Trauma and Healing in Aboriginal Families and Communities

John Lederman

Introduction

Traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life. Thereafter, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion (Herman, 1997, p. 52).

This paper considers how traumatization of Aboriginal people may be of a unique process, characterized as it is by a long-standing and continuing history of repeating traumatic events, which affect entire communities; the length of time and extent of the trauma make it extremely difficult for the process of healing to take place. This paper will examine some of that traumatic history, the psychological mechanism of trauma in regard to Native individuals, families, and community life, and then this paper will propose a model of healing and of an ethnographic way of documenting data in order to re-examine this theory, speculating that the data will further facilitate the healing process.
From what we know from the research, trauma almost always seems to surface and does so in many reactive ways which depend on the temperament and circumstance of those who suffer: such as, dissociation, mood, personality, or behaviour problems, alcohol or other substance abuse, self harm and suicide, abusiveness - even violence - of those traumatized, against themselves, their families, their own community members, or others. In other ways, trauma can lead to religious conversion and intolerance, and to personal, organizational, or political extremism. All of these reactions are apparent to a disproportionate degree among many Native people. The historical record and even current political policies and mainstream societal attitudes are consistent with events capable of producing and sustaining traumatic reactions in many Native individuals and communities. Where the trauma is more presently hurtful, these reactions are more obvious. Where some individuals and communities have been able to heal their trauma, they are more able to form cohesive, supportive, co-operative and productive personalities, families, and communities.

General Historical Review

Like traumatized people, we have been cut off from the knowledge of our past. Like traumatized people, we need to understand the past before we can reclaim the present and the future. Therefore, an understanding of psychological trauma begins with re-discovering history (Herman, 1997, p. 2).

From 1880 to 1969, eighty-eight "residential" (sometimes called "industrial" or "boarding") schools were built across Canada by a partnership of the federal government and four Christian church denominations which operated the schools to "Christianize and civilize" Native people (Davin, 1879). The Roman Catholics operated fifty schools; the Anglicans, twenty-six; the United Church, ten; and the Presbyterian church, two. The maximum number of schools operating at any one time seems to have been eighty in 1933 (Kirkness, 1992). Residential schools were phased out very gradually over a number of decades. Some church-run residential schools still operated into the 1980s. A few residential schools are open in Saskatchewan to this day but have now come under local band control. Over the century of their existence, the Native residential school

Nishnaabe Kinoomaadwin Naadmaadwin
experience has touched all of the more than five hundred Native reservation communities, as well as those Native individuals and communities in urban centres throughout Canada. Overall, hundreds of thousands of Native children spanning several generations attended residential schools. Exact figures are not available since many records have been destroyed and lost. (Many residential schools have been razed to the ground, all physical trace of them being gone).

Entire generations of Native children were affected by the residential school experience, even though some managed to escape the schools and the truant officers. Many children directly affected had no contact with their families for ten years and longer. Many were told if they did not go to these schools, their parents would be jailed. Many children were forcibly removed from their families. Many were threatened and assaulted physically and sexually at the schools. Children were segregated by sex; physical contact was not allowed, and many were starved. They were often put through gruelling physical labour, and their medical care was clearly inferior to that of whites (Barry, 1995; Timpson, 1993 p. 256). Over the years, as Native people regain their voices through renewed belief in themselves and in their culture, some have started to give expression to their experiences.

We lost our language, our culture, our tradition. We turned to alcohol and drugs. We act out the violence of our childhood on our own families. We commit suicide because we are lost and cannot find our way (Samaha/Barry, 1995).

That Native people have begun to speak at all about these experiences is remarkable since "In many communities Aboriginal people were not ever considered to be as good as Europeans." (Rev. Peter Hamil at The Royal Commission on Aboriginal Peoples, 1993/Barry, 1995). Evidence of this attitude stretches far back through the literature. Kirkness (1992, p. 10) quotes from Davin (1879, p. 2): "Little can be done with the Indian child. He can be taught to do a little at farming and at stock raising, and to dress in a more civilized manner, but that is all". Timpson (1993, p. 255) quotes from Lithman (1984, p. 45) who quotes from residential school Sessional Papers (1904:XXVII): "As a civilizing factor, the advantage of the removal of pupils from the regressive influence of [reserve] home life is shared pretty equally by the industrial and boarding schools... . " Many still cannot talk of the abuse they suffered at residential schools. Fred

Native Social Work Journal
Sampson, for instance, an artist now in his forties, who, from 1966-1971 attended St. George's Residential School near Lytton B.C., still says: "The sexual abuse that happened to me in that school ... I'm not ready to talk about that yet." And, Fred has talked of some of the severe physical abuse he suffered there. Two of his friends who went to the school have died already. One is an alcoholic. "Even the elders who are here find it painful. They don't want to talk about it." Of 1600 people of the L'Tigaten First Nation who went to St George's residential school, 700 were abused physically and/or sexually - over things as simple as speaking their own language - sometimes even when they knew no other (Barry, 1995).

These experiences are widespread, though not universal, to all residential school children. Some children felt they were being rescued from situations even more traumatic at home: "I lived in a residential school for nine years, and if it wasn't for residential schools, I, along with about 100 others, would not be where we are now." (Timpson/Charles, 1993, p. 258). It should be borne in mind, however, that this apparent 'improvement' of "being where they are now" still happened within the general nationwide context of a social/political attitude, relatively traumatizing, that Native people and their way of life could never be "as good as Europeans". And, this feeling of being rescued by a residential school still happened within a milieu of traumatizing grief and loss psychologically, with further traumatization from the very high mortality rate of residential school children: "At about the turn of the century, it was estimated that 50% of the children who passed through these schools did not live to benefit from the education they had received therein." (Kirkness, 1992, p. 10). This trauma of grief and loss from decimation of Native people by war and disease introduced by European contact has a numbingly long legacy, beginning from the earliest meeting of the two races five hundred years ago: "In the century after Columbus over two-thirds of the Natives of the Americas died through disease and violence" (Wood, 1991). This decline continued to the point where, at the onset of the twentieth century, the Native population was estimated to be less than five per cent of pre-European contact levels (Thornton, 1985; O'Neil, 1993).

Native parents and children grow up with the residential school experience deeply embedded in their history. Residential schools influenced, and continue to influence, generations of Native people, their families, and communities directly and indirectly. The
residential schools, for most Native people, are part of a legacy which continues the devaluation of their self-worth. Native children, who then became parents, respond to a history of traumatization of themselves, of their family members, or of those around them in their community and in the way trauma inexorably must surface, their children, in turn, become traumatized. This continuing traumatic devaluation is also often reinforced in the present experiences of Native people who are still often treated socially and politically as children by those outside their communities, sometimes in their own communities, which makes any progress on the recovery from the trauma of their history, very tenuous.

Over the decades when residential schools were being phased out, Children's Aid Societies were changing from being privately run and organized charitable foundations (usually with religious affiliations similar to residential schools) to being government funded and run agencies. During this time of welfare partnership with government (similar to residential school partnership with government), Children's Aid Societies became extremely active in regard to Aboriginal children, and placed, or "scooped" (Johnston 1983, p. 23; Timpson, 1993) Native children away from their families and communities in vastly disproportionate numbers compared to their white counterparts. Province wide figures of Native children in children's aid care compared to the total number of children in care were in the ±65% range in Saskatchewan as late as 1976 to 1981. In Ontario for the same period, the provincial average of Native children in care hovered around 8%. However, this Ontario average represents a range from ±85% of all children in care in Kenora to virtually nil in the southern urban centres, so it appears the same phenomena was happening in Native reservation communities in Ontario. In southern urban centres, the number of Native children in care was so low it is possible they were isolated, perhaps even ignored. In 1980, nationwide, 0.96% of all children in Canada were in care of Children's Aid Societies. The number of Native children in care in 1980 constituted 4.6% of all Native status children - four and a half times the national average. Numbers in the sixties are widely considered to be higher but are not accurately available (Johtston, 1983). Often, Native children in care went through several institutional foster and group homes and were often placed far from their Native communities, many on a permanent basis. The ones that were adopted usually went to non-Native families. Many of these were beaten, some to death. Some
turned on their care-takers but then were jailed for doing so (Timpson, 1993, p. 3 & p. 8). The statistical picture shows that many Natives regard the Children's Aid Societies as taking the place of, and continuing the cultural imperialism, suppression, and assimilation of Indigenous peoples by white society that residential schools began with their children (Johnston, 1983; Hudson and McKenzie, 1981).

In the 1960s the residential schools were finally replaced. By what? By a system called the children's aid societies. A peculiar mix of arrogance and ignorance that could decide the deportation of our children from this province was "in the best interests of the children." Only a society founded on greed could have licensed, sponsored and funded the arrogance and ignorance of those societies (Solomon, 1994).

It is little wonder, from the century-long residential school experience, that Children's Aid Societies were able to find the rationale for their disproportionate intrusion in Native families - the psychological and behavioral conditions had been created by their colonial and institutional precursors. Unfortunately, Children's Aid Societies intervened in these traumatized and lost families, not by helping Native families and communities but by continuing the colonial and residential school tradition of removing, suppressing and assimilating First Nations through their children. Children's Aid Societies perpetuated the same belief as residential schools: that a well-meaning white, cultural institution was better than a Native child's family and community. Many, perhaps even most, of the child welfare workers were compassionate and well-intentioned. But, however well-meaning Children's Aid Society intrusions may have been, they further continued the traumatization of Native people and likely compounded it. Johnston (1983, p. 23) says, "Unfortunately, the long term effects of apprehension on the individual child was not considered. More likely it could not have been imagined." This thought shows how racism and cultural imperialism can be the political and institutional foundation of a road overtly paved with the good intentions of individuals.

Hardina (1994) has examined how social workers, in Canada in particular, can allow themselves to be used by the mainstream political-cultural establishment to support the status quo agenda:

Nishnaabe Kinoomaadwin Naadmaadwin
The contradictory nature of the social work profession (social workers provide services to meet client needs while acting as agents of social control) may explain why social workers historically have had some ability to control their work (professional autonomy) but little power to change the social welfare system (Burghardt, 1982; Lundy and Gauthier, 1989). Social workers often experience this contradiction as role straits or burn-out (Burghardt, 1982; Freidson, 1986; Garner and Zald, 1987). Although the State may [now] allow opportunities for political involvement on the part of social workers, such opportunities may simply provide the mechanism for political elites to control the activities of social workers, social organizations and the social movement to which they belong (Cloward and Priven (1975); Fabricant and Burghardt, 1987; Garner and Zald., 1987, Gough, 1979; Loney, 1977). (p. 114-115)

Paolo Freire (1990, p. 5) expresses this more simply: "... the social worker, as much as the educator, is not a neutral agent, either in practice or in action." (See also, Frere, 1970 and 1985.) The community organizer Saul Alinsky was even more blunt, openly showing contempt for social workers because they help the cultural establishment suppress the less empowered (Alinsky, 1972). "That’s why when Saul Alinsky would say ‘social worker,’ sometimes he would spit afterward" (McKnight, 1994, p. 10). Many Native people still express the same distrust toward social workers generally (Simon, 1996), a sentiment which arises from having observed the cultural and historical legacy to which social workers and others become instruments. Many, like Ovide Mercredi (Barry, 1995), have called the traumatic intrusion by residential schools and Children's Aid Societies into Native families part of a "cultural genocide" by white society. The effects of this cultural genocide continue say many Native people. "How can you raise children when you’re institutionalized?" says John Munro (Barry, 1995). The high rates of Natives jailed, of Native family violence and self abuse, of Natives abusing substances and especially alcohol, are not intrinsic in Native people (Dyck, 1986), but they are intrinsic to a common history Native people are still suffering, the effects of which are felt directly by those Native people who have experienced them and by other community members and especially Native children.
Disintegration of Native communities has happened in other ways too, ways that are more complexly interactive than a simple linear sequencing, or single cause and effect of events would indicate.

It would be reassuring if blame could be laid to any single part of the system. The appalling reality is that everyone involved believed they were doing their best and stood firm in the belief that the system was working well. ... The miracle is that there were not more children lost in the system run by so many well-intentioned people. The road to hell was paved with good intentions, and the child welfare system was the paving contractor (Royal Commission on Aboriginal Peoples, 1993b, p. 69; quoting Judge Irwin Kimelman's report "No Quiet Place," 1982.).

Government legislation influences how individuals, families, communities, institutions, and agencies like Children's Aid Societies all react to each other and at the same time, causes reactions in an interactive system. The Indian Act long prohibited all the sacred ceremonies and even possession of sacred objects by the Native people (A.F.N. 1994, p. 142), contributing to the destruction of Native culture. Timpson (1993, pp. 355 & 370) finds that many identify the Indian Welfare Act and the provision of general welfare and the way it has been available to Native communities, without the impetus to self-sufficiency, as contributing factors in this complicated interactive system of events. The Assembly of First Nations (1994) puts it this way:

However only some of these losses can be attributed to residential schools. For example the loss of traditional political and governmental structures, more evident for some First Nations than for others, is a result of the Indian Act (p. 171).

The dominant legislating culture, imposing disruption on Native people's traditional means to self-sufficiency, makes the situation more problematic than where people make impositions on their own society. Human, economic, and territorial dislocation have all been forced on Native communities. The disruptive effects of impositions by a white European culture on a white European culture have also been

Nishnaabe Kinoomaadwin Naadmaadwin
documented:

The studies of lifestyle in suburban settings show a very different pattern of inter-family relationships from those prevalent in the ghettos. The studies of families who moved from the slums to the suburbs (Wilmott and Young, 1969, 1960; and Mogey, 1956) show that in each case their extended family interaction patterns were destroyed. These families began to develop an emphasis on the nuclear family and on the enhancement of the family's home; this focussed attention on possessions, which required money, which meant work became more important. Thus, not only was the family's kinship pattern broken down but their whole value system was restructured (Lennard and Lennard, 1977, p. 57.).

The effects of one culture forcing this on another in the Native North American context would be even more profound, and likely more traumatic.

Many Native people are now so used to imposed disruptions on their culture that: "The effects of colonialism have permeated First Nations culture to the point where First Nations people are now accused of oppressing themselves" (A.F.N., 1994, p. 142). However, like the Jewish culture (especially the Israelis) after World War II, many Native people consider that they have been too silent for too long and are becoming strong in seeking their own independent status as nations. Regaining a sense of independence and responsibility, psychologically and physically, are necessary steps in overcoming trauma. It is proposed that some of the reactive ways in which the Native quest for personal and political independence are proceeding, and are related are better understood and handled by understanding the mechanisms of trauma and facilitating healing. Any healing however, must be understood within the context of Native culture and values, and within the different political and value context in which Native people live. Even where values have been adopted that may be largely like the majority white culture, Native values have come from a different history which is still influential to all.

Cultural Differences of Native Family Structures and the Effects of Trauma within this Context

Native Social Work Journal
Because traumatic life events invariably cause damage to relationships, people in the survivor's social world have the power to influence the eventual outcome of the trauma. ... That sense [of self and trust] can be rebuilt only as it was built initially, in connection to others. ... The emotional support that traumatized people seek from family, lovers, and close friends takes many forms... (Herman, 1997, p. 61).

When traumatized, one turns to people one trusts to re-establish that primary sense of safety and nurture which is the ideal core of a family. Where one's family, community, and social world is generally disrupted, and where individuals - and children especially - are extremely vulnerable, the risk of a continuing inter-generational cycle of re-traumatization greatly increases (Hines et al. 1992). Native family life appears to have been a much more communal kind of upbringing (Johnston, 1983) and so has been more affected than non-communal family life by the residential schools experience, by child welfare intrusions, by the Indian Act and Indian Welfare Act, and other political and territorial displacements (Timpson, 1990, 1993). The term "appears" is used cautiously. Native family and community life has been rather comprehensively disrupted so a reliable picture of what it was traditionally is difficult to re-construct. Nonetheless, there is some source material and literature. We need to be cautious not to devalue the oral, storied, tradition of Native Elders as sources, just because the white, European, cultural and academic predilection is to do so. Foucault (1970 and 1979) and other 'structuralist' philosophers, anthropologists, and social critics have examined how cultures based on western European values create their own fiction of history and 'authenticity'. For more discussion of this see Althusser (1971), Barthes (1972), Bruner (1986), and Levi-Strauss (1903/1955).

Tobias (1976) traces the "civilizing" and assimilation of Native people from the earliest colonial missionary days. It can be seen from Tobias's work that as well as attempts being made to change Native people's spirituality and religion attempts were made to change Native people's concept of authority (to a hierarchical western European type with whites and men at the top), and to change Native people's concept of ownership and use of the land from communal to private. Lennard and Lennard (1977) have pointed out that on a micro level, the actual design and layout of housing has a profound effect on family life and values. Like the financial aid accepted by reserve
communities, also accepted has been western European design aid in the form of boxy houses and buildings laid out on linear and grid systems. To western Europeans, these are 'better'. For Native people, they have changed traditional family and community interaction and values:

It is a bad way to live. There can be no power in a square. You have noticed that everything an Indian does is in a circle, and that is because the Power of the World always works in circles, and everything tries to be round. ... Our tepees were round like the nests of birds, and these were always set in a circle, the nation's hoop ... . The flowering tree was the living centre of the hoop, and the circle of the four quarters nourished it. The east gave peace and light, the south gave warmth, the west gave rain, and the north with its cold and mighty wind gave strength and endurance. ... so long as the hoop was unbroken, our people flourished. (Black Elk, 1961/1932, pp. 194-196)

Johnston (1983) notes that parents, family, and community structures that whites would call "permissive" were the norm in Native circles. (He is speaking from the 1970s and 1980s; in the 1990s, this has become the white cultural norm.) To Native people, though, this did not mean that children 'got away with more' but that they had more independence and autonomy generally, and that Native child-rearing practices were pacifist and not based on a history of (harsh) physical discipline as European cultures were. (It is only in the last decade that white Canadian society has generally attempted to make physical punishment illegal, even though it is still far from being considered repugnant by many.) Native parents and the community, and especially the Elders, adopted a means of teaching, and child rearing, based on imitation, role-modelling, and example (van de Sande, 1993). Public opinion, community approval, humour and teasing were all used as tools of teaching and discipline, from childhood right through to adult juridical punishments, the most severe of which was usually banishment from the community. Community responsibility for raising children was such that there were no "illegitimate" children. When a mother named the father, that man's family and the community accepted it. This approach to child-rearing inculcated several important values: control of emotion, for instance, and that

Native Social Work Journal
civil rights values were different: the rights of the collective being more important than the rights of the individual.

An example of how influentially (and disruptively) European values and teachings have infiltrated and de-valued the Native way of life from the earliest days may be found in writings of Peter Jones (1802-1856), an Ojibway convert who became a Christian missionary: "In family government, I regret to say, my countrymen are very deficient; ... They scarcely ever inflict any punishment upon [the children] beyond angry looks and a little angry talk" (Jones, 1970/1861, p. 67).

Depending on the individuals and circumstances, trauma effects can be exhibited in many forms and any combination, generally ranging through disruptions of mood, personality, and behavior. Beiser (1974), Hammerschlag, Alderfer and Berg, (1973), and Krush, Bjork, Sindell, and Nelle (1966) have more thoroughly documented how specifically Native residential school experience and similar institutional attempts at assimilation can lead to personality, mood, and behavior problems. Increased incidence of depression among Native people has been noted throughout the literature and is cited in thirty to fifty percent of Native psychiatric referrals (Pelz, Mersky, Brant, Patterson, and Haseltine, 1981; Timpson, 1988). Armstrong and Patterson (1975) were consulting in regard to an epidemic of "hysterical seizure" behavior in Native adolescents but gave this compelling and still generally applicable backdrop:

They cling to their existential positions of being over-valued children who have been promised the North American version of Utopia by their educational system, radio, and tape recorders, magazines and their parents, only to find as adolescents, that they cannot fit into the world of the south., that their time in school has robbed them of hunting, fishing, and trapping skills of their parents. Their patchy Indian Affairs School background makes them uncompetitive in any educational setting in the south and therefore all the glamorous occupations of the north - doctor, nurse, priest, teacher, geologist, pilot - are closed to them. Their entertainment and wishes all lie to the south, but their present and future reality lies in a small isolated village, with rough work, few amenities, overcrowding, and relative poverty. This produces an enormous sense of inarticulated confusion,

Nishnaabe Kinoomaadwin Naadmaadwin
depression, and anger with no concrete target or agent to attack or change (p. 249).

Conditions since this 1975 account are only slightly different. Native people are more articulately identifying targets to change (Royal Commission on Aboriginal Peoples, 1992a and b; 1993c) and are identifying them as well in complicated urban environment settings (Royal Commission on Aboriginal Peoples, 1993b), but change is agonizingly and bureaucratically slow, which leads to persistence of traumatic effect in individuals and communities, and to personal difficulties, and now to angry political militancy. Dyer (1994) has identified how in many underdeveloping nations and cultures of the world, this general envy of western European and American Utopia and similar mechanisms of accompanying personal and political difficulties is even more widespread.

The Use and Abuse of Diagnosis

... they can produce major, though temporary, alterations in their affective state by voluntarily inducing autonomic crises or extreme autonomic arousal. Purging and vomiting [and eating or addictive disorders generally] compulsive sexual behavior, compulsive risk taking or exposure to danger, and the use of psychoactive drugs become the vehicles by which abused [people] attempt to regulate their internal emotional states. (Herman, 1997, p. 109)

In Armstrong and Patterson's (1975) study, when the psychiatric Diagnostic and Statistical Manual II (DSM II) was being used, reactions in the community to which they consulted were called "hysterical seizures." Diagnostic labels can theoretically be useful insofar as they further understanding of conditions and help ameliorate them, but diagnostic labels are often felt to be debilitating, disempowering, or an abnegation of responsibility for many people (Loring and Powell, 1988; Solomon, 1992).

The fact is that diagnostic criteria are part of a continuing and developing historical dialogue and understanding (Kirk and Kuchins, 1992; Smart and Smart, 1997). As such they can be subject to political ideologies. For instance, while in 1975 these symptoms were "hysterical seizures," our understanding has now been superseded such
that this category does not exist anymore, and these reactions would now be described by the diagnostic category of "Post-Traumatic Stress" reactions (American Psychiatric Association, 1982, 1987, 1994). Freud and his entire era fixed us for a long time on the theory of female hysteria, very possibly because the contemplation of physical, sexual, and child abuse were too repugnant to contemplate (Herman, 1997, p. 10; Masson, 1992). This blindness, we now understand, is itself partly a mechanism surrounding trauma (Herman, 1997, p. 7); however, it remains partly a matter of patriarchal political power too. Scarry (1985) has shown how the inexpressibility of personal pain can have political empowerment consequences, and we may see this again in the long process by which trauma could begin to be more openly identified, expressed, investigated, and understood. Psychiatric labelling is not an 'excuse' for reactions, nor is it an excuse for political disempowerment. The political backdrop of diagnostic labelling needs to remain in mind while we take advantage of the way new descriptions can further our compassionate understanding of the problems and thereby empower us to deal with life in better ways.

**Substance Abuse**

Traumatized people who cannot spontaneously dissociate may attempt to produce similar numbing effects by using alcohol or narcotics (Herman, 1997, p. 44)

Alcoholism amongst Native people has been seen to be such a problem that people began to look for an explanation in the physiological make-up of Native people. The theory of being physiologically susceptible to alcohol has been dispelled by Dyck (1986) in her biochemical study and review of the literature. Looking for this kind of explanation has to do with what Herman (1997) calls the 'amnesia' of trauma. The history to which the mainstream culture has subjected Native people is too repugnant to think about and does not accord with the self-image the white culture (the perpetrator) would like of themselves, so an easier explanation is manufactured, making the fault that of Native people (the survivors) themselves. It is relatively easy to recruit the survivors into believing the manufactured explanation and blaming themselves because of their traumatized self-image. The alcohol helps with painful personal affect and by numbing the truth of what happens to them; it serves the purpose of truth-

Nishnaabe Kinoomaadwin Naadmaadwin
telling in a psychological sense: re-enacting the trauma through self-abuse this time. The survivors have been recruited into the story but in this disguised fashion.

Studies also review substance abuse as emerging from mood and effect of the living milieu. Substance abuse as a response to depression is reviewed by Weiss, Griffen, and Mirin (1992) and Khantzian (1989) and has become a commonly accepted link. Khantzian (1985) has tried to link specific psychological problems to particular self-medication choices, with some success. In Native communities, the substance of choice would be limited by financial constraints and community conditions. In Native communities, inhaling solvent, especially gasoline, for instance, has arisen likely because it is so inexpensive and easily available. Many authors link the historical and continuing treatment of Native people, their community conditions, their experiences, their mood, and substance abuse (Nofz, 1988; Maracle, 1993; The Royal Commission on Aboriginal Peoples 1992a, 1993c, 1995).

**Self-Harm**

Self care is almost always severely disrupted. Self-harming behavior may take numerous forms, including chronic suicidality, self mutilation, eating disorders, substance abuse, impulsive risk taking, and repetitive involvement in exploitive or dangerous relationships (Herman, 1997, p. 166).

Suicidality is one of the most dramatic forms of self harm found in high proportions in Native communities. Average Native suicide rates are three times higher than the overall national average, but when one looks at suicide in regard to individual Native communities, it occurs at rates typically as high as twenty times the national average (for example at Wikwemikong on Manitoulin Island in 1975). Recently (January 1993), in Davis Inlet, a community of five hundred, six, twelve to fourteen year-old Innu children were found inhaling gasoline fumes in a suicide pact, two already unconscious. This community rate would have been eighty-seven times the national average had they succeeded. Rates have been found to be higher amongst young people and among better educated young people (Brant, 1993; Royal Commission on Aboriginal Peoples, 1995; Ward.
and Fox, 1977). Several authors have reviewed the causes of suicide in relation to Durkheim's (1964/1897) ground-breaking work "Le Suicide", where the theory is advanced that suicide happens for three general categories of reasons: egotistic, altruistic, and anomic, anomic being the uncertain times of disruption of one's social structure and values. The link between anomic suicide and the historical and continuing disruption of Native culture seems quite strong (Pelz, Mersky, Brant, Patterson, and Haseltine, 1981; Armstrong, 1985; Davenport and Davenport, 1987; Brant, 1993; Timpson, 1993; A.F.N., 1994). Other behaviors found in some Native communities include burning and cutting of oneself, joy riding and injury while intoxicated, and exploitative relationships. Prostitution in urban centres is more particularly visible (Royal Commission on Aboriginal Peoples, 1993b). Self mutilating or destructive behaviors have been linked to depression and other mood disorders, and to wishing to produce physiologically affective reactions to distract from a psychic pain (Birrer, Robinson, Shyarnbhai, and Leber, 1993; Herman, 1997).

Abuse of Others and Coercive Control

The psychological impact of subordination to coercive control may have many common features, whether the subordination occurs within the public sphere of politics or within the private sphere of sexual and domestic relations. (Herman, 1997 .. P. 75)

Any kind of abuse: physical, sexual, emotional or mental, is partly about exerting power coercively over others. Traumatized people are particularly vulnerable to coercive control and recruitment into ways of acting by agents of coercive control, even by well meaning agents who want to "save", or "civilize" and "Christianize" them. Domestic violence within Native communities is now also being identified as a widespread problem disproportionate to their numbers (Royal Commission on Aboriginal Peoples, 1992a; 1993b). LaRocque (1993) reports summaries of the literature to the Royal Commission on Aboriginal Peoples in which eight out of ten Native women have been subject to abuse. Child physical and sexual abuse, while difficult to track, is believed, due to increased reporting, to be similarly high. Again, LaRocque and others (A.F.N., 1994) link this to cultural history, alcohol abuse, mood disorders and trauma:

Nishnaabe Kinoomaadwin Naadmaadwin
I have to do something about this anger I feel inside. It is really tearing my insides and when I was married, my wife used to get the brunt of it (AFN, 1994, p. 102).

Herman (1997) found in her literature reviews that "the majority of victims do not become perpetrators (p. 113). In mainstream communities abuse is widely and very publicly unacceptable. From childhood the unacceptability of abuse is most people's cultural expectation and experience - when they are part of mainstream culture. Native people, however, have grown up being racially and culturally devalued - abused. Most, even still, have direct experience with being devalued from outside their culture and sometimes even from other Native people. The historical experience of Native people showed them that abuse, being abused and perpetrating it, were part of a society they were to emulate and to which they were to assimilate. It is, therefore, somewhat understandable if abuse were to be perpetrated and modelled more frequently amongst Native people. This does not make it excusable or acceptable. Perpetrators must still accept responsibility and change. Knowledge of mechanisms might, however, change our understanding of the perpetration of abuse, and help us see it as part of a constellation of behavior, helping with more effective ways to work with it rather than just punish and perpetrate more abuse.

Criminalizing Behavior

One survivor of severe childhood abuse describes how he became abusive toward others: "I decided I'd had enough. I started fighting back. I got really rough. One time a girl was picking on me and I beat the shit out of her. I started carrying a gun. That's how I got caught and sent away - for an unlicensed gun. Once a kid starts fighting back and becomes a delinquent, he reaches the point of no return. People should find out what the hell is going on... before the kid ruins his whole life. Investigate! Don't lock the kid up. (Herman. 1997, p. 113)

In the culturally dominant white society in Canada, offering therapy and counselling is usually the first line of approach, even for severe conduct disorders–behaviours that in the recent past would have
been simply criminalized. Native individuals and communities, however, are still prone to their behaviour being labelled as criminal rather than receiving the therapeutic understanding and first line of support shown to those of the main-stream culture (Royal Commission on Aboriginal Peoples, 1993a). Aboriginal men make up eleven and fifteen percent of federal and provincial penal institutions. The rates for women are higher. Although native people make up only about two per cent of the total population in Canada, rates of arrest and even contact with the police are much higher. Giokas (1993) identifies that in the past decade around thirty reports and studies in provinces right across Canada have all found the same thing. There are complexly interactive explanations of high Native incarceration rates (Royal Commission On Aboriginal Peoples, 1993a). Racism and systemic discrimination have been identified to be part of it. Native people also acknowledge that there is high transgression of the law by their numbers. Seis'hom, (Barry, 1995) a Metis Healer says:

A lot of our people have run away to alcohol and drug abuse and in a sense have moved from residential schools to jails because of institutionalization.

Poverty, depression, substance abuse, exploitation, anger, violence, and a sense of powerlessness and hopelessness are all part of the Native justice problem. Traumatization, responses to trauma, and then a perpetuation of trauma are also factors to the problems of justice for Native people (A.F.N., 1994). While political debate continues between the desire to punish and the desire to rehabilitate, those working on the rehabilitation side have almost always taken a stance like Bateson’s (1979): realizing that those acts society defines as criminal are part of a constellation of behavioral traits, which remain largely unchanged by punishment of those individual acts. Native people, in seeking a justice system of their own, responsive to the community, are seeking to heal their communities and remedy a failed mandate of mainstream penal institutions.

Healing

People who have endured horrible events suffer predictable psychological harm. There is a spectrum of traumatic disorders, ranging from the effects of a single overwhelming

Nishnaabe Kinoomaadwin Naadmaadwin
event to the more complicated effects of prolonged and repeated abuse. ... When the truth is finally recognized, survivors can begin their recovery (Herman, 1997, pp. 2-3).

Native people have recognized the need to heal. This need is expressed over and over again in the literature (Royal Commission on Aboriginal Peoples, 1992a and b; 1993c). How to proceed, how to heal, is more problematic. Many Native people and others recognize the need to widely awaken traditional Native healing practices as being integral to the process. There is also debate over the role western clinical practice might provide. O'Neil (1993) writes:

Canada is one of the few countries in the world where medical pluralism is not a taken-for-granted aspect of everyday life. The medical monopoly in Canada has assumed greater control over healing activities than anywhere else in the industrial or the developing world. ... traditional medicine has been and continues to be misunderstood by mainstream health care practitioners. Indeed 'misunderstood' is a polite way to describe the systematic discrimination that characterizes the history of the relationship between the two systems in Canada (p. 37).

Western health practice in Canada has a tendency to act towards Native people in the same patronizingly colonial way as child welfare and general welfare agencies, as government policy makers, and as educators have. In fact, many culturally mainstream community members find that medical practitioners have a patronizingly special status above people generally and that practitioners, to some extent, guard this position (Burke, 1985). Donner (1988) has noted how much clinical social work practice in particular has historically allied itself to a medical, especially Freudian, model and terminology of mental health to lend itself credibility and status. This, combined with Native people's view of social workers from child welfare contact, makes their involvement problematic. Also, traditional Native people would not even make the distinction between mental, physical, and spiritual well-being (Timpson, 1988), as a western clinical approach tends to.

Nonetheless, many Native people see the need for a holistic inclusionary approach to health, embracing both the western European
and traditional Native ways of healing. In particular, in this presentation, the contribution that western European clinicians have to make in regard to what they have learned through the study of trauma, could greatly serve at least mainstream society's understanding of Native people and could perhaps significantly aid in the healing process and relations between the two cultures. John Aleck (Barry, 1995) proposes:

We asked the people whether they wanted some sort of community healing gathering where we could bring together people from modern medicine, healing, doctors, and then traditional Healers, bring them together and find a common ground where we could start solving these problems, start designing programs and services ... and we could do this as an example of how we have started the healing process ... .

The reports of the Royal Commission on Aboriginal Peoples review many programs with Native people. Although there is a resurgence of traditional healing methods, and a call for holistic approaches, there seem to be no fully integrated projects with traditional Healing Circles and western European psychotherapeutic approaches. The A.F.N. (1994) report “Breaking the Silence”, seems to be one of the first linking, historical treatment, current experiences, trauma, and psychological difficulties. It is not a common linkage. Usually the approach is either traditional Native Healing or mainstream western European psychotherapy. Dr. Clare Brant, until his unfortunate death in 1994, for instance, was for a long time the only Aboriginal psychiatrist in Canada. However, recently there has been more written on culturally and ethnically sensitive healing or counselling practice (Brown, 1997; Christopher, 1997; Devore and Schlesinger, 1995; McGill, 1992; McGoldrick, Giordano, and Pearce, 1996; Nabigon and Mawhinney, 1996; Pederson, 1997; Proctor and Davis, 1994).

The Proposal for Healing and Research

Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self worth, of humanity, depends upon a feeling of connection to others. ... Because traumatized people feel so alienated by their experience, survivor groups

Nishnaabe Kinoomaadwin Naadmaadwin
have a special place in the recovery process. Such groups afford a degree of support and understanding that is simply not available in the survivor's ordinary social environment (Herman, 1997, pp. 214-215).

In [their] renewed connections with other people, the survivor recreates the psychological faculties that were damaged or deformed by the traumatic experience. These faculties include the basic capacities for trust, autonomy, initiative, competence, identity, and intimacy. Just as these capabilities are originally formed in relationships with other people, they must be reformed in such relationships (Herman, 1997, p. 133).

The Healing Context

Herman's (1997) experience is that healing of trauma is accomplished through three stages: 1) “establishing safety”, 2) “remembrance and mourning”, and 3) “reconnection with ordinary life”. The process takes time and commitment. While safety is often established in a western therapeutic venue through an individual, trusting relationship with a healer, the Native experience is different. In a Native context, trust more often seems to come through shared experience and common history.

The author’s experience has shown that Healing Circles establish the three essential elements for healing: 1) Circles establish safety through their ritual, 2) people share their remembrances and stories, and 3) they reconnect. Despite divisions in some people’s minds that Healing Circles are too linked to traditional ways for Christian or non-spiritual Natives, Healing Circles still embody one of the most effective ways to heal in a Native context. A Healing circle establishes safety and respect in its forms, in using an eagle feather or talking stick. Ritual creates a sense of safety and connection through its known repeated form, and ritual also provides a sense of continuity and belonging with history and culture (Shorter, 1996)--all essential elements in the treatment of trauma. Circles can bridge the gap of being “too traditional” and can be more inclusive and effective by being led by a traditional Healer and a clinician familiar with the theory and mechanisms of trauma as well as with group mutual aid approaches (Schulman, 1992).
To bridge the other difficulty—that Healing Circles are often a singular event with no follow-up—Circles can be held regularly and can build on previous experience as people commit to participate on more than one occasion. In this author’s experience, Healing Circles quickly become mutually influential and interactive for the individuals involved. To be effective in treating trauma and in establishing connection, the Circle experience needs to be on-going, establishing a connection to community experience. Circles should be initially focussed by the leaders around recounting stories of upbringing, family life, relationships, and intimacy. Where the sense of risk is increased by repeated attendance in which the participants dig deeper into their personal experiences, it can be offset by Circle leaders doing individual pre-Circle interviews and establishing a safety plan unique to each individual.

Preparation

The first principle of recovery is the empowerment of the survivor. ... No intervention that takes power away from the survivor can possibly foster recovery, no matter how much it appears to be in the immediate best interest. (Herman, 1997, p. 133)

Native people and communities are each very sensitive to their particular circumstances. They should be approached in a way most appropriate to their situation, sometimes in seeking an invitation to hold Circles through their leaders and Elders in the traditional manner, or sometimes an invitation should be sought through the existing political, church, and/or social structures in a community. To create understanding, one needs to attempt to work with those respected by their own community: their Healers, Elders, and leaders. Circles can then be set up by approaching individuals to participate and by posting notices around a community. A general, open, community information session about the project has proven helpful.

An individual interview with participants is important for safety and to help create understanding. A pre-circle interview would answer any questions circle members might have about this Healing Circle, uncharacteristically involving the need for a commitment to regular on-going meetings. The pre-circle interview would explain the purpose for which the circle was being set up and the way it would be

Nishnaabe Kinoomaadwin Naadmaadwin
Guided.

Circle composition will depend on factors such as the number of participants and the particular community. Circles could consist of those who have had residential school or Children's Aid Society placement experience in one set of Circles, and those who have not themselves had such experiences in another set of Circles, or the Circles could be mixed from the beginning. Similarly, the experiences of men and women might be expected to be qualitatively different, so men's circles and women's circles could be held separately. But, if the Circles are unmixed at first, they should be mixed later so that individuals may come to understand the experiences of others and support each other.

Circles could be held in Native reserve communities or in urban settings, where in total there are now more Native people than on reserve communities (Royal Commission on Aboriginal Peoples, 1993b). It is to be expected that urban Native people's stories will be quite different, given the at least overtly different choices in regard to community and assimilation. In fact, the experience between different reserves is often very different. Wherever there is trauma and the various manifestations of it, Circles and healing can be of value. And, in fact, it would be helpful to compare the differences in healing in the different settings.

Handling Risk

Both psychological and ethical considerations in healing trauma should not be considered without first developing individual safety plans for each participant. The risk of post-traumatic reactions must be considered since it is known that remembrances or flashbacks of trauma can be debilitating, even dangerous, (Herman, 1997, p. 218). It is essential that supports for each person participating be known and available. Doing an individual risk assessment ascertaining the degree of risk, noting what the supports are with each individual, and then establishing a clear support plan are essential preliminary steps. For safety, a participant should not be required to speak at sessions, but participation is assumed in one’s willingness to attend. Just listening is also participation, and one may pass the eagle feather or talking stick.

If the Circle leaders were going to consider recording and publishing further studies based on Circle experiences, recording and
publishing consents, and issues of confidentiality and anonymity should first be addressed in the individual interviews of the preparatory phase.

The Method for Healing and Research

The application of these methods of clinical practice as outlined in Herman (1997) and Schulman (1992), are meant to be "naturalistic", a term defined in principles of ethnography found in Hammersley and Atkinson (1995), as in keeping with the natural ways of each community, its traditions, and its members. "Participant observers" (the circle leaders) are a primary component of the ethnographic approach and are an essential way of working.

Working with victimized people requires a committed moral stance. The therapist is called upon to hear witness to a crime. [They] must affirm a position of solidarity with the victim. This does not mean a simplistic notion that the victim can do no wrong, rather it involves an understanding of the fundamental injustice of the traumatic experience and the need for a resolution that restores some sense of justice. This affirmation expresses itself in the therapist's daily practice, in [their] language, and above all in [their] moral commitment to truth-telling without evasion or disguise (Herman, 1997, p. 135).

This proposal for healing practice is also based in the "grounded theory" approach of Strauss and Corbin (1990), which indicates that the emerging circle stories will influentially modify the way each Circle and each Circle participant (who is also a community participant) unfolds. In this process, the knowledge gained and the healing accomplished will be mutually influential, integrated and cross generationally and cross culturally instructive.

Conclusion

The beginning of healing may begin now, but the true healing of all our people is going to be seven generations (Barry/James, 1995).

Nishnaabe Kinoomaadwin Naadmaadwin
To take a holistic, integrated, self-help, and mutual aid approach, forming the Healing Circles, conducting them in regard to the exploration, understanding, and healing of trauma to Native people by exploring individual stories within the Healing Circle would initially be driven by looking for strengths, for the ways in which Native people have learned to heal themselves and relate to each other, overcoming the effects and mechanisms of trauma in their lives. Of particular interest would be interpersonal and especially cross-generational relationships and communication, verbally, through other sounds (drumming, music), sights (visual arts), and behavior or activities together - all important aspects of working out one's experiences individually and together.

Healing leads to decreases in substance abuse, self-harm, abuse of others, criminalized behavior, fewer mood, personality and behavior problems, less isolation and lateral violence to each other (Smoke, 1998), greater community co-operation, cohesiveness, and productivity. By exploring people's experiences in the circles and by teaching and learning about the psychological mechanisms of trauma, members of the current generation and those of the next generation will learn how to live and how to relate better to oneself, to one's family, community, and environment, and across cultures.

References


Native Social Work Journal
Jarvis Street Toronto, Ontario, M4Y 2J6


Davin, N.H. (1879) *Report On Industrial Schools For Indians And Nishnaabe Kinoomaadwin Naadmaadwin*
Half-Breeds. Ottawa: Queen's Printer.


Native Social Work Journal


Nishnaabe Kinoomaadwin Naadmaadwin


*Native Social Work Journal*


Nishnaabe Kinoomaadwin Naadmaadwin


Simon, Marcia. (Personal communication, January, 1996)


Smoke, Dan. (Native Healer. Personal communication, December, 1998).


NATIVE SOCIAL WORK JOURNAL
The Native Social Work Journal is registered with the Canadian Association of Learned Journals

Volume 2, Number 1, April 1999

©1999 Native Social Work Journal

Published by the Native Social Work Journal
Laurentian University
Sudbury, Ontario
www.laurentian.ca/ww/nhs/

Printed by the Laurentian University Press
Sudbury, Ontario

Cover Artwork by Leland Bell

ISSN 1206-5323
All rights reserved

NISHNAABE KINOOMAADWIN
NAADMAA NADWIN