A PLACE FOR HEALING: ACHIEVING HEALTH FOR ABORIGINAL WOMEN IN AN URBAN CONTEXT

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Abstract

Through examining two Aboriginal-specific health promotion programs for women, this paper discusses how the Niagara Regional Native Center operates as a therapeutic landscape, given its role as a place for health. The two programs of interest are the Aboriginal Prenatal Nutrition Program, which targets low-income, at risk, pregnant Aboriginal women and teenagers, and the Silver Foxes Partners in Aging Program, which provides an Aboriginal appropriate support and healing circle for Aboriginal seniors/Elders. The research points to the importance of culturally appropriate programming, where traditional health care practices are taught in combination with Western medicine.

L'opération du centre aborigène de la région de Niagara est considérée après l'examen de deux programmes spécifiques de santé aborigène. Le premier programme d'intérêt, "Aboriginal Prenatal Nutrition Program" concerne des adolescentes aborigènes enceintes qui sont économiquement faibles et à risque. La deuxième programme, "Silver Foxes Partners in Aging" est pour soutenir les personnes aborigènes âgées. Cette recherche souligne l'importance des pratiques traditionnelles de soin de santé et leur combinaison avec la médecine moderne.
Introduction

Mortality and morbidity rates are higher in the Native population than in the general Canadian population; Canadian Aboriginal people die earlier than their fellow Canadians, on average, and sustain a disproportionate share of the burden of physical disease and mental illness (MacMillan et al., 1996). A number of conditions are thought to be more prevalent in the Native population than in the general Canadian population, shown in the differences that exist in health determinants, such as socioeconomic status, environmental conditions, access to health care, nutrition and maternal health (Tookenay, 1996; MacMillan et al., 1996). Improving the health of Canada's Native people depends not only on improving the economic and social conditions in which they live, but also lies in increased access to health care and health education, such as Aboriginal-specific health promotion programming.

As Aboriginal people (and particularly Aboriginal women) are disempowered members of a larger society, they often times encounter obstacles in their ability to access resources, opportunities, and other activities because of their limited social position (Germain, 1992, 1994). Their limited and blocked access to services and resources might also result in the internalization of negative messages about oneself. Being denied access is one example of the sanctions taken against disempowered groups. Through a growing acceptance of initiatives for culturally specific health promotion and disease prevention, off-Reserve urban Aboriginal people are accepting more responsibility for improving both their own health status and the health of members of their community. Health promotion and disease prevention programs of particular relevance to urban Aboriginal women are being sponsored and facilitated by Friendship Centres, which are Aboriginal-specific urban community centers that evolved in the 1950s to meet the needs of Aboriginals who were migrating into cities (Williams, 1991; Williams, 1997).

The healing qualities that characterize Friendship Centres and the programming they provide are characteristic of therapeutic landscapes, where both the meaning and nature of place are understood with respect to health and health care. Therapeutic landscapes are places, settings, situations, locales, and milieus that encompass both the physical and psychological environments associated with treatment or healing, and the maintenance of health and well-being; they are reputed to have an "enduring reputation for achieving physical, mental, and spiritual healing" (Gesler, 1993:171). Through examining two Aboriginal-specific health promotion programs for women, this paper will discuss how the Niagara Regional Native Center (the nucleus for cultural and traditional teaching and events
for Aboriginal peoples living in the Niagara Peninsula) operates as a therapeutic landscape, given its role as a place for health. The two programs of interest are the Aboriginal Prenatal Nutrition Program, which targets low-income, at risk, pregnant Aboriginal women and teenagers, and the Silver Foxes Partners in Aging Program, which provides an Aboriginal appropriate support and healing circle for Aboriginal seniors/Elders. In discussing these two programs, the word “Circle” will be used interchangeably with program, as participants refer to each of the two programs as Circles, meaning a gathering of people with some common purpose. Both quantitative and qualitative data collected from program participants and program leaders/planners is used to illustrate the important place that health promotion and disease prevention programming provide in the development of health behaviour specific to urban Aboriginal women. The research points to the importance of culturally appropriate programming, where traditional health care practices are taught in combination with Western medicine.

Urban Aboriginal Women

Approximately 60% of Canadian Aboriginal peoples live in urban areas, and 80% of off-Reserve Aboriginals live in large metropolitan centres (Frideres, 1988). Although Aboriginal urbanization has followed Canada’s mainstream migration patterns (Williams, 1997), the processes of Aboriginal urbanization are unique. Aboriginal urbanization has a distinct history in Canada due to the characteristic cultural specificity that has influenced decision-making processes and motives for migration. Part of the history impacting upon their migration process is the origin from which many migrants have come. Aboriginal Reserve communities are very particular living environments where the overall way of life is uniquely characteristic to those living in these geographically delineated spaces. Consequently, membership, identification, and association with Reserve communities translates into a migrant experience that is significantly different from any other:

The urban migrant...not only leaves a place of inalienable land rights, a home community, the local domain of one’s cultural heritage, and a rural way of life, but also leaves the special support of federal services (Price, 1979:227).

As a consequence, Aboriginal urban migrants have limited access to urban services and resources, such as health. While city life contributes to the problems experienced by Aboriginal migrants, urban concentration exacerbates and makes visible problems that are otherwise hidden away on Reserves and out of view of the general public (Wotherspoon and
Satzewich, 1993:99). In 1978, the Ontario Federation of Friendship Centres identified the major problems affecting urban Aboriginal people as: limited education, unemployment, inadequate housing, lack of cultural awareness, alcohol abuse and discrimination (Maidman, 1981:18). Not surprisingly, many of these identified problems are also classified as determinants of health (Simons-Morton et al., 1995). The frustration felt by Aboriginal migrants is also accompanied by the difficulty experienced in socially and psychologically adjusting to the city. The accumulation of these inter-related problems makes for a very high probability of failure in the urban realm, particularly for women.

Urban Aboriginals as a group live in a disadvantaged socio-economic position; Aboriginal women, and specifically those living on their own, comprise the most disadvantaged component of this group (Williams, 1997). The central problems of low educational achievement, consequent unemployment and resultant lack of financial resources that characterize Aboriginal women contribute to their inability to effectively cope with city life. Gerber (1990) determined that the most disadvantaged Canadians, in terms of education attainment, labour force participation and income, are members of visible minorities, female and specifically Aboriginal.

The central problems, as discussed, are also accompanied by specific concerns that are characteristic of women in the city. Maidman has defined these additional problems as: limited skills, limited information (legal advice, women’s services, birth control, family life and parenting), lack of day care, frequency of family violence, lone-parent status and, depression (Maidman, 1981:27). Wotherspoon and Satzewich, (1993:102) summarize the challenge Aboriginal women face in the city:

High costs of housing and other living expenses, combined with inadequate or inaccessible community services, especially for women with young children, compound the dilemmas of unemployment and low-wage work. Several other factors interact to make life difficult for off-reserve and urban native women, including the amount of time women tend to be engaged in domestic labour and child-care activities and the matriarchal traditions of many native societies, which place added burdens on women...

The growing prevalence of female lone-parent is evident in the impoverished lives most of these women lead (Gunderson et al., 1990; National Council on Welfare, 1985). Lone-parent status is one problem that is more common in the city than on the Reserve communities, as its occurrence is significantly higher in urbanized areas of Canada (White, 1985:22).
Many Aboriginal women are victims of poverty. The feminization of poverty is the process by which female-headed families become an increasing proportion of the low income or poverty population (Abowitz, 1986:209). This can be explained by a number of factors:

...feminization of poverty is increasing among all races in large measure as a consequence of the unjustly low wage rates, part-time work, and lack of security of employment in many "women's jobs." Other reasons are the shortage of affordable day-care, the failure of the legal and law enforcement systems to ensure that men pay the appropriate share of family support costs following separation and divorce, and the lack of adequate pension and pension transfer rights for older women (Yeates, 1990:181).

Central cities, with their low-cost but often low-quality rental housing units, shelter the vast majority of poor women (Birch, 1985). The growing number of Aboriginal women, specifically lone-parent, migrating to Canadian cities is a factor in the increasing feminization of poverty in urban areas. The changing economic and social structure in the province and country are contributing to the feminization of poverty, as fewer resources are being made available for the poor.

To exacerbate the disadvantaged situation of urban Aboriginal women "formal services are seriously inadequate in most cities, while informal community supports have been eroded or left behind for women who leave the reserves" (Wotherspoon and Satzewich, 1993:102). The inadequacy of formal services is due to the federal government opposing funding programs for urban Aboriginals on the grounds that once urban Aboriginals leave the Reserve community, they cease to be the government's responsibility. Various levels of government are then left to chose whether to support urban Aboriginals via funding for programs, such as the health programming offered by the Friendship Centres found throughout Canada's urban areas.

Native Friendship Centres

The Niagara Regional Native Centre (NRNC) is one of more than 35 Native Friendship Centres found across urban Canada. Established to ease the transition to urban life for all Aboriginal peoples (Status and non-Status, and Métis), Friendship Centres provide a great number of services to a growing urban Aboriginal population. The idea of Aboriginal-specific urban community centres is not new to Canada, having evolved in the 1950s to meet the needs of Aboriginals migrating into the city. Following the lead of Winnipeg (Manitoba) and Vancouver (British Columbia), the Canadian
Friendship Centre of Toronto (Ontario) was established in 1962, meeting the needs of Canada's largest urban Aboriginal population (Williams, 1991; 1997). The history of the NRNC is part of a larger history of Native Friendship Centres across Canada; the NRNC, established in 1972, became part of a legacy of Friendship Centres.

Since its inception, the NRNC has sponsored and facilitated Aboriginal specific programs and services for off-Reserve Aboriginal peoples living throughout the Niagara Peninsula. The NRNC is the nucleus for cultural and traditional teachings and events for Aboriginal peoples living in the southern Ontario catchment area that includes Niagara-on-the Lake, St. Catharines, Niagara Falls, Welland, Vineland, and Grimsby. Sharing the collective vision of providing a visible presence, a united voice, as well as a convincing and resourceful lobbying collective for urban Native populations, the NRNC serves off-Reserve populations living throughout the Niagara peninsula. The NRNC provides the space and use of facilities for all Aboriginal-specific programs free of charge. The Centre also provides a bus service to transport members to and from home. The government provides limited funding for individual Aboriginal programs such as the Aboriginal Prenatal Program and the Silver Foxes Partners in Aging Program. Funding for these and other Aboriginal-specific programs is not continuous; formal proposals for such support must be submitted on an ongoing basis.

Although the physical structure appears the same as any other community centre, the importance of Friendship Centres to urban Native populations cannot be fully understood without some comprehension of Native philosophy, Native society, Native politics, and Native history. The cultural specificity of Friendship Centres is reflected in the core of Aboriginal traditions and values, handed down through the teachings of the Elders. As Aboriginal peoples have a deep-rooted sense of extended family and extended community, Friendship Centres provide a basis for a substitute community where one can find familiar, culturally appropriate activities. One of the prime objectives of Friendship Centres is to provide a safe environment where Aboriginal people can meet, learn about one another, find new friends, as well as re-discover old friends and extended family. Friendship Centres are able to provide, in many cases, the only surroundings in which Native people can feel secure in their identities amidst an urban environment.

Therefore, the role of a Friendship Centre within the urban environment is to assist migrating Native populations to establish that balance in a versatile environment. The Centre becomes the bridge that assists in the protection of the culture
and the preservation of harmony and tolerance... One of the roles of Friendship Centres is to fulfill the inherent concepts contained in the teachings of the Four Directions and the Cycle of Life, in order to build extended families. There is a deep respect for the native seniors and Elders in the urban communities as they are often the role models who present a balance between our present and future (Pineault, 1998:13).

Due to the fact that culturally appropriate programming is planned and implemented in these Centres, Friendship Centres operate as authentic therapeutic landscapes. This will be explored herein using research data collected from program participants.

Therapeutic Landscapes

The concept of therapeutic landscapes has many applications that have yet to be formally explored. The literature points to the use of therapeutic landscapes in the healing and recovery of illness (Gesler, 1992, 1993), but the concept of therapeutic landscapes can also be used in the maintenance of health and well-being (Kearns and Gesler, 1998; Williams, 1999). The application of the concept of therapeutic landscapes follows the recent work about the meaning of place, illustrating a shift away from understanding places in themselves, and towards an appreciation of place as a social and cultural category (Sack, 1992; Thrift, 1992; Pile, 1993). The therapeutic landscapes concept encompasses the humanistic ideas of sense of place and authenticity of place, both which impact on place-identity.

Sense of place defines the identity, significance, meaning, intention, and felt value given to a place as a result of experiencing it over time. It is through lived experience that moral, value, and aesthetic judgments are transferred to particular sites that, as a result, acquire a spirit or personality (Williams, 1998). It is this subjective knowledge that gives such places significance, meaning and felt value for those experiencing them. Places provide meaning for people in many different ways: through identity and feelings of security, as settings for family life, employment, or as locales for aesthetic experience (Gesler, 1992). Relph (1976) describes this as existential insidedness: “the most fundamental form of insidedness... in which a place is experienced without deliberate and self-conscious reflection, yet is full of significance” (1976:55). The subjective experiential knowledge is what gives such places significance, meaning and felt value; this affective bond between people and place or setting is called “topophilia” by Tuan (1974:4). The “field of care” or appreciation by nonvisual senses such as smell, hearing, touch and taste of such places, is also attached to the special meaning subjectively given to them (Tuan, 1974; Rodaway, 1994). It is this
subjective knowledge that gives such places significance, meaning and felt value for those experiencing them.

Closely related to sense of place and its opposite, placelessness, is Relph’s (1976) typology of “authentic” and “inauthentic” landscapes. Gesler (1992) uses this typology to distinguish between “networks of interpersonal concern” found in caring, therapeutic environments (authentic), and “spatial separateness and isolation” found in uncaring environments (inauthentic). Authentic environments with a strong sense of place are usually achieved through a long-standing relationship with the environmental, individual and societal factors of a certain place characterized as having great interpersonal concern. The authenticity of a landscape contributes to a landscape’s therapeutic effect.

Authentic landscapes endowed with a strong sense of place are known only from within, exemplified in the home, where “networks of interpersonal concern” have existed for an extended period of time (Gesler, 1992:738). Home is a significant environment in one’s life, not only satisfying basic needs, but also eliciting complex feeling. Cosgrove (1978:69) surmises that “home is perhaps that place where most of us experience true existential insidedness”. Home, as with other environments that commonly elicit a strong sense of place, is positively associated with a health, as it is “deeply relevant to the basic need for internal cohesion, mental health, a sense of security and direction, and a feeling of relationship with the world around one” (Jackson, 1985:13). Consequently, such experienced space has an effect “on human attitudes and behavior” (Jackson, 1985:9) which may promote health maintenance and well-being. One way to describe “sense of place” or the relationship one has with the environment is through positive place-identity.

The concern with the construction of self in the world and its connectedness to place and the environment is reflected in the growing literature on place and identity (Williams, 1999). Places and their attendant meanings contribute to identity in complex ways. Previous research on place-identity has typically focused on two broad functions: display and affiliation. Regarding place-identity as display, researchers have documented how people use places to communicate qualities of the self to self or other; places may be integrally involved in the construction of both personal identities—unique configurations of life history items that differentiate the self from other—and social identities—groups of attributes associated with persons of a given social category (Goffman, 1963). Academics have also explored how people use places to forge a sense of affiliation through attachment (Altman, 1992; Entrikin, 1994; 1997). Such an identification with place often involves emotional ties to place, but it may also involve a sense of shared interests.
A Place for Healing

and values (Williams, 1999). Using life stories of three Yukon Elders, Cruikshank (1990) explores the cultural relevance of place within an Aboriginal tradition.

The application of humanistic concepts such as sense of place, authentic landscapes, and place-identity—all which are encompassed by the therapeutic landscape concept—are further explicated in the present research, where they are examined through their application in Aboriginal-specific health education programming. In so doing, this research not only contributes to a theoretically-informed health geography, but extends the humanistic framework, as the individual experience of health and health care—within a population which has a clear cultural identity—continues to become more recognized (Kleinman, 1988; Keams, 1997).

Methodology

Multiple methods were used to examine the two health promotion programs offered through the NRNC: the Aboriginal Prenatal Nutrition Program and the Silver Foxes Partners in Aging Program. The data collected illustrate how the NRNC operates as a therapeutic landscape, given its role as a place for health. In addition to examining program documentation, including Program funding proposals, client statistics, programming plans, and monthly and quarterly reports (all of which were provided by the NRNC staff), a number of key-informant interviews were conducted with program coordinators and associated staff. These interviews provided information about program content and operation. The researchers conducted participant observation in an ongoing manner throughout the fall, winter and spring of 1996-1997. This allowed greater familiarity with the Program content, as well as the opportunity to develop communication with the coordinators and participants. Attending Circles also provided an opportunity to follow participant attendance and track the variability in Program participation. Data was directly collected from program clients using three collection strategies, all of which employed financial incentives for respondents’ participation. The three strategies were employed consecutively, beginning with a questionnaire survey, followed by a semi-structured focus group discussion, and ending with face-to-face in-depth semi-structured interviews (Table 1). The questionnaire survey data was analyzed using quantitative methods, whereas the focus group and interview transcriptions were analyzed using qualitative techniques.

As will be described in more depth, sample numbers are low. In the case of the prenatal program, sample size is limited due to program participation rates. In the case of the Silver Foxes Circle, low sample size
Table 1: Research Methods Used to Collect Participant Data

<table>
<thead>
<tr>
<th>Method Used</th>
<th>Prenatal Circle</th>
<th>Silver Foxes Circle</th>
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<tbody>
<tr>
<td>Survey Questionnaires</td>
<td>n=5</td>
<td>n=11</td>
</tr>
<tr>
<td>Focus Groups</td>
<td>n=1@5 people</td>
<td>n=2@6-8 people</td>
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<tr>
<td>In-Depth Interviews</td>
<td>n=5</td>
<td>n=6</td>
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is due to program participants feeling uncomfortable with the research, due to limited literacy.

Aboriginal Prenatal Nutrition Program

The Aboriginal Prenatal Nutrition Program (APNP) began in June of 1996. The Program provides prenatal information and education to help Aboriginal women and teenagers have healthy pregnancies and babies. The Program attempts to achieve these benefits by improving the nutritional health of pre-natal and breast-feeding mothers, while reducing the risk of Aboriginal babies being born with poor health. Although the NRNC sponsors and facilitates Aboriginal-specific programs and services for off-Reserve Aboriginal peoples throughout the Niagara Peninsula, the APNP targets low-income and at-risk pregnant Aboriginal women and teenagers in the Niagara-on-the-Lake, St. Catharines, and Niagara Falls areas only.

The Program is planned and delivered by a part-time coordinator, who works together with a dietitian who is on staff for two (2) days per month. A diabetes coordinator has also been involved in the implementation of the Program. Two central components of the Program are prenatal education and information about healthy lifestyles (for mother and baby), and pre- and post-natal nutrition. Nutritional education is provided through workshops/seminars, healthy lunches, and one-to-one nutrition assessment/consultations. Workshops include visits from Aboriginal Elders and social workers, public health nurses, and representatives from numerous community organizations, such as the Niagara Sexual Assault Centre, the Birth Control Centre, and the Red Cross Society. The workshops focus on various issues, such as pre-natal health, breast-feeding, cultural teachings, safety, birth control, and related life skills.

Generally, the group meets twice weekly, once on Tuesday nights and again during the day on Thursday. A healthy lunch in the form of a potluck is held on Thursday, since the group meets during lunchtime (10am to 2pm). Outreach visits are organized according to need, although most contact and communication takes place during Program meeting times. The Program Coordinator generally makes one or two outreach visits each week. These visits often involve the Program Coordinator assisting in meeting the needs
of the participant(s), whether material (providing baby materials such as diapers, formula, etc.), or emotional (where counselling is required). In addition, the Coordinator provides baby-sitting when participants are unable to find appropriate care.

The Program Coordinator has made her home telephone number available to Program participants. According to the Coordinator, calls are received from each participant an average of every second day. Not all participants have telephones available in their homes, making telephone contact somewhat constrained. This again points to the importance of the Program site for the Coordinator to make contact with Program participants. Nutrition assessment also takes place informally, when and if the individual participant asks for it.

Demographics

Participants of the APNP have all the characteristics of the target group: off-Reserve, low-income, at-risk, often teenagers, and if not Aboriginal themselves, are somehow associated with the Aboriginal community (i.e. partner or close friend is Aboriginal). Although those participating in the Program have many, if not all, of the characteristics that are specific to the target population, participant numbers are small. From the clients on record—which includes both mothers, mothers-to-be, partners, infants (0-6 months) and young children (greater than 6 months), a total of 104 people have participated in the Program since its inception in July of 1996. Of the 104 participants, 41 are adults (either mothers, mothers-to-be, or partners), and the remaining (63) are infants or young children.

The statistical information gathered on participants, since the inception of the Program, confirms the low-income status of participants. Of the information available, 59% of the ‘primary caregivers’ have an income of less than or equal to $20,000, with 8% having an income between $20,001 and $30,000. The majority of Program participants (44%) are single, which again suggests low-income status. The substance abuse statistics confirm that some participants are at risk; 34% use cigarettes and 7% use alcohol. Fortunately, no family violence has been reported. Consistent program involvement has been difficult; in the last year of programming, the average duration of client involvement has been less than 2.5 months, with the range being less than one month (1) to as high as 12. This can be partly explained by the fact that not all Program participants meet the formal guidelines regarding the target population of the Program—pregnant and young mothers with infants aged 0 to 6 months. According to the Program Coordinator, the majority of participants have been, at one time throughout the duration of the Program, members of the target population. The total
number of adults participating in the program at the time of data collection was five (n=5). Given the challenges that exist in marketing the Program, the Program numbers would be much smaller if the NRNC was not involved, providing both a place to carry out the Program and a network from which to work.

Given the limited resources of the target group, the availability of transportation provided by NRNC is essential for program sustainability. All questionnaire respondents (n=5) made clear that having transportation readily available was “very important” to their participation in the program. This was further explored in the in-depth interviews:

It is vital for everyone here.

Very important. Vital... I do not think anyone in here has a car.

That's a big thing for us. We don't have any form of transportation other than cabs—so it's kind of expensive... so it's a big help.

The availability of transportation appears to be a key factor in determining participants' involvement in the prenatal program.

... I tried to get in a couple of parenting classes, but they've either been full or they don't provide transportation, so I can't get there. I have tried to get in other ones... It [APNP] was a lot easier. They pick you up, they drop you off. It had to do with the transportation a lot.

As transportation is provided for participants living in both St. Catharines and the surrounding region, the NRNC works well as a venue for program implementation.

Sense of Place, Authenticity, and Place Identity

The culturally defined programming offered by the NRNC certainly enhances the sense of place felt by program participants. Of those participating in the questionnaire survey, 60% rated the cultural workshops and substance abuse support as “very helpful”. The remaining 40% rated the cultural teachings as “somewhat helpful”. When asked how well the Program met participant's cultural needs, 60% of the survey respondents answered “very well”, with 20% responding “well” and the remaining 20%, “somewhat well”. Visiting the Six Nations Birthing Centre on a local Reserve community was a highlight of the culturally specific programming offered. The interest shown in the Birthing Centre was discussed in the focus group discussion:

When we went to the birthing centre, I found that really interesting... I've never even thought of having home birth. It was
just really interesting to go there, and they were all really nice. I honestly probably would consider doing something like that if I had another one [baby]. It was more homey; it was more nice to actually have a baby [at home] rather than in a hospital with doctors running in and out... It was nice that it was cultural, but it was just really interesting.

Although agency plays a critical role in defining the authenticity of a landscape, structure also plays a role, as environmental, political and associated socio-economic forces may influence the “authenticity” of a landscape. A number of factors work together to make the NRNC—together with the Prenatal programming it provides—a caring environment. The first and foremost is the Prenatal Program Coordinator. As the central link to participants, the Program Coordinator has taken a very “hands-on” style, where program activities have merged the NRNC with participants’ home environments. The accessibility of the Coordinator—shown in making available her home phone number to participants—has facilitated the success of the Program. Focus group participants appreciate the home visits, transportation service and food aide:

She came to my house one time because I needed diapers. If you call her up and it’s raining, because I don’t have a car, you just ask her, “Can you take me to my doctor’s appointment?” She’ll be there. She’ll be there to pick you up. You can call her no matter what and she’s always there.

She often will help you with your child. She’ll baby-sit. I’ve called her once before. I said, “[Name of Coordinator], I’m having a hard time with teething. It’s driving me nuts.” She came and got her [baby] for a couple of hours. She’s there constantly.

She came around and gave us food and a toy [at Christmas]. It was just helpful because not all of us have a lot of money. They’re [government] cutting back on Mother’s allowance.

Participant needs are sought out through encouraging participants to play an active role in the planning and definition of the Program. Survey results show that 100% of respondents (n=5) feel that they have a say in how the Program is run/managed. Participants specifically stated that they had suggested guest speakers and outings. When focus group respondents were asked whether they were invited/encouraged to take an active role in the development and implementation of the Program, there was a general consensus that their input was important in determining the direction of the Program.
[Name of Coordinator] is constantly asking, "What kind of speaker would you guys like? What would you like to do? Bring something on Thursday for potluck." She was always asking, "Do you want to go here? Do you want this person to come? Do you have any ideas for people you would like to come in and talk about something?" She always gives us a choice.

I feel the ability [to contribute is] there. You can put in as many suggestions as you like, no matter what you want to do, even on the spur of the moment.

Clearly the culturally specific programming and the commitment of the coordinator contribute to the sense of place experienced by program participants.

Experienced environments that have a strong sense of place have a therapeutic affect, "on human attitudes and behaviour" (Jackson, 1989). The survey results point to the success of the educational workshops, again highlighting the authenticity of the NRNC as a therapeutic place. The majority of workshops were highly rated. All respondents (n=5) rated anger management, nutrition and stress workshops as "very helpful".1 All respondents agreed that the Program had increased their awareness about nutrition for both parents and baby. The majority of respondents rated exercise classes (60%), infant care teachings (80%), nutrition teachings (100%) and prenatal teachings (60%) as "very helpful". Forty percent (40%) rated exercise classes "somewhat helpful". Twenty percent (20%) rated infant care teachings "somewhat helpful", with 20% rating prenatal teachings "somewhat helpful".

The Program has been successful to a small target population. Of the five survey respondents, all agreed that the Program had increased their "awareness about a healthier lifestyle". All respondents also agreed that they "now eat with nutrition in mind", and that they are happier people—and thereby happier parents. When asked to rate the overall Program on a scale from one (1) to ten (10), the survey respondents averaged a score of nine (9).

Membership within the Prenatal Program and the NRNC illustrates the shared social identity of participants. The mothers' support circle is another programming feature that suggests the strong place-identity felt by program participants. The support circle meets informally during Program time in both weekly meetings. Four (4) of the five (5) survey respondents all felt that the support circle was "very helpful", with one respondent feeling that the circle was "somewhat helpful". The support circle was seen by the interview respondents as an opportunity to gain support from others in a similar situation:
There as also support from being around different parents. I'm a young mom and it's hard to find parents my age because I'm so young. It helped me handle stress from being a young mother and going to school at the same time... Most of all it was the support and the information that was given.

... it's nice to even get out of my house, come out, socialize with everybody ...

It is also refreshing to talk to more young mothers because... well, it is hard.

Clearly, participants have a feeling of place-identity with the NRNC, as they share a sense of affiliation through shared interests and common experience.

**The Silver Fox Seniors/Elders Healing Circle**

Similar to the Prenatal Circle, the Silver Foxes Circle is administrated, housed, and organized by the NRNC. As outlined by the NRNC (1995), the overall goal of the Circle is to provide an Aboriginal-appropriate support and Healing Circle for Aboriginal seniors/Elders in the Niagara Peninsula. Transportation to the events at the Centre is provided and used by the vast majority of participants. The Circle is run by a part-time coordinator who works together with members and an advisory committee in defining the direction for the Program. Due to the varied interests of the members making up this Circle, a number of participants are key partners in other programs offered by the NRNC. To illustrate, many of the members of the Silver Foxes are also members of the Busy-Bee Craft Circle. In addition, Aboriginal seniors who attend the Silver Fox Circle also sit on advisory committees of other programs such as the Prenatal Circle.

Except when a special trip has been organized, the group meets every Wednesday between 10am and 3pm. In the summer, the group gets together less frequently, meeting approximately every two weeks. The casual and informal meeting often takes the form of a social gathering, which includes a potluck lunch and may include visitors from other nearby Native Centres. Other than socializing, weekly activities include needlework and crafts, day trips, card playing and games, health care instruction, traditional teachings and fund-raising drives. Funds for trips or excursions are raised through raffles, craft bazaars, bake sales and bingo games.

As many of the participants of the Silver Foxes Circle are diabetic, the Circle works in conjunction with the Aboriginal Diabetes Support circle. The Diabetes Support Circle provides blood sugar and blood pressure monitoring, weigh-ins, a weight-loss club, guest speakers, and information about nutrition, stress and fitness. The Diabetes Support Circle also provides
home visits, foot care appointments and referral services. Another group that works in conjunction with the Silver Foxes Program is the Native Women's Social Group, which is open to women of all ages.

Demographics

The Silver Foxes consist of 31 participants (28 women and 3 men) over the age of fifty-five. The group has been in operation for almost a decade and experienced a 58% increase in participation over the last year. Similar to the make-up of the entire group of Program members, the majority of survey research respondents are female (n=9) and Native (n=7). The mean age of the respondents is 65 years. Five of the respondents had lived on First Nations communities, with the length of time ranging from 14 to 53 years (mean of 27 years). The length of time they had lived off-Reserve ranged from 36 to 51 years (mean of 42 years). The length of time they had been involved in the program ranged from 1 to 8 years, with a mean participation time of 4.7 years. All the survey respondents participated in the focus groups (together with other Program participants) and in the in-depth interviews.

Sense of Place, Authenticity, and Place-Identity

Similar to the Prenatal program, the culturally defined programming provided by the NRNC enhances the sense of place felt by program participants. Individual members of the Silver Foxes, whether Elders or not, provide traditional teachings to other members of the Healing Circle and to members of the larger Aboriginal community who are interested in learning more about their culture. One area that both the coordinator and the participants view as important is the reclaiming of their culture; this included not only expanding the understanding of traditional ways of healing but Native culture in general. The coordinator noted that:

A lot of them (members) don't know [about their culture]. They're just learning and they're really eager to learn about their culture. That's one thing I noticed. There's a lot [of members]... that do not know anything about their culture and they just learned [it] from being in this group.

The interest in cultural knowledge is shown in the popularity of opportunities to participate in traditional teachings:

I like to come in when we have our Youth and Elder gathering and the circle of meeting people. Meeting people and then discussing stuff with us like the Elders do, or the ones that do our Native medicines. They discuss this and that, you know.
Instruction by health professionals around health and well-being are also very popular, illustrating the interest that members have in feeling productive in one's mature years, through maintaining independence. This is made clear in a comment made by the coordinator:

They seem to be really interested...like the whole gang shows up when they know I'm having a speaker through the health program, so I know they are interested.

Sessions have included information regarding diabetes, foot care, breast cancer, elder abuse, healthy homes, and mainstream alternative healers.

The views that members have of the Silver Foxes Healing Circle illustrates that the Circle provides a safe communal refuge to members, illustrating how the NRNC operates as a caring environment. Not only is a strong sense of place evident, but also authenticity and place-identity are clearly experienced.

We meet each other and we share ideas, more or less share everything...I can't wait until every Wednesday. I sometimes sit at home and wonder, "Oh, what am I going to make today?"...It helps us to get together at least once a week. I think that's really important because we have no other place to go in the Native community. This is the only place we can come to.

We're not only Silver Foxes, we're friends; we're a support group.

The suggestion that the Silver Fox Healing Circle is much like a support group is reiterated in respondents' discussion of the social atmosphere that has been created in the Circle:

I look forward to every Wednesday. Nice to have someone to talk to...It helps a lot because when you're sitting at home you have no one to talk to...It's a lot better than keeping your problems to yourself.

Well, I enjoy coming out here—the closeness of the group, [the] caring and sharing. That's important. I look forward to coming out. I think if they ever stopped this, I don't know what we'd do. Hope it continues on.

I like the camaraderie we have. I know I've been pretty well down in the dumps for the last month or so. It's great when you walk in the door and you get a great big hug. It seems to lift everything off your shoulders, for the time being anyway. I know I've met so many people as a Silver Fox...It's something to
look forward to—friendship, understanding. It’s just something that seems to draw you out.

Being together, that’s very important... to the Silver Fox, coming together and sharing what little bit of knowledge we have.

And it’s the friends you make. We’re all friends. some of us are a little closer than others, but still... everybody’s friends. You don’t walk in there and look around and see who’s there. It’s hello so and so, hello so and so. You speak to everybody and everybody speaks to you. It’s great camaraderie. I know I miss it when I go up to [the name of the First Nations Reserve Community].

These comments support the idea that participants experience place-identity via affiliation, as the many commonalities that participants share have nurtured social cohesion.

The pivotal person in the success of the Circle working as a social support system is the coordinator. Similar to the Prenatal Program, the coordinator is the central factor in making the NRNC an authentic environment. The coordinator is able to relate exceptionally well to all members as she is an older Aboriginal woman. In addition to augmenting the transportation services provided by the Centre, the coordinator is highly successful in facilitating interaction among participants. The coordinator is frequently available at the Native Centre to meet with seniors by appointment in one-on-one or small group sessions, or in an emergency. Due to members’ lack of transportation, the coordinator also frequently meets with participants through pre-arranged home visits and assists with transporting members to medical appointments. If members are ill, the coordinator also makes home visits or hospital visits.

The participants credit much of the success of the Circle to the dedication and commitment of the coordinator. While members recognized that much of what the coordinator does was part of her paid job, they had been able to form relationships with her that transcended her role as coordinator.

I know she’s always there for me because we’re sisters... when she gets on the phone and my husband answers, he’s say: “You’re sister’s on the phone”. I know he means it’s not my real sister because I have sisters living... But when he says my sister’s on the phone, I know it’s [Name of Coordinator]... I can tell her if I have any personal problems or not personal problems. I can talk to her and it will stay there. She’s not the kind of person that if you tell her something, she’s going to go and tell somebody else.
Table 2: Achievement of Circle Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>How Well Addressed (mean score) (n=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation has been provided</td>
<td>5.0</td>
</tr>
<tr>
<td>I was able to meet people through this program that shared similar challenges and with whom I have been able to give &amp; receive support</td>
<td>5.0</td>
</tr>
<tr>
<td>The coordinator is sensitive and understanding to seniors issues and concerns</td>
<td>4.9</td>
</tr>
<tr>
<td>The weekly gatherings foster feelings of safety and security</td>
<td>4.9</td>
</tr>
<tr>
<td>The weekly gatherings encouraged participation and open communication between seniors</td>
<td>4.5</td>
</tr>
<tr>
<td>This Circle has met needs and concerns that were not being met elsewhere</td>
<td>4.5</td>
</tr>
<tr>
<td>Workshops have been offered that provide information on wellness</td>
<td>4.1</td>
</tr>
<tr>
<td>This Circle has helped me to expand my understanding of traditional ways of life</td>
<td>4.1</td>
</tr>
</tbody>
</table>

She's our friend. We can call on her at any time.

... I know she would be there. She's a good friend.

From an examination of the focus group discussions, the Healing Circle has a much broader mandate than the provision of social support. In addition to providing social support, the Circle also meets the needs around the aging process and loss or bereavement of family and friends. This speaks to the authenticity of the NRNC as a caring environment. The Circle responded to the death of a member during the study, providing a place and a space for all to mourn. In addition to meeting the needs of their immediate Circle, the Silver Foxes play a larger role in meeting the needs of the bereaved in the Native community within the region:

We do it for the whole Native community. Anytime anything happens like that, it's always the Silver Foxes that gets together and we all bring food like we do on Wednesday. We have
potluck and everybody brings something. Sometimes—because we do so much fund-raising...—we have a little bit of money and we go and get a big tray of meat or vegetables or something like that. Everybody brings food when there is a gathering.

While the community bereavement role that the Silver Foxes play assists in members' feeling productive in one's mature years, two other mediums also make a contribution: crafts and teachings. The showing of craft projects and the selling/exchanging of finished craft items make up a large part of each meeting.

Discussions around craft materials, methods, and other aspects of craft-making are often a central component of Circle meetings. As discussed, many of the participants in the Healing Circle are also members of the Busy Bee Craft Circle, which meets Monday evenings. Many of the Silver Foxes attending the Busy Bee Circle often play teaching roles to those less experienced than themselves. Although individual entrepreneurs sell many of the crafts, group crafts such as quilts and pillows allow all members the opportunity to participate and are used as fund-raisers at bazaars.

The research clearly points to the fact that the Silver Foxes Healing Circle is an alternative environment that has been established as a place for elderly First Nations to feel nurtured and accepted. This is well illustrated in member's assessment of the achievement of program objectives, as shown in Table 2. Items are ranked using a five (5) point scale. A 5 indicated that an item was "very strongly addressed", a 3 indicated it was "addressed", and a 1 indicated that the issue or need was "not addressed at all".

The nurturing that takes place within the Silver Foxes Healing Circle is evident in members' assessment of the needs being addressed, as outlined

<table>
<thead>
<tr>
<th>Need/issue</th>
<th>How Well Addressed (mean score) (n=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a social network</td>
<td>4.5</td>
</tr>
<tr>
<td>How to continue feeling productive in one's mature years</td>
<td>4.2</td>
</tr>
<tr>
<td>Loss or bereavement of family &amp; friends</td>
<td>4.0</td>
</tr>
<tr>
<td>Loss of independence</td>
<td>3.4</td>
</tr>
</tbody>
</table>
in Table 3. Items were ranked using a five (5) point scale. A 5 indicated that an item was "very strongly addressed", a 3 indicated it was "addressed", and a 1 indicated that the issue or need was "not addressed at all".

The population-specific needs being addressed illustrate the place-identity that members feel, as participants have a sense of affiliation through shared needs, interests and common experience as aging Aboriginal people.

Summary

Similar to all Friendship Centres found throughout urban Canada, the NRNC operates as a therapeutic landscape. Due to the culturally specific programming offered in these culturally specific places, Friendship Centres operate as places for health. In both health promotion programs discussed herein, participants perceived that the NRNC has done an outstanding job of providing transportation, providing a context in which they can develop a social network, and in creating an environment where they feel safe and secure. The participants credit much of the success of these programs to the dedication and commitment of the program coordinators, and NRNC staff.

Disempowered people like pregnant teenagers and elderly First Nations women can, in fact, exert power over their environments and their health status through participation in culturally-specific programs established to help them feel nurtured and accepted while developing appropriate health behaviour. The success of the Prenatal Circle and the Silver Foxes Healing Circle makes clear that there is a positive role that can be played by Friendship Centres in enhancing the quality of life of urban First Nations women. These programs not only provide a social support network for all members involved, but also make opportunities available for participants to feel successful and valued. These programs clearly demonstrate the importance of "healing places" in nourishing cultural identity, by encouraging participants to be interested in and learn more about their ancestry.

The NRNC and its culturally-specific programming allows First Nations women (young moms and aging Elders) to feel nurtured, accepted, and enabled. As a result, participants become valued and respected members in their Native community. Healing places, as contextualized herein within the frame of therapeutic landscapes, provide opportunities to establish a First Nations identity and an appreciation of Aboriginal culture, thereby further empowering participants' self-esteem, health, and quality of life.
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