MI-10 Indigenous trauma healing: sweat lodges, talking circles, whānau ora and the data

HEALING after the FALL, research library, MI-10

Researched 10 October 2026 by Claude Opus agent for THRIVING after the FALL, Book Four. Library document, unverified.

How to read this report

This report collects the evaluations. The practices are described elsewhere in the library: the inipi and the Sedona deaths in TR-08, Te Whare Tapa Whā, Whānau Ora and hoʻoponopono in TR-10, the rules for consent and restricted knowledge in SY-04, psychological debriefing (graded X) in MI-01, and confession in TR-16 (THRIVING library, TR-08, TR-10, SY-04, MI-01, TR-16).

Each practice is given first on its own terms, with its people, region and source named, then the record (design, sample, dropout, harm), then the inference (group, ritual, meaning, heat or time). Where a ceremony is restricted I name it and say that it is restricted, and do not describe it (THRIVING library, SY-04, section 7 and Protocol D).

One finding frames all the rest. Almost every programme in this field was measured before and after, without a control group, by people who ran or funded it. The handful of studies with controls are about post-war testimony and reconciliation, not about sweat lodges or circles, and three of the four found that public testimony made trauma symptoms worse for those who spoke or were spoken about.

Two leads in the brief did not hold. The Hollow Water cost-benefit evaluation I could read is Couture and colleagues 2001, not Lane and colleagues 2002, which I could not find. Igreja's 2008 paper on gamba spirits is in the Journal of the Royal Anthropological Institute, not Social Science and Medicine (Igreja et al. 2008).

1. Historical trauma: the framework and its critics

The idea on its own terms. Maria Yellow Horse Brave Heart, a Hunkpapa and Oglala Lakota social worker [VERIFY: affiliation], named historical trauma as wounding that accumulates across generations, from the massacre at Wounded Knee in 1890, the boarding schools and the banning of ceremonies, and named historical unresolved grief as its companion: grief that could not be mourned because the rites of mourning were outlawed (Brave Heart and DeBruyn 1998). The cure follows from the cause. If the wound is collective and historical, the healing must be collective and must restore what was taken, so the intervention returns people to Lakota ways of mourning.

The intervention. The model was a four-day retreat, first held in the Black Hills in September 1992, that led to the Takini Network. It used films and images of Wounded Knee and the boarding schools to stimulate grief, cathartic small-group work, a lifeline exercise, daily prayer and an inipi, and it closed with a Lakota grief resolution ceremony, the wiping of the tears of the mourners. That ceremony belongs to the Lakota and is named here only (Brave Heart and DeBruyn 1998).

The record. The main evaluation took 45 Lakota human service providers through the retreat and measured them before, after and at six weeks with a Lakota grief questionnaire and a semantic differential. There was no control group. Brave Heart reported less grief affect, less guilt and more joy (Brave Heart 1998, abstract only). The 1998 paper also says the facilitators were at times overwhelmed by what the participants brought (Brave Heart and DeBruyn 1998). A later NIMH-funded pilot randomised trial compared the historical trauma intervention plus group interpersonal therapy with interpersonal therapy alone in one rural and one urban community (Brave Heart et al. 2016). I found no published results from it [VERIFY].

The critics. Laurence Kirmayer, Joseph Gone and Joshua Moses, editing a special issue of Transcultural Psychiatry, made the central objections (Kirmayer et al. 2014). Causal links from a past event to present illness across generations are, in their words, "exceedingly difficult, perhaps even impossible" to establish. The 2003 meta-analysis by van IJzendoorn and colleagues of 32 studies and 4,418 participants from Holocaust survivors' families found no transmission of trauma in adequately designed non-clinical samples (cited in Kirmayer et al. 2014). Present structural violence, poverty, racism and loss of land explain more than past events do. And there is a looping effect: once a people's identity is defined by ancestral victimisation, the label may shape the suffering it describes. James Waldram, from long work with Aboriginal offenders in Canadian prisons, called historical trauma an idiom of distress, and found a tension in the healing programmes between blaming history and insisting on personal responsibility (Waldram 2014, abstract only).

Joseph Gone, Aaniiih-Gros Ventre [VERIFY: affiliation], is the most useful critic because he is also a supporter. In a case study of a residential school survivor he calls Diane, treated at a healing lodge on a Manitoba reserve run by four tribal staff and funded by the Aboriginal Healing Foundation, he asked by what mechanism Indigenous culture could act as treatment (Gone 2013). His answer drew on the common-factors literature, in which about 30% of therapy outcome variance comes from the relationship, 15% from expectancy, 40% from outside therapy and 15% from technique (Norcross and Lambert 2011, cited in Gone 2013). If so, ceremony works mainly through belonging, meaning and hope.

Inference. After the Fall the loss is recent and shared, so the plain frame fits better than the historical one: present hardship and grief that needs a rite [VERIFY: inference].

2. The three programme bodies

2.1 Canada's Aboriginal Healing Foundation, 1998 to 2014

What it was. A national foundation, run by Aboriginal people, that funded community healing projects for survivors of the residential schools and their descendants. Projects were designed locally: sweat lodges, talking circles, land-based camps, elders' teachings, and Western counselling, in any mix (Aboriginal Healing Foundation 2006). Its total funding and its closing date of 2014 come from the brief and secondary sources, and I did not confirm them in a primary source [VERIFY].

The record. The evaluation, by Kishk Anaquot Health Research, is Volume II of the 2006 final report (Aboriginal Healing Foundation 2006).

Measure	Figure
Participants reached, 394 organisations	111,170 (extrapolated 204,564 for 725)
Programmed hours per participant	mean 149, median 80, range 2 to 1,225
Individual questionnaires	1,479 from at least 143 projects, self-selected
Survey response rate, 2000 to 2004	fell from 74% to 46%
Respondents	mean age 44, 63% women, 58% Survivors
Completed their programme	63%
Rated the project safe and respectful	94%

Measure	Figure
Achieved their goals completely	about one third
Got minimal or no help	about 10%

The report's own summary was that some participants changed dramatically and others little or not at all, and that change clearly outlasted the project in only a few cases. A repeated-measures design was planned, but the social indicators chosen did not discriminate. There was no comparison group. Gone notes that AHF projects were believed to reach perhaps 55% of the population targeted (Gone 2013).

Harms named by the evaluation itself. Re-traumatisation when a project closed abruptly, which the report called an "enormously elevated risk", burnout among staff and volunteers who were themselves survivors, and participants who withdrew because the material retraumatised them (Aboriginal Healing Foundation 2006).

Inference. Satisfaction and safety were measured well, healing was not. The hard lesson is closure: a process that opens wounds must not stop without a plan.

2.2 Whānau Ora in Aotearoa, from 2010

On its own terms. Whānau Ora rests on the whānau, the extended family, as the unit of wellbeing rather than the individual, and on Mason Durie's model Te Whare Tapa Whā, the four walls of the house: taha tinana (body), taha hinengaro (mind), taha wairua (spirit) and taha whānau (family) (THRIVING library, TR-10, section 2.1). A navigator works with a whānau to make a plan across all four walls, and providers commission services around the plan.

The record. Te Puni Kōkiri, the Ministry of Māori Development, analysed more than 260 provider reports and 895 whānau surveys from phase one (Te Puni Kōkiri 2015). Almost two thirds of whānau had a navigator and a plan. Whānau averaged seven or more intermediate gains and three or more higher-level gains. Over 70% reported better access to services, happiness and relationships, 76% progress in safety and 61% in education. The report states its own limits: providers chose which whānau were surveyed, so selection bias is likely, the size of the improvements is unknown, and there was no comparison group.

The Office of the Auditor-General reviewed the first four years (Office of the Auditor-General 2015). Of $137.6 million spent, nearly a third went on administration, including research and evaluation. Agencies could not agree what the initiatives were meant to achieve. The Auditor-General still judged it a success for many families who now had a plan. TR-10 grades Whānau Ora D for health outcomes (THRIVING library, TR-10, section 2.4). I found no counterfactual evaluation after 2015 [VERIFY].

Inference. Whānau Ora organises help around a family. Its transferable part is the navigator and the plan, case management in a family frame. It has never been shown to change health.

2.3 Australia's Healing Foundation and Marumali

On its own terms. The Aboriginal and Torres Strait Islander Healing Foundation was set up after the national apology to the Stolen Generations, the children removed from their families under government policy (from 2009 according to the brief [VERIFY]). Marumali, a Gamilaroi word, was created by Aunty Lorraine Peeters, Gamilaroi and Wailwan, who was removed from her family at the age of four. Her own healing began in 1994, she wrote the model in 1999, and the programme began in 2000. It describes seven stages of healing from removal, and she has led every workshop herself (Marumali 2020).

The record. Marumali reports nearly 4,000 participants in more than 300 workshops, and more than 600 in Victorian prisons since 2002. In its own survey of prison participants from 2017 to 2019, 87% felt able to mentor others

afterwards against 13% before (Marumali 2020). I found no independent evaluation.

The Foundation's Stolen Generations Initiative, funded in rounds from 2012 to 2020, was reported against three national indicators using the funded organisations' own progress reports (Healing Foundation 2021, listing summary only). Deloitte Access Economics, commissioned by the Foundation, estimated a return on investment of 50% to 190% for the Dardi Munwurro men's healing programme, driven by incarceration falling from 13% before to 4% after the programme, with no comparison group and no sample size stated in what I read (Deloitte Access Economics 2021, news summary only). An earlier Deloitte prospective analysis modelled a benefit-cost ratio of 4.4 to 1 for healing centres, which is a projection, not a measurement (Deloitte Access Economics 2014, secondary summary only).

Inference. The Australian record is the thinnest. Cost-benefit ratios built on uncontrolled figures credit the programme with what time and selection would have done [VERIFY: inference].

3. The sweat lodge

On its own terms. The Lakota inipi is the rite of purification, one of the seven rites, in which heated stones, water, prayer and song in a dark lodge return the participants to the state of the newborn and renew their relationship with the spirits and each other. TR-08 gives the tradition from Raymond Bucko's ethnography at Pine Ridge, and the Lakota Declaration of War Against Exploiters of 1993 (THRIVING library, TR-08, section 6). The lodge's form and songs belong to the nations that hold them and are not reproduced here.

The record as a treatment. It is short. In 1985, 45% of alcohol programmes funded by the Indian Health Service already used the sweat lodge (Hall, cited in Gone 2013). TR-08 summarises the studies: 91 Diné men followed after jail lodges at Window Rock, with no significant fall in drinking and about 47% rearrested (Gossage et al. 2003, cited in TR-08), Schiff and Moore's pilot with better wellbeing and no sample size I could obtain, and a review of 10 uncontrolled ceremony studies (THRIVING library, TR-08).

Gone and Calf Looking ran a 12-day Blackfeet culture camp in Montana in July 2012 as a residential alternative to substance-use treatment, led by members of the Crazy Dog society, with pipe ceremony, sweat lodge and talking circle (Gone and Calf Looking 2015). There were four men. All four valued it. The authors called it a proof of concept and said frankly that rigorous evaluation of such a camp is hard. I found no outcome data beyond the four.

The harm case: Sedona, 8 October 2009. James Arthur Ray, a self-help seller with no standing in any Native nation, ran a "Spiritual Warrior" retreat at Angel Valley near Sedona, Arizona, at about $9,695 a head. He put 50 to 65 people, many of them after days of fasting, into a 415 square foot structure covered in plastic and tarpaulins for about two hours, and urged them to stay in. Kirby Brown (38) and James Shore (40) died of heat stroke and Liz Neuman (49) of multi-organ failure, and 18 to 21 were taken to hospital. Ray was convicted of three counts of negligent homicide on 22 June 2011 and sentenced to two years (THRIVING library, TR-08, section 7). TR-08 lists every safeguard Sedona reversed. Byard and Riches's "sweat lodge syndrome" fits it: prolonged heat without control, too little fluid, unrecognised loss of consciousness and delayed care (cited in THRIVING library, TR-08).

The physiology. Berger and Rounds, writing for Indian Health Service clinicians, give the numbers I could find (Berger and Rounds 1998). In a sauna at 80 °C, an adult's rectal temperature rises by about 1 °C in 30 minutes. For each 1 °C rise in core temperature, cardiac output rises by about 2.8 litres a minute and heart rate by about 30 beats a minute, while blood pressure falls as blood moves to the skin. Leaving a lodge into winter cold makes blood pressure rise sharply, which adds a second cardiac strain. Children's core temperature rises faster than adults', their thinner skin burns more easily, and sweating matures only at puberty. Old people hold core temperature less well and faint on standing. A prospective study of over 23,000 women found more neural tube defects in infants of women exposed to heat, including saunas, in the first trimester. About 80% of people with multiple sclerosis deteriorate in heat. Anticholinergic drugs (tricyclic antidepressants, phenothiazines, antihistamines), diuretics, beta-blockers and barbiturates impair heat loss. Neuropathy from diabetes or alcohol means burns go unfelt. The commonest injuries, by lodge leaders' account, are falls and cuts walking barefoot in the dark.

I found no study that measured the air temperature inside a traditional lodge [VERIFY]. The safety limits in the Protocols below are therefore built from sauna physiology, the IHS review and TR-08's inferred limits, and are marked as inference.

Inference. If a lodge helps, it is plausibly through what every group rite shares (belonging, prayer, endurance survived together) plus the relaxation of heat. Heat is the only part that kills, and the tradition's own rules (a recognised leader, an open door, water) are the safety system.

4. Talking circles

On its own terms. The talking circle as practised in many Plains, Woodland and Prairie nations is a gathering in which a sacred object, often an eagle feather or a stone, passes clockwise and only its holder speaks, opened and closed with prayer, without cross-talk and without a single authority. Mehl-Madrona and Mainguy describe it as "leaderless leadership" (Mehl-Madrona and Mainguy 2014). Many variants are public and widely shared. Where a circle is part of a particular ceremony, that ceremony belongs to its holders.

The record. The largest series is from ten primary care clinics in Saskatchewan over three years (Mehl-Madrona and Mainguy 2014). Of 1,211 people who attended at least one circle, 415 (34%) completed four sessions with paired symptom forms (MYMOP2). Among completers, effect sizes were large: 1.19 for the main symptom, 0.75 for the second, 1.06 for activity and 1.00 for wellbeing. There was no control group and no analysis of the 66% who did not complete, so the effect sizes describe those who stayed and found it helpful. No harms were reported.

Nelson and colleagues ran virtual harm-reduction talking circles for American Indian and Alaska Native adults with alcohol use disorder: eight weekly sessions, 51 enrolled from 123 approached, 41 tribal affiliations (Nelson et al. 2024, abstract). Mean attendance was 2.1 of 8 sessions, and 64% attended at least one. Acceptability was rated 9.3 out of 10, and days of drinking and alcohol harms fell, but the single-arm design allows no causal claim. A follow-on randomised trial was registered, and I could not confirm whether it ran [VERIFY].

The systematic review by Pomerville, Burrage and Gone of psychotherapy research with Indigenous populations found 44 studies, of which only two were controlled outcome trials (Pomerville et al. 2016, abstract via secondary summary).

Inference. The circle's rules (one speaker, no interruption, no advice unless asked, the right to pass) are the parts most likely to help, because they make speaking safe and listening certain. They are also the parts that transfer without taking anything sacred. Attrition is the warning: two thirds of Saskatchewan starters and most virtual starters did not stay four sessions.

5. Hollow Water: community holistic circle healing

On its own terms. Hollow Water is an Anishinaabe First Nation on the east side of Lake Winnipeg in Manitoba. With sexual abuse widespread across four neighbouring communities (Hollow Water, Agaming, Seymourville and Manigotogan), a team of local workers built community holistic circle healing as an alternative to prison (Couture et al. 2001). Abuse was understood as a sickness of the whole community, and the offender was to be healed and kept accountable within it, not sent away.

The process has 13 steps, given in the evaluation's appendix as a community draft: disclosure, protection of the victim (a safe home, with the police informed), confronting the offender, help for the offender's spouse, help for the families and community, a meeting of the assessment team with the police and the Crown prosecutor, the offender's admission and acceptance of responsibility, preparation of the offender, the victim and all families, the Special Gathering, a healing contract carried out over time, and a cleansing ceremony not sooner than two years after the Special Gathering (Couture et al. 2001). The cleansing ceremony is named only.

The record. Two evaluations, both commissioned by the federal Solicitor General.

Measure	Figure
Offenders in the process, about 10 years	107, of whom 91 had been charged
Victims	about 400 to 500
Reoffended, in federal records	2 of 107 (about 2%)
Comparison rates cited	about 13% sexual, 36% any reoffending
Government cost	about $240,000 a year, $2.4 million over 10 years
Equivalent justice cost	$6.2 to $15.9 million
Benefit ratio	$1 to $3.75 provincial, $1 to $2.46 up to $12.15 federal
Community interviews	50, convenience sample

Sources: Couture et al. 2001. The 1997 paper reported 48 offenders taken in, none yet completed, and 2 charged with new sexual offences, against a comparison of 28,972 sex offenders of whom 13.4% reoffended in four to five years, 4% among incest offenders (Solicitor General Canada 1997).

The weaknesses are stated by the evaluators. There was no control group. Reoffending was counted only from federal records, so offences dealt with locally or not reported would be missed. Figures differ between sections of the report. And the comparison figure of 13% mixes rapists and strangers with incest offenders, whose own base rate was 4%, much closer to Hollow Water's 2%. A critique by Dickson-Gilmore and La Prairie that questions how victims fared I could not reach [VERIFY].

Inference. Hollow Water is the strongest case here for a community process doing a hard job cheaply. Its copyable strengths are victim protection first, police and prosecutor inside the process, admission before anything else, and years of supervision. The unanswered question is whether victims living beside offenders were healed or silenced.

6. Hoʻoponopono

The family form is a Native Hawaiian practice of setting relationships right, led by a respected elder, with prayer, discussion of the problem, confession, mutual forgiveness and release, recorded by Mary Kawena Pukui in *Nānā i ke Kumu*. The commercial self-help version taught by Morrnah Simeona and later in *Zero Limits* is a different thing (THRIVING library, TR-10, section 3.4). The only numbers TR-10 found were 23 people with a fall of 11.86 mmHg systolic and 5.44 mmHg diastolic blood pressure without a control, and a randomised study of 79 known only from a listing (THRIVING library, TR-10). Grade D. Its structure, a family meeting with a trusted elder that ends in a formal release, is close to the circle and the Hollow Water gathering, and should be borrowed in structure only, under its own name, with credit [OWNER].

7. Cleansing after war

7.1 Mozambique: Gorongosa, the Sena-speaking centre, and the south

On its own terms. Alcinda Honwana, from fieldwork in southern Mozambique after the war of 1976 to 1992, described how returning soldiers and abducted children were thought to carry the spirits of those they had killed, which polluted them and could harm the family and community. Healers performed purification rites before the returnee was received back, so that the past was closed rather than retold (Honwana 1997, abstract only) [VERIFY: the emphasis on not retelling is from secondary accounts]. Traditional leaders accepted returning boys on condition of purification.

Victor Igreja worked from 1997 in Gorongosa district, central Mozambique, with Sena- and Ndau-speaking communities [VERIFY: languages]. He interviewed 40 healers, 24 women and 16 men aged 21 to 50, all war survivors. Twenty-two were dzoca healers of the older ancestral lineage tradition and 18 were gamba healers, 15 of them women, all of whom began after the war (Igreja 2003). Gamba spirits are the spirits of soldiers killed in the war, including

those whose bodies were used for protective medicines, who return seeking revenge and reparation and often take up residence in a young woman. Gamba healers wear red and carry a ntchorora, a bayonet-like knife used only symbolically, and training can take up to a year. The background is the wartime sexual violence against women, including a forced practice called gandira (Igreja 2003). Igreja and colleagues later described how gamba spirits renegotiate gender relations, including a secret ceremony in which a man asks the spirit's permission to marry the woman it inhabits (Igreja et al. 2008, abstract only). That ceremony is secret and is named only.

The record. Igreja's team also ran a randomised trial of a Western testimony method in the same district: 206 people screened, 137 cases randomised to testimony (66) or control (71), followed for 11 months (Igreja et al. 2004, abstract only). Both groups improved and there was no difference, apart from a hint of benefit in women. The authors noted that controls in a small rural community could not be kept apart from the intervention. No trial of gamba or dzoca healing exists.

Inference. Gamba healing is a tradition built after a war, mostly by women, around the war's dead and its abuse of women. A living culture invents the rite it needs. A village cannot import one, it has to grow one.

7.2 Northern Uganda: Acholi cleansing and mato oput

On its own terms. The Acholi of northern Uganda hold that a person who has been long away may bring foreign spirits home. In the commonest cleansing, nyono tong gweno, the returnee steps on a raw egg, symbolising the purity crushed by life outside, together with a layibi, the stick for opening the granary, meaning the person returns to eat where they ate before, and a twig of the opobo tree, traditionally used for soap, meaning cleansing. It was widely used for those returning from the Lord's Resistance Army (Pham et al. 2005, Annex 4). Mato oput, the drinking of the bitter root, is a different rite: it restores relations within or between friendly clans after a killing, only after the killer's clan has acknowledged the act and paid agreed compensation, and it is presided over by the chief, the rwot (Pham et al. 2005). The survey's own footnote says that mato oput was not usually applied to killings between enemies in war, which needed a different cleansing. I did not find a confirmed botanical identity for the oput or opobo trees in any source I read [VERIFY].

The record. The population survey *Forgotten Voices* interviewed 2,585 people in Gulu, Kitgum, Lira and Soroti between 20 April and 2 May 2005 (Pham et al. 2005). Thirty-six per cent knew of the traditional justice ceremonies, 53% and 57% in the Acholi districts of Gulu and Kitgum, five times more than elsewhere (odds ratio 5.42, 95% CI 4.52 to 6.51). Of those who knew, 56% had taken part in such ceremonies and 48% thought them useful for dealing with the LRA. Objections listed include churches calling the rites unchristian and mato oput covering murder but not rape or mutilation. A later survey of 2,875 people in eight districts found 56% met PTSD symptom criteria, over two thirds of former abductees, with difficulty reintegrating among the risk factors (Pham et al. 2009, abstract only). A three-year single-case study of a former child soldier through Acholi cleansing identified social support, collective forgiveness and psychoeducation as the active elements (Schultz and Weisæth 2015, abstract only). Mwaka and Obol Olango, from eight elders aged 60 to 101 and one case observed in 2019, concluded that mato oput is unlikely to suit mass killings (Mwaka and Obol Olango 2023, abstract only). Rodríguez Soto agreed, given LRA murders committed by children forced to kill (Rodríguez Soto 2009, abstract only). The rites continue: in June 2026 Ker Kwaro Acholi, the Acholi cultural institution, organised cleansing for 46 returnees (AllAfrica 2026, search summary only).

Inference. There is no outcome study of Acholi cleansing. The record supports only that the rite is wanted and accepted, as a condition of being received rather than a PTSD treatment. Its copyable element asks no confession: a public sign that the returnee may eat at the family's table again.

7.3 Sierra Leone

Stark studied girls in Sierra Leone who had been with fighting forces and had been raped. Cleansing rites served as a public gesture of reconciliation and a shedding of contamination that let communities take the girls back (Stark 2006,

abstract only). It was qualitative. The one randomised trial in Sierra Leone, of Fambul Tok, is in the next section.

8. Gacaca and Fambul Tok: when testimony hurt

Gacaca on its own terms. Gacaca was a Rwandan community assembly for settling disputes, revived from 2002 to try those accused after the 1994 genocide, with panels of nine elected lay judges and testimony given before the whole community. Its promoters claimed that truth-telling would heal.

The record. It is the best evidence in this report, and it is negative for those who spoke.

- **Brounéus 2008.** Karen Brounéus interviewed 16 women who had testified. All described intense suffering during testimony and none found it healing. All reported insecurity: threats before, during and after testifying, attacks and damage to homes and crops, with no protection from local authorities. All but one said the perpetrators' attitudes had not changed (Brounéus 2008, secondary summary only).
- **Brounéus 2010.** A multistage stratified cluster random survey of 1,200 Rwandans in 2006 found that gacaca witnesses had more depression and PTSD than non-witnesses after controlling for other factors. Longer participation did not help and prevalence did not fall over time (Brounéus 2010, abstract). A press summary gave PTSD in 36% of witnesses against 19% of non-witnesses, and a depression risk more than 50% higher (Brounéus 2010, news summary).
- **Rimé, Kanyangara, Yzerbyt and Páez 2011.** A quasi-experiment with 200 survivors and 184 prisoners who took part and 195 survivors and 176 prisoners who did not, measured before and after. PTSD scores were stable in the controls. Among prisoners who took part they fell from a mean of 2.4 to 2.1, and among survivors who took part they rose from 2.4 to 3.31 (interaction F 35.87, p below .001). At the same time, participation improved how each group saw the other. The authors concluded that expressing emotion in a collective setting is not healing in itself (Rimé et al. 2011).

Fambul Tok on its own terms. Fambul Tok, "family talk" in Krio, founded in 2007 to address grievances from the war of 1991 to 2002, which killed more than 50,000, works through local reconciliation. With the chiefs' consent and months of preparation, a village holds a two-day bonfire ceremony in which victims describe what was done and perpetrators ask forgiveness, with prayer and dancing, followed by a peace tree, communal farms and Peace Mothers groups.

The record. Cilliers, Dube and Siddiqi randomised 100 sections, 50 to the programme, covering 200 villages and 2,383 people, and followed them at 9, 19 and 31 months, the last wave cut short by Ebola (Cilliers et al. 2016, J-PAL summary only).

Outcome	Effect
Forgiveness of perpetrators	offset 30% of negative feeling
Trust in ex-combatants	up 22.2%
Social networks	11% stronger
Parent-teacher association participation	up 32%
PTSD	11% against 8% (36% higher)
Depression	up 47%
Anxiety	up 37%

Both the gains and the harms lasted nearly three years.

Inference. Four controlled studies on three continents point the same way. Public recounting of atrocity in front of the community, as an act of reconciliation, builds trust and social bonds and makes the speakers or the victims more ill. The one Mozambican trial of private testimony found nothing either way. This matches what MI-01 found

for psychological debriefing (THRIVING library, MI-01, section 4): reliving in public, soon and without choice, harms some people. Rites that ask the returnee to be received rather than to recount, such as the Acholi egg, have no outcome data but avoid the mechanism the trials condemn [VERIFY: inference].

9. What a village can copy without taking

SY-04 sets the rule: name the people and the source, ask, respect restriction, give back, and keep the trail (THRIVING library, SY-04, Protocols A to E). Applied to this field:

- **Free to use, with credit.** The rules of a circle (one speaker with an object, clockwise order, no interruption, the right to pass, confidentiality), the navigator and the family plan of Whānau Ora, the Hollow Water sequence of safety, admission, preparation and supervision, and the idea of a public welcome-home meal. These are structures, widely published by their holders, and none is a sacred rite.
- **Not to be copied.** The inipi and its songs, the pipe, the wiping of the tears, the cleansing ceremony at Hollow Water, mato oput, gamba rites, and the hoʻoponopono prayer. These belong to named peoples and some are restricted. A village with no holder among it should not build a sweat lodge and call it an inipi (THRIVING library, TR-08). It can build a sauna and call it a sauna.
- **Grow your own.** Every effective rite in this report was made by its own community for its own losses, from Lakota grief work to gamba healing. The village's own funeral, return and reconciliation rites, from whatever traditions its people carry, are the right material (THRIVING library, MI-03) [OWNER].

Evidence grades

Practice	Tradition says	Record shows	Inferred mechanism	Grade
Lakota historical grief retreat	Restores mourning, heals generational wound	45 providers, pre-post, no control	Group, ritual, meaning	D
AHF community projects	Healing from residential schools	1,479 self-selected, 63% completed, no control	Group, belonging	D
Whānau Ora navigator and plan	Whānau wellbeing across four walls	895 provider-chosen surveys, no control	Case management	D
Healing Foundation, Marumali	Healing from removal	Own surveys, modelled cost-benefit	Group, testimony, meaning	D
Sweat lodge, screened healthy adults	Purification, renewal	Small uncontrolled series, 47% rearrest in one	Group, ritual, heat	C to D
Sweat lodge, unscreened, crowded, long	Not a traditional practice	Sedona, 3 deaths, other deaths	Heat stroke	X
Talking circle	Speaking and listening in a sacred order	1,211 started, 34% completed, ES 0.75 to 1.19 in completers, no control	Group, structure	B for acceptability, D for outcome
Hollow Water CHCH	Healing the community and the offender	2 of 107 reoffended, no control	Supervision, accountability	B for recidivism [VERIFY], D for victims

Practice	Tradition says	Record shows	Inferred mechanism	Grade
Ho‘oponopono, family form	Setting right	23 people, no control	Family meeting	D
Gamba and dzoca healing	Appease and settle the war dead	Ethnography, 40 healers	Meaning, gender renegotiation	D
Acholi cleansing on return	Removes foreign spirits, readmits	Survey of acceptance, one case	Public welcome	D
Mato oput for war crimes	Not its traditional use	Elders and scholars doubt fit	None tested	D, contested
Gacaca testimony	Truth heals	Survey of 1,200, quasi-experiment of 755	Public reliving, insecurity	X for witnesses’ mental health
Fambul Tok bonfire testimony	Reconciliation heals	RCT, 2,383 people	Public reliving	A for social gains, X for mental health
Testimony method, Mozambique	Western import	RCT, 137, null	None	A, no effect

Means ledger

Rung	Circle	Sweat or sauna	Reconciliation or return rite
Hands and knowledge alone	A circle with a talking object, the rules, a keeper	None: no heat without fire	A welcome meal, words of return, no retelling demanded
Hearth	Hot drink, warmth, a fire to sit by	A hot bath or steam with a kettle, short, one person, watched	Shared food, washing, clean clothes for the returnee
Garden and still	Fixed weekly circle, a register of attendance	A small sauna or lodge of natural covers, a cold-water tub, thermometer	A season of shared work, as Fambul Tok’s farms
Village dispensary, 300	Trained circle keepers, a referral rule for anyone getting worse	Screening list, a trained watcher, cooling protocol rehearsed	A Hollow Water-style team for abuse, with protection of victims
District infirmary, 3,000	Supervision of keepers, a second-line counsellor	Heat-stroke treatment, intravenous fluids, kidney monitoring	Courts or elders’ panels for serious crime, separate from healing
Hospital before the Fall	Trauma-focused therapy, such as narrative exposure therapy, for PTSD, medication for depression	Intensive care for heat stroke	Trauma therapy for victims, criminal justice for offenders

What each rung changes. For circles, the hospital adds trauma-focused therapy, which has controlled evidence for PTSD that no circle has (THRIVING library, MI-01). For the sweat, every rung below the dispensary depends on not causing heat stroke, because only the infirmary and above can treat its kidney and clotting complications. For

reconciliation, the higher rungs add protection and justice, which Rwanda shows matter more to the witness than the speaking.

Harm test

How each practice kills or maims.

- **Heat.** A lodge or sauna kills by heat stroke and by heart attack or arrhythmia in someone with heart disease, especially after alcohol or fasting. The dangerous errors are crowding, plastic covers, long rounds, no water, pressure to stay, and no one watching from outside (THRIVING library, TR-08, section 7). Burns come from stones, steam and unfelt contact in neuropathy, and falls and cuts from barefoot walking in the dark (Berger and Rounds 1998).
- **Public testimony.** Retraumatisation in witnesses and victims, measured as more PTSD and depression (Brounéus 2010, Rimé et al. 2011, Cilliers et al. 2016), and physical danger to witnesses from those they named (Brounéus 2008).
- **Abrupt endings.** Re-traumatisation when a healing process stops without warning (Aboriginal Healing Foundation 2006).
- **Healers' burnout.** Survivors running programmes for survivors burned out, and facilitators were overwhelmed (Aboriginal Healing Foundation 2006, Brave Heart and DeBruyn 1998).
- **Community pressure.** In a small community, a victim may be pushed to forgive or to stay silent so that the process can go on. I found no measurement of this at Hollow Water [VERIFY].
- **Delay of treatment.** A person with psychosis, severe depression or suicidal intent, kept in ceremony instead of receiving care.

Who must never enter a sweat or sauna. From Berger and Rounds 1998 and TR-08's sources (Hannuksela and Ellahham 2001, Byard and Riches 2005, Livingston 2010, cited in THRIVING library, TR-08): anyone with heart disease, unstable angina, a recent heart attack or severe aortic stenosis, anyone who has drunk alcohol or taken drugs, anyone fasting without water or dehydrated by vomiting, diarrhoea or fever, anyone feverish or infected, women in the first trimester of pregnancy (the neural tube defect finding), people with multiple sclerosis, epilepsy or impaired sweating from extensive scarring, people with neuropathy unless watched for burns, and those taking anticholinergic drugs, diuretics, beta-blockers or barbiturates. Infants never. Children only briefly, beside a parent, near the door. The frail elderly only briefly, and helped to stand afterwards. Here I am stricter than TR-08 on pregnancy, which left it to the woman's tradition and midwife. The heat-teratogen finding argues for no lodge in the first trimester [VERIFY: inference from one prospective study].

Signs that it is going wrong in a lodge. Confusion, slurred speech, not answering, stopping sweating, vomiting, collapse, seizure, chest pain, breathlessness. Then open the door, bring the person out and cool them (THRIVING library, TR-08, HY-11, and Protocol 2 below).

Historical cases. Sedona, three dead, and at least five other sweat deaths (THRIVING library, TR-08). Rwandan witnesses attacked (Brounéus 2008).

Red flags

Any of these means the person needs more than the village can give, and the circle or rite must stop for them.

1. Heat stroke: confusion or collapse after heat. Cool at once. Cooling within 30 minutes is what lowers mortality (THRIVING library, HY-11).
2. Chest pain or a fast irregular pulse in or after a lodge.
3. Suicidal intent or a plan, after a circle or a rite (THRIVING library, MI-01).
4. Psychosis: voices commanding harm, fixed false beliefs, a person who no longer knows where they are.
5. Severe dissociation that does not settle within an hour of leaving the circle.

6. A witness or victim threatened after speaking.
7. A child disclosing abuse, which needs protection before any healing step (Couture et al. 2001).

What to do anyway: stay with the person, keep them safe and warm or cool as needed, remove anyone who threatens them, and get the most skilled person the district has. Where nothing more can be done, presence matters. Sit with them, let them speak or be silent, and do not leave them alone with means of self-harm.

The case against

Gone and Kirmayer argue, from inside the field, that historical trauma is unproven as a cause, that culture-as-treatment has not been tested, and that most improvement could come from common factors any good group supplies (Gone 2013, Kirmayer et al. 2014). **Waldram** argues that the programmes blame history while demanding personal responsibility, and that historical trauma functions as an idiom of distress more than a diagnosis (Waldram 2014). **Pomerville, Burrage and Gone** count two controlled trials in 44 studies (Pomerville et al. 2016). The **Auditor-General of New Zealand** found that nearly a third of Whānau Ora money went on administration and that agencies could not agree what success meant (Office of the Auditor-General 2015).

Brounéus, Rimé and Cilliers together make the strongest case against the most popular idea in this field, that telling one's story in public heals. Their controlled data show that it can rebuild a community while harming the people who tell. **Simon Wessely and Suzanna Rose**, on debriefing, made the same case in Western medicine (THRIVING library, MI-01).

Against the sweat as treatment: a heat exposure with no proven psychiatric benefit and a documented death toll, whose only outcome study with numbers found no significant change in drinking and half the men rearrested (THRIVING library, TR-08).

Against the evaluators. The AHF, Whānau Ora, Marumali and the Healing Foundation were all evaluated by themselves or by consultants they paid. That proves no bias, but it is not evidence of effect.

The case for the defence, which a reader should hear: ceremonies cannot be randomised without being destroyed, the Chandler and Lalonde finding that British Columbia bands with all six markers of cultural continuity had no youth suicides in 1987 to 1992 is ecological but striking (THRIVING library, TR-10, section 1.6), and the alternative services were often absent or hostile. Absence of controlled evidence is not evidence of harm, except where harm was measured, as for public testimony.

10-line summary

1. Almost every Indigenous healing programme was evaluated before and after, without controls, by people who ran or funded it.
2. Only 2 of 44 psychotherapy studies with Indigenous populations were controlled trials (Pomerville et al. 2016).
3. The controlled evidence that exists is on public testimony, and it found harm: PTSD 11% against 8% with Fambul Tok, and survivors' PTSD scores rising at gacaca.
4. The same Fambul Tok trial found real social gains: trust of ex-combatants up 22% and networks 11% stronger.
5. Talking circles are well accepted but two thirds of starters do not complete, and completers' large effect sizes have no control.
6. Hollow Water reported 2 of 107 offenders reoffending over about 10 years, at about a third of the cost of prison, without a control group.
7. The sweat lodge has no controlled evidence of benefit and a documented death toll when copied without its rules, as at Sedona in 2009.
8. Core temperature rises about 1 °C per 30 minutes at 80 °C, and heart rate about 30 beats per 1 °C, so limits on time, crowding, water and exclusions are the safety system.

9. Rites of return that ask no retelling (Acholi egg, Mozambican purification) are untested but avoid the mechanism that the trials found harmful.
10. A village can copy the structure of circles, plans and supervised accountability with credit, and must grow its own sacred rites.

Open questions

- Do rites of return without retelling help mental health, or only acceptance? No outcome study exists.
- Did Brave Heart's pilot trial of historical trauma work plus group therapy produce results?
- How did victims fare at Hollow Water, living beside offenders, and how many were pressed to forgive?
- Is the Fambul Tok harm caused by the public telling, by the reopening of memory, or by the lack of follow-up care, and would private preparation and aftercare prevent it?
- What is the air temperature and humidity inside a traditional lodge, and at what round length does core temperature reach 39 °C?
- Does the Whānau Ora plan change health when compared with families without one? The planned IDI tracking had not reported when I looked [VERIFY].
- Would the talking circle's effect survive an intention-to-treat analysis?

Sources to read in full

1. Gone 2013, on what culture-as-treatment would have to show.
2. Kirmayer, Gone and Moses 2014, on historical trauma.
3. Couture et al. 2001, Hollow Water and its 13 steps.
4. Aboriginal Healing Foundation 2006, Volume II.
5. Cilliers, Dube and Siddiqi 2016, Science, in full (I read only the J-PAL summary).
6. Rimé et al. 2011, the controlled gacaca study.
7. Brounéus 2008 and 2010 in full (I read summaries and an abstract).
8. Igreja 2003, on gamba healers.
9. Berger and Rounds 1998, the IHS review of lodge medicine.
10. Pham et al. 2005, *Forgotten Voices*, Annex 4 on the Acholi rites.

At the bedside after the Fall

Household. Minimum: someone to listen without advising, a fixed time to sit together, and a meal. After a death or a violent loss, keep the rites the family already has (THRIVING library, MI-03). Do not press anyone to tell what happened. Watch for the red flags. Needs: time, a quiet place, food. First failure to expect: one person, usually a woman, becomes everyone's listener and breaks.

Village of 300. Minimum: a weekly circle run to Protocol 1, two trained keepers who rotate, a referral rule for anyone getting worse, and a rite of welcome for anyone returning after violence, built from the village's own traditions [OWNER]. If the village wants a sweat or sauna, it runs to Protocol 2 with a watcher and a cold-water tub, and is called by the village's own name for it unless a recognised holder leads. For abuse within the village, a small team following the Hollow Water order: protect the victim first, inform whoever holds authority, require admission, prepare everyone, supervise for years [OWNER]. Needs: a talking object, a circle place, a register of attendance, a thermometer and tub if heat is used, a written exclusion list. First failure to expect: attendance collapses after two or three meetings, as in every series, and the keepers take it personally. Expect it and keep the circle small and regular.

District of 3,000. Minimum: supervision for circle keepers, someone trained in trauma-focused therapy for the people circles do not help (THRIVING library, MI-01), heat-stroke treatment, and a justice process separate from healing for serious crimes, so that no victim has to testify in a healing rite. If the district wants reconciliation after

violence between villages, it uses private preparation, security for witnesses and follow-up care, because the trials show public testimony harms without them [VERIFY: inference]. Needs: two or three people with counselling skills, a sterile room and intravenous fluids, a written agreement between healers and medics, records. First failure to expect: a reconciliation gathering succeeds publicly and the witnesses are threatened afterwards, as in Rwanda.

Protocols

Protocol 1. A village circle

1. **Size.** 6 to 12 people. Above 12, split into two circles [VERIFY: inference].
2. **Keepers.** Two, one to hold the circle and one to watch the room and step out with anyone who leaves. Keepers rotate and have a circle of their own once a month.
3. **Time.** Weekly, same day and place, 60 to 90 minutes. Never longer than 2 hours.
4. **Opening, about 5 minutes.** Welcome, the rules read aloud, a moment of silence or a prayer in whatever form the village agrees [OWNER].
5. **The rules.** Only the person holding the object speaks. It passes clockwise. Anyone may pass without explanation. No interrupting, no advice unless asked, no questioning. What is said stays in the circle, except a danger to life or to a child, which the keeper must act on, and everyone is told this at the start [OWNER: limits of confidentiality].
6. **Rounds.** One round of names and how each is today, one round on the theme or open, a final round of one word or sentence. Allow about 3 to 5 minutes a speaker.
7. **No retelling demanded.** Nobody is asked to describe a traumatic event. If someone begins to, the keeper lets them, watches for the signs in Protocol 3, and does not ask for more.
8. **Closing, about 5 minutes.** Thanks, a word on where to find a keeper during the week, food or drink together.
9. **Afterwards.** Keepers note attendance and any concern in the register, not what was said.
10. **Ending a circle.** Announce it at least four meetings ahead. Never stop abruptly (Aboriginal Healing Foundation 2006).

Protocol 2. Sweat or sauna safety limits

This covers safety only. The ceremony belongs to those with the right to lead it (THRIVING library, TR-08, Protocol 1).

1. **Leader.** A person the community recognises and holds answerable, never a paid stranger [OWNER: who may lead].
2. **Screen everyone** against the list in Harm test. No alcohol or drugs for 24 hours before [VERIFY: inference].
3. **Water.** About 500 ml in the hour before [VERIFY: inference], water at every door opening, and 500 ml to 1 litre afterwards [VERIFY: inference]. No fasting without water.
4. **Structure.** Natural, breathable covers only, never plastic. A door that opens from inside and outside. Floor space for every person to lie down. Count people in and out and write the count.
5. **Watcher.** One sober adult outside throughout, with a cold-water tub or stream within about 30 metres and the cooling steps known by heart [VERIFY: inference].
6. **Time.** Rounds of 15 minutes or less with the door opened between them, and a total of about 1 hour, as TR-08 inferred [VERIFY: inference]. At 80 °C a person's core temperature rises about 1 °C in 30 minutes (Berger and Rounds 1998), so 1 hour could add about 2 °C in a dry sauna. Sedona ran about 2 hours.
7. **Temperature.** I found no measured lodge temperature. If a thermometer is available, keep the air at or below 80 °C, the sauna figure the physiology is measured at [VERIFY: inference].
8. **Leaving.** Anyone may leave at any time, without shame, and the leader says so before the first round.
9. **Stop at once** for confusion, slurred speech, not answering, stopping sweating, vomiting, chest pain, collapse or seizure. Bring the person out and cool them (step 10).

10. **Cooling.** Lay them flat, check breathing, immerse from the neck down in cold water, 1 to 26 °C, within 30 minutes, stirring the water. If there is no tub, pour water continuously and fan. Stop cooling at about 39 °C, or when they become lucid if there is no thermometer (THRIVING library, TR-08, HY-11).
11. **After.** Rest, food, water. Stand up slowly. No one leaves alone for an hour.

Protocol 3. Signs that a ritual or circle is harming someone

Stop the person's part in the circle or rite, take them aside with a keeper, and stay with them if any of these appear:

1. Shaking, sobbing or rapid breathing that does not ease within about 10 minutes of stopping [VERIFY: inference].
2. Blankness, staring, not answering their name, or not knowing where they are (dissociation).
3. Reliving: talking as if the event is happening now, flinching, hiding.
4. Panic, chest pain or fainting.
5. Saying they want to die, or that others would be better off without them.
6. In the days after: not sleeping, nightmares worse than before, drinking more, withdrawing from work and food, avoiding the person or place they spoke about.
7. Being threatened, shunned or pressed to forgive by others after speaking.
8. Attending, then stopping without a word.

Response: calm, warmth, water, a quiet place, plain orientation (name, place, day, that they are safe). Do not ask for more of the story. See them again within 24 hours. If two or more signs persist beyond a week, or sign 5 appears at any time, refer to the most skilled person in the district (THRIVING library, MI-01).

Protocol 4. A rite of return or reconciliation

1. **Separate justice from healing.** Serious crimes go to whatever justice body the village has. No victim is required to testify in a healing rite [OWNER].
2. **Prepare in private.** Meet victim, offender and families separately, more than once, before anything public (Couture et al. 2001).
3. **Protect first.** Anyone at risk is moved to safety before the process starts, and those who speak are visited afterwards.
4. **Admission before gathering.** The offender admits and accepts responsibility before any gathering.
5. **Welcome without retelling.** A returnee's rite is a public welcome, such as a shared meal at the family's table, and does not require them to describe what they did or suffered.
6. **Aftercare.** The keeper visits every participant within a week and again at a month, using Protocol 3.
7. **Supervision.** A healing contract and regular checks for at least two years, as at Hollow Water [OWNER].
8. **Whether offenders stay** in the village, as at Hollow Water, or leave or are punished, is a decision for the village [OWNER].

Numbers to carry

1. 2 of 44: controlled trials among psychotherapy studies with Indigenous populations.
2. 11% against 8%: PTSD after Fambul Tok's public testimony against control, with depression up 47%.
3. 36% against 19%: PTSD in gacaca witnesses against non-witnesses.
4. 34%: share of talking-circle starters who completed four sessions in Saskatchewan.
5. 2 of 107: Hollow Water offenders reoffending in about 10 years, uncontrolled.
6. 3 dead in about 2 hours in a 415 square foot plastic-covered lodge with 50 to 65 people: Sedona, 8 October 2009.
7. 1 °C in 30 minutes: core temperature rise at 80 °C, with about 30 more heartbeats a minute per 1 °C.
8. 15 minutes a round, 1 hour in all, water at every opening: the lodge limits [VERIFY: inference].

9. 1 to 26 °C water within 30 minutes, stop at 39 °C: cooling heat stroke.
10. 63%: share of Aboriginal Healing Foundation participants who completed their programme.

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