested that ownership was instrumental in promoting a sense of independence and self-reliance and that, whether in cognitive-behavioural programming or the Sweat Lodge ceremony, it was a necessary element for change.

#### 4.2.2.4. Awareness.

*every situation you are in, there's some bad, but then there's some good sometimes, eh. You know what I mean? Before, I never used to see that. Bad in everything. Something happens and I was trying to ... that I thought was wrong I took that bad part of it to heart, but I never really opened my eyes to see the good inside it. Instead of just looking at one thing, I can see ... a wider*

*perspective of it. A peripheral vision. I start to do that more now instead of just having a narrow view. (Participant eight).*

Awareness, understanding, insight, knowledge; regardless of which word is chosen, respondents indicated that in both the cognitive-behavioural programs and the Sweat Lodge ceremony, they were learning things that they were not aware of previously. In fact, more than one respondent indicated that the rate and volume of learning in the cognitive-behavioural programs was such that they often found it difficult to stay focused. For these individuals, reported feelings of being overwhelmed, confused, and frustrated frequently lead to significant declines in group interaction, participation in discussions, assignment completion, and attendance.

*for myself [in the cognitive-behavioural programs] – I learn to look at my own behaviors, you know. Like my thinking, of course, my feelings...I have to be aware of all these things. I can't just simply ignore it. So I have...it's taking time to think about...I have be aware of exactly what I'm thinking. That's what it's all about. So, I think it's real good for me to recognize a little bit about how things work – about my thinking as well eh. In the process I have to make a choice too about how I think – as a result everything comes out of my thinking so – and my behaviors you know – it all comes out of my thinking in the beginning eh. It all comes from the thought in the beginning – the feeling and the action. Basically that's what it is. (Participant five).*

On the whole, respondents reported that both approaches better “equipped” them to live their lives by developing and promoting such strengths as self-management and effective problem solving. Through this approach, respondents are “enabled” to understand the problem, generate choices and options, and mobilize a strategy or course of action towards its resolution. Barring cultural differences, this formula remained essentially the same in the cognitive-behavioural programs and the Sweat Lodge ceremony. A significant difference, however, was that the Sweat Lodge ceremony incorporated notions of divine intervention whereas the cognitive-behavioural programs generally did not include a spiritual component. Again, however, at their core, respondents indicated that both “techniques” were teaching about problem conceptualization, internal functioning, and strategies towards successful resolution.

*I know how to deal with situations much better than before. And it's not so much as a confrontation with others anymore. I'm practicing all the teaching now in the sense that I'm getting relief of stress that I don't need. Before this, everything somebody said something that I didn't agree with, I use my aggression for him to agree with me. It caused me some trouble here and there, the guilt I had to go abuse somebody because he didn't agree with me. Getting angry over little things like that. Now I see what I'm doing. I don't have to get angry over little things like that. It's kinda saving me the worry of going around trying to control things that I have no control over. (Participant six).*

The importance of the variable of culture cannot be understated, however, since it is in this domain that the Sweat Lodge ceremony introduces an element of

understanding that the cognitive-behavioural programs do not. This cultural understanding or cultural awareness may be an important factor in affecting change in Sweat Lodge ceremony participants for it sets out to define the internal and external boundaries of self and, in the process, provides a point of reference from which to orient one's life. Respondents alluded that cultural awareness provided a "sense of order" to their lives by prescribing a significant portion of their roles, duties, and responsibilities. Respondents articulated feelings of relief and "freedom" simply by acquiring this understanding of cultural expectations.

*the guys are getting something out of it. A person like me; for example, I don't didn't know anything about Sweat Lodges when I came in here. Now I know I've been watching how it goes. You know? I watch the guys how they handle the pipe and all this...I never new all these things, you know? I didn't know what it was for...I learned a lot when I came out here. I never knew all of these things eh, you know? The poles, teepee. (Participant eleven).*

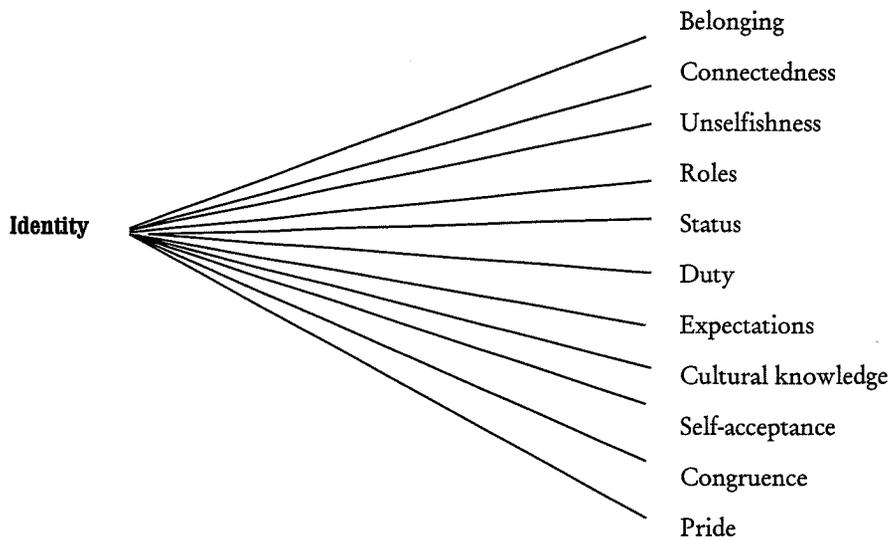
*Me, I'm always wanted to learn about the ahh... not so much about the native people but native ways...I want to learn more about the native ways, you know? and ahh... the Sweat Lodge and all this. And you know? ahh... When I get out of here, I want to get right into it. When I get out of here I mean. (Participant four).*

#### 4.2.3. Identity

Not surprisingly, respondents indicated that the Sweat Lodge ceremony played a more dominant role in the process of identity-formation than the cognitive-behavioural programs. Undoubtedly, the strong cultural emphasis of the Sweat Lodge ceremony is a predominant factor in this perception. While it is certain that identification also occurred in other areas such as self as inmate, patient, and/or male, identity, as defined by respondents, referred to the cultural, tribal, ethnic, and racial characteristics of aboriginal peoples.

Identification of self as aboriginal appeared to involve numerous facets for respondents. This cluster produced codes for belonging, connectedness, unselfishness, roles, status, duty, expectations, cultural knowledge, self-acceptance, congruence, and pride (See figure 24). Parenthetically, it is interesting to note that for some respondents, the identification process appeared to be an awkward and difficult task as a result of differing levels of acculturation/assimilation into the dominant Canadian culture. Frequently at issue were conflicts regarding traditional versus contemporary worldviews.

In spite of these difficulty, however, it seemed that all respondents regarded the discovery, re-discovery, and/ or re-affirmation of their aboriginal identity as a deeply personal and moving experience that grounded their “sense of being” by creating a template, of sorts, from which to understand where one is positioned or stationed in life. To a large extent, the identification process involved a re-attachment to the aboriginal community and this may explain why the thematic sub-category of “connectedness” emerged as the single most prominent and re-occurring theme in this research.



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Figure 24. Perceived relationship to the program (identity)

#### 4.2.3.1. Connectedness.

Defined and discussed previously as a thematic subcategory in the perceived program characteristics, connectedness also arose as the most significant thematic subcategory within the context of identity. Connectedness did not appear to translate as simply knowing that one is “attached” or “part of something”. It appeared to operate at multi-levels producing points of connection within numerous themes. It also seemed to be intimately related to the generation of feelings and emotions that were “calming” or “reassuring”, and permitted the temporary suspension of defenses so other emotions could momentarily find their expression. For many of the respondents, the feeling of being connected arrested feelings of rejection that had operated for a significant portion of their lives. More than this, connectedness was able to pacify pervasive feelings of loneliness that was frequently a propagating factor in the mental health of respondents.

Connectedness appeared to occur at several levels for respondents including universal, community, and family.

*I'm not the only one [in the cognitive-behavioural programs] that's got an anger problem, I'm not the only that's got these feelings, there's other people that are worse [and] better off than I am, umm... you know? (Participant seven).*

*Maybe its probably the spirit. I feel more safer eh, when I feel alone. I just feel... [the Sweat Lodge] makes it feel a lot better. You know? I feel wanted. (Participant nine).*

At its broadest conceptualization, connectedness appeared to encompass the traditional aboriginal teachings of “harmony” and “oneness” with all things. Free from the confines of all dimensions, universal connectedness seemed to fostered a sense of humility, acceptance, and tolerance of all. As with awareness, universal connectedness freed-up energy that was previously negatively directed.

*We're all here for the same reason, that is to spent together here today and pray for our loved ones, our grandparents, or maybe the person you killed or the person we harmed, were here for that reason...we're in that Sweat and we start feeling like a family because; this guy robbed somebody, that guy robbed somebody, this guy killed, this guy killed somebody, this guy did more time than me, this guy did more time than me and umm... were all in there sharing that*

*time together, you learn more each and every time you go in there. (Participant ten).*

At a lesser level, connectedness established the parameters of expected values, attitudes and behaviors within the context of community. Respondents indicated that connection at the community level defined roles, duties, and responsibilities and in the process appeared to provide purpose, direction, and meaning to the life of the individual. Respondents spoke of changes in orientation from independence to inter-dependence and the recognition of the symbiotic relationship between self and community. By reconnecting to the community, respondents indicated that they had a clearer understanding and acceptance of their societal roles and duties. This reconnection to community appeared to occur in the cognitive-behavioural programs as well as the Sweat Lodge ceremony where it was noted to be more pronounced.

Within a familial context, respondents reported that both the cognitive-behavioural programs and the Sweat Lodge ceremony promoted the necessity of establishing strong and healthy family relationships. To an extent, both defined relational boundaries but it was noted that the teachings of the Sweat Lodge ceremony applied more restrictions on women than men particularly in relation to spiritual matters. Some respondents made reference to a woman's "moon phase" (menstrual) and how this placed certain restrictions on her activities and conduct. Respondents alluded to family connectedness as being sacredly ordained and this point stands out as a significant difference between the cognitive-behavioural programs and the Sweat Lodge ceremony. The more traditional respondents commented that they frequently found it difficult to

find a point of balance between their traditional teachings and the more egalitarian values espoused in the cognitive-behavioural approaches.

Aside from circumscribing the duties and obligations towards community and family, the thematic subcategory of connectedness appeared to possess therapeutic properties. As previously indicated, respondents alluded to a “calming” feeling that arose from knowing that one was connected. Although difficult to pinpoint, respondents intimated feelings of acceptance and belonging that were able to pacify debilitating feelings of loneliness and isolation that had existed for a significant portion of their lives. Connectedness seemed to emancipate and empower individuals through right of membership and recognition of entitlement.

## 5. Conclusions

The present study examined the experiences of eleven federally incarcerated aboriginal men attending cognitive-behavioural programming and the traditional aboriginal Sweat Lodge ceremony as part of their treatment in a forensic psychiatric hospital at the Regional Psychiatric Center (Prairies) with the Correctional Service of Canada.

The fact that the sample is both forensic and psychiatric in composition may limit the generalization of findings to the larger aboriginal population. Generalization of the present findings to the larger aboriginal prison population or the larger aboriginal community, however, should be made with these sample characteristics in mind.

Despite these limitations, the stories from respondents revealed their perceptions, feelings, attitudes, beliefs, and meaning relating to their personal experiences in the cognitive-behavioural programs and the Sweat Lodge ceremony. Respondents spoke candidly of their personal trials and tribulations, strengths and inequities, concerns and issues, and successes and failures throughout their lives and within the specific context of these two approaches to treatment. This level of candor is one of the strengths of the study in that the depth and quality of information provided is rarely accessible through other means. These private thoughts and feelings give the reader more intimate insight into the experience.

Due to the nature of the semi-structured interview questionnaire utilized in this research, however, the full spectrum of experience(s) pertaining to the Sweat Lodge ceremony and cognitive-behavioural approaches has been artificially restricted to the

specified content areas of the questions. This point is important in the sense that it draws attention to the fact that other relevant, and perhaps even more revealing, experiences may not have been included in the current findings.

A qualitative research design was deemed most suitable for the goals and objectives of the study. Data was collected by way of a semi-structured interview and analyzed according to a grounded theory protocol (Glasser and Strauss, 1967). Analysis of the interviews resulted in data-derived themes and thematic sub-categories that were then conceptually linked.

Results revealed that research participants organized their responses within two primary domains: first, in section 4.1., "perceived characteristics of the program(s)" and second, "perceived relation to the program(s)" in section 4.2. In the former, respondents attempted to identify the more salient characteristics of cognitive-behavioural programming and the Sweat Lodge ceremony. Within this domain, respondents identified four perceptions consisting of: 1) Perceptions of cognitive-behavioural programming and the Sweat Lodge ceremony 2) Perceptions of Elders and cognitive-behavioural facilitators 3) Perceptions of self and others and, 4) Perceptions of technique similarities and differences.

The first of these four, "Perceptions of Cognitive-behavioural Programming and the Sweat Lodge Ceremony", as discussed in section 4.1.1., revealed that respondent interviews could be analyzed in terms of nine thematic sub-categories consisting of: sanctuary, identity, sacredness, structured, trust, stress, awareness, involvement, and duty. In section 4.1.2., "Perceptions of Aboriginal Elders and Cognitive-Behavioural Facilitators", respondents identified ten thematic sub-categories consisting of: respect, commitment, trustworthiness, sincerity, professionalism, approachability, sensitivity,

control, relations, and veneration. In section 4.1.3., “Perceptions of Self and Others”, respondents identified eight thematic sub-categories comprised of: connection, sincerity, respect, ability, identity, unselfishness, commitment, and empowerment. And Finally, in Section 4.1.4., “Perceptions of Technique Similarities and Differences”, respondents identified six thematic sub-categories consisting of: time, humor, language, sacredness, holism, and engagement.

In the second primary domain of "perceived relation to the program(s)", respondents identified a number of variables they believed were fundamentally related to the two programs and seemed to provide the framework in which *all* responses seemed to be positioned. These variables can be understood in terms of three super-ordinate categories consisting of trust, empowerment, and identity which are discussed respectively in sections 4.2.1., 4.2.2., and 4.2.3. of this work.

Within the super-ordinate category of trust, thirteen sub-categories were identified consisting of: sincerity, conformity, suspicion, safety, respect, environment, competence, reliability, integrity, fairness, consistency, openness, and approachability. The super-ordinate category of empowerment produced sixteen thematic sub-categories consisting of: commitment, perceived control, ownership, awareness, understanding, environment, enabling, status, hope, beliefs, abilities, community, activism, purpose, receptivity, self-determination. Lastly, the super-ordinate category of identity had eleven thematic sub-categories consisting of: belonging, connectedness, unselfishness, roles, status, duty, expectations, cultural knowledge, self-acceptance, congruence, and pride.

Before proceeding to the meaning of these results, however, it is important to discuss the present findings within certain contexts. First and foremost, this research is

but one of a small handful of similar research examining native spirituality, and in particular, the therapeutic properties of the Sweat Lodge ceremony. This, coupled with the richness of data makes the present study important. The same holds true of cognitive-behavioural programming and aboriginal people. As a result of this noted absence, it is difficult to compare the present findings against other works. From the limited work that is available (see Bucko, 1998 for example), the findings of the current study appear to be consistent with the findings from other works. Although borrowed from the area of psychometrics, this replicability speaks of construct validity.

To an extent, this state of imbalance may be accounted for by reluctance of some segments of the aboriginal community to share cultural practices and traditions with non-native groups. Within this “resistance” there exist a number of ideological positions, which are both defined and defended through terms such as sacredness, distrust, and activism.

In defense, however, this reluctance is entirely understandable - and perhaps warranted - when viewed from a historical perspective that recounts the public banning and outlawing of many traditional aboriginal spiritual ceremonies and cultural practices or when we consider that research has typically carried this repressive stance. The immediate and long-term consequences of these abolitionist policies have produced cultural trauma within the aboriginal communities that the greater percentage of the population has yet to recover from. In reaction to this, it should come as no surprise to find that a significant portion of aboriginal people continue to harbor strong feelings of resentment and distrust towards many non-native groups, and in particular towards most research efforts, especially those conducted by non-aboriginals.

Regrettably, these sentiments frequently find themselves being expressed and/or played-out in aboriginal relationships with cognitive-behavioural programming producing results that are potentially damaging to the aboriginal patient. It is from within this framework that the interview responses by some participants in the current study derive their impetus. The extent to which these sentiments interfere with the respondent's ability to objectively examine their experiences within cognitive-behavioural programming, in particular, can not be accurately ascertained. Nevertheless, these sentiments are part and parcel of the reality of how some aboriginal participants may respond in cognitive-behavioural programs. One may never be able to partial out these sentiments and the appropriateness of any attempts to should be examined closely.

It is interesting to note, however, that despite the forensic and psychiatric composition of the sample, a substantial portion of the current findings are consistent with the results in related research of cognitive-behavioural programming with aboriginal people (see Renfrey, 1992). The same can be said for research findings on the Sweat Lodge ceremony (see Bucko, 1998). Given the strict characteristics of the sample population, it is difficult to account for the accuracy of these parallels. When we eventually entertain the possibility that the sample population may not be too different from the larger aboriginal population as a whole, this forces us to consider whether or not criminality and mental health concerns are that widespread and pandemic in the aboriginal community or whether or not traditional cultural values and worldviews continue to be ill-considered in the diagnosis of aboriginal patients.

In another context, careful consideration should be given to the fact that this research was conducted within a forensic setting. The demand characteristics, expectations, and scripted behaviors that appear to be an inherent part of the prison

environment should be closely examined to determine its impact on the study. Specifically, because of the necessarily high levels of control and distrust operating within the prison environment, there is no guarantee that participants did not respond in a favorable manner in the hopes of positively affecting their prison sentence. At the same time, it can not be ruled out entirely that participant responses were unduly influenced by the fear of negative repercussion. Regrettably, the assurance of confidentiality discussed in the informed consent appeared negligible in reducing these concerns.

Lastly, the effects of “prisonization” and assimilation into the inmate sub-culture (i.e., “con-code”) must be considered as possible variables exerting some degree of influence in the current findings. It is argued that these forces can conspire to produce an, “us vs. them” mentality, which, by nature, is inherently suspicious and distrustful. Moreover, many of the norms and values within the inmate sub-culture would restrict full disclosure to “outsiders” (this includes staff). With this in mind, we accept that the narratives, in all likelihood, were guarded.

The meaning of the results suggest there are a significant number of similarities between cognitive-behavioural programming and the Sweat Lodge ceremony as discussed in sections 4.1.4. In relation to aspects of group processes, of ten therapeutic factors thought to be associated with group processes in general, all were thought to be operating in the Sweat Lodge ceremony. Cathartic release stood out as a significant point of difference between cognitive-behavioural programming and the Sweat Lodge ceremony in that cognitive-behavioural programming does not use cathartic release instrumentally.

In other areas, it was evident that respondents experienced difficulties with language in both of these treatment approaches and this appeared, in part, to be a function of differing acculturation levels. The more "traditional" respondents experienced difficulties with English within the cognitive-behavioural programs while the more "contemporary" respondents reported that they could not understand the teaching and prayers within the Sweat Lodge since the majority of the ceremony was conducted in an aboriginal dialect. Interestingly, because the ceremony was conducted almost exclusively in the Cree dialect, the same problem was apparent for those individuals who spoke an aboriginal tongue other than Cree.

The greatest point of similarity between these two approaches was the promotion of insight, awareness, and understanding on a number of different levels including societal, communal, familial, and individual. At the societal and communal levels, both the cognitive-behavioural programs and the Sweat Lodge ceremony addressed aspects associated with membership and citizenship. This included "teachings" in the Sweat Lodge ceremony, as well as lesson modules in the cognitive-behavioural program on aspects such as beliefs, values, norms, roles, expectations, duties, responsibilities and the like, all within the context of community. These same aspects were discussed within the context of family and the individual.

More than this, however, we learned from respondents that the "teachings" as well as the lesson modules dramatically increased awareness of how relationships can become unhealthy and dysfunctional and how this, in turn, can negatively affect individual functioning. Perhaps more than any other aspect, it is in the area of individual functioning that respondents claim to have made the most significant gains in awareness and understanding. More importantly we learned from respondents that awareness also

included the acquisition of skills, the learning of strategies, and the implementation of action plans in identifying problems and working towards their eventual resolution.

In spite of the numerous areas of parallel between cognitive-behavioural programming and the Sweat Lodge ceremony, we discovered that respondents viewed these two approaches as more different than similar. When compared in areas such as therapeutic alliance, therapeutic engagement, humor, and time we discovered that respondents saw significant differences between these two approaches and that these areas speak of the nature of the differences.

We found, for example, that therapeutic alliance is facilitated for the Elder by virtue of his status within the aboriginal culture. We also found that therapeutic engagement was significantly different as a result of behavioural scripts and it was suggested that this may be the result of cultural expectations and cultural etiquette. Substantial differences were found to exist in regards to timeframes in each of these treatment approaches. As opposed to the strict scheduling timeframes of cognitive behavioural programming, the Sweat Lodge ceremony did not appear to operate on any schedules or time restriction. Lastly, differences were found to exist in the instrumental use of humor as an integral part of the healing process in the Sweat Lodge ceremony.

On a more conceptual level, respondents confirmed that there were significant differences in the orientations in which cognitive-behavioural programming and the Sweat Lodge ceremony position themselves. Distinctions of “egocentrism” and “sociocentrism” were found to exist respectively in the strong self-promotional approach of cognitive-behavioural programming and the theme of “connectedness” in the Sweat Lodge ceremony. Differences in orientation were also noted to exist between the two approaches in themes such as “holism” (holistic) and “compartmentalization”.

Specifically, healing in the Sweat Lodge ceremony was thought to heal all aspects of the individual (i.e., physical, cognitive, emotional, and spiritual) while healing in the cognitive-behavioural programs was specialized primarily in the cognitive domain.

This is an interesting point of departure for these two approaches, but it is an area where both models appear to stand to learn something from the other. Unfortunately, the holistic approach of the Sweat Lodge ceremony may not be a full reality for cognitive-behavioural programming in that the incorporation of a physical component into the program presents as a difficult, if not impossible challenge. Also, the introduction of spirituality as a lesson module faces potential challenges and attempts to introduce an emotional component may be of limited value for some aboriginal participants if it is divorced from its spiritual context (recall that traditional aboriginal people use spiritual/ceremonial activities as an avenue for emotional expression). In the end, holistic approaches in cognitive-behavioural programming is fraught with difficulties. Were it possible, however, cognitive-behavioural models could be more efficacious by addressing all aspects of healing as taught within the Sweat Lodge ceremony.

From the other vantage point, the Sweat Lodge ceremony can benefit from the techniques of cognitive-behavioural models. Whereas the Sweat Lodge ceremony advances the striving for “moral ideals”, its greatest short-coming appears to be its inability to “take people there”. In the case of a sexual offender, for example, it is one thing to teach about honoring and respecting woman and motherhood as a means of intervention for sexual offending, and another thing to understand the cognitive and behavioural dynamic of their sexual deviance. It is this attention to precise detail where the Sweat Lodge ceremony could benefit. After all, knowledge is also considered sacred and this is no less the case for the science in cognitive-behavioural approaches. This

begs the question, however, whether it is reasonable to ask that Elders have some understanding of cognitive-behavioural approaches? Reasonable or not, cognitive-behavioural models can be married to the sacred teachings of the medicine wheel and the Sweat Lodge ceremony.

The meaning within the stories of the respondents suggests several things: In section 4.1.1., “Perceptions of the Sweat Lodge Ceremony and Cognitive-Behavioural Programs”, we learned that respondents felt levels of safety and security in the Sweat Lodge ceremony that were just not apparent in cognitive-behavioural programming.

*Cause at least there [Sweat Lodge] I don't have to [feel] that I'm being, or trying to be, conformed to someone else's standards. I can go there and be myself without worrying about heavy repercussions. (Participant eleven).*

In addition, we found that respondents generally held the Sweat Lodge ceremony with a certain degree of reverence but that this was not the case for cognitive-behavioural programming. Finally, we learned from respondents that only the Sweat Lodge ceremony played an central role in matters related to cultural identity.

In Section 4.1.2., “Perceptions of Elders and Cognitive-Behavioural Facilitators”, respondents revealed to us that they felt a sense of kinship or familial connection with the aboriginal Elders as opposed to the feelings of suspicion and distrust held towards cognitive-behavioural facilitators. We found that respondents questioned the sincerity and commitment of the cognitive-behavioural facilitators (or all correctional staff for that matter) while others voiced concerns in regards to the “professional conduct” of the Elders especially around matters relating to language and humor.

*Psychology [sic] expect to get paid. They charge by the hour, whatever they do. Whereas Elders, they just...I think they do it because they want to do it and they feel obligated to do it if they're given tobacco or uh, if they're given cloth.*

*(Participant four).*

In section 4.1.3., “Perceptions of Self and Others”, the issues of sincerity and commitment also arose as a primary areas of concern for respondents. From their comments, we found that there was a tendency to see oneself as more advanced than others in these areas regardless of which of the two approaches was being referred to. Additionally, we learned that respondents saw themselves as “belonging” and feeling more “connected” in the Sweat Lodge ceremony than in the cognitive-behavioural programs. Lastly, we learned that respondents felt personally empowered from attendance in both the cognitive-behavioural programs and the Sweat Lodge ceremony.

*I came to see, ever since I opened my eyes it started...I want to change my life. I don't want to [live] like this anymore. I basically look at my family, it makes me think about what my family had to go through too. Makes me think about my sisters, my brothers, how their hurting. My mother, my sisters, my nephews...how they're hurting affects what we do. These things before in my life I never thought of before. (Participant five).*

In section 4.1.4., “Perceptions of Technique Similarity and Differences”, we found that respondents appeared to have difficulties *directly* identifying similarities

between these two modalities. Respondents were predisposed to identify the Sweat Lodge ceremony as a truly unique aboriginal experience that had few, if any, parallels in cognitive-behavioural programming. Moreover, there was a tendency to view the Sweat Lodge ceremony as being more beneficial and producing greater change than the cognitive-behavioural programs. We saw that respondents likened cognitive-behavioural programming to a class or course while the Sweat Lodge ceremony was viewed as a way of life and a way of being. Differences emerged on aspects such as time and humor to name but two.

*[in] the disclosures, they [cognitive-behavioural program facilitators] want it all at once. One shot...and sometimes you miss when you do it all in one shot. Sometimes you miss little pieces. It might come up after you do it. Makes you look like you are lying. That's how it made me feel. (Participant one).*

In relation to the three super-ordinate categories of trust, empowerment, and identity found in the primary domain of “Perceived Relation to the Program” (section 4.2), we saw that these themes emerged as the framework in which virtually all responses were positioned. At its broadest level, we learned from respondents that both the Sweat Lodge ceremony and cognitive-behavioural programming played a key role in the process of empowerment, but that identity was facilitated more in the Sweat Lodge ceremony. In section 4.2.1., we discovered that respondents had serious trust concerns within the prison environment as a whole, but suggested that they, momentarily, felt safer while in the Sweat Lodge ceremony. This was in stark contrast to the unrelenting

feelings of distrust that respondents identified within the cognitive-behavioural programs.

*Well it's almost as if I have to be careful what I say around them – the psychologists. If I say the wrong thing then they'll think that I'm doing something wrong or not meeting their expectations. Then they'll go and write it down and it will come back in a report that, he's "falling back," or, "going into his old cycle" and all this stuff. Whereas the Elders, they don't write any words down. Whatever is said to them they keep in confidentiality. (Participant one).*

The largest and most significant category to emerge in this entire research was the theme of empowerment which was discussed in section 4.2.2. of this study. We discovered from respondents that empowerment was multi-faceted and was comprised of educational, cultural, and political aspects as well as intangibles such as hope and aspirations (to name but a few). We have come to understand from respondents that empowerment is perceived as a much stronger force within the Sweat Lodge ceremony and that this may partially be the result of the levels of perceived control or volition that the Sweat Lodge ceremony affords its participants. In other areas, respondents told us that empowerment was like a map or blueprint revealing the "structure" of the system while at the same providing definition as to how one fits in. Ultimately, respondents told us that empowerment introduced choice and in so doing transformed the individual from hopeless to hopeful, from helpless to capable, from dependent to independence, and from victim to survivor.

*I can claim I know every [cognitive-behavioural] program in here, you know. Now, still it's not really how much I understand or how well I can communicate – that's important. But how I'm going to find these programs for myself...that's what counts eh. It's because everything I do has got to be up to me. It's my choice and decision what I do. So it's up to me. I can have the programs for the rest of my life – I still have to be able to make my own decision what to do, you see? So I have to choose, you know. I have to do the best I can for myself to stay out. (Participant eleven).*

In section 4.2.3., the final super-ordinate category of identity also emerged as very important in this study. Were it not for its magnitude, it may well have been included as a sub-ordinate theme under empowerment. In their narratives, respondents revealed to us stories of identity loss and identity confusion with foster-home placements implicated in virtually every case. We learned from respondents that by attending the Sweat Lodge ceremony, feelings of loneliness and isolation were lessened and replaced with feelings of connectedness and belonging. We also found that the Sweat Lodge ceremony, more so than the cognitive-behavioural programs, instilled a stronger sense of purpose and direction in the lives of respondents, and that this may have been facilitated by the acceptance of the roles, duties, responsibilities and expectations associated with self as aboriginal.

*It's something that to us, as native people, was very important because we didn't have nothing really – most of us native people want to get back into something –*

*try to get answers for ourselves in dealing with our own – sort of 'soul healing' I guess that's what the Sweat Lodge is all about. (Participant three)*

In a number of ways, the present study addresses many of the concerns relating to the responsivity principle identified by Andrews et al (1990) in their discussion of the effective correctional programming. In particular, the current findings add testimony to the need to match individual characteristics to the style and mode of treatment as part of internal and external responsivity factors.

### 5.1. Implications and Future Research

The implications of the present findings suggest that both cognitive-behavioural programming and the traditional aboriginal Sweat Lodge ceremony are beneficial to aboriginal offenders and, in some ways, are highly complementary to each other. In fact, it would appear that those individuals who are sincerely committed to aboriginal values, worldview, and way of living were also most amenable to cognitive-behavioural programming. It was speculated that this may be the result of traditional teachings in the Sweat Lodge ceremony that speak of tolerance, acceptance, and balance. This state of balance appeared to be more characteristic of "seasoned" Sweat Lodge ceremony participants, while "newcomers" were more inclined to see "the Indian way" as the only way.

Despite commonalties in the sample, the results also suggest that aboriginal people are a diverse population with wide variation in a multitude of different areas. Because of this diversity, treatment needs may vary considerable for each individual. By necessity, this calls for the development of assessment strategies that will allow Elders

and cognitive-behavioural facilitators alike to accurately differentiate aboriginal clients on the basis of need so that treatment can then be specifically tailored.

As things currently stand, the present findings suggest that many aboriginal clients experience difficulties in both mainstream correctional programming and the traditional aboriginal Sweat Lodge ceremony. In the case of the former, it was suggested that ignorance and/or insensitivity to traditional aboriginal worldviews, cultural etiquette, and cultural protocol played a role in accounting for these difficulties, while in the latter, the acculturation of aboriginal people into the dominant Euro-Canadian culture was implicated.

These difficulties add testimony to the fact the aboriginal community is a very diverse population and that treatment needs may vary markedly from one individual to another. If treatment is to be effective, programming, at a bare minimum, must cater to this diversity. At once, this requires that staff delivering core correctional programs be culturally sensitive to the needs of aboriginal clients and that aboriginal-based programming be more accepting of the fact that a significant percent of aboriginal people are acculturated into contemporary Canadian culture. Until this is done, aboriginal clients may yield lesser gains in either treatment approach.

The present findings also imply that, because of the differences in egocentric and sociocentric worldviews, there is need to incorporate more native community involvement in the treatment of aboriginal offenders. By implementing this strategy, it is believed that aboriginal offenders will come to recognize and embrace their aboriginal societal and communal roles, duties, and responsibilities and, as a result, derive purpose, direction, and meaning in their lives. In fulfilling these societal expectations, it is hoped that the morals and positive values of the aboriginal community become internalized in

the individual ultimately resulting in reduced recidivism rates and successful re-integration back into the community. If sociocentric thinking is central to the aboriginal worldview, then re-attachment/reconnection to the community must be considered a fundamental aspect in the treatment of aboriginal offenders.

The overall implications suggest that cognitive-behavioural programming and the Sweat Lodge ceremony are an effective combination in the treatment of aboriginal offenders. Combined, they are better able to address a wider spectrum of acculturation-related concerns at the personal and community levels, and, to some extent, compensate for the weaknesses of the other. This is not to suggest, however, that the two models should be fully integrated (i.e., that the Sweat Lodge ceremony should incorporate aspects of cognitive-behavioural programming and visa versa) since there appear to be inherent difficulties in this synthesis. Rather, the approach calls for a collaborative effort with each “discipline” contributing in a specialized manner. Conceived as such, it calls for the acknowledgement of the Sweat Lodge ceremony as a legitimate and authentic treatment approach.

## 5.2 Suggestions and Recommendations

To address many of the identified problems in this research, change is called for at several levels including the administrative, managerial, and clinical. At the administrative, it is recommended that increased efforts be targeted towards cultural sensitivity training for non-aboriginal staff and that this training be made mandatory in regions where the aboriginal population is high. As well, it is recommended that the CSC increase their efforts towards the hiring of aboriginal staff at no less than the prescribed quotas in accordance with the standards and guideline associated with employment equity. Lastly, it is recommended that the CSC continue to direct their

efforts towards further research of traditional aboriginal spirituality and its impact on healing and recidivism.

At the managerial level, it is recommended that management introduce a multi-disciplinary team approach with aboriginal programming and spirituality playing an essential role. The unspoken premise that aboriginal-based programs are there to enhance core correctional programming must be challenged since the former yields substantive gains in their own right. In fact, the results seem to clearly be suggesting that for some respondents, the greatest healing gains come from within the Sweat Lodge ceremony. Under these circumstances (i.e., when the client is more “traditionally oriented”), cognitive-behavioural programming might better be viewed as an auxiliary program.

Irrespective of which orientation is considered “primary”, cognitive-behavioural programming should make efforts to incorporate aboriginal healing models into its treatment approach. From one angle, this might encompass the utilization of the Medicine Wheel as a way of conceptualizing the participant’s problems, from another, it might involve the introduction of “grieving/loss ceremonies”, or “coming of age ceremonies” as part of the treatment plan. By necessity, this would call for the development of evaluation criteria that can be easily understood and, perhaps, readily transferable to criteria within cognitive-behavioural programming.

Management should consider acculturation to be a fundamental aspect of needs assessment. This calls for the development of an acculturation scale that is theoretically and psychometrically sound. In many regards, it is the logical extension of models such as that introduced in the present study. By differentiating the aboriginal population into acculturation groupings, the needs of the client can be better assessed and treatment can

be tailored accordingly. This tool should be considered an asset for the Elders for the same reasons. Like all categorical tools, however, there is potential for misuse and this is why it may be necessary to have agreement on the subtype classification of an offender by both the Elder(s) and the cognitive-behavioral facilitator(s).

“Identity” emerged as a enormous thematic category in this study and the Sweat Lodge ceremony was instrumental in fostering this concept. Respondents suggested that the “oral tradition” was an essential part in the identification process. Because of the important healing properties of this variable, cognitive-behavioural programming should consider introducing Indian studies as a treatment option for aboriginal participants. Teaching aims should be focused on educating students at multiple levels in areas including historical, political, and social to name but a few.

Finally, given the importance of community within aboriginal tradition, management should direct increased energies towards the creation of working partnerships with the aboriginal community. The aboriginal community should be kept informed and involved in all decisions regarding the offender’s sentence management with re-integration as the eventual objective. Where possible, this might include the granting of escorted and unescorted temporary passes to attend community and cultural events.

At the clinical level, cognitive-behavioral facilitators must appreciate the extent to which the aboriginal population is changing as a result of acculturation and deculturation. The assumption that aboriginal people are a homogeneous population is simply incorrect and fails to recognize the actual degree of diversity within the aboriginal community. Facilitators should consider that there remains a segment of the aboriginal population who have retained much of the traditional aboriginal culture. For

these individuals, facilitators should be aware of how traditional aboriginal values and beliefs are fundamentally different from (and, at times, are diametrically opposed to) those espoused in the cognitive-behavioural programs.

Staff should clearly understand how traditional aboriginal protocol and etiquette can be easily misinterpreted within the context of cognitive-behavioural programming. In addition, cultural aspects such as shyness, passivity, and the value of non-interference, must be examined closely so that they are not misinterpreted against program evaluation criteria. Moreover, variables such as language and time conception, must be given due consideration since they can adversely effect comprehension and participation levels in programming. A poor command of English is likely to produce difficulties understanding the material being taught while shame and embarrassment are likely by-products from receiving praise and speaking publicly within the group setting.

It is imperative that facilitators understand that spirituality remains the essence of many traditional aboriginal people. For these individuals, illness, suffering, hardship, and difficulties are often attributed to “bad medicine” and “inequities” against the spirit world. It is necessary that this worldview be carefully considered since it can be easily misunderstood, and worse, mislabeled according to other diagnostic criteria. When working with these individuals, facilitators should make every effort to consider cultural variables in the diagnostic process and should attempt to incorporate ritual and spiritual ceremonies as a central component of the treatment plan. For these individuals, greater gain may be made by positioning the Elder as the central figure of the treatment plan.

At the other end of the spectrum, facilitators must not readily assume that simply because an aboriginal man or woman is more acculturated they will somehow be more amenable to cognitive-behavioural programming. It is important to remember that even

more acculturated aboriginal people are marginalized within the larger social context of the dominant Canadian culture and that this has the potential to produce deep feelings of resentment towards the larger society. It is important, therefore, that facilitators consider resistant and uncooperative behaviours as an expression of this sentiment.

In addition to these difficulties within cognitive-behavioural programming, the more acculturated aboriginal inmate frequently experiences difficulties within the Sweat Lodge ceremony. At times, this is the result of ignorance and unfamiliarity of cultural protocol and tradition, while, at other times, it is the result of a worldview that is more consistent with the dominant Euro-Canadian culture. This is an absolutely important point that aboriginal Elders must consider in their dealings with this particular segment of the aboriginal population. Inasmuch as entire generations were subjected to residential schools and non-aboriginal foster placement strategies, Elders have to understand that the identity of many acculturated aboriginal people has been shaped by the dominant culture. The suggestion that these individuals have somehow abandoned or betrayed their own people can introduce strong feelings of rejection, resentment, and shame.

In the end, regardless of acculturation level, the majority of aboriginal people remain impoverished and are afflicted by a host of social and familial difficulties. While this may produce some similarities in the presenting problems of the program participants, Elders and facilitators should be aware that the manner in which they are expressed may be heavily influenced by culture and acculturation.

## 6. References

Achtenberg, M. (2000). Understanding restorative justice within the Aboriginal context. Forum on Correctional Research, 12(1), 32-34.

American Psychological Association. (1994). Diagnostic and Statistical manual of mental disorders (4th ed.). Washington, DC: Author.

Andrews, D.A., Bonta, J., & Hoge, R.D. (1990). Classification for effective rehabilitation: Rediscovering psychology. Criminal Justice and Behavior, 17, 19-52.

Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. (1990). Does correctional treatment work? A clinically-relevant and psychologically informed meta-Analysis. Criminology, 28, 369-404.

Bennet, S.K., & BigFoot-Sipes, D.S. (1991). American Indian and white college student preferences for counselor characteristics. Journal of Counseling Psychology, 38(4), 440-445.

Berry, J.W. (1997). Immigration, acculturation, and adaptation. Applied Psychology: An International Review. 46(1). 5-68.

Boe, R.E., (2000). Aboriginal inmates: Demographic trends and projections. Forum on Correctional Research. 12(1), 7-10.

Bonta, J. (1997). Offender rehabilitation: From research to practice. Canada. Corrections Branch. Ottawa: Public Works and Government Services Canada.

Bopp, J., Bopp, M., Brown, L., & Lane, P. (1984). The Sacred Tree. University of Lethbridge: Four Worlds Development Press.

- Bruchac, J. (1993). The Native American Sweat Lodge: History and legends. Freedom, California: Crossing Press.
- Bucko, R.A. (1998). The Lakota ritual of the Sweat Lodge: History and contemporary practice. Lincoln: University of Nebraska Press.
- Cianci, D., & Nadon, S. (1986). Walking the medicine wheel path in daylight. Owen Sound, Ontario: The Maplestone Press.
- Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it. In R.S. Valle, & M. King (Eds.), Existential-phenomenological alternatives for psychology. New York: Oxford University Press.
- Correctional Service of Canada. (2000). Aboriginal Programs and Issues: Fact Sheet on Aboriginal Corrections. Retrieved May 7, 2000 from the World Wide Web: <http://www.csc-scc.gc.ca/>
- Couture, J.E. (1996). The Role of Native Elders: Emergent Issues. In D.A. Long & O.P. Dickason (Eds.), Visions of the heart: Canadian Aboriginal issues. (pp. 41-56). Toronto: Harcourt Brace.
- Couture, J.E. (2000). Elder/Healer: The elements of promise. Forum on Corrections Research 12(1), 38-39.
- Croken, M. & Edgardo, L.P. (1985). Group Therapy Seminar. Ottawa Civic Hospital Department of Psychiatry.
- Dey, I. (1993). Qualitative data analysis: A user-friendly guide for social scientists. New York: Routledge.
- Dow, J. (1986). Universal aspects of symbolic healing: A theoretical synthesis. American Anthropologist 88, 56-69.

Duran, E. (1984). Archetypal consultation: A service delivery model for Native Americans. *American University Studies* 8(2). Peter Lang. New York.

Duran, E. & Duran, B. (1995). Native American postcolonial psychology. Albany: State University of New York Press.

Ellerby, L.A. & Ellerby, J.H. (1998). Understanding and Evaluating the Role of Elders and Traditional Healers in Sex Offender Treatment for Aboriginal Offenders. Aboriginal Peoples Collection, Aboriginal Corrections Policy Unit. Ottawa: Solicitor General of Canada.

Ellis, A. (1996). Better, deeper, and more enduring brief therapy : the rational emotive behavior therapy approach. New York : Brunner/Mazel Publishers, 1996

Ericsson, K.A., & Simon, H.A. (1993). Protocol analysis: Verbal reports as data (Rev. ed.). Cambridge, MA: MIT Press.

Foster, D.V. (1988). Consideration of treatment issues with American Indians detained in the Federal Bureau of Prisons. Psychiatric annals 18(12), 698-701.

Foster, J.D. & Cone, S.L. (1996). Dissertations and theses from start to finish: Psychology and related fields. Washington, DC: American Psychological Association.

Freeman, M.R. (1992). The nature and utility of traditional ecological knowledge. Northern perspectives 20(1), 9-10.

French, L.A. (1997). Counseling American Indians. Lanham [Md.]: University Press of America.

Gendreau, P. (1996). The principles of effective intervention with offenders. In A. Harland (Ed.), choosing correctional options that work. Thousand Oaks, California: Sage.

Gendreau, P. (1996). Offender Rehabilitation: What we Know and What Needs to be Done. Criminal Justice and Behavior 23(1), 144-161.

Gendreau, P. & Goggin, C. (1996). Principles of effective programming with offenders. Forum on Correctional Research 8(3), 38-40.

Gendreau, P. & Ross, R.R. (1980). Effective correctional treatment. Toronto: Butterworths.

Glaser, B.G., & Strauss, A.L. (1967). The discovery of grounded theory: strategies for qualitative research. New York: Aldine De Gruyter.

Griffith, C.T., & Verdun-Jones, S.N. (1994). Canadian criminal justice. Montreal: Harcourt Brace.

Hall, R. (1986). Alcohol treatment in American Indian populations: An indigenous treatment modality compared with traditional approaches. Annals of the New York Academy of Sciences 472, 168-178.

Hamilton, A.C. and Sinclair, C.M., (1991) Report of the Aboriginal Justice Inquiry of Manitoba. Volume 1: The Justice System and Aboriginal People. Winnipeg: The Queen's Printer.

Hann, R.G. & Harman, W.G. (1992). Predicting general release risk for Canadian penitentiary inmates. Ottawa: Solicitor General of Canada. Corrections Branch. User report ; no. 1992-07.

Hawton, K., Salkovskis, P.M., Kirk, J., & Clark, D.M. (1989). The development of cognitive-behavioural treatment. In K. Hawton, P.M. Salkovskis, J. Kirk, & D.M. Clark (Eds.), Cognitive-behavioural therapy for psychiatric problems. (pp. 1-12). New York: Oxford University Press.

Hirsch Jr., E.D. (1976). The aims of interpretation. Chicago: The University of Chicago Press.

Jilek, W.G. (1974). Indian healing power: Indigenous therapeutic practices in the Pacific Northwest. Psychiatric Annals 4(9), 13-21.

Johnson, M.E., & Lashley, K.H. (1989). Influence of Native-Americans' cultural commitment on preferences for counselor ethnicity and expectations about counseling. Journal of Multicultural Counseling and Development 17, 115-122.

Katz, R., & Rolde, E. (1981). Community alternatives to psychotherapy. Psychotherapy, Theory, Research and Practice 18, 365-374.

King, C. (1975). A comparative study of animistic thought of Ojibway children on Wikwemikong Reserve, Manitoulin Island. Unpublished Master's Thesis, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.

Kinsley, D.R. (1996). Health, healing, and religion: A cross-cultural perspective. Toronto: Prentice-Hall.

Knudtson, P., & Suzuki, D.T. (1992). Wisdom of the Elders: Honoring sacred Native visions of nature. New York: Bantam Books.

Koenig, D.M. (1981). Cognitive styles of Indian, Metis, Inuit, and non-Natives of northern Canada and Alaska and implications for education. Unpublished Doctoral thesis, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.

Kottler, J.A., Sexton, T.L., & Whiston, S.C. (1994). The heart of healing: Relationships in therapy. San Francisco: Jossey-Bass Publishers.

Kuhlman, T.L. (1984). Humor and psychotherapy. Homewood, III: Dow Jones-Irwin.

LaFromboise, T.D. (1988). American Indian mental health Policy. American Psychologist 43(5), 388-397.

Lafromboise, T.D., Trimble, J. E., & Mohatt, G. V. (1990). Counseling intervention and American Indian tradition: An integrative approach. The Counseling Psychologist 18(4), 628-654.

Lame Deer, J. and Erdoes, R. (1972). Lame Deer: Seeker of visions. Toronto: Washington Square Press.

LaPrairie, C. (1996). Examining Aboriginal Corrections in Canada. Ottawa: Solicitor General of Canada, Aboriginal Peoples Collection.

Lederer, W. (1973). Primitive Psychotherapy. In R.H. Cox (Ed.), Religious Systems and Psychotherapy. Springfield: Thomas.

Mails, T.E. (1988). Secret Native American pathways: A guide to inner peace. Tulsa, Oklahoma: Council Oak Books.

Martinson, R.M. (1974). What Works? Questions and Answers About Prison Reform. The Public Interest, 35, 22-54.

McCormick, R. (1995). The facilitation of healing for the first nations people of British Columbia. Canadian Journal of Native Education, 21(2), 251-322.

Mc Cracken, G.D. (1988). The long interview. Newbury Park, California: Sage Publications.

McGaa, E. (1990). Mother earth spirituality: Native American paths to healing ourselves and our world. San Francisco: Harper.

McGuire, F.A., Boyd, K.R., & James, A. (1992). Therapeutic humor with the Elderly. New York: Haworth Press.

McShane, D. (1987). Mental health and North American Indian/Native communities: Cultural transactions, education, and regulation. American Journal of Community Psychology, 15(1), 95-116.

Meichenbaum, D. (1977). Cognitive-behavior modification: an integrative approach. New York: Plenum Press.

Miles, M.B., & Huberman, A.M. (1994). Qualitative data analysis: An expanded sourcebook. California: Sage.

Moerman, D.E. (1979). Anthropology of symbolic healing. Current Anthropology, 20(1), 59-80.

Newell, R., & Dryden, W. (1990). Clinical problems: An introduction to the cognitive-behavioural approach. In W. Dryden & R. Rentoul (Eds.), Adult Clinical Problems: A Cognitive-behavioural Approach. (pp. 1-26). New York: Routledge.

Norris, M.J. (1996). Contemporary Demography of Aboriginal Peoples in Canada. In D.A. Long & O.P. Dickason (Eds.), Visions of the heart: Canadian Aboriginal issues. (pp. 179-237). Toronto: Harcourt Brace.

O'Dea, J.W. (1994). Pursuing truth in narrative research. Journal of Philosophy of Education, 28(2), 161-171.

Reason, P. & Rowan, J. (1981). Issues of validity in new paradigm research. In P. Reason & J. Rowan (Eds.), Human Inquiry. (pp. 239-250). London: John Wiley and Sons Ltd.

Redfield, R., Linton, R., & Herkovits, M. (1936). Memorandum on the study of acculturation. American Anthropologist 38, 149-152.

Renfrey, G.S. (1992). Cognitive-behavior therapy and the Native American client. Behavior Therapy, 23, 321-340.

Richman, J. (1996). Points of correspondence between humor and psychotherapy. Psychotherapy, 33(4), 560-566.

Ross, R. R., & Fabiano, E. (1985). Time to think: A cognitive model of delinquency prevention and offender rehabilitation. Johnson City, TN: Institute of Social Sciences and Arts.

Ross, R.R. & Fabiano, E. (1981). Time to think: cognition and crime: link and remediation. Ottawa: University of Ottawa.

Rutledge, D., & Robinson, R. (1992). Center of the world: Native American spirituality. North Hollywood, California: Newcastle.

Sandner, D.F. (1972). Healing symbolism in Navajo religion. An Annual of Archetypal Psychology and Jungian Thought, spring, 132-143.

Shore, J.H. (1974). Psychiatric epidemiology among American Indians. Psychiatric Annals 4(11), 56-66.

Solicitor General Canada (1988). Final Report Task Force on Aboriginal Peoples in Federal Corrections. Ottawa: Minister of Supply and Services Canada.

Solomon, A., & Stonechild, J. (1995). Aboriginal Spirituality information kit. Ottawa: Correctional Service of Canada.

Swartz, L. (1988). Healing properties of the Sweat Lodge ceremony. In D.E. Young (Ed.), Health care issues in the Canadian north. (Pp. 102-107). Edmonton: Boreal Institute for northern studies.

Trimble, J.E. & Hayes, S.A. (1984). Mental health intervention in the psychological context of American Indian communities. In W.A. O'Connor & B. Lubin (Eds.), Ecological models: Applications to clinical and community mental health. (pp.193-321). New York: Wiley.

Valliant, P.M. and Antonowicz, D.H., (1991). Cognitive-behavior therapy and social skills training improves personality and cognition in incarcerated offenders. Psychological Reports, 68, 27-33.

Waldram, J.B. (1994). Aboriginal spirituality in corrections: A Canadian case study in religion and therapy. In M.O. Nielsen, & R.A. Silverman (Eds.), Native Americans, crime, and justice. (pp. 239-253). Boulder, Colorado: Westview Press.

Waldram, J.B. (1997). The way of the pipe. Peterborough: Broadview press.

Waldram, J.B. & Wong, S. (1995). Group therapy of Aboriginal offenders in a Canadian forensic psychiatric facility. American Indian and Alaska Native Mental Health Research, 6(2), 34-56.

Welsh, A. (2000). Aboriginal offenders and full parole: A profile. Forum on Correctional Research, 12(1), 61-64.

Wickberg, D. (1998). The senses of humor: self and laughter in modern America. Ithaca: Cornell University Press.

Wilbush, J. (1988). Placebo effects associated with Sweat Lodge therapy. In D.E. Young (Ed.), Health care issues in the Canadian north. (pp. 95-101). Edmonton: Boreal Institute for Northern Studies.

Yochelson, S., Stanton E., & Samenow, S.E. (1976). The criminal personality. New York: J. Aronson.

## Appendix A

### SEMI-STRUCTURED INTERVIEW QUESTIONNAIRE

1. How long have you been participating in Sweat Lodge ceremonies? How long within the prison setting?
2. How long have you been participating in cognitive-behavioural programs?
3. Tell me as much as you can about your experience in cognitive-behavioural programs?
4. Tell me as much as you can about your experience in the Sweat Lodge ceremony in the prison setting?
5. What are the things that stand out for you in cognitive-behavioural programming?
6. What are your expectations of cognitive-behavioural programs?
7. What are the things that stand out for you in the Sweat Lodge ceremony?
8. What are your expectations of the Sweat Lodge ceremony?
9. How would you compare the Sweat Lodge ceremony and cognitive-behavioural programming? Similarities? Differences?
10. In what ways do you feel Elders and psychologists are different and similar to one another?
11. How would you compare the relationship you have with the Elder with the relationship you have with the psychologist?
12. How does the timing or pace of program delivery compare between the Sweat Lodge ceremony and cognitive-behavioural approaches?
13. Do you think that the group participants act the same or differently in the Sweat Lodge ceremony than in cognitive-behavioural programs?
14. What role does humor play in cognitive-behavioural programs and the Sweat Lodge ceremony?
15. Are there parts of cognitive-behavioural programming or the Sweat Lodge ceremony that you do not feel comfortable with?
16. Has cognitive-behavioural programming personally helped you in your healing? If no, why not? If yes, In what ways?

## Appendix A (Con't)

17. Has the Sweat Lodge ceremony personally helped you in your healing? If no, why not? If yes, in what ways?
18. Has your participation in cognitive-behavioural programming prepared you for your return to the community? If no, why? If yes, in what ways?
19. Has your participation in the Sweat Lodge ceremony prepared you for your return to community? If no, why? If yes, in what ways?
20. Which approach do you feel has been the most beneficial to you? In what way(s)?
21. Is there anything else that you would like to add or say?