

# Introduction

Wendy H. Arundale

In keeping with the spirit of the workshop/symposium entitled “Narrative That Heals,” I want to begin by acknowledging and thanking my friends and colleagues who inspired this workshop/symposium and made it possible. First, I want to acknowledge those Native Elders and friends who have been willing to teach me over the years, especially my long-standing colleague, Eliza Jones of Koyukuk, Alaska, and another important Elder, the late Susie Williams of Hughes, Alaska. I am grateful that they continue to share their wisdom, for I still have much to learn. Second, I want to thank the participants in this session; they are an outstanding group—they traveled the distance; they spoke the words, sang the songs, and gave from the heart; they made it all happen. Their cooperation and supportiveness eased my job as organizer, convener, and editor. At the end of this introduction are acknowledgments, detailing the ways in which several other people and organizations were essential to both the Quebec City workshop/symposium and this published version of the proceedings, which includes most of the original papers and presentations. My gratitude to all involved is enormous.

## A Unique Workshop/Symposium

In August 2000, I received a phone call from Murielle Nagy, Coordinator for the Organizing Committee of the Fourth International Congress of Arctic Social Sciences (ICASS-IV), held in May 2001 in Quebec City. She asked if I would be interested in organizing a session on oral history. I replied that I would indeed be interested, *if* I could organize the session around the connection between narrative and healing. Nine months later, after hundreds of emails, a proposal to the National Science Foundation, and a great many arrangements, the “Narrative That Heals” sessions emerged as a unique event at the Congress. With 21 presentations given by 27 presenters over a period of two days, it was the largest set of sessions at the meeting, and attracted a fair amount of interest and attention.

The “Narrative That Heals” sessions were unusual in ways other than simply size. Instead of exclusively academic papers, these sessions also included workshop-style presentations and performances. This format was grounded in the assumption that there is value in bringing together a wider variety of presentation formats and ways of knowing than can be found in traditional academic symposia. The greater variety of information, ideas, experiences, and emotions generated by the varied formats and different presenters could play off each other, enriching the experiences of both the presenters and the audience in ways that no single format alone could do. To accomplish this goal, the session brought together researchers, storytellers, and healers (with several participants fulfilling more than one of these roles), including 17 Indigenous people from across the North, to address topics of increas-

---

Wendy H. Arundale, *Institute of Arctic Biology*  
*University of Alaska Fairbanks, P.O. Box 7000, Fairbanks, Alaska 99775*

ing concern and urgency to those interested in the long-term well-being of the Arctic's peoples.

From its inception, the International Arctic Social Sciences Association (IASSA), which sponsored the Congress, has been committed to the extensive and meaningful involvement of Native people in its activities. Yet many of the Native people who have important information to communicate are not academics. Thus, IASSA (and by implication other academically based organizations that share interests and goals with Native people) needs to explore and implement formats—other than the typical academic paper sessions found at most such meetings—that allow Native voices to be heard. This session represents just such exploration and implementation. Many Native people have participated or presented in workshops; they are also very familiar with performances of stories and dances. Additionally, many Native cultures instruct, not so much by the formal style of teaching familiar in Western settings, but by experience and example. By opening the session format so that these alternative formats and experiential ways of teaching and knowing were recognized and supported, we created an environment where Native people could participate more fully, and where everyone could benefit from a wider range of learning opportunities.

Further, the sessions emphasized the importance of Native traditions, particularly as they relate to narrative and storytelling, in bringing help and healing to people in the North. Given Western historical precedents for talking but not doing, it was very important that in these sessions we “walked our talk” on this issue. In other words, the healing needed to extend to the very methods used in conducting the sessions. For example, one of the participants smudged the room with sage before each day's gathering, and each day began and ended with a prayer or a song. Participants often introduced themselves in ways that reflected traditions of courtesy and respect common in the North's Native cultures. These are just a few of the more obvious examples among many. This respectful—and sometimes humorous—atmosphere, with an emphasis on a healing environment in the room, helped create an all-important, psychologically safe space where presenters and audience members alike could talk about some of the more difficult problems afflicting northern individuals, families, and communities today. At the same time—and this point is very important—even though these difficult issues needed to be raised, for the session to maintain this healing environment, the focus had to be on a strength-based and empowering look at ways of healing through narrative, and how healing through narrative might address such difficult issues, rather than focusing on the issues themselves.

One other unusual aspect of the “Narrative That Heals” sessions is also related to Native tradi-

tions and practices. In many Western academic settings, speakers and writers are discouraged from talking about their personal perspective, and use of the pronoun “I” is viewed as inappropriate. Its use is seen as calling into question the objectivity of the author or speaker and, at the same time, as a sign of arrogance, of drawing inordinate attention to oneself. Yet from some Native perspectives, the view is just the opposite. To speak other than from one's personal experience is considered presumptuous and immodest. In this way, the personal story becomes a part, often an important part, of any presentation. Thus, in Smith's contribution (this volume), the personal story *is* the presentation. In others, such as L. Dolchok, Geddes, and Sam (all this volume), even though the primary focus is on another issue, the personal story plays an important role in getting across the speaker/author's main points. Fortunately, conventions in Western social science research are changing. Increasingly, researchers recognize that understanding the research context—including the researcher and his or her own thoughts, emotional responses, and motivations—is an important part of evaluating such work. Researchers in these sessions were both mindful of this trend and aware of Native conventions with the result that they also enrich our understanding of their work with relevant personal stories. Turner and Jolles (this volume) are just two of the more prominent examples.

## Dimensions of Healing

Healing is a culturally shaped concept, and thus can take many forms. One common concept of healing involves restoring health following a wound, injury, or illness. Another widespread concept of healing involves the long-term promotion of wellness as a state of being. This latter concept can include a wide variety of ideas, such as the importance of balance in one's life or of spiritual attunement to the natural world. Some people see healing as on-going personal growth; others see the community dimensions of healing as very important. Clearly, healing can occur at several different levels: individual, family, community, and cultural group. For many, healing's spiritual dimension is very important. No doubt there are other valid perspectives on healing, as well. However, basic to all these ideas is the recognition that healing occurs in the context of supportive human relationships. Whether we are storytellers, healers, elders, interviewers, researchers, or listeners, we all have healing roles we can play.

For a very long time, perhaps throughout human existence, stories (including oral history and other forms of narrative, as well as the games, dances, and music with which such narratives are closely associated, especially singing and drum-

ming) have played an important healing role in human life. Recently psychologists studying narrative have put forward the assumption that storytelling is very basic to human existence (McLeod 1997:39). They assume that we live in a “storied world.” Stories seem to be one of the most elemental ways humans learn and pass on information. Each of us exists within a culture that has a stock of stories. Being part of a family, a social group, or a culture depends on knowing the stories that embody the traditions and values of that group of people. Further, whenever a story is told, it draws on a huge stock of pre-existing stories (McLeod 1997:39). It seems that in making these assumptions, modern psychologists have stumbled onto—and perhaps elaborated with psychological jargon—some important truths that Native people have known implicitly for a very long time. These assumptions about the basic nature of stories and storytelling certainly shaped my thinking as I organized these sessions, and are probably shared by some of the presenters.

Yet how can stories heal? Perhaps most familiar to many of us, whether we have done oral history research or simply listened to older members of our families, is the way that narrative can heal by helping a person gain perspective in the later years of life. By retelling the story of his or her life, an older person completes the important developmental task of gaining perspective and attaching meaning to his or her actions in the past. Healing may also occur in another way, when elders recount stories that help a community in conflict draw together and recognize its underlying commonalities. In the process, younger listeners may learn important lessons about their cultural heritage, a stronger sense of identity, and in turn, a more positive, healthy self-image. Family stories, retold on various occasions, can increase understanding of idiosyncratic behavior, relate family history, inject life-leavening humor, and draw members together. Stories are often told in therapeutic settings, as part of substance abuse treatment or in Healing Circles addressing issues of abuse. In these settings, storytelling can dispel secrets, lift burdens, and help people understand that they are not alone in their feelings or experiences. Such stories also can motivate others to address their own problems, provide insight into how they might do so, and assist both the storyteller and the listeners in personal growth. These are only a few examples among many.

Northern Native peoples have always valued stories and other forms of narrative, perhaps in part because they have long understood narrative’s healing power. Over the past 20–25 years, they have shared their stories more widely, bringing about a broader appreciation of their value and importance, and working more vigorously for their preservation. Anthropologists and their colleagues in folklore have long collected narratives and stories, but in re-

cent years, with greater emphasis on dimensions of performance and text, have given them more detailed attention. These scholars have helped us think more carefully, for example, about the complex political and social implications of stories, and to appreciate the variety of forms they can take. More recently, psychologists have also shown an increased interest in narratives and their power to heal. They have sought to understand the importance of narrative in developing identity, looked at the role of stories in building resilience, and even organized an important new approach to therapy around the narrative process. These are just three examples among many from psychology (see McLeod 1997 for more). This session attempted to bring together elements from all three of these perspectives—Native cultures, anthropology, and psychology—in order to stimulate thought, interaction, research, and potential policy changes that will promote healing. In fact, the good-natured jokes throughout the sessions about the “-ologists” among us were an interesting reflection on both the backgrounds that could have divided us and the common perspectives that brought us together.

## The Need for Healing is Significant

Today the North’s Native people face some grave difficulties. Rapid cultural change, acculturation pressures, economic shifts, and political power struggles are all part of the picture. Woven through many of the difficulties facing northern Native people is the long-term problem of historical and intergenerational trauma. Northerners are not alone in facing this issue; increasingly indigenous people throughout North America (and elsewhere in the world) are coming to understand its significance. Since its historical causes and manifestations vary somewhat from place to place, it is important to understand how local and regional histories evolved. For example, in Alaska, disease has played a very prominent role; for many First Nations people in Canada and for some Native Americans in the continental United States, abusive experiences in residential schools are also salient. One formulation will not fit all settings.

One of the more useful descriptions of historical and intergenerational trauma in the North is Harold Napoleon’s *Yuuyaraq: The Way of the Human Being* (1996). Napoleon is a Yup’ik man who has experienced the effects of intergenerational trauma in very dramatic and personal ways. Since I can only give a very brief, and therefore potentially misleading, synopsis of Napoleon’s account here, I urge all who are interested to read his complete account for themselves. However, this summary should be informative as an example for those less familiar with the concepts of historical and intergenerational trauma.

Focusing on the Yup'ik people of southwestern Alaska, Napoleon explains how a series of epidemics around the turn of the twentieth century, especially one he calls the "Great Death," brought huge personal and cultural losses to that area. Napoleon asserts that about 60% of the population died. At the same time, missionaries were teaching that the traditional Yup'ik perspective on the spirit world was satanic and evil, and indeed the *angalkuqs* seemed helpless in the face of introduced diseases. Teachers forbade children to speak their own language in school and taught them to feel ashamed of their Yup'ik culture and its observances. According to Napoleon, this generation became stoic and quiet, keeping their hurt and anger to themselves. They behaved in humble, compliant, and complacent ways, adopting a fatalistic outlook; they were unwilling to face or deal with problems in the family or the village. Part of their legacy to subsequent generations was suppressed emotions, confusion, and feelings of powerlessness. Through the middle of the twentieth century, losses continued as the people's control of their land, self-government, and hunting and fishing rights eroded (Napoleon 1996).

Napoleon believes that significant numbers of those who survived the Great Death suffered symptoms of what today we would call post-traumatic stress disorder (PTSD), and while suffering that condition they surrendered their old culture more readily than they would otherwise have done. Common symptoms of this disorder include: 1) reliving the trauma through nightmares, intrusive memories and images, and flashbacks; 2) avoiding reminders of the trauma by limiting contact with certain people and places, and by adopting a foreshortened sense of the future; and 3) hyperarousal, including difficulty sleeping, increased anger and irritability, and problems with concentration (for a complete symptom list, see American Psychiatric Association DSM-IV-TR 2000). Those suffering from PTSD often experience significant anxiety or depression or both.

Napoleon uses the Western psychological concept of PTSD to help his readers understand some of the resulting symptoms and to relate the experiences of the survivors of the Great Death to the more familiar experiences of Vietnam War veterans. He also uses other graphic and profound descriptions to convey these symptoms in terms more closely related to traditional Yup'ik beliefs, and highly relevant for this volume. He calls such symptoms an "illness of the soul" or "an infection of the soul, of the spirit" (Napoleon 1996:14,16) because they attack "the core of the person, the spirit" (Napoleon 1996:16). This way of thinking about these symptoms also helps relate what has happened in Alaska to the experiences of other Native Americans, as I discuss below.

By the 1960s living conditions in the Yup'ik area had begun to improve. Civil rights and antipov-erty programs of the 1960s and 1970s brought significant benefits to communities, including more adequate food and better housing. At the same time, however, there was a dramatic rise in alcohol abuse, alcoholism, and associated violence. Measuring themselves by the standards of "television America" and "textbook America," some younger people saw themselves as failures and blamed themselves. Alcohol and drugs provided a way to numb their psychic pain, pain that emerged as angry, violent, frustrated, and self-destructive feelings. At the same time, when alcohol took over people's lives, they acted on these painful feelings more readily. The result was a dramatic increase in deaths attributable to alcohol-related suicides, homicides, and accidents. Domestic violence, imprisonment, numbers of alcohol affected children and adults, and deaths from alcohol-related diseases have also increased (Napoleon 1996). Just as devastating to communities and individuals is the family dysfunction, physical abuse, and sexual abuse that arose in these circumstances (Seigal et al. 1999). Napoleon relates this latter epidemic directly to the impact of the Great Death and its affect on the way subsequent generations were raised.

Native Americans from across North America have begun to speak out, recognizing similar historical experiences and modern effects. Eduardo and Bonnie Duran (1995), Spero Manson (1996), and Maria Yellow Horse Brave Heart (1999) are among the better-known Native American writers who are currently addressing these topics. Interestingly, they, too, speak of "soul wounds" (Duran and Duran 1995; Duran et al. 1998) or "the wounded spirit" (Manson 1996) as a key way they think about and understand what happens to those who experience this kind of trauma. This focus on the spirit or soul, suggests the importance of approaches to healing that emerge from a spiritual base, such as several of those discussed in these sessions.

Speaking of these issues is not easy, either for Native people or for others in supportive roles. They are not comfortable or pleasant topics to address. Prejudice and racism persist into the present. Native people recall recent abuses all too well, such as the uninformed ways the Barrow Alcohol Study (Manson 1989) was conducted and over-interpreted. Native friends and colleagues have talked about the problems surrounding general perceptions of Native people, observing that if a Native person is seen as "having problem X," that problem may come to define them in popular, academic, and public policy settings. When this happens many non-problematic dimensions of their lives, including their many strengths, are lost from view. This phenomenon can make it feel dangerous to talk publicly about difficult issues in ways that might promote solutions.



People simply cannot feel safe having such discussions when they are afraid that what is revealed will be used against them, and in a sense, this dilemma perpetuates some of the very processes that contributed to the historical and intergenerational trauma in the first place. Additionally, shame is a very common and powerful feeling associated with trauma and substance abuse, further complicating such discussions. Gradually, however, some Native people are realizing that speaking up about these issues is essential to resolution and healing. Their sense of strength, purpose, and empowerment is coming to the fore as they search for viable solutions. By recognizing these issues, but focusing on how healing narratives might contribute to their resolution, this session is intended to support and be part of that process.

## Potential Impact

We held this session at ICASS IV, in part, because it provided an appropriate forum for making northern social scientists and policy makers more aware of the scope and import of these issues, of some of the narrative resources available to address them, and the sensitivity with which they need to be handled. Often those who suffer the consequences of these problems and seek help in the conventional health care system are treated by Western practitioners without sufficient multicultural training or regard for the importance of indigenous culture and the role recent history has played in indigenous people's difficulties. Programs like the Circle of Healing (see Benson, Porter, and L. Dolchok, this volume) developed by the Southcentral Foundation in Alaska are significant attempts to integrate the advantages of indigenous healing practices, which are more culturally congruent for the patient or client, with the benefits of Western allopathic medicine and mental health care. Similarly, the Healing Circles and Healing Teams found in the Canadian North (see Kimiksana and also Kingwatsiaq, this volume) provide a useful model for incorporating some helpful and appropriate Western mental health concepts and techniques into an approach structured around indigenous community-based ways of helping those struggling with issues of physical and sexual abuse (see, for example, Ross [1997] for a more complete description of Healing Circles). On the community level, Holman's Help Line (see Kimiksana, this volume) can serve as an example of the time-honored role of the healing listener, functioning to salve anguish and save lives in small communities.

Additionally, given the nature of these difficult issues, there is no way that existing health care systems can provide enough money or trained workers, such as counselors and psychiatrists, to deal with these serious issues thoroughly. Even if such sys-

tems could, the workers' training and cultural background very likely would not equip them to deal optimally with the Native people who are struggling with these problems. Although some Native people may require help from Western trained specialists, all may benefit significantly from indigenous healing practices—many of which have a narrative component—already available through people and knowledge currently present in many Native communities. These practices have the additional advantage of being culturally appropriate for the people who will benefit most from them.

In presenting this session in Quebec City and getting it published in this volume, we hope to stimulate all of us to look more carefully at possible methods for making Indigenous resources more available and able to provide more benefit to those in need of healing. All the papers provide some valuable lessons along these lines. For example, Ann Fienup-Riordan's paper and Robert Sam's presentation show how storytelling at culture camps can help heal the often-bemoaned rift between the generations. Novaliinga Kingwatsiaq and Kumaarjuk Pii demonstrate a method that uses natural storytelling abilities and a culturally appropriate story, blending these with the Western psychological technique of visualization to help survivors of abuse and other people carrying heavy burdens. From Kenneth Frank, we learn experientially how a humorous game can lift the spirits of participants and observers alike. Similarly, Nora and Richard Dauenhauer illustrate how oratory rooted in Tlingit oral tradition has the power to bring solace at times of grief.

The audience in Quebec City not only heard, but also felt, through their own personal experience in the session, the healing power of stories and the associated games and songs, drumming and dancing, and their role in restoring health and well-being. Some of these felt experiences were quite general; many of us present experienced the laughter and stress-release brought about by the antics of Kenneth Frank's funny game. Others were deeply personal; one session participant, whose father had recently died, commented on the Dauenhauers' presentation, remarking that it brought significant comfort, even though she is not Tlingit. Among the most powerful presentations, from the perspective of felt experience, were those of storytellers Robert Sam and Louise Profeit-LeBlanc, drum dancer Robert Umeerinneq (Fig. 1) and his interpreter and co-presenter Denis Mikaelson (not included in this volume), and that of throat singer Zoia Tagrina (Fig. 2) and her interpreter Charles Weinstein (also not included in this volume). We hope these felt experiences, along with the intellectual experiences, will provide those who influence policy with further motivation to find ways of putting these approaches into more widespread practice.

Finally, for all, whether listeners in Quebec



Figure 1. Robert Umeerinneq drumming at “Narratives that Heal” workshop/symposium. Photograph courtesy of Maxim Begin and Spencer Tordoff.



Figure 2. Zoia Tagrina throat singing at “Narratives that Heal” workshop/symposium. Photograph courtesy of Maxim Begin and Spencer Tordoff.

City or readers of this volume, we hope you are inspired and motivated to do more along the lines of developing thoughtful, innovative, and inclusive formats for meeting sessions. For those organizing meetings and sessions, we hope our model is helpful; but we also hope you will move beyond it in ways appropriate for your purposes so that, whatever the topic, Native people are included in productive and meaningful ways. For Native people, we hope you feel encouraged to accept invitations to meetings and sessions like this one and to engage in dialogue on important issues. More importantly, we hope you will also feel encouraged to continue pursuing among yourselves methods for supporting culturally appropriate narrative and healing. And for researchers, we hope the examples here will give you some productive ideas for future work. These papers only scratch the surface of the various possibilities, both for more “academic” and for more “applied” studies. Nevertheless, this session provided a glimpse of the value of close cooperation on such research, and the volume highlights the possibilities such collaboration can generate for the benefit of researchers and Native people alike.

Beyond ideas for future research, there is another important lesson that applies to researchers. Over the years, many individuals who have worked in northern Native communities have recorded oral history and other narratives. Researchers recognize their moral and ethical obligation to give back to the communities that have allowed them to carry out research in their midst. One hope is that this volume will stimulate researchers to think more about the healing value of narrative resources they have collected. Perhaps now they will consider more thoroughly how those resources could be returned to the community in ways that will promote some of the kinds of healing discussed in this volume.

## Presentation Style: Oral and Written

Before closing, a word about the form of some of the papers included in this volume is in order. Some of the presentations in Quebec City were given as conventional academic papers and have been written accordingly for this printed version. However, as already indicated, a considerable number were not. For obvious reasons, the two presentations that were largely performances of dance or song have had to be omitted from this volume (but see below for a way to view them). The remaining workshop style presentations and storytelling performances were transcribed and edited for publication. Feedback on this process was solicited from all presenters; several chose to provide it. Susan Kaplan and Stacy Ericson, of *Arctic Anthropology*, and I have tried to edit these pieces very judiciously, ap-

proaching them more like oral history texts than papers, so as to preserve as much as possible the original “voice” of the narrator, while making the resulting printed version readable. We hope, of course, that we have succeeded; we apologize for those instances where we may have fallen short.

For those who were not able to attend the original sessions in Quebec City, but would like a more complete experience of them, a six video tape set of the sessions is available for the cost of duplication from Robyn Russell, Oral History Program, Alaska and Polar Regions Department, Elmer E. Ras-muson Library, P.O. Box 756808, University of Alaska Fairbanks, Fairbanks, Alaska 99775-6808 (Phone: 907-474-6773, FAX: 907-474-6365, Email: fnrlr1@uaf.edu). The video-taped version includes everything except a few sacred moments that were not appropriate to tape, and the oral presentation by Chase Hensel, which was omitted at his request because some of the material he was presenting was preliminary. The video tapes are available on VHS or PAL format.

## The Presenters

In closing, I want to once again celebrate and extend my gratitude to the presenters who contributed so richly to the success of “Narrative That Heals.” Many of the northern contributors traveled very long distances to attend, and some had more adventure than they bargained for on the way. To reach Quebec City most of the Alaskans traveled all night and much of the following day. The East Greenlanders, whose journey spanned two days, were supposed to overnight on route in Iqaluit where they had accommodations and spending money waiting for them. Instead, the airline sent them on to Toronto, where they spent a difficult night in the airport without any place to stay or Canadian money to buy food or coffee. Alice Kimiksana from Holman on Banks Island, who had never traveled alone in southern Canada, had to leave Kate Inuktalik, her experienced travel companion and co-presenter, behind in a Yellowknife hospital when Inuktalik became ill. After several schedule changes and an all-night flight, Kimiksana arrived barely two hours before the first day’s session started.

Even more impressive, however, is the extent to which the presenters gave of themselves. Everyone came well prepared, and with the exception of a few unforeseeable technical glitches, this preparation enabled the sessions to run very smoothly. Some of the presenters knew each other previously, but several did not. Over the four days of the conference, opportunities to get to know one another and interact productively, both within and outside the sessions, enriched us all and enhanced the quality of the presentations. Finally, because this positive interaction helped create an atmosphere of

safety and trust, many of the presentations touched significant personal and spiritual levels, providing an unusual depth that seemed to very positively affect participants and audience members alike. At the close, many expressed the sense that we had shared a unique and powerful experience. Now we want to share that experience with you a broader community.

*Acknowledgments* Several people deserve my generous thanks for their able assistance. Murielle Nagy, Coordinator for the ICASS IV Organizing Committee, was a major asset in setting up “Narrative That Heals” and making it happen in Quebec City. Forever optimistic, she helped with a myriad of logistical details, and almost like a magician pulling rabbits out of a hat, found travel funding for several participants. Desislav Sabev and the others who worked with her were also very helpful and positive. Maxim Begin from GÉTIC (Groupe d’Études Inuit et Circumpolaires, Université Laval) did a fine job of video-taping the session under less than ideal conditions. The National Science Foundation (NSF), through Grant No. 0119042, supported travel for several participants, video-taping, and editing of the papers for publication. Faye Korsmo, Arctic Social Sciences Program Director at NSF at the time the project began, and current Program Director, Anna Kerttula, have also been very helpful. Additional support for the session in Quebec City, primarily for travel, came from the Department of Foreign Affairs and International Trade of Canada, the Department of Indian and Northern Affairs of Canada, the Arctic Research Consortium of the United States, the Greenland Home Rule Government, the Government of the Northwest Territories, and the Inuvialuit Regional Corporation. Without this support “Narrative That Heals” simply would not have happened, and their assistance is greatly appreciated.

Next I want to generously thank my long-standing colleague and friend, Susan Kaplan, for being willing to take on such an unorthodox project for publication in *Arctic Anthropology*. She and *Arctic Anthropology’s* Assistant Editor, Stacy Ericson, have been uncommonly patient with the unconventional material and many delays. I would also like to thank some friends and colleagues who encouraged me to pursue this idea of the connection between narrative and healing when I first started talking about it at the Oral History Conference in Anchorage in 1999. They include Dick and Nora Dauenhauer, Robert Sam, Julie Cruikshank, Ann Fienup-Riordan, and especially Carol Jolles, who has prompted me to think more deeply about several aspects of this project in ways I otherwise might have passed over lightly. I also owe considerable intellectual inspiration for this project to John McLead, author of *Narrative and Psychotherapy*



(1997) and Rupert Ross, author of *Returning to the Teachings* (1997).

“Dr. Bob” Morgan, a psychologist who has worked with the Circles of Healing program at Southcentral Foundation, helped contact presenters associated with that program and provided lots of encouragement along the way. If family obligations had not stood in the way, he would have been one of our presenters. Marianne Lykke Tompsen, who was Greenland Home Rule Government Representative to Canada at the time of the Congress, was a big help in locating the participants from Greenland and obtaining funds to help support their travel.

My colleagues at the Institute of Arctic Biology, University of Alaska Fairbanks, especially Genelle Tilton, who handled many of the travel arrangements, Lalida Crawford, who helped with computer and clerical tasks, and Wanda Fields and Sharon Corbett, who dealt with the financial aspects of the project, have given excellent assistance. Amy Arundale efficiently transcribed the oral presentations for which there were no written texts. Kristi Clifford, Susan Kaplan’s administrative assistant at Bowdoin College, and Joseph Sturtevant, a Bowdoin College undergraduate, helped with preparation of the Dauenhauers’ manuscript. Dirk and Spencer Tordoff of the Film Archives at Elmer E. Rasmuson Library, University of Alaska Fairbanks are responsible for capturing photographs for this publication from the video. Steven Jacobson and Jeff Leer of the Alaska Native Language Center helped transliterate and translate Native language material in some of the presentations.

I want to thank M. Willson Williams, my doctoral advisor at the Union Institute and University, for her support and encouragement. I am also grateful to my colleagues at the Women and Children’s Center for Inner Healing in Fairbanks who have cheered me on over the past four years. And last, but certainly not least, a special thanks to my family—my husband, Bob, my daughter, Amy, and my son, Roberto, who have been very supportive and generally accepting of the fact that “Mom’s on the computer again.” Thank you to everyone.

## References

- American Psychiatric Association  
2000 Diagnostic and Statistical Manual of Mental Disorders (text revision) (DSM-IV-TR). Washington, D.C.: American Psychiatric Association.
- Brave Heart, Maria Yellow Horse  
1999 Gender Differences in the Historical Trauma Response among the Lakota. [\*Journal of Health and Social Policy\* 10\(4\):1–21.](#)
- Duran, Eduardo and Bonnie Duran  
1995 Native American Postcolonial Psychology. Albany: State University of New York Press.
- Duran, Eduardo, Bonnie Duran, Maria Yellow Horse Brave Heart, and Susan Yellow Horse-Davis  
1998 Healing the American Indian Soul Wound. In *International Handbook of Multigenerational Legacies of Trauma*. Yael Danieli, ed. Pp. 341–354. New York: Plenum Press.
- Manson, Spero M. [ed.]  
1989 Special Issue on the Barrow Alcohol Study. *American Indian and Alaska Native Mental Health Research*, 2(3).
- Manson, Spero M.  
1996 The Wounded Spirit: A Cultural Formulation of Post-Traumatic Stress Disorder. [\*Culture, Medicine, and Psychiatry\*, 20\(4\):489–498.](#)
- McLeod, John  
1997 Narrative and Psychotherapy. Thousand Oaks: Sage.
- Napoleon, Harold  
1996 Yuyaaraq: The Way of the Human Being. Fairbanks: Alaska Native Knowledge Network, University of Alaska Fairbanks.
- Ross, Rupert  
1996 Returning to the Teachings: Exploring Aboriginal Justice. Toronto: Penguin Books.
- Segal, Bernard, Donna Burgess, Dennis DeGross, Patrick Frank, Carl Hild, and Brian Saylor  
1999 Alaska Natives Combating Substance Abuse and Related Violence Through Self-Healing: A Report for the People. Anchorage: Alaska Federation of Natives.