Decolonising Trauma Work:
Indigenous practitioners share stories and strategies

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Decolonising trauma work: Indigenous practitioners share stories and strategies

- Worldviews

- Indigenous Approaches to Wellness and Wholistic Health

- Critiquing Psychiatry

- Indigenous Strategies for helping clients that experience trauma, depression, and parallel and multiple realities
We are resilient people with many strengths
What is trauma?

- an emotional shock that may have long-lasting effects (Collins English Dictionary, 2006)

- In traumatic situations, all those integrated components of the embodied response—arousal, attention, perception and emotion—tend to persist in altered and exaggerated state long after the specific danger is over (O’Neill, 2005)

- Trauma is not a disorder but a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world, and indeed a world in which people are routinely wounded (Burstow, 2003)
Soul Wound

- a wound to the soul of Indian people that is felt in agonizing proportions. Once the core from which soul emerges is wounded, then all emerging mythology and dreams of a people reflect the wound (Duran, 1990)

- spiritual injury, soul sickness, soul wounding, and ancestral hurt

Historical Trauma

- Historical trauma is trauma that is multigenerational and cumulative over time; it extends beyond the lifespan. Historical trauma response has been identified and is delineated as a constellation of features in reaction to the multigenerational, collective, historical, and cumulative psychic wounding over time, both over the lifespan and across generations.” Yellow Horse Brave Heart-Jordan (1995)
- Love
- Being in Creation
- Respecting different worldviews
- Honouring the Spirit and spirituality
- Interconnectedness, Circles, and Medicine Wheel approaches
- Cultural and ceremonial resources
- Identity development
- Relationships – connecting to family and community
- Teaching and educating
- Restorative justice
- Critiquing the use of psychiatric diagnoses and medication
- Impact of diagnoses on identity
- Cultural assessment
- Being open to a different reality
- Non-pathological frameworks
Wellness

“Wellness is balance between all parts of yourself, not just being in balance intellectually or not having negative feelings. It’s more a matter of being centred and grounded, and connected to everybody and being in harmony with everybody…or not with everybody but with the way life is…with your surroundings and with your family.”

Nina Desjardins – Cree Métis Psychiatrist
“Wellness among Indigenous peoples in Mexico, or in the part where I live, concerns social, family, community, balance…it concerns everything. The way they define illness and the way a healer deals with a person is: has she done her proper devotions? Her proper rituals? How is she doing with her family? Is she well with the community? Does she have a problem with neighbours? Has she stolen something from someone? How is she economically, is she able to survive with whatever she has?”

*Sylvia Marcos – Tlaxcaltec Psychologist*
“It’s so different for every individual. Like, you can’t have a structure and impose it on every individual. The individual’s issues or challenges will notify me or tell me how I should work with that person.”

Darlene Auger – Cree Therapist/Healer/Facilitator/Teacher
“We are trying to look at our treatments that are really working with our American Indian peoples here and one thing that we are seeing that really works is incorporating the cultural component. It’s just amazing what’s it’s done instead of traditional psychotherapy. Because often times I think that a lot of our people, especially in an urban area such as Los Angeles, have lost a lot of that cultural identity and so exposing them to that has been the most effective in terms of their own overall wellness.”

Carrie Johnson – Dakota Sioux Psychologist
Critiquing Psychiatry

“In the mental health field, I look at what kind of medications are they on? What kind of diagnosis do they have? I try not to have them feel bad, or feel a stigma about what kind of diagnosis [they’ve been given]…I think there’s a lot of stigma, so sometimes when I meet somebody, they’re embarrassed. I have one client who does not like to be called ‘schizophrenic.’ And…and nobody does. I like to say that she lives with ‘schizophrenia’…she prefers to be considered to have a mood disorder.”

Janice St. Germaine – Anishinaabe Social Worker
“Sometimes they’re labelled with these different terms... sometimes they are ‘schizophrenic,’ and sometimes they’re other terms. But in the meantime, that’s not what it is... they’re receiving. They’re receiving something from their culture: who they are as Anishinaabe people. But that’s been overlooked too many times because we’re never being asked, ‘What’s going on with this person? Can you help?’ Elders are always being bypassed, that’s what I’m finding all the time.”

Gilbert Smith – Anishinaabe Cultural Therapist
Indigenous Strategies

“I think prayer. People forget about prayer, and I’ve told people a lot ‘to pray,’ because that’s a huge part of our philosophy, is just to pray.”

Janice Linklater – Anishinaabe Provisional Psychologist
“Teaching women how to get grounded. There’s a woman who came to see me a few years ago… sometimes when she would talk about her sexual violence in her childhood …we would do some visualizations. She didn’t like me to call ‘em that, so we just called it ‘That thing we do’. ‘That thing we do’ was about bringing her to a lake and washing herself off. Like washing the child, drying her off, using the light from the Creator…the heat from the Creator’s light to dry her, and then to get her to dress in her regalia and put on her little moccasins and her hairpieces. She had them in her daily life, but she would put them on this little girl that she was taking care of – which was her – or her spirit. It was definitely her spirit that she was caring for.”

Tina Vincent – Algonquin Counsellor
“Depression has to do with telling their story and understanding what it is that has brought a sadness to them, that is a lasting sadness… Sometimes it can be just a talk therapy which is going back into the past of their memories, their childhood, of what they recall and just having them tell their story. And then helping them where they get stuck, where they have blanks in their memory of their story to then reconnect with using different approaches of ceremony and ritual to help them clarify that, to help them find it. Sometimes that is through a Pipe Ceremony, it can be through the Shaking Tent, or it can come through a Sweat Lodge.”

Ed Connors – Mohawk Psychologist
“For people who are adversely affected by chaos, I try to bring them literally into relationship with other beings, like trees. There’s nothing in the world that’s more grounding for someone who is frightened or distressed by their difficulties in dealing with multiple realities. See, the funny thing is, is that for us as helpers who are working with people who are experiencing multiple realities – first of all, we have to have the capacity to deal with multiple realities.”

Yvon Lamarche – Métis (Anishinaabe, Wendat, Scottish, and French) – Psychiatric Nurse
References


Miigwech to:

- Manitou Rapids–Rainy River First Nations
- Baagwating Community Association
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