

HEALING INTERGENERATIONAL TRAUMA

**HEALING INTERGENERATIONAL TRAUMA BY BLENDING TRADITIONAL PRACTICES
AND WESTERN HEALING METHODS**

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HEALING INTERGENERATIONAL TRAUMA

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Abstract

The purpose of this paper was to review literature on Blending Indigenous Healing Approaches and Mainstream Traditional Approaches, specifically for intergenerational trauma. Indigenous people have endured many forms of assimilation that continues to impact their health, safety and well-being. It appears mainstream healing approaches are ineffective on its own, a plausible solution would be to blend Indigenous healing approaches into appropriate mainstream healing methods.

Keywords are: Intergenerational Trauma, blending, integrating, healing

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Dedication

I dedicate this paper to my beautiful imats (grandchildren) whom I can only hope for a better future for them, to my beautiful children Curtis, Brennen, Brittany and Daine whom continue to amaze me by the wonderful humans they continue to grow into. To my husband for looking after me, and his quiet encouragement that keeps me going.

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Section 1: Introduction

Aboriginal people and communities in Canada have felt the direct impact of colonization. “The term “Aboriginal” refers to the first inhabitants of Canada, and includes First Nations, Inuit, and Métis peoples. This term came into popular usage in Canadian contexts after 1982, when section 35 of the Canadian Constitution defined the term as such” (indigenousfoundations.arts.ubc.ca, 2009). Before European contact, Aboriginal people had their own traditions and customs of governing their people and communities. The Canadian Federal government imposed foreign policies, specifically the *Indian Act*, in 1876, to control Aboriginal people and community’s day to day interactions. One of the overarching goals of the *Indian Act* was to assimilate Indians into good Christian people. Once the Indian Act was implemented, every aspect of their life was forever impacted through the many losses. Aboriginal people lost their ability to practice sovereignty, language, cultural ceremony and practices, traditional parenting or childcare systems.

The attempts of genocide and assimilation left a devastating cultural and physical impact on generations of First Nation families. One of the main effects of that legacy of destruction is intergenerational trauma, the transmission of historical oppression that is subsequently passed down through generations. “The concept of intergenerational trauma acknowledges that exposure to extremely adverse events impacts individuals to such a great extent that their offspring find themselves grappling with their parents’ post traumatic state” (Yehuda & Lehrner, 2018, p. 243). The negative effects of intergenerational trauma continue to reverberate through First Nation communities. The negative effects of trauma are passed down, and moreover, felt from generation to generation. The symptoms, behaviors and/or negative effects of intergenerational Trauma can include: mental health issues, addictions, poverty, homelessness, family violence and others (Aguilar & Halseth, 2015). Aboriginal peoples have been severely impacted by historical trauma, it is vital to their overall health

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and well-being that effective and culturally appropriate strategies be developed to breakdown the intergenerational transmission of this trauma (Menzies, 2010).

The significance of this paper is to research current literature and models that demonstrate the integration of western and Indigenous healing approaches and practices benefiting First Nation people as a whole. RCAP, 2016 states (as cited in Hill, 2008) for Aboriginal people, healing means to overcome personal and societal effects of oppression. “Healing means moving beyond hurt, pain, disease and dysfunction to establishing new patterns of living that produce sustainable well-being”, Lane, Bopp, Bopp, & Norris, 2002 (as cited in Hill, 2008).

The goal of this paper is to address the significance of intergenerational trauma and how it impacts Indigenous people so healing can begin. Indigenous is a general term used to identify a group of people on an international level. It refers to a group of people that have lived on lands for a long time and were impacted by colonialism (indigenousfoundations.arts.ubc.ca, 2009). First Nation, Aboriginal and Indigenous will be used interchangeably in this paper. In Canada, Indian is may have a negative connotation and can be seen as disrespectful, however some First Nations continue to use the term out of habit. Indian is a term that originated from the *Indian Act*. It identifies a First Nation person as having status (registered with the Indian act). However, in the United States, American Indian is very commonly used and accepted (indigenousfoundations.arts.ubc.ca, 2009).

Aboriginal peoples have only recently made the connection between Indian residential schools and intergenerational trauma, and cycles of abuse. Indigenous knowledge encompasses every aspect of Aboriginal people’s way of knowing and being; it is holistic as spirituality, history, cultural practices, social interactions, language, and healing are all considered to be interconnected. Indigenous knowledge in simplistic terms is “...a complete knowledge system with its own concepts of

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epistemology, philosophy, and scientific and logical validity...which can only be understood by means of pedagogy traditionally employed by these people themselves” (Hill D. M., 2009, p. 27).

1.1 Historical Context

The history of Aboriginal people is quite complex and at times, misunderstood. Prior to colonization, Aboriginal people had effective and efficient approaches to govern their communities, land, resources and policies. Cultural and traditional protocols were in place to respect the ways of being and knowing. All community members had a role in maintaining these policies and protocols. Colonization, a destructive tool of the Government to annihilate Aboriginal people was met with resistance, however not without obliterating many Aboriginal communities (Freeman & Lee, Towards An Aboriginal Model of Community Healing, 2007).

Policies were put in place for Aboriginal people and one of the most destructive ones was residential schools. The horrifying stories of physical and sexual abuse as well as spiritual and psychological abuse are still being told today. Once the residential schools closed, the sixties scoop was put in place to remove children, sometimes forcibly and frequently adopted out to mostly non-Aboriginal families and often out of the country of Canada.

Colonization

For over four hundred years, Aboriginal peoples have suffered from the effects of colonialization. Colonization is defined as control by one power over a dependent area or people (Merriam-Webster, n.d.). The effects of colonization and assimilation of Aboriginal peoples are categorized into different groups: physical impacts, economic impacts, cultural/social impacts, and psychological impacts (Castellano & Archibald, 2007, p. 73). Colonization has left a legacy of destruction, one of particular note in the form of Indian residential school institutions. Indian Residential schools were federally funded institutions, and placed across Canada and the United States.

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It is important to remember Aboriginal Peoples of Canada have experienced colonization and the devastating impacts as a commonality, and it is important to remember they are three distinct groups with their own distinct territories and traditional customs and practices (Marsh, Coholic, Cote-Meek, & Najavits, 2015).

Federal Indian Residential Schools

A policy to create and develop Indian residential schools were one of the main attempts, by the government, to assimilate Aboriginal peoples. It was estimated, approximately 100, 000 children were placed in Indian residential schools across Canada. The first Indian residential school opened in Brantford Ontario in 1883. “Following recommendations made in the Davin Report, Sir John A. Macdonald authorizes creation of residential schools in the Canadian West”, and by the year 1920, the Deputy Superintendent of Indian Affairs enforced attendance of children age 7-15 years. It was not very long ago that the last federal run Indian residential school closed its doors. Gordon Indian Residential School in Saskatchewan closed in 1996 (100 Years of Loss, 2020). Some impacts of Indian residential schools include loss of identity, loss of community, loss of family connection, loss of childhood, loss of language and culture and other losses (Goforth, 2006). The Indian residential schools left a legacy of shame, loss and self-hatred. Residential school survivors suffered horrific trauma at the very hands of the caregivers, that were meant to care for them. The abuse that occurred at residential schools is labelled as ritual abuse and is defined as “repeated, systematic, sadistic and humiliating trauma to the physical, sexual, spiritual and/or emotional health of a person...” (Chansonneuve, 2005, p. 35). It is significant, as social workers to have knowledge of this as often the child sexual abuse will not be remembered until adulthood. Mental health issues arose by Intergenerational trauma are anxiety, depression, eating disorders, PTSD (Post Traumatic Stress Disorder), alcohol and drug abuse, and an array of other mental health issues. Aboriginal people experience a disproportionate amount of mental

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health issues, up to 70% compared to non – Aboriginal peoples (Menzies, 2010). It is important to note that some Aboriginal people are modeling the exact behavior that was done to them. Lateral Violence is rampant in some Aboriginal families, organizations, communities and nations. Lateral violence is a learned behavior resulting from colonialism, and Middleton- Moz (as cited in Chansonneuve, 2005) defined as “the shaming, humiliating, damaging, belittling and sometimes violent behavior directed toward a member of a group by other members of the same group.” Lateral violence includes gossip, put-downs, unhealthy competition, violence against vulnerable people and family members (Chansonneuve, 2005, p. 41).

The Sixties Scoop

Once the Indian residential institutions closed, the Sixties Scoop was put in place and an estimated 27, 000 children were removed from homes, families and communities, and put in foster care or adopted out (Menzies, 2010). The Indian residential schools were supported by a single policy prepared by the Department of Indian Affairs and carried through by the federal government while the Sixties Scoop was a provincial jurisdiction policy (Valiquette, 2019). The Sixties Scoop (or 60’s Scoop as found in the newspapers and social media) was appropriately coined in a report written by Patrick Johnston in the early 1980’s. It was during the 1960’s that Aboriginal children were at the highest rate of being apprehended. It is significantly noted that in most cases, it was without consent or consultation with families and band leaders. Children were usually adopted out to non-aboriginal families, and additionally these homes were across Canada, United States and overseas. It has been seen as a form of genocide, as children were forcibly removed from their own communities and immersed into a foreign culture. Many adults that were a part of the Sixties Scoop, are having identity issues, and are now attempting to reconcile with their birth families (Sinclair, 2007). Holly McKenzie et al (as cited in Valiquette, 2019) proposed that the negative impacts of the Indian residential schools were one of the

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reasons Indigenous children were being removed from birth families. Moreover, Allyson Stevenson (as cited in Valiquette, 2019) proclaims three generations of family attended residential schools, and returned with unresolved grief and trauma, and recently, it has been noted that intergenerational trauma was a cause of loss of parenting skills.

Intergenerational Trauma

The price Aboriginal peoples had to pay for the attempted assimilation and genocide is intergenerational trauma, and it came at a very high price. Furthermore, “the phenomenon called intergenerational trauma” (also known as historical trauma transmission, collective trauma, transgenerational grief, and historic grief) has occurred among families of survivors, including among those who did not themselves attend the schools” (Roy, Noormohamed, Henderson, & Thurston, 2015). Dr. Maria Yellow Horse Braveheart conceptualized “historical trauma” historical unresolved grief” and “historical trauma response” in 1985, however she states the work had begun in 1976 (Wellbriety, 2005, p. 3). She explains historical trauma is a result of historical policies implemented such as taking away traditional practices, “a cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma” (Wellbriety, 2005, p. 4).

At the beginning of his career, Duran conducted a needs assessment in a native community, and heard terms such as “spiritual injury, soul sickness, soul wounding and ancestral hurt”, and it was through oral tradition that Elders were able to describe the soul wounding process, thus the coined expression “soul wound” emerged (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006, pp. 15, 16). Soul Wound refers to traumatic events inflicting the wounding of the soul, moreover, when this ancestral wounding is not addressed, it becomes more severe when passed down to subsequent generations (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006). The detrimental health and social issues of

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aboriginal people is thought to be caused by the intergenerational trauma with an outcome of disconnection and shame in their culture (Chansonneuve, 2005).

Post-Traumatic Stress Disorder (PTSD)

There is a blaringly obvious discrepancy between PTSD and historical trauma (Marsh, Coholic, Cote-Meek, & Najavits, 2015). Waboose states adult Aboriginal people that attended residential schools experiencing symptoms are often diagnosed with PTSD. She goes on to explain PTSD has a beginning and an end to the event, whereas Aboriginal people who attended residential schools, have no beginning and no end to the trauma (Waboose, 2016).

Some scholars believe that diagnosing Aboriginal people with PTSD is an inadequate analysis when you consider the context of trauma Aboriginal people experienced. Post-traumatic stress disorder has been categorized under Trauma – and Stressor – Related Disorders in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) clustered with other disorders. These trauma – and stressor – related disorders “include disorders in which exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion” (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2013, p. 265). The following criteria for diagnosis of PTSD apply to children age 6 years up to adulthood: 1. experiencing or witnessing direct trauma such as death, threatened death, serious injury, or sexual assault. 2. Intrusive memories, flashbacks that is recurring, or involuntarily related to the traumatic event. 3. Avoiding any internal or external stimuli of traumatic event. 4. Mood changes that cause negative cognitive outlook, and lastly, 5. Increased arousal and reactions as a result of trauma such as irritable and reckless behavior, hyper-vigilance, sleep disorders and others. (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2013). It makes no reference at all to cultural and intergenerational trauma, and does not link these experiences to contemporary trauma. PTSD diagnosis does not include the complexity of what Aboriginal people have experienced as a result of

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colonization (Duran, 2006; Menzies, 2010; Aguiar & Halseth, 2015). Duran explains the way Aboriginal people view historical trauma or intergenerational trauma is the suffering occurs in the soul or spirit (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006).

Personal Connection

Kálhwá7alap. Xwemcen nskwatsita7, Violet Dunn nskwatsita7. Tákem nsnekwnúkwa7. St'at'imc úcwalmicw. Xaxli'pmeckan. Gloria Joseph nskicza7a, Angus Doss nsqátsza7a. Tákem nsnekwnúkwa7. (Greetings. My name is Xwemcen. My English name is Violet Dunn. All my Relations. I am from St'at'imc (territory). I am Xaxli'pmeckan (belong to this community). My mother is Gloria Joseph. My father is Angus Doss. All my relations.

Introducing myself in St'at'imcets is important to me, as I was robbed of my culture and traditional teachings, including language as a result of cultural assimilation. My mother attended Federal Indian Day School up until she was 15 years old. She was a fluent St'at'imcets speaker, and strong in her traditions. My mother said her teachers were nuns, and constantly hit her over the head with a book and sometimes strapped her to stop her from speaking her language. I attended the Federal Indian Day School for one year in my community, at this time the nuns were gone and non-Aboriginal teachers replaced them. They could be just as cruel as the nuns. My father attended the Indian Residential School for over 11 years, and he has told me he did not learn any education, that he was there to work as a laborer, other than that he never did speak of his experience there. I attended Kamloops Indian Residential School for five years and I was barely eight years of age. There were hundreds of children there yet it was a lonely place, I rarely saw my sisters and my one younger male cousin that was like my brother, I could only wave to him from afar.

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The intergenerational trauma that has affected my family alone is evidence enough for me to recognize the devastation it caused. Some of the damages include loss of identity, losing family and community connection, and feeling like a total stranger when I came home. The impacts of those losses, as a child, youth, and an adult affected my relationships with people closest to me. My own experience in choosing mainstream or Aboriginal healing approaches was built on trust, reputation and qualifications, and back then I did not have very much trust for anybody. Blending or integrating approaches and methods has been very powerful to observe in myself and others. Gus Hill's view on Aboriginal peoples healing is there is a traditional approaches or non-traditional, and there is no acceptance of people that are in the middle, and I have observed and felt that same attitude (Hill G. , 2014).

The key areas that will be addressed are how intergenerational impact (s) Aboriginal peoples, and what is working in the mainstream mental health arena and why it is not effective will be explored, and finally, how will blending Traditional Indigenous knowledge and Western healing methods improve the long-term success of healing intergenerational trauma. The research approach will employ a literature review. I will explore any blending of Traditional Indigenous knowledge and western healing methods to heal trauma, specifically, intergenerational trauma in Aboriginal peoples, and the most appropriate and effective healing approaches. The literature review will explore the mental health profession in regards to current approaches when working with Aboriginal peoples. This study may inform future research and outcomes of blending different Traditional Aboriginal healing approaches and Mainstream traditional healing methods.

Conceptual Theoretical Framework

This literature review was guided by the researchers own interest in the research topic, and experiences of being a social worker practitioner, and an Aboriginal client that received services of the

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blending of Indigenous healing approaches and Mainstream healing methods, in regards to intergenerational trauma. This research is grounded in Indigenous knowledge. Indigenous knowledge is holistic, involving the mind, body and spirit, and is mainly transmitted through oral tradition, ceremonies and experiences (Reid, Greaves, & Kirby, 1949).

Section 2: Literature Review

The literature review explores scholarly and gray Indigenous and non-Indigenous literature on Traditional Healing approaches blended or integrated with Mainstream Healing Methods. Blending Indigenous healing approaches and mainstream healing methods is an approach to provide a service that is culturally appropriate and provides a meaningful experience that will provoke effective outcomes. Blending the two healing methods and approaches can enhance and complement each other. There is a consensus among scholars and practitioners that mainstream mental health services are inadequate, inappropriate and ineffective for treating Indigenous people (Duran, 2006; Beaulieu, 2011), so a collective collaboration of both Aboriginal and mainstream healing approaches can produce culturally appropriate and effective outcomes for Aboriginal people. Moreover, a collective collaboration is vital to break the cycle of intergenerational trauma and begin the healing of generations.

Current Literature

The concept of blending traditional healing and the western theoretical approaches is to develop effective outcomes by encouraging mental health professionals to look at all aspects of healing before applying different approaches and to recognize how it fits with different situations (Nabigon & Wenger - Nabigon, 2012). Indigenous scholars argue, to accurately evaluate the healing of an Aboriginal community requires an Indigenous knowledge framework, as it is holistic in nature. Elders and healers believe western concepts do not include a holistic approach which isolates the client from

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culture, family and community (Hill D. M., 2009). Some mainstream mental health scholars and clinicians are calling for a collaboration, to integrate western and traditional practices to close the gap of inadequate services (Oulanova & Moodley, 2010, p. 347). Although there is a demand for this integration, there appears to be a lack of knowledge on implementation. Indigenous worldviews are complex and involves much more than textbooks (Oulanova & Moodley, 2010). Indigenous healing approaches are often disregarded, as they are not viewed as authentic, which, unfortunately will allow the trauma to continue (Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse - Davis, 1998). Integration of western and Indigenous healing can only be successful when Indigenous knowledge is acknowledged and protocols are observed as Indigenous people are the rightful owners of their traditional practices (Hill, Lau, & Sue, 2010).

Any individual within a culture is going to have his or her own personal interpretation of the collective cultural code; however, the individual's world view has its roots in the culture - that is, in the society's shared philosophy, values and customs. If we are to understand how Aboriginal and Eurocentric worldviews clash, we need to understand how the philosophy, values and customs of Aboriginal culture differ from those of Eurocentric cultures. (Inc., 2016).

Traditional Indigenous knowledge has been practiced amongst Aboriginal peoples since time immemorial. Traditional healers or medicine men and women, can be male or female, and have different gifts from the Creator to fulfil. They are seen as physicians, psychiatrists, therapists and spiritual advisors at any given time. Traditional healers or medicine men have their own protocol and are accountable to their people, their sacred laws and the Creator. Elders are the knowledge keepers and provide guidance, and this is how traditional knowledge is passed down (Malloch, 1982). Indigenous traditional healing practices are sacred. Sacred ceremonies are significant to healing the mind, body,

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and spirit. Ceremonies include praying, smudging, sweat lodge, healing circles, and the medicine wheel, guided by a traditional healer or knowledge keeper (Hill G. L., 2008).

Mainstream approaches implemented with traditional approaches must include Indigenous worldviews and practices. The values of Indian medicine and western medicine are two very distinct and different systems, and to integrate both will take careful consideration to ensure the integrity of traditional medicine is intact (Malloch, 1982). Integrating western medicine and Indigenous medicine is a concept that maybe uncertain to some people, and may take time to change attitudes and behaviors, as there are aspects of western medicine that is valuable to Indigenous people (Malloch, 1982). There are mental health issues in Indigenous communities, and some cases may be more complex than others, that require mainstream healing methods to adequately address the complexity of the mental health issue or disorder (Beaulieu, 2011).

What is not working for Aboriginal Healing?

There are some Aboriginal people that view current mental health services as “inappropriate, inadequate, inaccessible and culturally insensitive,” specifically those that are provided through contemporary western-based service delivery methods (Goforth, 2006; Oulanova & Moodley, 2010; Bowden, Caine & Yohani, 2017). Aboriginal clients are less likely to return to therapy due to mistrust and power differentials of mental health and other government health systems. Western healing models can be viewed as inappropriate or inadequate as it often fails to include the spiritual aspect of healing, that is significant to Aboriginal people (Goforth, 2006; Oulanova & Moodley, 2010). The mental health system, an illness service delivery model focuses on treating the psychological aspect of the client’s behavior and does not address the environmental and cultural influences (Hitchens & Becker, 2015). It also does not seem to fully comprehend Aboriginal people’s worldview of everything being interconnected and interrelated. When treating Indigenous people with mental health issues, all aspects

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of the person must be considered, this may include exploring cultural background, family history, and historic trauma or intergenerational trauma effects.

It has been noted that Aboriginal communities do not have greater mental illness than general populations; however, they do have more mental health problems. The mental health problems stem from very high levels of social, emotional and mental distress which cause poor quality of life (Nelson, 2012). Ross states (as cited in Aguiar & Halseth, 2015) residential schools left a legacy of shame, loss and self-contempt that caused addiction and other mental health issues in Aboriginal communities. Indian residential schools stole children, culture, values, beliefs, language and spirituality from Aboriginal people, and impacted severely that the trauma eroded generations of healthy communities (Aguiar & Halseth, 2015). The losses are still deeply felt today.

Mainstream health services are viewed as ineffective as Aboriginal service users are declaring the quality of care and services are poor. Other reasons cited for ineffectiveness is lack of awareness of Aboriginal worldviews, cultural insensitivity, and lack of trust of practitioners. (Beaulieu, 2011). Western mental health does not consider nor care that the trauma Indigenous people suffered is not an isolated event and the experiences of colonization continues to effect Indigenous people (Hill, Lau, & Sue, 2010).

Mental Health professionals typically use the Diagnostic and Statistical Manual of Mental Disorders (DSM) to diagnose a patient/client. Duran states that mental health professionals are trained within a medical model that seeks pathological causes, and when that strategy fails, personality and characterological disorders may be diagnosed, which can be difficult to treat, following the DSM manual (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006). There has been much criticism of the DSM, it is seen as a flawed assessment instrument for the following reasons: promoting a reductionist approach encourages clinicians to focus on a diagnosis for

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the behavior therefore overlooking any underlying causes of behavior, disorders are believed to occur inside the client, the DSM only looks at the client in isolation rather than consider interpersonal relationships, there is no consideration or regard for the determination and resilience that have brought the client thus far, social workers are encouraged to offer a diagnosis onset of intervention, and lastly it is generates a lot of money for each edition that is revised, as well as pharmaceutical companies profiting from new disorders that require medication (Corcoran & Walsh, 2016; Hitchens & Becker, 2015).

The DSM is referred as the “psychiatric bible” due to the dependability in mental health. It is regarded as being flawed as the validity and reliability are problematic and additionally, there is no consideration of cultural, social and political events that very well may impact the diagnosis process. (Hitchens & Becker, 2015, p. 303). For those similar reasons, Waldram (as cited in Menzies, 2010, p.68) states the DSM diagnosis of Post-Traumatic Stress overlooks the role of culture, intergenerational and community trauma.

Research in the United States reveal mainstream approaches in therapy prove to be ineffective as there were high rates of under-usage of services; drop - outs in services despite the reported high rates of mental health issues; and high rates of inadequate services. Canadian Aboriginal people have reported they are not receiving the same mental health services as non-Aboriginal peoples (Beaulieu, 2011). Additionally, Menzies states there are disproportional rates of mental health and addictions in Aboriginal population compared to non-Aboriginal peoples. The data is not analyzed as to why this disparity of mental health issues exist and Menzies proposes “if we do not consider mental illness within the context of historical injustices then we are collecting and presenting information in a vacuum, and perpetuating the stereotype that Aboriginal peoples are more susceptible to mental illnesses than the generational population” (Menzies, 2010, p. 66).

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The underlying causes of diagnosed mental health when left untreated and undiagnosed can leave Native people at a disservice (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006). The DSM has been criticized for not looking at cultural, social and political situations that may impact the course of diagnosis (Hitchens & Becker, 2015). Consequently, mental health issues in Aboriginal communities have been linked to the effects of colonization. DeChamplain found mental health issues such as depression, anxiety, substance use and other psychological disorders are considered to be linked to intergenerational trauma caused by cultural genocide. As well he claims that additional research focusing on colonialism, discrimination and cultural genocide could be key factors in diagnosing psychological disorders (DeChamplain, 2019).

Historically, Aboriginal people have lived very rich lives, rich in their culture and traditions. They had good health and harvested medicines off the land for any illness. Traditional knowledge guided their day to day interactions and was significant to their well-being (Mussell, 2008). Mental illness perpetuates a mind-body dualism; the mind and body are perceived as separate entities whereas Aboriginal people believe all entities are connected. Mental health services are based on biomedical and psychiatry models. Therefore, an Aboriginal person that is suffering from depression or addictions is immediately diagnosed without understanding that there are deep rooted issues causing mental health problems.

France and colleagues (2004) (as cited in Bowden, Caine, & Sophie, 2017) argued that when counselling Aboriginal people “the lack of understanding of the historical, political, and social aspects of oppression and how it disrupts counselling practice [with Aboriginal clients] has been one reason why counselling has not been as effective as it could be” (Bowden, Caine, & Yohani, 2017, p. 42). Duran observes the irony, from a philosophical stance, how therapy focuses on cognitive perceptions when in actuality psychology is the science of the soul therefore creating inconsistency in clinical

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practice (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006). Duran (as cited in Marsh, Coholic, et al, 2015) posits mainstream approaches have yet to understand the significance of Indigenous knowledge and how it pertains to healing (Marsh, Coholic, Cote-Meek, & Najavits, 2015). Aboriginal people view traditional healing to include ceremonies, and traditional medicines that promote wellness in all aspects of a person's life, RCAP (as cited in Robbins & Dewar, 2011).

Mainstream mental health professionals have minimal training or knowledge of Aboriginal worldviews and cultural practices (Beaulieu, 2011; Bowden, Caine, & Yohani, 2017). According to Duran (as cited in Beaulieu, 2011) Imposing western worldviews and healing approach is another form of oppression and dominance: "Lack of understanding of the Native epistemological root metaphor (ways of being in the world, including psychological and spiritual worlds) continues to hinder our profession" (Beaulieu, 2011, pp. 27, 28). As ways of knowing, Western worldviews and Indigenous Knowledge have very different perspectives. Worldviews can relate to individuals, groups and the world. Worldviews are comprised of beliefs, and values that are upheld by a group of people, basically all people have a worldview. It says how people interact with each other and the world. Typically, worldviews are passed down, and often can be taken for granted as the way things are. People can adapt to worldviews from other cultures.

The difference between Indigenous and western worldviews, is Indigenous worldviews are focused on balance and harmony (physically, mentally, emotionally and spiritually), relationship and interconnectedness to all of creation is of utmost importance (Beaulieu, 2011). Baskin proposes that to find meaning in this world, a journey of self-exploration should be ongoing. "Aboriginal world views incorporate ways of turning inward for the purpose of finding meanings through prayer, fasting, dream interpretation, ceremonies and silence. Our ancestors left us these methods through the generational

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teachings that are passed on by our Elders and via our blood memories” (Baskin, 2019, “Towards an Understanding”, para. 2). Whereas western worldviews are contradictory as it is patriarchal, reductive, and views humans as the most important living organism. It focuses on scientific facts, there is only one truth and it is based science and law. Western worldviews also center on objective reliability and validity, and it believes that land is used for studying, and gaining profit (Levac, et al., 2018).

What it takes to Integrate Two Worldviews

Integrating traditional healing practices with mainstream practices has been recommended, and debated by clinicians and scholars alike; however, there is no one agreed upon idea on how to achieve this (Oulanova & Moodley, 2010). Duran states (as cited in Oulanova & Moodley, 2010) scholars and clinicians have discussed the importance of methods and means of incorporating traditional and western healing approaches. Aboriginal worldviews are holistic in nature and require great understanding of historical and cultural context of Aboriginal people. Baskin and Sinclair state that mainstream approaches implemented with Aboriginal approaches have to include Indigenous worldviews and practices (Sinclair, 2007) . Integrating mainstream and Aboriginal healing approaches requires extensive knowledge of Indigenous worldviews and mainstream healing methods.

Research by Nabigon and Wenger-Nabigon (2012) revealed that mainstream mental health practitioners have no idea what constitutes best practices when integrating different models to treat Aboriginal peoples (Nabigon & Wenger - Nabigon, 2012). It is known that integrating both western and mainstream models can have potential success; as well, integrating models can be used for physical illness. There is minimal academic research of the mental health professionals that have integrated Aboriginal healing approaches (Oulanova & Moodley, 2010). Duran et al (1998) states that programs that apply Indigenous epistemology as the root metaphor for theoretical and clinical practice, are successful, additionally “once Indigenous knowledge and therapies are in place”, the process of

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integrating mainstream healing models is not such a difficult task (Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse - Davis, 1998, p. 350).

A culturally appropriate response to blend mainstream and western worldviews is to implement the Two - Eyed Seeing approach, a term coined by Mi'kmaw Elder Albert Marshall however, it was the late Chief Charles Labrador, Spiritual leader and healer, in his teachings that conceived this approach. Iwama et al (as cited in Marsh et al, 2015) quoted Chief Charles Labrador “Go into the forest, you see the birch, maple, pine. Look underground and all those trees are holding hands. We as people must do the same” (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 5). Two - eyed seeing requires a learned skill of seeing the strengths of one worldview through one eye and see the strengths of the other worldview from the other eye, and then learn to use both eyes together (Peltier, 2018). This approach importantly acknowledges Indigenous Knowledge System as a distinct and whole system that can co-exist with mainstream worldviews.

The concept of Two – Eyed Seeing is to integrate Indigenous and western healing approaches in a respectful and heartfelt manner. Furthermore, Two-Eyed Seeing requires the teachings of anti-oppressive practices – inclusion, trust, respect, collaboration, understanding, and acceptance of the strengths, that exist in both Western and Aboriginal worldviews. Two-Eyed Seeing allows for collaboration and reciprocated cultural respect resulting in acknowledgement of the different worldviews and how they can be beneficial. Moreover, the integration of mainstream and Indigenous healing approaches may assist intergenerational trauma clients in discovering a sense of identity (Marsh, Coholic, Cote-Meek, & Najavits, 2015).

Section 3: Interconnectedness: Restore, Reconnect, Recover & Reconcile

I propose a theoretical and practical framework that blends mainstream healing approaches with Traditional cultural practices. This framework applies “Two-Eyed Seeing” as a guiding instrument to

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ensure respectful integration of both worldviews (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 5). The Interconnectedness -*Restore, Reconnect, Recovery & Reconcile (Interconnectedness)* model was built off the foundation of a similar healing program. That healing program format wasn't meant to be intense as it was more of a family-oriented setting. The whole concept was to bring families together in a culturally safe environment. Feedback from sharing and evaluations indicated there needed to be more individualistic healing with a cultural context, as well as more in-depth healing approaches.

The *Interconnectedness* model was developed with the intention of addressing trauma related issues. It is common knowledge that a majority of the Aboriginal peoples in this community are dealing with intergenerational trauma and up to five generations have been identified. The careful and thoughtful consideration to integrate traditional practices with mainstream methods is a respectful approach to encourage participants to interact and engage in the whole process.

Considering the trauma endured, the ultimate impact of trauma originating from outside Aboriginal communities caused an extensive range of dysfunctional behaviors including physical and sexual abuse. The impact has been recycled through generation after generation, inside families and communities. The perception then is healing must not only come from within individuals, healing is required within and for the whole community. Duran states healing the community requires commitment and patience nonetheless individual healing will start the process, which benefits future generations "The tree takes over 100 years to grow, but the community planted them anyway. One hundred years later, the descendants of those visionaries were able to enjoy the shade of a 100-mile path" (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006, p. 123).

One of the main effects of intergenerational trauma was loss of culture, loss of family values, and loss of identity. Identity is so integral to Aboriginal culture; therefore, it is vital to incorporate

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healing strategies into all aspects of identity. Marsh, Coholic, Cote – Meek & Najavits state “The key to healing following the experience of residential school abuse and its intergenerational effects lies in the area of reclaiming identity (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 4). Marsh et al, claim there is numerous researchers that believe reclaiming Indigenous identity will involve regaining traditional knowledge and modify appropriately for present-day (Marsh, Coholic, Cote-Meek, & Najavits, 2015). Developing such a profound and effective model requires extensive knowledge and practice of both mainstream and Indigenous healing approaches as well as counselling experience. The *Interconnectedness* model can be considered as an emerging practice as there is no empirical research; however, that is not to say the methods used in this model are not evidence-based, from the process to intervention:

Healing within a Canadian Aboriginal context refers to a cluster of ideas, activities, events, initiatives and relationships, happening at every level from the individual to the inter-tribal. This cluster has drawn widely on models and experiences from around the world, and is also developing its own unique models, methods, language and analyses, many of which are just beginning to enter mainstream dialogue. We can describe this cluster as the Aboriginal "Healing Movement." (Lane Jr, Bopp, Bopp, & Norris, 2002, p. 23)

The first step would be to assess the needs of community, and identify what is not working and more importantly what worked for healing approaches. The Canadian Government's Report of the Royal Commission on Aboriginal Peoples (as cited in Lane Jr., Bopp, Bopp & Norris, 2002) “Healing, in Aboriginal terms, refers to personal and societal recovery from the lasting effects of oppression and systematic racism experienced over generations” (Lane Jr, Bopp, Bopp, & Norris, 2002, p. 5). Since the early 1980s, numerous Aboriginal communities have fought to bring healing to their communities in response to the overwhelming trauma caused by government policies. In most cases, the focus was

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on addressing the pattern of alcoholism that was destroying lives; it became apparent that alcohol and drug abuse was only on the surface, there were many underlying issues to contend with. Underlying issues of substance use, other addictive behaviors, and mental health issues is typically related to trauma and in the case of Aboriginal peoples, Intergenerational trauma (Lane Jr, Bopp, Bopp, & Norris, 2002).

Digging deep will be one of the mottos that will be used throughout the process to encourage, challenge and push participants to go beyond superficial problems. The concept behind digging deep is for participants to go to the very core of self and identify pain that suppresses emotions, memories and experiences, and recognize patterns that are not healthy or useful to them. Healing requires an individual to be genuinely intent on taking the journey of self-discovery. It is a requirement to work on problems that negatively affected personal growth, that includes an empathy deep enough to overcome the devastation of disease. Healing is letting go of negative patterns and establish new healthy patterns that allows for a more balanced lifestyle (Hill G. L., 2008). The modalities of healing will include individual, pairs and group work, and each method are significant to the process, as healthy patterns of individual, family and community life have been damaged. This goes back to the Indigenous worldview that everyone and everything is interconnected. Each process and approach are designed to stimulate participants to be honest and trusting, and reflective yet spontaneous. (see Appendix A.).

The first day will start off with the coordinator greeting participants at the designated location; participants sign in and fill out registrations if they have not done so prior. Participants leave to meet at another location close by for dinner. After dinner all participants meet at the central location of gathering. Before introductions, the Elder opens with a Prayer, and smudging is offered to participants and the team. The team ensures the safety and security of the participants, and environment is in place. When looking at trauma related issues, it is imperative the first stage be to create a place of safety as

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participants require this to tell their story (Lane Jr, Bopp, Bopp, & Norris, 2002). The first process is introductions, the team introduces themselves and what brought them to the room. Once the team is finished introductions, the participants encouraged and supported to introduce self and share who they are, why they are there and what they hope to get out of the time there. For participants that are hesitant or holding back why they are there, the team members will challenge them to be honest and to trust themselves and others. The rationale is that every second counts in their healing journey so don't wait. The intended outcome for participants is to overcome their fears and to be open, honest and trusting.

The second process is unpacking trauma; participants are supported through an exercise of identifying unresolved trauma they have been carrying around. There is numerous literature on Aboriginal people suffering many types of trauma as a result of colonization, Yellow Horse Brave Heart, 2003 (as cited in Aguiar & Halseth, 2015) "responses to these types of trauma may include substance abuse (to numb the pain), and other types of self-destructive behaviors, suicidal thoughts and gestures, depression, anxiety, low self-esteem, anger and difficulty recognizing and expressing emotions (Aguiar & Halseth, 2015, p. 8). The trauma or "soul wound" as Duran explains is an ancestral wounding that happened in a community, and is been passed down from generation to generation becoming more intense with each generation (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006, p. 16). Counsellors, Elders, helpers support and challenge participants to explore past and current trauma that is holding them back from living a balanced lifestyle, and to break the cycle. The outcome of this process is to feel emotionally and physically enlightened. Individuals participating in enlightening events such as cultural and social processes that acknowledge past trauma can link current unhealthy behaviors to historic trauma. As they continue to engage in these healing processes, participants will not only feel a sense of empowerment, they start the healing within generations (Castellano & Archibald, 2007).

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Forgiveness is a process by which individuals can let go of shame, guilt and blame. Shame is a feeling deep inside a person that causes the person to want to hide, and worries that they might become exposed as the underlying fear is of rejection and abandonment. Every person experiences some type of shame however some suffer at a deeper level. The longer shame is hidden, the angrier the person gets, turning the anger internally (Middleton-Moz, 1990). Aboriginal people that have experienced intergenerational trauma, with a history of abuse, can display shame behavior patterns that can develop into other unhealthy behaviors, which continues onto following generations (Aguilar & Halseth, 2015). For some people, forgiveness may seem impossible to even fathom due to the injustices they suffered, yet it is a crucial piece to healing. Forgiving enables the person to let go of the painful memories (Lane Jr, Bopp, Bopp, & Norris, 2002). Counselors, Elders and helpers support participants through a process of identifying painful memories that hold them hostage to anger, guilt and blame, and to break free from those chains. The rationale is to take their power back and the outcome is a feeling of empowerment.

Transforming into the true self requires a person to remove masks that were protecting and hiding them from fear. Middleton – Moz states, shame is a master of disguises, adults that have suffered shame hide behind disguises. The mask a person hides behind reflects pieces of them that must be denied, to bring healing (Middleton-Moz, 1990). There is a fear of what people will see when the masks are removed. Susan Sparks suggests three benefits of removing masks: the first is to live life to the fullest, the second is to release the burden of wearing the many masks that is tiring, and eventually we forget our true self, and lastly removing masks will provide healing (Sparks, 2015). Wearing masks permits a person to withhold parts of them in relationships. Revealing their authentic self can liberate self to show their warrior spirit. Big Plume (as cited in St – Denis, 2016) “Many nations recognize Warriors as symbols of the fighting spirit. Warriors seek to become powerful and strive to empower

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others. Warriors stand up for others especially when it is most difficult to do so. Bravery, defiance, and the fighting spirit are key ingredients in the Warrior makeup” (St - Denis & Walsh, 2016, p. 11).

Counselors, Elders, and helpers help participants identify the different masks by confronting the fear and beliefs they have of themselves. The rationale is to reveal their authentic self, and the outcome is to revel in the feeling of liberation.

The circle is viewed as a sacred symbolism for Indigenous people of Canada. It is a closed circle that involves all participants and permits open communication as they can see each other while sharing. Sharing circles are opened with smudging, allowing participants to lift up their own prayers to the Creator (Hill G. L., 2008). The sharing circle is a process of self-reflection and insight of processes. The rationale is to speak from the heart and listen without interrupting and free of judgement, showing respect and reciprocity. Team members encourage, support and prompt participants to talk about the painful emotions by means of crying, talking, yelling, laughing, and even singing, for the sole purpose of releasing the pain (Hill G. L., 2008).

Traditional healing ceremonies help to overcome mental, emotional and spiritual trauma and promotes holistic healing (see Appendix B.). Traditional healing ceremonies are an essential component to healing participants and, have evolved over the years. Traditional healers have adapted their knowledge to overcome any challenges that they may encounter. Various Aboriginal practitioners are drawing on blended traditions that integrate components of both traditional and contemporary practices. Some of these blended practices are being introduced as "traditional," as they have become integrated within the healing trend (Lane Jr, Bopp, Bopp, & Norris, 2002, p. 24).

Elders and traditional knowledge keepers are very important members of the team and to the healing component. Throughout the day, prayers are offered to the Creator to guide the team to do all they do with an open mind and heart, and for participants to open their minds and hearts to allow

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healing. Smudging is considered a traditional and sacred ceremony of Indigenous people. The mixture of traditional medicine such as sage, juniper, cedar and tobacco are burning in smudge bowl and offered to participants to use their hands to bring the smoke of the smudge to cover their body and offer personal prayers to the Creator. The smudging is to cleanse the person and environment of negative energy (Hill G. L., 2008).

Elders have such a calming presence and infinite wisdom, they are there to offer support through Prayers, sharing experiences and knowledge, and listening. Traditional songs are sung for appropriate purposes. Songs in the traditional language are Prayers for healing, hope and harmony. Traditional ceremonies are gifted to specific people by Elders or through vision quests for specific purposes, and following protocol, only that person can talk about the ceremony to maintain the integrity of the teachings and respect for knowledge keepers (Quinn, 2019). Ceremony helps participants to let go of pain and sorrow and give their burdens to the Creator to look after. All traditional ceremonies are for the purpose of connecting to spirituality, culture and traditions, and to accept, acknowledge and celebrate the blessings of Creator and creation.

The advantage of the *Interconnectedness* model is it can be facilitated by home grown Counsellors, Helpers and Elders. “A “home – grown” context in which local community needs and locally-indigenous cultural values and protocols form the foundation” (Lane Jr, Bopp, Bopp, & Norris, 2002). The counsellors might be from the community, or practice in the community. Elders are a significant part of the team; they provide knowledge, support, culture and a calming presence. Helpers are assistant leaders that have experience and knowledge of working in such a group, and have undertaken their own healing journey. The team will be selected by their knowledge of cultural and practical experiences, their worldviews and characteristics. Each individual on the team will be trained to understand the emerging interactions, stimulate feedback from participants about behaviors, and

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address and promote change process. It is significant to the healing that participants have healthy meals, snacks and plenty of water to provide nourishment for the mind, body and spirit, and prepared by a caterer. The whole process is full of healing exercises that blend traditional and mainstream approaches. All of the processes are meant to counteract the negative experience, with positive and uplifting experiences. Each activity and approach are designed to stimulate participants to be honest, trusting, reflective, spontaneous and participatory. The whole concept of Interconnectedness is to use different approaches that are effective and appropriate for healing Intergenerational trauma:

.....interrupting the intergenerational transmission of trauma will require approaches aimed not only at treating the symptoms of this trauma, but will require the healing and rebuilding of individuals, families and communities. A central component of this will be re-establishing pride and a sense of individual and collective identity through “culture as treatment” activities. (Aguilar & Halseth, 2015, p. 22).

Cognitive- Behavior Therapy

Cognitive-behavior therapy is an effective and evidence -based approach for various mental health issues and once integrated with Indigenous healing practices, is appropriate as it addresses spiritual aspects that are central in Aboriginal healing, and conventional therapy is designed to explicitly address issues from an emotional and cognitive viewpoint. Cognitive behavioral therapy offers tools that can change thoughts and feelings on how Aboriginal people view the world and adapt new behaviors, as changing thought patterns will result in positive emotional and behavioral outcomes. Research on best therapy approaches has shown Cognitive therapy was the preferred choice by Aboriginal people, as it is collaborative and consistent with Aboriginal values (Heilbron & Julius Guttman, 2000).

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Section 4: Models and Effective Approaches that correlate with Blending worldviews

There are other potential western and Indigenous healing frameworks that can be blended together that will bring positive outcomes, when used appropriately. Beaulieu claims that certain components of mainstream therapy congruent with Indigenous worldviews however, it is the effectiveness of service delivery that is significant (Beaulieu, 2011).

Medicine Wheel as a Framework

The Medicine Wheel teachings concept can be used as a framework when applied to the integration of Aboriginal healing and western healing, as the fundamental teaching is to bring balance and harmony to one's life. This traditional practice incorporates the physical, mental, spiritual and emotional aspects of one's personal life, and is a tool to help maintain a well-balanced lifestyle. Similar to other traditional teachings, the belief is we are all interconnected and for harmony to exist, all four quadrants of the medicine wheel must be in balance, therefore healing approaches must include emotional, cognitive, social and physical functioning within a spiritual context (Nabigon, Wenger-Nabigon, 2012; Menzies, 2010). When grounded in the teachings, it is a natural process for healers to implement the process. Interconnectedness is a philosophy that Aboriginal people strongly believe in, and evident in the healing aspect of their life journey (McCormick, 1997)

Gus Hill, an Indigenous associate professor at Wilfrid Laurier University developed a Holistic Aboriginal Framework for Individual Healing, a blending of Indigenous traditions with other teachings and disciplines from other cultures (Hill G. , 2014). This framework is used as a guide and reference in the medicine wheel I created for healing trauma. The medicine wheel is viewed as Indigenous holism, and as you can see in **Appendix C**, the circle consists of the four cardinal directions, east, south, west and north. The four colors represent the four human races, red, yellow, black and white. The four aspects of self with balance and harmony is in the very center. Typically, the medicine wheel journey

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begins in the eastern door and moves clockwise in continual cycles of a lifelong journey of healing. It is important to remember the self is interconnected to each part as well as being a part of the whole (Hill G. L., 2008).

The eastern door represents spiritual healing, a connection with creator and creation. This is where participants in Interconnectedness use prayer, smudging, Elders, ceremonies drumming and celebration to learn to honor their spirit. Elders and spiritual helpers offer prayer, smudging and traditional songs throughout the day to help participants on their journey, and to restore their physical, mental, emotional and spiritual back to harmony. The southern door is one of emotional healing, counselling. Elders and helpers help participants to reconnect to self by encouraging, supporting, challenging, and pushing participants to partake in all activities and exercises. Each process is intended for participants to get real and honest, to move past the denial and repression of the true and genuine self. It is a time to be gentle and forgiving to self while acknowledging the deep-rooted pain and trauma that can be hard to let go of.

The western door is that of recovery. Physical healing requires the four elements (air, water, food and exercise) to be in balance. Throughout the day, participants are encouraged to have healthy meals, three nutritious meals are provided; refreshments of fruit, juices and other healthy snacks are provided at breaks; water is accessible at any time; and exercise through walking, moving and dancing to keep them stimulated. The final door is the northern direction, and represents reconciliation, mental healing, and involves memory work. The counsellors, Elders and helpers support clients through the process of remembering the pain and shame of past traumas. Sharing circles allows for all participants to share their story and learning from each other as there will be similarities as well as differences in each story. Journal writing is quiet time for self-reflection and to gain insight of challenges, and strengths they hold within themselves. Creative visualization is a process to help them come to terms of

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letting go and of forgiveness of self and others. This model is a process that blends Aboriginal healing practices with mainstream healing methods, with the intention of bringing healing to individuals who are struggling to let go of deep-rooted trauma – intergenerational trauma.

The activities and exercises will largely depend on the target group and their cultural beliefs, thus requires having knowledge to ensure implementation and integration is done appropriately. Activities and approaches can be modified when needed. An example is if one of the exercise processes took longer than expected as the intention is for the whole group to experience and process emotions, that version would be modified to finish in a timely matter as well as not take away from the initial intention. It is significant that all participants feel included and that we do not cut them off or rush the processes.

Narrative Therapy

Narrative therapy, a postmodern approach was developed in the 1980s by Michael White in collaboration with David Epston in Australia and New Zealand (White, 2009). The ultimate premises of Narrative therapy are about the stories people develop inside themselves and bear throughout their life. Through their own experiences, clients seek to organize and give meaning to these stories of experience, or the stories that have been placed on them. Stories influence how clients see themselves and influence their thoughts, behaviors and actions (Brown, 2017). Additionally, clients typically carry a dominant story, along with other stories that relate to everyday life. The dominant story interferes with their life by imposing dominant discourses that results in internalizing oppression. The solution then is to unpack the unhelpful stories and create new ones (counter-viewing) (Brown, 2017). My personal experience as a young single mother of four children, on social assistance, and high school drop-out, is one wherein I believed stories that others projected onto me. I had no motivation and believed that I would never get off welfare. These stories carried shame and blame for myself and

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others. Externalization gave me the opportunity to use my voice to make sense of my story and separate myself from the problems, allowing me to make positive changes. By unpacking these stories and creating new and helpful stories I was able to move forward.

Narrative therapy as a practice model for Aboriginal healing approach is not only significant, it is also appropriate as oral traditions were the main method of teaching for Aboriginal people. According to Duran, it is through sharing and understanding of their stories that people can change the narrative for a new beginning however, this healing process must include western healing approaches and furthermore, historical issues must be addressed for any healing to be done. Furthermore, storytelling is anti-oppressive when shared from an Indigenous perspective (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006).

Narrative therapy was developed with three elements in mind, as well; a foundation is required to build a relationship between the client and counsellor. The first principle is to respect and support the client for their courage, second is presenting a non-blaming approach, and third is to be mindful of position and power, recognizing the client is the expert of their own life stories. It makes sense to explore the natural healing methods of a particular culture before applying foreign counselling styles and approaches. To be helpful and effective, utilizing approaches that are connected to their worldviews is a means of achieving success (Stewart, 2009). For many Aboriginal people culture is grounded in oral tradition, and storytelling is vital to transmitting knowledge and healing of people.

“Traditional Aboriginal healing is very much the telling of a story. The narrative of one’s experience and understanding is connected to the inner dialogue of the mind, body, emotions and spirit and makes the connection between the client and healer” it is the personal telling of story, the sharing of story with others, and oftentimes the receiving of storied teachings from Elders and/or healers, that can facilitate an individual’s healing (Beaulieu, 2011, p. 43).

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Freeman explains the importance of storytelling with Native people. She states that it is significant to Indigenous epistemology as this is how information is shared with Aboriginal cultures. It is from the sharing of life experiences that allows the listener to connect in a way that is respectful. Storytelling allows others to relate to the story that can help them in their healing, as well as build a trusting relationship. Story telling can be used in individual counselling, group therapy, gathering and workshops, and what is shared depends on the appropriateness of setting and participants (Freeman, *Soup Days and Colonization: Indigenous Pathways to Anti-Opressive Practice*, 2017). Rayle et al, 2006 (as cited in Beaulieu, 2011) proposed that narrative approaches in therapy are most suitable when working with Aboriginal clients as oral tradition and emphasis on story and legend is representative of many Indigenous cultures (Beaulieu, 2011).

Design and Methodology

The literature review used a qualitative approach, to explore, describe and examine data of the research topic. As well, the Two – Eyed Seeing approach was used for “learning to see from one eye with the strengths of Indigenous Knowledges and ways of knowing, and from the other eye with the strengths of Western Knowledges and ways of knowingand learning to use both these eyes together, for the benefit of all” (Reid, Greaves, & Kirby, 1949, p. 35). Data was organized using a grounded theory method. A combination of keywords was entered in several academic websites as well as researching peer, and non-peer reviewed journal and other relevant research. I focused my research on North America, and on blending or integrating Indigenous healing approaches and western healing methods. I saved all relevant literature to review, and eliminated the articles that were irrelevant to the purpose of my research. The literature review helped inform the author of any current research, gaps and limitations.

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Thematic findings

The literature review was conducted to explore how intergenerational trauma affects Aboriginal peoples, and what is not working in the mainstream mental health arena, and why it is not effective, what it takes to have effective and successful healing methods, and finally, how will blending Traditional Indigenous knowledge and Western healing methods improve the long-term success of healing intergenerational trauma. The finding of the literature for each research question and sub questions is revealed in three themes for the question and each sub question.

How intergenerational trauma affects Aboriginal people?

The phenomena of intergenerational trauma (also known as historical trauma transmission, collective trauma, transgenerational grief, historic grief and soul wounding) has affected generations of Aboriginal families. Gagne, (1998) (as cited in Menzies, 2010) associated the Indian residential schools to the intergenerational trauma encountered by Aboriginal people (Menzies, 2010). The implementation of Indian residential schools left Aboriginal people a legacy of shame and devastation. The physical, sexual and spiritual abuse students suffered at the hands of those that were meant to care for them was so horrific, it would leave emotional scars that would create a “Soul Wound” a term coined by Duran (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006, p. 15). “Native idea of historical trauma involves the understanding that the trauma occurred in the soul or spirit” (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006, p. 7).

When intergenerational trauma is not healed in previous generations, it is inadvertently passed down to subsequent generations and unfortunately becomes increasingly severe with each generation (Duran, *Healing the Soul Wound: Counselling with American Indians and Other Natives*, 2006). Aboriginal people suffered many losses due to past atrocities forced on them at Indian residential schools. The

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losses suffered were loss of identity, loss of cultural identity loss of familial and community ties, and loss of culture and traditions (Goforth, 2006). The multiple mental health issues that have arisen from intergenerational trauma were plentiful. Some of the mental health issues that emerged are depression, substance abuse, addictions, eating disorders, PTSD anxiety, depression (Menzies, 2010). Suffice to say, the researchers agree intergenerational trauma is one of the main origins of mental health challenges (Menzies, 2010; Castellano & Archibald, 2007; Aguiar & Halseth, 2015; Quinn, 2019).

What is not working in the mental health arena, and why is it not effective?

Scholars have identified mental health healing methods is not helping Indigenous people. Some of the reason cited are that they are “inappropriate”, inadequate”, and “ineffective”. Mental health professional must consider mental health within the context of historical injustices (colonization, residential schools,) when treating Aboriginal people. Research on Indigenous historical trauma compounds historical events, minimizing the trauma to a “uniform transhistorical/cultural phenomenon” (Kirmayer, Gone, & Moses, 2014, p. 331) Indigenous historical behaviors has been compared to Jewish holocaust survivors by Braveheart and DeBruyn (as cited in Kirmayer et al, 2014), however it is significant to acknowledge the Jewish holocaust descendants are faring far better than their parents. Compared to Aboriginal people, the social and mental health issues have only increased in the years, implying that intergenerational trauma is in fact the cause of mental and social health problems (Kirmayer, Gone, & Moses, 2014).

Aboriginal people are considered to have low socioeconomic status, and because they are on the lower rank of what is considered wealthy, they most probably receive poor quality mental health service (Duran, Healing the Soul Wound: Counselling with American Indians and Other Natives, 2006). Canadian Aboriginal people have stated they are not receiving the same level of services as non-Aboriginal people (Beaulieu, 2011). The DSM manual has received criticism and additionally it has

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been deemed as a flawed assessment tool for one, it promotes a reductionist approach, which encourages clinicians to overlook any underlying causes of behavior, and jump to a diagnosis. Moreover, there is no consideration for cultural, social and political events such as colonization, which produced intergenerational trauma. There is no reference to intergenerational trauma, the closest diagnosis is Post Traumatic Stress Disorder (PTSD) and this diagnosis overlooks the role of culture, intergenerational and community trauma, Waldram, (as cited in Menzies, 2010).

What it takes to have effective and successful healing methods?

Mainstream healing methods blended with Indigenous healing approaches must include Indigenous worldviews and practices in order to be effective, appropriate and successful (Sinclair, 2007). Programs that apply Indigenous knowledge as the root metaphor for theoretical and clinical practice can be successful and when this is established, the process of integrating Indigenous and western healing approaches will take less effort (Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse - Davis, 1998).

Two-eyed seeing approach is a culturally appropriate response to integrate Indigenous worldviews and western worldviews. The Two -Eyed Seeing approach was coined by Mi'kmaw Elder Albert Marshall. This approach requires a skill of seeing the strengths of Aboriginal worldviews from one eye and western worldviews from the other eye, and then bringing them together to see from both eyes (Marsh, Coholic, Cote-Meek, & Najavits, 2015). This Two-Eyed Seeing model appears to be the most suitable approach for integrating Indigenous and Western worldviews as it is anti-oppressive in nature, and the collaboration of both worldviews will benefit Aboriginal people on their healing path (Marsh, Coholic, Cote-Meek, & Najavits, 2015). Additionally, blending indigenous and mainstream healing practices is significant to implement positive change within the Canadian health system as

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recommended in the Truth and Reconciliation Commission's Call to Action (2015) (Rogers, et al., 2019).

How will blending Traditional Indigenous knowledge and Western healing methods improve the long-term success of healing intergenerational trauma?

When effective elements of mainstream mental health are identified, the next step would be to consider a more viable approach that allows for the integration. It has been noted that western healing methods is not working for Aboriginal people accessing services, and “given the complexity of health, particularly mental health challenges, among many Indigenous communities today, traditional services alone may not be adequate to address new or contemporary mental health problems” (Beaulieu, 2011, p. 55). The collaboration of Indigenous and mainstream worldviews when used appropriately will provide various options for the client (Beaulieu, 2011). The integration of Indigenous and Western healing approaches and methods will allow Aboriginal people to reconnect to their culture consequently improving self-worth (Quinn, 2019). Overall, in this day and age, it appears that it will take more than one or the other differing healing approaches to suit Aboriginal people. Both Indigenous healing practices and mainstream mental health have effective methods and when integrated, will vastly improve the lives of Aboriginal people.

Gaps, limitations and implications

There is minimal training and knowledge of Aboriginal worldviews and cultural practices therefore practitioners do not understand how Indigenous knowledge connects to healing. “ While integrated programs have begun to grow in number, and the call for integrated services continue to strengthen, what is glaringly absent from this integrative movement are the voices of Indigenous Elders and healers themselves” (Beaulieu, 2011, p. 4). For Aboriginal people to reconnect and recover their traditional knowledge it would require teaching and learning, however there is a lack of resources to

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implement lack of resources to recover and revitalize their language and culture (Marsh, Coholic, Cote-Meek, & Najavits, 2015). One of the main limitations of conducting a literature review is not having a direct connection to the very people that were affected by intergenerational trauma, and may have been impacted from the blending of Indigenous and Western healing approaches.

One of the challenges for traditional healing is western worldviews and policies regarding traditional healing require policies to be revised as they are outdated (Robbins & DeWar, 2011, p. 8). As well Duran (as cited in Beaulieu, 2011) stated when mental health professionals continue to impose western worldviews on client, the oppression continues. Braun et al (as cited in Rogers et al, 2019) states “Indigenous knowledge is largely absent from Canadian research, policy and practice because its methodologies do not fit within the positivist paradigm” (Rogers, et al., 2019, p. 9). Another challenge is the lack of respect and value for indigenous knowledge (Rogers, et al., 2019), and traditional healing is conveyed as if it was a thing in the past (Robbins & DeWar, 2011).

Section 4: Conclusion

The purpose of this literature review was to explore current peer-reviewed research and some non – current relevant literature on blending Indigenous healing approaches and mainstream healing methods that are effective in treating deep rooted trauma caused by intergenerational transmissions. It is well documented that Aboriginal people have been impacted by colonialism. Policies such as the Indian Act implemented Indian residential schools causing horrendous trauma that would unintentionally be passed down from generation to generation. This research implies mental health practitioners, policy makers, and scholars must acknowledge, accept and appreciate there is other worldviews besides western worldview. When Aboriginal people or Indigenous knowledge is involved, it is vital to build relationships, as well as to show respect. This act will involve gaining knowledge of the historical context as it relates to social and cultural issues. Scholars, practitioners have to

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acknowledge there is underlying issues that need to be addressed and healed for example look at the cause of addictions, depression, and violence. Individuals, families, communities require healing to end the ongoing “trauma” that causes internal oppression. When individuals take the initiative to begin healing their trauma, it can have a ripple effect on family and community members

To be effective in blending Indigenous healing practices and western healing approaches will take a sincere effort on Aboriginal and non-Aboriginal practitioners, and Indigenous knowledge keepers. Indigenous knowledge and healing approaches have been here since time immemorial, it is time for mainstream mental health professionals and scholars to acknowledge and validate indigenous knowledge. A proposed healing approach Interconnectedness was put forward as a recommendation for blending Indigenous healing approaches and western healing methods. This approach encompasses both Indigenous knowledge and mainstream healing methods, creating a holistic healing experience. My motive for researching this topic is due to my interest and belief how intergenerational trauma affects Aboriginal people, as well as how effective the blending of Indigenous Knowledge and Western healing methods are. There are many benefits of blending the two worldviews when done appropriately, and this can be done utilizing the Two-eyed Seeing Approach. I was surprised at the amount of research, however most of the research was more than nine years old. I can only hope there will be current research on the topic that will include Aboriginal people as researchers and participants, to get a clearer representation. As a First Nation woman, practitioner, and Kúkwa7, my vision is for a collective healing for Aboriginal people.

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Appendix A

Overview of Interconnectedness Process

Process	Approach	Rationale	Outcome
Opening/Introductions	Encourage, support and challenge participants to share who they are, where they are coming from and why they are there	Every second counts in our healing journey so don't wait	Overcome Fears. Be honest. Trust yourself.
Unpacking trauma	A Process of letting go of past trauma	Explore past trauma and how it affects them is not as painful as continuing to carry the trauma	Feel emotionally and physically enlightened
Forgiveness	A Process of letting go of shame and blame	Take their power back	Feel Empowered
Transform true self	A Process of letting go of hiding behind masks	Show their authentic self	Feel liberated to be true to self and others
Sharing Circle	A process of self-reflection and insight	Talking and listening from the heart is showing respect and reciprocity	Gain inner strength and courage by speaking your truth

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Appendix B

Overview of Interconnectedness Process

Indigenous Culture	Approach	Rationale	Outcome
Prayers	Elder offers Prayers throughout the day	Prayers to Creator for guidance in our daily life	Connect to Spirituality and know everything is interconnected
Smudging	Burn sacred herbs (cedar, juniper and sage) in a smudge bowl and using your hands or feather to move the smoke over your whole body	Cleansing the person and environment of negative energy	Connect to culture and develop positive ways to deal with negativity
Elders	Elders are there to support in every way <ul style="list-style-type: none"> • Prayers • Sharing (experiences & knowledge) • Listening 	Elders are good medicine; they have a calming presence and infinite wisdom	Connect to traditional teachings (ways of being and knowing) and identify Elders in community (for additional support)
Traditional Songs	Elder or traditional knowledge keeper offers songs in traditional language	Songs in the traditional language are like Prayers, and give participants renewed energy and hope	Connect to your spirit through language and song, and drumbeat
Traditional Ceremonies	Traditional ceremonies are gifted to specific people to use for specific purposes, and only they will talk about the ceremony	Help participants to let go and give burdens to Creator	Accept, acknowledge and celebrate the Blessings of ceremony to help heal the emotions, mind, body and spirit

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Appendix C

Medicine Wheel Framework

