

HEARTSONG:

EXPLORING EMOTIONAL SUPPRESSION AND
DISCONNECTION IN ABORIGINAL CANADA

**A DISCUSSION PAPER PREPARED BY:
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PART ONE: INTRODUCTION

Some time ago, I heard an aboriginal man express his hope for the Truth & Reconciliation Commission. “What I hope to get from you,” he said, “is the answer to just one question: Why can’t I cry? Even when I know things are sad, why can’t I cry?”

His question stayed with me as I returned to my crown attorney duties in the remote aboriginal communities of northwestern Ontario. I had always wondered why so many victims and witnesses seemed to tell their stories with a strange absence of emotional connection, as if the things they described had happened to someone else. For many years, I guessed that it might come from cultural rules against keeping tragic events alive in your heart or burdening others with them. I think cultural issues were indeed part of it, but I was no longer certain that was the **whole** explanation. Were they experiencing something similar to the man who wondered why he **couldn’t** cry?

I then discovered that many aboriginal people had been raising the same issue. Cynthia Wesley-Esquimaux, a leading aboriginal educator in Ontario, wrote about “the feelings (aboriginal people) had unconsciously learned to deny, suppress and hide within themselves”. She argued that those feelings “were not given appropriate acknowledgement and therefore any accurate expression” AND had not been “brought into consciousness where they could be processed and healed.”¹ Maria Yellow Horse Brave Heart, a leading aboriginal educator in the United States, wrote something similar: “You shut down all feeling because you are trying to avoid the pain. It helps you get through the immediate crisis and the trauma. But if they persist, if they go on for a long time, they become a problem and you don’t feel much of anything. You numbed yourself from the pain, but you stunted your feelings, your warmth and your joy.”²

A number of questions arose for me. How widespread is this suppression of emotion in aboriginal populations? What role did the residential school system play? What are the consequences of long-term emotional suppression, both human and social? Could it lead some people to a wholesale **disconnection** from normal emotional engagement with life? Could it take entire communities to a similar place? What happens then?

I began exploring western psychology, roaming through studies of things like Complex Post Traumatic Stress Disorder, Attachment Disorder, Resilience Theory and Emotional Intelligence, looking for their possible connection to emotional suppression. In the process, I came across some western therapies that seemed to resonate with my

experience of aboriginal approaches to healing, and others that did not. I also found myself recalling something I'd been told years ago: while western psychology's discussions about things like Complex PTSD might help non-aboriginal people understand the impact of residential schools, they remain **western** discussions, coming out of a western world-view. A different world-view, however, would result in a different vision of what a **healthy** person is, a different description of **ill**-health, and different prescriptions for returning to **good**-health. I'll explore that issue in the second half of the paper, revisiting the western diagnoses canvassed in the first, trying to 'see' them through my limited sense of aboriginal perspectives. I don't claim expertise in either tradition, but if I can prompt deeper conversations between the two healing traditions, I'll be content.

It's probably fair to say that I'm investigating my theme of emotional suppression a little like a police officer who first decides on his suspect and then collects only the evidence that supports his guilt. There are likely studies that contradict the ones I've quoted, or argue that their conclusions are unwarranted. That's why I'm putting my 'tunnel vision' out there, so it can be challenged by those who know more than I do. I invite responses to rupert.ross@hc-sc.gc.ca; I can't guarantee responding, but I do guarantee reading!

A word of warning. I have chosen to describe a number of criminal cases I prosecuted, not only to illustrate how psychological dynamics show themselves in real life, but also to underline how desperate the situation has become in some communities. Because the facts of those cases are sometimes gruesome, they run the risk of triggering painful reactions in some readers. To minimize that risk, I've put disturbing passages *in italics* so people can skip them altogether, or return to them when they think they're ready. Happily, the last half of paper explores inspiring and hopeful things, counter-balancing the pain of the first sections. I **do** see promising directions for further joint exploration!

PART TWO: EXPLORING THE NATURE, CAUSES AND EFFECTS OF EMOTIONAL SUPPRESSION IN ABORIGINAL CANADA

A. SOME FACES OF EMOTIONAL SUPPRESSION

My exploration of emotional suppression began in earnest when I was sent a paper called *An Exploratory Study Of Emotional Intelligence And Domestic Abuse*³ by the Department of Psychology, University of British Columbia. I was surprised to find that Emotional Intelligence was not thought of as a fixed, genetic or predetermined thing. Instead, EI theory dealt with emotional 'skill-sets' that people might, or might **not**, have developed. In this study, an assessment was made of the emotional skill-sets of 44 men convicted of spousal assault. Those assessments suggested that:

- "... they might not be **aware** of their emotions..."
- "... because they are **unable to express** their feelings and needs, they resort to intimidation and aggression."
- "... they lack insight into how their emotions arise... such that **all** arousal-producing emotions get expressed as anger, which in turn gets translated into aggression."

- “... they are **unable to modulate** thoughts, emotions and behaviours to correspond to changing environment and demands...”

Because spousal violence in aboriginal communities erupts at almost five times the national average, a question emerged: *could those elevated levels of violence be just a manifestation of something deeper still, something connected to people’s inability to access, understand, express and modulate their emotional lives?*

I then came across the Ph.D. Thesis of Lee Brown⁴, a leading aboriginal educator in British Columbia. He had studied an adult training program for aboriginal social service workers that existed in Kamloops, British Columbia, between 1980 and 1987. In particular, he was interested in how frequently the students had chosen to put their course work aside, form talking circles to explore what residential school had done to them, and pursue traditional teachings and practices to assist in their recovery. He wanted to find out how they looked back on that experience and whether it had an enduring impact. As I read their reflections, I found a riveting resonance with EI theory and with the words of Cynthia Wesley-Esquimaux and Maria Yellow Horse Brave Heart. For instance, they spoke about how their **habit** of emotional suppression began in residential schools:

- “We weren’t allowed to cry. Because we were taught that way, it was really, really hard to cry, (or) even laugh.”
- “...when we look at aboriginal people, because of their history, it is like they don’t feel, don’t talk about the feelings.”
- “I had built this wall around me, all over... ever since I was small. I wouldn’t allow anybody into that space of mine. I think it was really hard to take that risk and letting that down and letting people in... I have always shielded myself from other things that had happened, so... for me, that was one of the biggest things... letting go of that shield. Not a shield, it was an armour, so thick, right?”
- “A lot of times I might be having a feeling and not really know where it came from... something present may have triggered it in my life, but when I look back it was, you know, a mood swirl, a lot deeper. So starting to really look and find... the first time that pain was planted, and (was) buried.”

They also spoke about having to **learn** to get in touch with, and express, their feelings:

- “What (the program) really did is it gave the group... permission to feel... to feel their emotions and actually express them... not only people learned how to do that but they were given permission to do that... I think some people started to learn how to do that...”
- “The learning and the teachings and the teachers helped you feel and explore those areas of your life that you wouldn’t even touch. Especially if you were hurting in some areas of your life and you never dealt with it.”
- “And I think the big thing is opening up and trusting, being able to talk about those feelings and being able to identify those feelings.”
- “Being given permission to cry and not have to explain why you were doing it, and people supporting that, just allowing you to do that, was a new experience to me. Because I don’t show emotion that well.”

They also described how learning to monitor and manage their feelings helped them **reduce their own aggression**:

- “Now, if somebody bothers me I can tell them ‘I hear what you say and I don’t think you should say that’, whereas before I would just let you say it and forget about it. Not really forget about it, but actually it would build up inside me and then I would just blow off at the next person, but I don’t do that any more.”
- “So (the training program) opened doors to be able to see better, to hear better... to communicate more, more lightly or in a civil manner.”
- “I think that... it is learning to listen, learning to express my feelings, express my opinion without getting angry, without getting upset.”

What struck me was this: these were the words of people who were **not** engulfed in addictions, violence or despair, yet they still spoke about how much emotional suppression affected their lives. My work often involved people for whom addictions, violence and despair were constant companions and, for many of them, the emotional suppression seemed so deep and automatic that they appeared **disconnected** from their emotional dimension. My last homicide case illustrates that extreme, and is one of the ‘gruesome’ cases I warned about. *It involved two boys, 15 and 16, who hosted a home-brew-and-hairspray party when parents were away. When a 19-year-old started bragging about how tough he was, and made (minor!) advances towards the girl-friend of the older boy, they both attacked him. For approximately an hour, with other young people coming and going, they inflicted 40 slash-wounds and 19 stab-wounds, one of which caused his death. While he lay helpless on the floor, one of the boys stomped on his forehead several times, leaving running-shoe impressions on the skin. They then dragged him outside, covered him with boards, came back inside and tried to clean up the blood. The older boy spent the rest of the night having sexual relations with his girlfriend in the same house, where police found them next morning.*

In video interviews with police, they both admitted what they had done, but in such casual, flat and unemotional tones that you’d think they’d been charged with jaywalking. More disturbing still was the non-reaction of all the other youngsters: they not only failed to intervene, but on the witness stand they too spoke about those horrific events as if they were a minor occurrence. Perplexed at such apparent indifference, one of the defense lawyers reminded a young female witness that it was a murder we were asking her about, where a young man had been brutally killed. When he asked her to pay close attention to his questions and do her best to help the court understand what had happened, she answered by sighing, shrugging her shoulders and muttering an exasperated “Whatever!” All of us were stunned. We wondered at first if she was just “kissing off” the court proceedings as a waste of time, but her non-involvement during the killing itself suggested otherwise. Besides, we were seeing too many similar cases coming out of remote communities, especially involving young people: in some places, parents are quietly telling us they are terrified of their own children.

My questions are these: How much of that violence **flows from** emotional suppression? How much does that kind of violence **contribute** to emotional suppression? And what was the role of residential school in all of this?

B. THE EMOTIONAL LEGACY OF RESIDENTIAL SCHOOLS

1. The Impact of Imprisonment, Neglect, Denigration, And Shame

In her landmark book *Trauma & Recovery: The Aftermath of Violence – From Domestic Abuse To Political Terror*, the American psychologist Dr. Judith Herman described the kind of psychological environment children need if they are to grow into healthy adults:

“A secure sense of connection with caring people is the foundation of personality development... The developing child’s positive sense of self depends upon a caretaker’s benign use of power. When a parent, who is so much more powerful than a child, nevertheless shows some regard for that child’s individuality and dignity, the child feels valued and respected, she develops self-esteem. She also develops autonomy, that is, a sense of her own separateness within a relationship.”⁵

Another psychologist writes specifically about the conditions necessary for children to develop critical **emotional** competencies:

“The development of emotion regulation... is thought to arise through social interaction, primarily within the parent-child relationship. For example, socialization practices are posited to teach children how to label and interpret emotions, when emotional expression is appropriate, and how to manage emotional arousal.”⁶

It seems clear that residential schools seldom gave children anything like a “secure sense of connection with caring people”. To the contrary, they imposed an intentional denigration of their language, culture, spirituality, history, families, communities, intelligence and potential in life. Western psychology makes it clear that any “repeated pattern of behavior that conveys to children that they are worthless, unloved, unwanted, or only of value in meeting another’s needs” qualifies as “psychological maltreatment”⁷. In fact, the *Child Maltreatment Interview Scale* includes the following questions: “How often did a caregiver yell at you, insult you, criticize you, try to make you feel guilty, ridicule or humiliate you, embarrass you in front of others or make you feel like you were a bad person?”⁸

An American psychologist, Donald L. Nathanson, suggests that the most important psychological result of such belittling is shame. He describes various spheres in which people can feel belittled, and some seem particularly applicable to residential schools:⁹

- Sense of self (“I am unique only to the extent that I am defective.”)
- Dependence/Independence (a sense of helplessness)
- Wishes/fears about closeness (feeling unlovable, wanting to be left alone forever)
- Matters of shape, size, skill or ability (“I am weak, incompetent, stupid,” etc.)
- Issues of seeing and being seen (“I wish a hole would open and swallow me up.”)

In residential schools, however, the belittling extended beyond individual children, encompassing their racial, social and cultural identities as well. As a result, they were put in an impossible situation: the only way to escape that shame was to stop being who you were, an aboriginal person. Some tried just that: one friend told me he tried to ‘scrub’ himself white. Shame arising from a sense of **personal** inadequacy at least leaves hope for overcoming that inadequacy. Where the shame attaches to your race, however, that possibility seems foreclosed. Patti LaBoucane-Benson, Director of Research & Evaluation for the Native Counseling Services of Alberta, described it this way:

“Aboriginal people were made to feel ashamed of their identity and of traditional Aboriginal ways, and therefore it was impossible to think about or verbalize the feelings of grief and loss that would have been natural and normal...”¹⁰

Dr. Nathanson suggests there are four primary responses to experiencing shame, and I have seen extreme variations of all of them in the more traumatized communities:

- the “Withdrawal” response, where we hide, act shy, run away or grow silent, often leading to frightening feelings of isolation or abandonment;
- the “Attack Self” response, where we demean ourselves and are overly deferential to others, but at least avoid the frightening alternative of isolation;
- the “Avoidance” response, where we hide through such things as alcohol, drugs, extreme pleasure-seeking, denial or a fake ‘machismo’ manner; and
- the “Attack Others” response, where we feel better about ourselves by using put-downs, ridicule, abuse or sadistic violence to reduce the self-worth of others.

When I read about the “Attack Others” response to shame, I wondered if shame contributed to student-on-student violence in residential schools. Maggie Hodgson, an internationally recognized Cree leader in aboriginal healing, points to something else that not only contributed to that violence but to the habit of emotional suppression as well:

“Water spirit is the gift we use when we cry. In residential school, many people learned not to cry. When children cried in residential school and there was no response except ‘I’ll give you something to cry for!’ they learned to shut down sadness. Over time, they built such a wall around sadness that when they cry now, they say “I broke down.” When children cried themselves to sleep because they missed their parents so much, they eventually learned that they could cry all they wanted but they were still not going home.... The sense of abandonment was experienced by many children. They wondered why their parents did not come to visit them. After one hundred years, there was not much water spirit left; in its place was hopelessness, a deep sense of abandonment, and anger.”¹¹

The conviction of hopelessness also seems key to the western diagnosis of *Complex Post Traumatic Stress Disorder*. Judith Herman created that diagnosis because she felt that the psychological consequences of single-event trauma discussed in ‘normal’ PTSD theory were very different from those caused by repeated trauma inflicted within ‘an environment of captivity’, whether it be a prison, concentration camp, criminal brothel or, her central focus, a violent domestic relationship. Although she did not discuss residential

schools directly, they were clearly indistinguishable from prisons, given that children were required to be in them for a set number of years, were apprehended and returned by police if they ran away, and had no say in their food, clothing, associations or activities. As I read her list of the circumstances likely to cause Complex PTSD, it seemed she was describing **exactly** what children experienced within residential schools:

- a conviction of powerlessness and helplessness;
- growing up in an environment of neglect and deprivation;
- experiences of sexism and racism;
- a sense of repeated interpersonal victimization, including childhood abuse and other physical violence; and
- a history of social, psychological and legal subordination.

Her description of the goals and strategies within such institutions was also a perfect fit:

“In addition to inducing fear, the perpetrator seeks to destroy the victim’s sense of autonomy. This is achieved by scrutiny and control of the victim’s body and bodily functions. The perpetrator supervises what the victim eats, when she sleeps, when she goes to the toilet, what she wears... The methods of establishing control over another person are based upon the systemic, repetitive infliction of psychological trauma. They are the organized techniques of **disempowerment and disconnection**.”¹²

In many circles, her diagnosis has now been altered to read Complex Post Traumatic **Response**, rather than Disorder, and the kinds of responses she describes also seem frighteningly common in traumatized aboriginal communities:

- a chronic, low-grade depression which people consider a “normal” way to feel;
- a reduced ability to trust their own judgment, assert needs or cope with others;
- an uncontrolled vacillation between pronounced dissociation and extreme fear;
- disruptions in consciousness, memory, sense of self, attachment to others and the establishment of sound and durable boundaries within relationships;
- significantly greater insomnia, sexual dysfunction, suicidality, self-harm; and
- what is often termed a “smoldering anger”.

Judith Herman’s primary focus was on domestic relationships between adults. If we recall that it was **children** who suffered such maltreatment in residential schools, that their captivity and helplessness were **complete**, and they were still **developing** their emotional capacities, can we be surprised if many suffered enduring emotional damage? When they went home, did they know how to create relationships with ‘sound and durable boundaries’? Could they hope, dream or plan with a ‘reduced ability to trust their own judgment, assert their own needs or cope with others’? Did they have the emotional skills needed to manage “vacillation between pronounced dissociation and extreme fear”?

All of these discussions of shame, abandonment and complex PTSD underline something many non-aboriginal Canadians either miss or ignore: ***the absence of overt sexual or physical abuse does not mean that no damage was done***. To the contrary, the combination of imprisonment, helplessness, shaming and cumulative emotional

maltreatment can be **expected** to inflict substantial and enduring damage, especially to the development of emotional skills. One study put it this way:

“In maltreating environments, children can learn that it is unacceptable, threatening or dangerous to express emotions, especially negative ones. Since abuse and neglect produce negative emotions, children may adapt to abuse with general deficits in emotional awareness... **Children learn that they must distance themselves from their own needs and feelings to obtain love and care.**”¹³

It should also be remembered that when children went home from residential school, that did not end their “social, psychological and legal subordination”. To the contrary, Canadian governments continued it by, among other things:

- imposing ‘pass laws’, where aboriginal people were not permitted to leave their home reserve unless specifically permitted by the Indian Agent;
- denying them the right to vote as long as they remained on their reservations as ‘status Indians’, a situation that prevailed until well after World War II;
- making it unlawful for them to consult with a lawyer or ask the court to enforce treaty or other rights, a situation that existed from 1927 to 1951;
- making it unlawful for anyone to “receive, obtain, solicit or request” any money to assist a band in any such claim against government; and
- making it punishable by jail for aboriginal people to participate in certain traditional ceremonies.

On that last point, an Ojibway Elder told me that when he was a boy, he and some friends snuck through the woods one night to a clearing where some of the ‘old people’ were conducting traditional ceremonies around a fire. When they were discovered, they were told never to try it again, because **all** of them could go to jail if the white man caught them. To this day, that memory stands as a vivid reminder of the degree to which everyone he knew lived in fear of being punished by the white man for doing things they had always done with - and for - each other. There is a very real sense in which many aboriginal people remained **psychologically** captive to a wide range of forces, including abandonment anger, individual and racial/cultural shame, a wide range of debilitating Complex PTSD ‘responses’ - and a dangerous inability to access, understand and manage the emotions involved in any of them. In those circumstances, as Judith Herman expressed it, there was every likelihood of “an **uncontrolled** vacillation between pronounced dissociation and extreme fear”.

2. Adding Physical And Sexual Abuse Within Residential School

Physical and sexual abuse by adult staff in some residential schools has been proven in a number of criminal prosecutions across Canada. What is not known is the full extent of that abuse, though the Truth & Reconciliation Commission will make every effort to create an accurate record. Their task may, however, be compromised by a psychological dynamic unique to people suffering child abuse within environments of captivity:

“Since their home environments are for the most part uncontrollable and inescapable, children living with abusive caregivers must find ways to either understand or disregard the treatment they receive... attributing abuse as stemming from one’s **own inherent badness** inhibits the scarier prospect that a caregiver cannot be trusted, and may help create an illusion of control.”¹⁴

This may help explain why so many aboriginal victims of abuse have been reluctant to tell their stories thus far: the childhood self-blaming is so entrenched that disclosure feels more like confessing one’s **own** sins than accusing others of their’s. When we consider that this particular ‘self-shaming’ is coming on top of the shame imposed by systemic belittling, it can only intensify. A prison psychologist told me of inmates who believed that when Creator took the lives of family and friends through suicide, addictions, homicides or accidental deaths, he was simply punishing them for that inherent badness.

Even being a **witness** to abuse in circumstances of captivity can be powerfully destructive. I once heard a grandmother describe a residential school experience where she and an older female student were taken to the Superintendent’s office to be punished for trying to run away. She stood frozen as he ordered the older girl to bare her upper body and stand there while he strapped her. She remembers the Superintendent turning purple in the face, then quickly leaving the room, an erection visible in his trousers. They both stayed there, wondering what was next, unable to move without permission, until someone else came along to shoo them away. As she told that story, I could feel the helplessness she felt then, and the fear that she might be next. Psychology refers to this state of constant anxiety as ‘emotional arousal’, and says this about people enduring it:

“(They) are likely to experience depression, anxiety, dissociation, health complaints and difficulty identifying their feelings... emotional abuse and neglect, alexithymia and depression are likely to develop in concert, and the diverse effects of childhood abuse are better understood as a **constellation** of coping mechanisms rather than discrete responses.”¹⁵

The above passage mentions ‘alexithymia’, a term that literally means ‘a lack of words for feelings’. In EI theory, it describes people with the most **extreme** difficulty in accessing and differentiating feelings, talking about them and regulating them. I have chosen, however, not to use the alexithymia diagnosis in the aboriginal context, simply because of its focus on the **verbal** expression of emotions. Oral cultures often have such a reverence for the spoken word that they develop elaborate rules governing when, with whom and in what circumstances certain kinds of things **may** be spoken about. In her work as a psychologist with the Cree of northern Quebec, Nadia Ferrara concluded that “(t)he expression of one’s inner thoughts and feelings are viewed as so **sacred** to healing ceremonies and special, private encounters that it is totally inappropriate for a Cree person to share his/her feelings within a strange environment, such as a clinical milieu”, unless the clinician has first established an accepted relationship as a healer. Faced with that, and observing that people often chose carving as a way to express the content of dreams or other powerful experiences, she came to rely heavily on art therapy, writing

that “it allows for a meeting ground of the body, mind and soul, bringing together inner and outer worlds, in a way very different from verbal psychotherapies.”¹⁶

The real issue, to me, is whether people have developed the emotional skills necessary to identify, differentiate and manage those feelings **for themselves**, whether or not they choose to express them to others. Interestingly, I’ve been told that Ojibway teachings suggest there are six ways **other than** talking to discharge grief or anger: singing, dancing, sweating (as in the sweatlodge), crying, yelling and praying.

There are, of course, residential school survivors who have not experienced such abuse and do not demonstrate such psychological difficulties. Unfortunately, their very presence leads some people to conclude that everyone else must either be weak or exaggerating. With the help of a paper by two Toronto psychologists, Rosemary Barnes and Nina Josefowitz ¹⁷, I have begun to understand that it’s really an issue of individual circumstances, and that they varied widely. Here are some of those variables:

- some parents **wanted** their children to have the white man’s education and learn the white man’s ways; their children thus went with parental support, understanding in advance that while there would be challenges, the end result would likely be worth it. By contrast, those who were torn from their parent’s unwilling arms began their journey in terror, with no sense of possible reward;
- many aboriginal children were familiar with white people, their roads, vehicles, cities, buildings, food and language, and little about the schools was surprising or intimidating; the experience of children taken from the bush and transported into completely alien environments, however, was entirely different;
- many children faced such newness entirely on their own, while others went with siblings or with other children from the same community or language group;
- Some schools were close at hand, permitting regular visits and summers ‘at home’, while others were so distant that children were ‘lost’ for a full decade;
- Some children had deeper grounding in traditional teachings and could better withstand the cultural assault; others did not, and absorbed the shame and negativity more intensely;
- Some children returned to communities that had maintained their health, traditions and social cohesion, while others returned to chaos and threat;
- not all children began residential school at age 6; those who were older when they first attended carried stronger notions of who they were and where they belonged;
- Not all children went the full ten years; some had parents who turned to off-reserve life and could compel their children’s return;
- Some schools gave students enough occupational skills that they later found employment, stability and self-esteem in the outside world; others left with no such potential, destined to lead lives of idleness and poverty;
- Because residential schools existed through several generations, some came to appreciate aspects of traditional culture, and the shaming effect reduced;
- Violent bullying by older students was more prevalent in some schools than others; and
- Some schools had individual staff members with whom warm and nurturing relationships were developed, while others harboured sadists and pedophiles.

Given those variables, *it should not be surprising that survivors demonstrate a continuum of impact stretching from 'essentially unharmed' to 'deeply traumatized'*. Unfortunately, many were somewhere in the middle, going home with few capacities to sort and manage the accumulated pain, grief, fear and anger. Relying on suppression, distancing and disconnection to keep from being overwhelmed, they became parents who then modelled that same impoverishing behaviour to their children and grandchildren, often with tragic results.

3. Going Home, Growing Up, Having Children: Intergenerational Trauma

What does western psychology tell us happens when traumatized children become parents themselves? One paper described it this way:

“Mothers who are cut off from, or who strongly minimize, past attachment memories and feelings, tend to reject their child’s need for comfort. Their children, in turn show avoidant attachment behavior. They turn away from contact or proximity with their mother under stress.... Mothers who have unresolved states of mind about childhood attachment experiences and who have difficulties in talking about such experiences in a coherent fashion have been found to show **frightening** maternal behavior. **They engage with their children in a hostile and intrusive manner...**”¹⁸

That passage reminded me of a case where a father and mother both assaulted their teenage daughter. Here is what she told police: *“It was last night at my house. My Mom and Dad were drinking hairspray... in the living room. I was in my bedroom. They asked me to come in the living room. They didn’t say anything to me. They started to fight me. They pushed me around. My Dad threw the chair at me and it hit me in the side of the head. My Mom pulled my hair and punch me in the face and my nose started to bleed. She punch me once in the face. My Dad was pushing me and punch me in the shoulder. It was back and forth. I couldn’t defend myself. I ran out of the house. I stand outside.”*

Note that she gave only a bare recitation of fact, with no emotional content whatever. Could we expect anything else? In EI terms, what chance do children in such violent families have to learn how to “be aware of their emotions”, “gain insight into how their emotions arise” or “express their feelings, thoughts and beliefs”, whether in words or any other means of expression? How could they possibly learn how to “defend their rights in a non-destructive way”? Never having seen emotionally mature behavior, why would they **not** become mired in the learned response of anger, anxiety and aggression?

Another case demonstrates the dynamic of intergenerational violence and emotional suppression even more dramatically. *It involved a 16-year old boy charged with sexually assaulting a number of girls. Both parents were survivors of residential schools whose marital relationship was marred by violence and deep addiction to alcohol. On welfare days, they hosted drunken binges that frequently erupted into assaults. When that happened, the young boy sometimes took his little sister to hide in a closet. He described*

*crouching in the darkness, holding her against his chest and putting his hands over her ears so she couldn't hear the thuds, cries and grunts from the other rooms. That meant he couldn't put his hands over his **own** ears, so he learned to close his mind and heart instead. In that way, the sounds were just sounds, with no people or pain attached. His capacity for feeling empathy towards others was so damaged that, despite lengthy rehabilitation efforts, he continued to reoffend. In Complex PTSD terms, he was no longer **able** to establish "sound and durable boundaries within relationships".*

That case also raised the issue of the 'normalization' of violence in traumatized communities: only one of his victims had ever gone to the police. We didn't know there were other victims until he recounted, without apparent remorse, guilt or other feeling, what he had done to them. Rosemary Barnes and Nina Josefovitz wrote about that too:

*"In many communities, a significant proportion of children attended residential school. Thus to the extent they experienced abuse and neglect, this would affect not only themselves as individuals, but also the fabric of their community. To the extent that children experienced maltreatment, this would increase their risk of engaging in poor parenting and negatively affecting their children. Thus, the harm caused by the schools is passed on to future generations.... We would expect that children who attended residential school and were exposed to multiple traumatic events would be **at greater risk for becoming aggressive adults, which would place their children at risk for the intergenerational transmission of violence**".¹⁹*

As we saw before, Judith Herman suggested that one consequence of cumulative trauma within an environment of helplessness is 'a smouldering anger' that seems to come from nowhere. I suspect that anger is magnified when people also feel captured by shame on both an individual and social level. When that anger erupts, the violence can be shocking, as the following case illustrates. *Two men in their early twenties got into a drunken argument with an older man at that man's home and beat him nearly to death, caving in his skull with wrenches and tire irons. They then tied him up with electrical cords, drove him into the woods and dragged him into the bush. Because he was still 'gurgling', they stuck a meter-long stick down his throat and 'stirred' it, breaking his teeth, lacerating his tongue and causing him to drown on his own blood. Only one of them had a criminal record, for a very minor matter, and they had no prior relationship with the victim. We all asked the same question: "Where did that rage come from?" I now suspect that much of it comes out of the cumulative impact of **buried** trauma, shame, fear and anger going back generations, right to residential schools.*

In some cases, the anger is so deeply buried and the dissociation is so complete that people may not be **aware** of their actions when the anger finally erupts. When I was a fishing guide, I ferried one of the Indian guides to his camp on an island one day after work and visited while he filleted fish on a board nailed between two trees. Though he'd been drinking during the day, he was still his normal, pleasant self. Suddenly, he looked up, his eyes 'clouded over' and he started swearing. He came angrily towards me, waving the knife in my direction. I started backing away, saying soothing things I don't think he

really heard. Just before he got to me, his eyes noticeably ‘cleared’, he stopped in his tracks, looked quizzically at the knife held in front of him as if he didn’t know how he got there with it, and went back to cleaning fish as if nothing had happened. After 10 more minutes of friendly, casual conversation, the same thing happened again. As soon as he ‘clicked back in’ the second time, I got in my boat and left, shaken. Did I trigger that explosion? Personally? Racially? I haven’t got a clue.

What is clear is that painful events experienced in childhood **reduce** the capacity to respond well to further traumatic events as adults. As one author put it:

“The development of emotion-processing skills, such as the ability to identify, verbally express and regulate one’s emotional states, may be obstructed in individuals who are chronically abused and neglected as children. As a result of their deficits in emotional awareness and control, these individuals may be **especially vulnerable** to the effects of traumatic stressors as adults.”²⁰

Judith Herman speaks about what happens when you carry such a fear of further trauma:

“Because reliving a traumatic experience provokes such intense emotional distress, traumatized people go to great lengths to avoid it. The effort to ward off intrusive symptoms, though self-protective in intent, further **aggravates** the post-traumatic syndrome, for the attempt to avoid reliving the trauma too often results in a narrowing of consciousness, a withdrawal of engagement with others, and an impoverished life.”²¹

I saw a striking example of that “withdrawal of engagement with others” in a case where a grandmother was killed at a 24-hour drinking party. Two men were charged because we found her blood on their clothes, but we knew that others had been at the party too. To explore their possible involvement, we called their wives to the witness stand and asked them under oath if they had ever talked to their husbands about what had happened that night. One by one, they answered that they had not. Exasperated, one of the defense lawyers challenged them: “You knew a grandmother had died that night. You knew your husband had been there. Do you mean to tell us that you were not the least bit *curious* about what had happened there?” Very carefully, each one answered that they were **not** curious about what had happened. In fact, they seemed slightly puzzled that we would ask such a question. There was something about the numb, slow, quiet way they spoke and the slightly perplexed look on their faces that made us believe them: they were not curious at all, even about a murder. We could think of only one explanation: their lives were so full of grief and tragedy that they could not **afford** to be curious about more. Bare survival depended on exactly the ‘disengagement’ that Judith Herman described.

I also remember the words of a man who had been sexually abused as a child many years earlier: “For me, it’s finished 24 years now, and it still haunts me, every day. This morning when I woke up, my wife there kissed me and says ‘You know, I love you.’ I just turned around and said ‘I don’t know what love is’, because I don’t trust no one.” His

capacity for warm and trusting relationships had been extensively damaged, carrying the impact of that crime far into the future, affecting the lives of all who dealt with him.

I see a vicious, intergenerational, reinforcing, downward spiral here. People who are already carrying an existential shame have to face new traumatic events without the ability to process them in healthy ways, and their only option is emotional suppression. As that grows, so does the risk that those unresolved events will explode into **further** violence, thus escalating both the shame and the need for still greater suppression. When whole communities become mired in that dynamic, the descent into community-wide fear, despair and violence can reach epidemic proportions. In one community in my region, there have been 118 suicides in 18 years, and each death adds new trauma to be buried along with the rest.

C OTHER IMPACTS OF EMOTIONAL SUPPRESSION & DISCONNECTION

In a book titled “*The Hidden Epidemic: The Impact Of Early Life Trauma On Health And Disease*”, the authors reviewed *The Adverse Childhood Experiences Study* that looked at the long-term impact of suppressed, early-life trauma on over 17,000 people:

“Medicine increasingly recognizes that early life events, **including often-unrecognized emotional traumas**, have both dramatic and long-lasting effects on the neural and biological systems involved in well-being, biomedical disease, social function, and psychopathology... the earliest years of infancy and childhood are not lost but, like a child’s footprints in wet cement, are often life-long.”²²

One study had this to say about the impact on neural systems:

One of the most exciting discoveries in neuroscience... is that ... the frontal lobes, the amygdala, and the hippocampus change in response to experience. They are the parts of the brain dramatically affected by the emotional environment in which we are raised and by repeated experience.”²³

Another study focused on behavioural changes, saying “Research demonstrates connections between emotional abuse and adult depression, suicidality, anxiety, dissociation, and drug and alcohol abuse.”²⁴ Alcohol abuse is, unfortunately, a major issue in many aboriginal families, but I’m confused about its role. Judith Herman suggests it is often used as a tool of emotional **management**:

“Traumatized people who cannot spontaneously dissociate may attempt to produce similar numbing effects by using alcohol or narcotics ...to try to **control** their hyper-arousal and intrusive symptoms – insomnia, nightmares, irritability and rage outbursts.”²⁵

My confusion comes because gross intoxication was involved in every case of extreme violence I prosecuted, and in every case people told me “He’s not like that when he’s

sober, it's the alcohol." I see it differently. I believe he **was** like that when he was sober, full of the pain, rage and grief that Judith Herman calls 'smouldering anger', but it was all on the **inside**, locked away so deeply that no one could see it, not even the person involved. I suspect that alcohol **compromised** their ability to keep the lid on tight in those cases, and out it came. Conveniently, everyone could then blame the alcohol, 'forgive' each other, and carry on to the next 'no-fault' explosion. Whatever roles alcohol might play, I'm convinced of one thing: bylaws banning it are futile. If the time, energy and money spent trying to enforce them were spent helping families discharge their emotional burdens and develop healthy ways of relating, there'd be no need for them at all.

To close this segment, I'd like to return to Judith Herman's assertion that disempowerment and disconnection are the primary consequences of trauma-within-captivity. It is clear that the express **goal** of residential schools was to disconnect generations of children from everything aboriginal. In 1920, Duncan Campbell Scott, Deputy Superintendent Of Indian Affairs, described the purpose of those schools:

"I want to get rid of the Indian problem... Our object is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question, and no Indian Department."

Residential schools did not, however, result in that "absorption into the body politic". Instead, children went home with no sense of belonging to **either** society, nor any experience of successfully **participating** in either. Thousands, over generations, were left stranded in a no-man's land of buried grief, anger and shame, where their experience of relationships was restricted to being at the **wrong** end of power.

One of my questions is this: does this psychological history help explain why so many communities now seem unable to take up and sustain the healing challenge? Western psychology describes an 'empowering environment' as one in which people are given "sufficient opportunity for autonomous behaviour" so that they can begin "**believing** in their capacity to effect change in the environment in pursuit of goals."²⁶ What opportunities did children have for autonomous behaviour in residential schools? What experiences were they given that would cause them to believe they could ever "change their environment in pursuit of goals" when every facet of their lives was so strictly controlled? As Judith Herman suggests, such an environment instead creates individuals who "feel inferior and have low self-confidence" and lack "self-reliance, self-direction and autonomy". Facing a constant assertion that nothing of value **could** be created out of aboriginal traditions, teachings or practices, that disempowerment went far beyond the individual: all were told that, as 'Indians', they would be followers, not doers. Have those self-impressions, begun in residential school, been so imprinted over the generations that many people don't believe they can change anything at all?

Even where people believe that they **can** turn things around, and **want** to do so, another question remains: **can** they create sustainable healing teams if they are not able to trust each other with their emotional lives? How can they do that if they are carrying their own

unresolved emotional burdens? In other words, is the development of emotional competencies a **prerequisite** for sustainable community healing? For bringing health to families? That seems to be the view of the social work students interviewed by Lee Brown, as several suggested that emotional suppression compromised their ability to fully engage not only in the training program, but in other aspects of their lives as well:

- “I was able to share, emotionally cry and let my anger go. And those kinds of things, my trust in things, I had a lot of abandonment issues, a lot of anger. A lot of those things were holding me back on my skills and my social life...”
- “There was a lot of pain. I wasn’t the only one that had all this pain, and yet when we were sitting around laughing and talking, you would think we were okay, but really when you got to know them, there was a lot of hurt there. That was one of the things that I learned... I had to get past that before we could do anything.”
- “I found that... at the stage I was in... I couldn’t have feelings from my heart. My heart is (now) something that will come out and do and see and hear a lot of things in life that I could not see before.”

If the discharge of grief and the development of emotional competencies were important for that training program, would they not be even **more** important when people are tackling more complex challenges like alcohol abuse, family breakdown, depression and suicide? Phrased differently, can such programs succeed **without** helping people in that way? Not being a psychologist, I don’t know the answers to those questions. What I can say, however, is this: during my 25 years of often-intimate involvement in the lives of traumatized aboriginal people, families and communities, I have seen **everything** these various studies talk about. As I read them, I had one “ah-hah!” moment after another. From my perspective, emotional suppression and disconnection caused by generations of induced trauma, shame, and disempowerment are a primary cause of the individual, family and community tragedy we see today. Almost paradoxically, they are also why it’s so difficult to do anything to **counter** that trauma, shame, disconnection and disempowerment! Until affected people are given the tools they need to explore, understand and manage their emotional responses to those accumulated injuries, it’s difficult to see how they can begin turning things around.

D. THE REAL WONDER: PSYCHOLOGICAL & CULTURAL SURVIVAL

Before looking at the different approaches to healing, I want to underline something that is easy to miss but essential to recognize: *despite sustained assaults on the physical, mental, emotional and spiritual health of so many aboriginal people, the majority are NOT in jail, nor are their lives swamped by addictions, violence and despair.* While we must respond in better ways to the depth of trauma that is being suffered, we can’t lose sight of the fact that most aboriginal people have found ways to keep the colonization onslaught from overwhelming them. Their success in surviving those challenges with so much faith, hope, humour and **vision** intact is, in my view, testament to the power of traditional teachings and practices, and the world-view that shaped them.

PART THREE: EXPLORING TRADITIONAL HEALING

A. INTRODUCTION

In this part of the paper, I want to ask whether the two societies might have different ways to talk about ill-health, different visions of what a healthy person is, and different processes to help people recover. As I said at the outset, my goal is not to declare one superior to the other, but to see if deeper conversations between the two healing traditions might help bring “the best of both worlds” to the task.

Trent University’s Emotion & Health Research Laboratory has taken a step in that direction by partnering with a Mohawk woman named Peggy Shaughnessy in a project reported in *Promoting Emotional Intelligence: An Intervention Program For Use With Aboriginal Peoples*.²⁷ Together, they did standard EI assessments of 78 aboriginal inmates of prisons in southern Ontario, looking at things like their abilities to get in touch with, identify, express and regulate their emotional states. Unsurprisingly, they found substantial ‘deficits’. Peggy Shaughnessy then took 24 of them into a 12-week program of her own design called “The RedPath Program”, using traditional teachings, storytelling, talking circles and ceremonies. On completion, Trent University repeated the EI assessments and found a “significant increase in various dimensions of emotional intelligence”. Its report made the following recommendation:

“This study indicates that the RedPath Program can enhance emotional and social skills **even in the most high risk Aboriginal population**. Therefore, it is recommended that this program be used to enhance emotional and social competencies in a variety of Aboriginal groups to deal with the cross-section of problems (addictions, violence, etc.) plaguing North American Aboriginal Communities.”

The question I want to explore is this: how **did** traditional teachings, storytelling, talking circles and ceremonies enhance emotional and social skills? Where does their power come from?

B. GAINING THE RELATIONAL LENS

Aboriginal people routinely tell me that their cultures permit them to ‘see’ the world differently and that I wouldn’t be able to understand their approach to healing until I gained some sense of that difference. I haven’t progressed very far, but what I have seen tells me that they were absolutely right! Let me share a portion of what I’ve learned.

My first introduction came from a Blackfoot teacher, years ago. He spoke about how western and aboriginal scientists might approach the study of a plant in a meadow differently. The western scientist would focus primarily on understanding and naming all of its parts and properties, figuring out its root, stem and leaf systems, how it takes in water, sunlight and nutrients, how it reproduces, its life expectancy, and so forth. The aboriginal scientist, by contrast, would focus primarily on the many roles that plant played in the meadow, examining how it holds soil when the rains come, what plants

flourish close to it, what birds, animals and insects are attracted to it, how it is useful to them, that sort of thing. It's not that the two scientists pay **no** attention to the concerns of the other; aboriginal people, after all, made great use of the medicinal power of individual plants, while western biology clearly includes an ecological component. A different emphasis can, however, lead to different impressions of the **essence** of that meadow, with the aboriginal scientist (and perhaps the quantum physicist as well!) 'knowing' it as a complex web of ever-modifying relationships, rather than a collection of discrete things.

Adopting that 'relational lens' makes many things look different, including the healing challenge. If, for instance, the plant in the meadow is failing, the relational lens compels an investigation into what might have changed within all of the relationships that once sustained it. It would not focus on the plant alone, as was done when all the gas-sniffing children from Davis Inlet were plucked from their community, transplanted into an Alberta treatment center where they began to thrive, then replanted in the poisonous soil of their community with predictable results. A relational focus also demands trying to heal 'offenders' as well as 'victims', not only to heal the relationship between them but also to prevent other violent relations from erupting in the future. Western culture seldom makes that effort: a report on family violence prepared by the National Action Committee On The Status of Women some years ago, for instance, absolutely refused to support treatment options for abusive men, forcing the aboriginal women on the committee to file a minority report that **did** draw attention to that relational need. So far, so good, but the differences are more profound than that, and involve further teachings.

Many aboriginal groups refer to Creation as The Great Mystery. When I first heard that phrase, I liked the humility, but thought it a little over-drawn. Even if the western world did not yet have the entire universe studied, dissected, mapped and named, I could at least imagine computers getting us there some day. That's what I thought when I saw the universe primarily as a collection of **things**. When I began to think of Creation as a vast web of ever-modifying **relationships**, however, my expectation of ultimate 'knowability' began to break down. The meadow, for instance, might have only a thousand things in it, each 'knowable' in the western way, but that meant there were 1000 x 1000 relationships, all in constant flux at any instant of the day, week, season, year and so on. Could they ever be known well enough to grant us accurate prediction? Or predictable intervention?

Under the relational lens, it is my sense that human relationships (especially families!) are understood to be their own Great Mysteries, showing such complex inter-workings, histories, strengths and weaknesses that they substantially defy accurate outside analysis or effective outside re-ordering. For that reason, the role of the healing professional is not to direct, design or restructure, but to provide processes in which the parties **themselves** can safely explore, learn and create. It will often require that they first engage in separate processes to confront and discharge dangerous build-ups of grief, anger, guilt, shame or fear, and no joint processes should be established until the offender has begun taking heartfelt responsibility for the harm they have done. The ultimate goal, however, remains providing the opportunity to come together in safe, open and non-blaming ways to explore their ways-of-relating and to use that knowledge to design workable changes.

Before looking at such processes, however, there is a more fundamental question: does the relational lens also paint a different picture of what a healthy person **is**?

C. WHAT IS A HEALTHY PERSON?

As we saw earlier, Judith Herman put great emphasis on ‘disconnection and disempowerment’. What if western and aboriginal psychology differed in the kinds of connections healthy people **ought** to seek, or the ways in which healthy people ought to nourish and **use** their power? One story illustrates why I ask that question.

An aboriginal man from northern Manitoba came to share traditional teachings with children in one of the more traumatized communities of my region. He spoke about the water drum he carried, how the ties that stretched the drumhead each signified a different teaching, and so on. He then told the girls about their special power as women to give new life, a power confirmed at the moment when their waters broke. Those events showed their intimate connection with water everywhere, including the oceans, the tides and Grandmother Moon who controlled those tides, just as she regulated the menstrual cycles of their ‘Moon Times’. All of those connections, he told them, meant that it was their responsibility to ensure the **purity** of water for future generations. He then spoke to the boys about their connections to fire and the capacity of fire to confer powerful benefits as well as inflict powerful harm. It was thus their responsibility to be guardians of that power. As he talked to those children about **responsibilities**, I thought his message was bound to be a failure: after all, most were notoriously free to run around at all hours doing exactly as they pleased. I could not have been more wrong, and I think I know why: no one had ever told those children they were important to anything at all, much less something huge and magical as the universe. If they had responsibilities, that meant they had an **identity** as an important part of something much larger than themselves, and their lives had meaning within that larger whole. The teachings were, in essence, the exact opposite of the “disempowerment and disconnection” they lived within every day, and exactly what they needed to hear.

I wonder, however, if this is the same **kind** of re-connection and re-empowerment that Judith Herman had in mind. She supported the following description:

“The community activists Evan Stark and Anne Flitcraft state as their therapeutic goal with battered women the restoration of *autonomy and empowerment*. They define autonomy as “a sense of separateness, flexibility, and self-possession sufficient to define one’s self-interest... and make significant choices”, while empowerment is “the convergence of mutual support with individual autonomy”.²⁸

I’m not sure that aboriginal healers would put the same emphasis on “a sense of separateness... sufficient to define one’s self interest”, and one particular teaching illustrates what I mean. Western and aboriginal cultures appear to hold opposite views about the importance of human beings in Creation. The Bible puts mankind right at the top, set on earth to rule all the fishes in the sea, and so on. By contrast, the aboriginal vision asserts the opposite, teaching that mankind is the **least** important. Here, too, it is the relational lens that seems to make the difference. If the world is seen as a collection of individual things, attention focuses primarily on their individual properties and powers, with the result that man’s powers of movement, communication, tool-making and so on

clearly put him on top. A focus on relationships, however, means a focus on **interdependencies**. When that happens, it quickly becomes obvious that humans need everything else, and nothing else needs us. Under the relational lens, we are no longer Masters of Creation, but its humble servants instead. We also become, in essence, the sum of our responsibilities **towards** Creation, rather than our rights **against or over** the rest of Creation. A ‘healthy’ person is thus one who understands those connections, acknowledges his responsibilities and does what he can to fulfill them. His ‘self’ interest is better understood as his ‘other’ or ‘all’ interest.

That doesn’t require defining yourself as subservient, however, and another teaching illustrates what I mean. An Ojibway Elder once asked me “Why do your people think that law comes from books? That’s not how we understand it.” He then turned towards a window, pointed out to dense bush and announced “**That’s** where law comes from!” All I could think of was “Whoa! I know what kind of law is out there. Darwin told me: The Law of the Jungle, where we live in dog-eat-dog anarchy, acting like **animals** towards each other!” I didn’t say that, of course, because he always spoke of values like respect, love, sharing and humility. How did he get those values from the bush? Once again, the relational lens seems to hold the key. When he pointed out the window, it was not **things** he saw, but a totality defined by healthy, sustaining, symbiotic relationships **between** all the things out there. While bears need fish need frogs need insects need algae need water needs sunlight and so forth, they are not so much linear chains of dependency as they are interwoven mutualities of almost infinite complexity: the Great Mystery. Every ‘thing-out-there’ is **necessary** to all the rest, and to us, and to the relationships that sustain us. In the language of the Elders, they are all sacred, and the fundamental law is not Darwin’s thing-based law of violent competition but the Law of Respect. Because each entity makes **essential and unique contributions** to the maintenance of a healthy whole, each must be approached with care and respect. A healthy person thus does not see himself as superior **or** inferior to any other person or entity within Creation, but lives simply in constant, grateful awareness of interdependence. That vision penetrates everything, as illustrated by this ‘tipi-teaching’ from a Cree Elder, Mary Lee:

“Before making a tipi, I offer tobacco. I don’t just stand there and let that tobacco fall; I sit on the ground with humbleness, because I am offering something for something I will use from Mother Earth. Because it is not ours; everything we take is borrowed.”²⁹

This focus on relationships has naturally prompted a wealth of teachings about the values upon which healthy relationships must be built. In Ojibway culture, some of those values are expressed within the Seven Grandfather Teachings, often expressed in English as Respect, Love, Honesty, Courage, Wisdom, Generosity and Humility. The teachings behind them are so elaborate that no one is expected to ever achieve a perfect way-of-relating within Creation. Instead, they are set out as goals to be sought, as visions to pull people forward into more fulfilling behaviour and more rewarding relationships.

Aboriginal people often stress that this emphasis on relational ‘goals-to-be-sought’ contrasts with the illness-based focus that seems to prevail in western psychology. The healer’s duty is to emphasize what we can become in the future, because it is within us

already, rather than focus on how we have failed in the past and are still failing now. I have wondered if the western world's allegiance to the doctrine of original sin accounts for this difference, and I found it interesting that a Buddhist monk and translator for the Dalai Lama wondered the same:

“Since the potential for actualizing Buddhahood is present in every sentient being, the Buddhist approach is therefore closer to the idea of original goodness than that of original sin.”³⁰

The emphasis on relational goals-to-be-sought means something else as well: **it is the ‘way-of-relating’ that is assessed and judged, not the person.** Given the driving presumption that everyone is capable of learning **new** ways-of-relating, it is critical that people not become defined by a particular act. As a result, the ‘perpetrator’ is carefully called ‘the person who has harmed’, and the victim is always called ‘the person who has been harmed’. Judith Herman’s treatment of ‘the perpetrator’ of domestic violence shows the opposite inclination:

“Little is known about the mind of the perpetrator... Ordinary concepts of psychology fail to define or comprehend him.”³¹

After that paragraph, she immediately discussed Adolf Eichmann, as if all spousal violence involved budding Nazi war criminals. I suspect that aboriginal healers would be puzzled by her failure to even **ask** if such men might, for instance, be suffering from Complex PTSD themselves, perhaps as a result of childhood abuse. A Cree grandmother from northern Quebec saw such a question as essential: “In our understanding, anyone who can act with violence towards others has somehow learned, perhaps while growing up, that relationships are based on values like anger, power, fear, jealousy and so on.” She worried that sending them to jail, where relationships had similar foundations, would make it even harder to teach them about relationships built on values like trust, openness, respect and sharing when they returned. For the first time, I could understand how people abused as children could grow up to be abusers of children, even though they knew better than anyone the pain they were inflicting: it was exactly the **same** way-of-relating, the only way they knew. The only change was that now they had the power.

This focus on ‘learned ways-of-relating’ thus seems central to the **diagnostic** aspect of aboriginal psychology, and leads to interesting analyses: student-upon-student abuse within residential schools, for instance, could be at least partially explained by the fact that students had only learned one way-of-relating from adults, one that was based on power, force and fear, and they carried that same way-of-relating into their dealings with each other. If you factor in the anger felt at abandonment, the ‘smouldering anger’ caused by cumulative trauma within an environment of captivity, and the angry “Attack Others” response to shame, perhaps we should not be surprised at the **ferocity** shown in those power-centered ways-of-relating. There is plenty of fuel.

The focus on relations is not, however, restricted to things-out-there. The gaze must turn inwards as well.

D. THE FOUR DIMENSIONS OF HUMAN BEINGS

At the center of aboriginal perspectives on health is the ancient Medicine Wheel Teaching that human beings have four dimensions that must be kept in balance: physical, mental, emotional and spiritual. While they can be separated for teaching purposes, they are so inextricably linked that problems in one give rise to problems in all, just as remedies in one require paying attention to all. Western psychology's exploration of such connections seems, as one study indicated, to be "relatively new, developing in the 20th century".³² It appears that the emotional-physical connection is now accepted:

"Considerable empirical evidence links prolonged states of **emotional** arousal, and the concomitant **physiological** arousal, with susceptibility to certain somatic (physical) **disorders**. Clearly, someone who cannot verbally express negative emotions will have trouble discharging and neutralizing those emotions, physiologically as well as psychically. All feelings, whether normal or pathological, are ultimately bodily feelings"³³

The larger debate seems to center on the relative roles of our emotional and **mental** dimensions, with the mental still occupying a dominant position. Western psychology chooses, for instance, to use labels like 'emotional *intelligence*' and '*mental* illness' even though the paramount issues are clearly emotional. Central therapies like Cognitive Behavioural Therapy seem built around the premise that individuals can **think** their way into different **behaviour**, rather than experience their way into different relationships. Even the phrases 'affective *competencies*', 'emotional *literacy*' and 'emotional *skill-sets*' seem to imply that they can be learned by the mind, when it may be more accurate to suggest that they must be explored first by the heart.

Lee Brown's suggests that the western determination to stress the mental over the emotional began with the cultural decision, centuries ago, to separate Reason from 'The Passions' and to characterize 'The Passions' as dangerous urges that Reason must control. Interestingly, the Dalai Lama makes a similar observation:

"My conjecture ... is that, going back to the Enlightenment, even as far back as Aquinas, there is an enormous priority placed upon reason and intelligence. What can impede reason? Emotion. You have two categories that are set in opposition to each other."³⁴

Lee Brown gives the aboriginal understanding of the relationship between them:

"In the medicine wheel philosophy, the mind and the heart are connected. Indeed, the mind and the heart are not only connected, but the heart is the **root** of the mind."³⁵

Interestingly, the English word 'emotion' comes from the Latin word *emovere*, which translates as "something that sets the mind in motion". A nationally recognized advertising executive seems to have had the same vision in mind when he advised "Sell to the heart, and the heart will seize the mind"!

That same perspective also seems to show itself in both Attachment and Shame theory when they speak about all experiences being recorded in memory as ‘scripts’, complete with the emotions they prompted. When a new experience comes along, the brain automatically flips back through those scripts, searching for similar patterns, primarily so we can learn from past experience and make decisions based on accumulated experience. When the brain casts back through similar experiences, the ones that ‘stand out’ from the rest are the ones that are similar in the most respects, or were most repeated, or come with the greatest emotional content. Whatever scripts stand out are then brought into consciousness, complete with their emotional content. If those emotions are strong enough, they can then prompt physical reactions as well. As I read those descriptions I thought of a man who told me that his heart pounds, he can’t breathe, and he breaks into a cold sweat whenever he hears the sound of footsteps on a wooden floor. When he was at residential school, that footstep meant the priest was coming down the hallway to his bed. When his brain retrieves that memory, he is flooded by the same fear, disgust, shame and helplessness he felt then. As soon as those feelings return, his body responds in the same ways it did then. In other words, when the brain perceived a footstep, it went automatically through all the footstep ‘scripts’ stored in his memory, and the script that succeeded in getting his brain’s attention was **determined** by the emotional power attached to it, and that retrieved emotional power then **determined** his physical reaction in the present. Only then did his mind get to work, trying to decide how to best respond. Clearly, it was the heart that ‘seized the mind’ and ‘set the mind in motion’.

An emphasis on ‘heart-learning’ also shows in the aboriginal reliance on storytelling. The understanding is that stories about real events first grab the heart, after which the heart sticks them in the mind. Discussions about “issues” or theory, by contrast, tend to bypass the heart altogether and rest only fleetingly in the mind. Additionally, storytelling is seen as a more respectful way to approach serious issues. Because there are many paths through the Great Mystery, it is seen as presumptuous to tell others what paths they should take or what lessons they should draw from experience. I once thought that Elders were egotistical because they only talked about their lives and wouldn’t give me their direct opinion about the issues being considered; I now see that in their view the real egotist is more likely to be the one who suggests he has identified the real issues, formulated the appropriate theories - and can’t wait to tell you about it.

I suspect that this greater emphasis on the emotional dimension can also be traced to the relational lens. If your eye goes to human relationships, you are examining people’s emotional engagement in those relationships. If, by contrast, your eye goes to things and their powers, Reason becomes revered as the power that not only sets us apart but also defines us: as Descartes declared, “I think, therefore I am”. In my view, Judith Herman’s description of the therapist-patient relationship points to the conflict that arises when the two dimensions are set in opposition, with Reason on top and emotion all but discarded:

“The therapist’s empathic attitude, derived from his emotional understanding of himself and from his transitory identification with, and concern for, the patient, has elements in common with the empathy of the ‘good-enough mother’ with her infant...

There is, however, also a totally rational, cognitive, almost ascetic aspect to the therapist's work with the patient which gives their relationship a completely different quality."³⁶

Which prevails? How **convincing** can the "empathic attitude" of the therapist be if he must also maintain that "totally rational, cognitive, almost ascetic aspect" to his work? Can his "transitory identification with the patient" come close to what is offered in a healing circle by other human beings sharing their emotional engagement with life?

E. THE POWER OF THE HEALING CIRCLE

I want to start by describing an experience I had in a healing circle back in the early nineties. It was convened by the Community Holistic Circle Healing team in the Hollow Water First Nation in Manitoba to help a woman survivor of sexual abuse. Most of the healing team were themselves survivors of such abuse, and although each member was at a different stage of their healing journey, all were ready **and able** to speak of their experiences. The topic in one 'go-round' was how people felt about their bodies after their abuse. One woman spoke about still feeling so dirty that she had to shoo her grandchildren off her knee; another spoke of still hating her own body so much that when she visited someone's home and went into the bathroom, she had to open the mirror on the medicine cabinet so she couldn't see her own reflection. As I listened to the healing team tell personal stories like that, I watched the victim. She had begun the circle curled into a huddled ball, her legs crossed and tucked under her chair, her fingers and wrists curled and closed, her shoulders hunched, her head down. She looked to be barely breathing. As the others told their stories, a gradual transformation took place, as if she was exhaling for the first time in decades, straightening the smallest degree, taking the first tentative steps towards joining the others instead of trying to be invisible. She did not speak on that first occasion, and no one asked her to. She just expressed her thanks for being included in the circle to hear the others.

At the time, I thought I identified a number of critical steps in that healing process. As I saw it, the stories told by others began the essential process of convincing her that she was not a **freak** for feeling everything she did; they too had felt all those dirty, lonely, fearful things. She desperately needed to hear that, described in words and tones that resonated with all the secret wails inside her, to feel the 'normalcy' of her responses. Obviously, it would take more than one circle for that message to be fully believed, but it was a beginning. She also needed to be convinced that she had found a **safe** place where, when she was ready, she could disclose anything she wanted. Listening to other people entrust their stories to the circle stood as powerful reassurance of that safety. Western psychology recognizes the importance of both goals:

"Therapeutic relationships that provide safety and validation for a range of emotional experiences contrasts with clients' experiences of abuse and neglect, and can facilitate emotional awareness."³⁷

With respect to validation, I find myself asking who might be in a better position to validate someone's swirling mix of emotions: a single therapist observing strict professional boundaries that prohibit personal engagement, or multiple victims who have

lived through similar experiences? With respect to safety, I wonder about the problem of ‘transference’ that Judith Herman describes as especially challenging in western therapy:

“The patient enters therapy in need of help and care. By virtue of this fact, she voluntarily submits herself to an unequal relationship in which the therapist has superior status and power. Feelings related to the universal childhood experience of dependence on a parent are inevitably aroused. Those feelings, known as transference, further exaggerate the power imbalance in the therapeutic relationship.”³⁸

Where ‘the therapist’ is not a single person but a circle of people sharing identical experiences and never assuming superior status or power, is the issue of transference avoided? Judith Herman then raises a related challenge in single-therapist healing:

“Though the traumatized patient feels a desperate need to rely on the competence and integrity of the therapist, she cannot do so, for her capacity to trust has been damaged by the traumatic experience... She may attribute to the therapist many of the same motives as the perpetrator. She often suspects the therapist of exploitive or voyeuristic intentions... The dynamics of dominance and submission are re-enacted in all subsequent relationships, including the therapy.”³⁹

To me, the Hollow Water circle was about as far from ‘dominance and submission’ as you can get, reflecting instead the core values of humility, respect and equality. While members of the healing team tell their own stories when they are able, no one ever tells the ‘client’ what she ought to do, or how, or when. She is not required to speak, much less speak about specific issues.

Peggy Shaughnessy’s RedPath Program shows the same determination. People are given stories, poems, pictures and movies that portray a range of fictional emotional experiences. There is then a circle discussion about the ‘emotional content’ of those stories. No one has to contribute, and those who want to contribute but are not comfortable with words can use artwork, crafts, the creation of collages or any other medium. Nor does anyone have to say if, or how, they were **personally** affected. The goal of the discussions is to help people move beyond broad emotional categories like ‘mad’ and into more particularized descriptions like ‘bitter’, ‘jealous’, ‘offended’, ‘disgusted’ and the like. In that way they can begin more nuanced tracings of their own emotional reactions to events, develop more coherent pictures of how they got to where they are now, and create more controls over how their emotional stories unfold in the future. They do not, however, have to openly share that journey with anyone. As Peggy Shaughnessy told me, “Their stories are their own. If they choose to share them with us, that’s fine, but we won’t pressure them at all.” The central goal, after all, was to help them find coherent ways to tell their own stories **to themselves**.

This insistence reflects a bedrock principle of aboriginal life in general, not just healing: people must be free to find their **own** paths through the Great Mystery. Even Elder Mary Lee’s description of tipi-building emphasizes that principle:

“To start, we take three poles and bind them together to make a tripod... The tops of the poles have many teachings. Each one points in a different direction. We are

like those poles. We need all the strength and support of our families and communities, but we accept that we all have different journeys and point in different directions. The poles also teach us that no matter what version of the Great Spirit we believe in, we still go to the same Creator from those many directions and belief systems; we just have different directions to get there.”⁴⁰

When I look at that Hollow Water circle through the lens of emotional suppression, I think I see something I missed before: as that frightened woman listened to others tell their stories, she was being given the **analytical and linguistic tools** she needed to begin exploring, understanding and expressing her own. All members of the healing team, each at different stages of their recovery, were doing the same. This **joint** development of emotional competencies did more than reconnect them to their own emotional dimensions. It also gave them the **experience** of relating in healthy ways to others in the circle. Just as importantly, it also restored something their abuse had stolen - their belief in their own competence and validity as human beings.

Western psychology seems to be discovering similar advantages as it explores ‘group formats’ and ‘narrative therapies’. One Connecticut study of their use in a ‘Relational Psychotherapy Mother’s Group’ for heroin-addicted mothers drew these conclusions:⁴¹

- “The use of a group format helps addicted mothers to develop their interpersonal skills, to perceive the **universality** of many dilemmas pertaining to their roles as mothers and to benefit from cohesive and mutually supportive interpersonal networks.”
- “... mothers frequently referred to the supportive and non-confrontational nature of the group as a primary incentive for their continued participation.”
- “... drug-abusing mothers are often wary of treatment approaches that seem to focus primarily on their “deficits” as parents, such as those in which they are “taught” parenting skills from a strictly didactic standpoint.”
- “The discovery-based, non-directive approach used in RPMG serves to empower the mothers, implicitly acknowledging their motivation to become better parents and their own capacities to foster the positive development of their families.”

Lee Brown expresses his hope that a focus on developing emotional competencies can be restored to prominence not only in healing but also in the routine education of children, and he is involved in an in-school project trying to do just that. Children first scour the dictionary to list all the words describing emotions, then discuss the differences between them. Each child is then assigned a character to follow in a book, makes a paper figure representing that character, and tapes it to the wall. After each chapter is read, they are asked to consider what the character might have felt, and to write the words that best describe those feelings on the front of the paper cut-out. Finally, they are asked to turn to the back of the cut-out and write words describing how **they** feel about what the character is feeling at that point in the story. You don’t need a psychology degree to see how such a simple elaboration of the storytelling power could bring about a dramatic improvement in the ‘affective capacities’ of those children, especially empathy. Nor do you need a literature degree to understand how this approach would enhance their appreciation of

good literature; we are, after all emotional creatures, and **good** literature takes us deeply into the emotional experiences of others, and helps us contemplate our own as well.

F. OTHER TRADITIONAL TEACHINGS.

The vision of infinite connection within, and responsibilities towards, the rest of Creation occupied center stage in traditional culture, and was given constant expression in a wide variety of contexts. My old friend Charlie Fisher, Ontario's first, full-time aboriginal Justice of the Peace, wrote this about traditional Ojibway **trapping** practices:

“Trapping in the Anishinabe way is first and foremost a spiritual activity. At its most basic level, it means giving respect for the land and animals... so that life on the land will be renewed, and giving respect for those people who had the sacred knowledge of how to trap in a sustainable way... In our sacred way of respect in trapping, we followed the practices that are necessary to renew life on the land... When we trapped a beaver, we put as many as seven parts of it back in the water. When we trapped a muskrat, we put three parts back in the water. This was the way of respect that we followed for all animals.”⁴²

Many of the foundational teachings were collected by Judy Bopp, Michael Bopp, Lee Brown and Phil Lane back in 1984, and articulated in *The Sacred Tree*⁴³. It set out what it called “First Principles”, and while they speak in general terms, their manifestation in healing approaches is clear. The first of those “First Principles” is titled “Wholeness” and it too demands relational, as opposed to individual, healing:

“All things are interrelated. Everything in the universe is part of a single whole. Everything is connected in some way to everything else. It is therefore possible to understand something only if we can understand how it is connected to everything else.”

The third is titled ‘Change’, and encourages a belief in better days ahead:

“All of Creation is in a state of constant change. Nothing stays the same except the presence of cycle upon cycle of change. One season falls upon the other. Human beings are born, live their lives, die and enter the spirit world. All things change. There are two kinds of change. The coming together of things (development) and the coming apart of things (disintegration). Both of these kinds of change are necessary, and are always connected to each other.”

The sixth speaks of the power within every human being to create change:

“Human beings can always acquire new gifts, but they must struggle to do so. The timid may become courageous, the weak may become bold and strong, the insensitive may learn to care for the feelings of others and the materialistic person can acquire the capacity to look within and listen to her inner voice. The process human beings use to develop new qualities may be called ‘true learning’.”

There was also a wealth of teachings aimed at creating what western psychology calls ‘secure attachment’ between children and their caregivers (who often included a wide circle of aunts, uncles, grandparents and others). In Ojibway culture, for instance, it was taught that all children have four Gifts from Creator, one in each of the mental, physical, emotional and spiritual dimensions. It was the responsibility of their caregivers to find those gifts and assist in their development, in that way building that unique self-esteem that says “I can honour my relationships”. Even the subject of discipline was approached from an ‘attachment’ perspective: discipline for boys fell to their father’s brothers, and for girls to their mother’s sisters. In that way, the ‘distancing’ helped maintain perspective, and the relationship with parents would always be one of **unconditional** love and acceptance.

The sophistication of traditional approaches was confirmed by the now-famous American psychologist Abraham Maslow, creator of *Maslow’s Hierarchy of Human Needs*. He studied the Northern Blackfoot of Alberta in 1938, and found them so emotionally secure “that about eighty to ninety percent of the population must be rated as about as high in ego security as the most secure individuals in our (own) society, who comprise perhaps five to ten percent at most”⁴⁴. The sources of that emotional security, he suggested, were their child-rearing practices and the development of close and warm social relationships.

G. THE POWER OF CEREMONY AND TRADITIONAL PRACTICES

As the tipi and trapping teachings demonstrate, almost all human activity was seen as fundamentally **ceremonial** in nature, structured to celebrate Creator’s gifts and reinforce lessons about how a “Good Life” might be achieved. As one Elder on Lake of the Woods expressed it, “Everything that was done, was done with reverence.” That being said, there were also a wide variety of ceremonies tailored to meet specific psychological needs.

There were, for instance, numerous ceremonies surrounding the transition from childhood into adulthood, for both boys and girls, all carefully constructed to demonstrate the importance of each person to the group, and the responsibilities they bore. In Cree and Ojibway societies, young men who had killed their first moose or deer were required to share it with everyone in the community, starting with the Elders. Naming ceremonies served a similar psychological function, underlining their gifts, their connections to persons gone before, and the special responsibilities they carried into the future.

There were also ‘Letting-Go’ ceremonies to help people bring grief and loss into consciousness for healthy processing. I have been told that the Ojibway grieving process following a death takes a full twelve months, with many set stages and ceremonies along the way, a process that is closed by a final ceremony signifying that the loss has been absorbed and is no longer an impediment to wholesale re-engagement with life.

The Sweat Lodge is the most powerful traditional practice I have experienced. While practices differ, and it is not culturally proper for me to describe what takes place, there are a few things I can say. For one, it is common to join in songs and prayers giving thanks for those who have gone before, for the old people, for the youth and for all the

blessings of Creation. Songs and prayers also re-confirm responsibilities and re-commit energies to their fulfillment. If there have been recent tragedies, there will be opportunities to discharge grief. I will never forget the grief expressed in a circle of men in one community suffering from a rash of youth suicides. I have found each experience deeply moving, with the darkness, heat, humidity, raised voices, sacred medicines and inspirational themes causing me to feel wholly present in the moment, fully alive, and somehow joined with the emotional center of our common human experience. That won't mean much to people who have not had the experience, and it will stand as a poor description to those who have, but it's all I feel free to say. I can't imagine anyone not emerging emotionally stronger and spiritually richer for the experience.

I must particularly recommend Lee Brown's Ph.D. Thesis for its richly detailed, comprehensive and powerful articulation of traditional teachings, world-view, ceremonies and practices. In my view, they reflect a sound and sophisticated understanding of the human condition; while colonization tactics, especially residential schools, have inflicted immense damage, the fundamental vision not only remains, but is being re-invigorated.

PART FOUR: A FINAL STORY, SOME QUESTIONS AND A CLOSING

I once had a case from a remote community where man in an alcoholic rage grabbed a hockey stick and beat his wife severely, with his three children screaming "Stop, Daddy, stop". Despite that violence, his wife wanted to bring healing to the family and insisted that they all attend a 5-week family-healing program in another community, the Muskrat Dam First Nation. Eighteen months later, when everyone agreed that their relationship had been fundamentally re-structured, I asked her what had caused such a change.

She explained that they had both grown up in families where drunken violence between their residential school parents was frequent, but they had never shared those 'family secrets' with each other. They learned how to do that, and in the process learned that they had both been trapped in their parents' **patterns** of abuse. When one got angry about something, the other would receive that anger within the experience they had of their parents' violence, as leading to physical abuse. As a result, they would respond in a disproportionately resentful, fearful and hostile way. The other would then do the same, escalating the fear and hostility, until they were both swept up in exactly the violence they feared. It was as if the patterns of escalation were so deeply implanted that even the slightest disagreement triggered emotion-laden memories of their parents' violence and took both of them where neither wished to go. To escape that pattern, they needed to learn how to explore all the feelings they had hidden for so long, understand where they came from, establish trust with each other and share their emotional lives with each other. She also told me how grateful she was that her children had been part of the healing process; they needed to learn that the violence did not erupt because of something they did or didn't do, and they needed to learn how to avoid being captured by the **same** patterns of abuse.

At the time she told me those things, I had never heard of ‘emotional suppression’, ‘emotional literacy’ or ‘affective competencies’. I knew only that I was encountering hundreds of families just like theirs, violent families with secrets fears and agonies they could not share, and children who were paying the price.

To leave so many of them floundering in that learned violence seems criminal to me. Out of that concern, I want to put the following questions out for wider discussion between the two healing traditions:

- Are emotional suppression, disconnection and dissociation as widespread as they seem? Is there agreement about the causes?
- Would a focus on developing emotional competencies prove useful for the less severe cases? Are there ways in which traditional teachings and western therapies can come together to make “the best of both worlds”, just as Hollow Water used both circles and the contributions of a psychologist?
- Could the development of basis emotional competencies be **incorporated** into programs dealing with addictions, parenting skills, suicide prevention, community development and the like, just as Lee Brown is trying to incorporate them into the study of literature? Does that make more sense than trying to create intensive new programming in hundreds of aboriginal communities?
- For the more severe cases showing disconnection and dissociation, how would they be articulated within aboriginal concepts of health? What processes could be developed by cooperative efforts between the two healing traditions?

The Dalai Lama has said that Buddhism will come to the West not as religion but as psychology. Could we not approach traditional aboriginal teachings in the same way? After all, they too are centered on helping people create healthy mental, emotional, physical and spiritual connections – and they have stood an even longer test of time. What might we learn if all of us, including those aboriginal people who adopted Christianity, approached traditional practices as non-denominational ways of promoting health rather than as religious ceremonies proclaiming adherence to particular spiritual beliefs? Would that make it easier to accord them the same respect and curiosity we show the Dalai Lama and Buddhist teachings?

Unfortunately, too many people still look upon talking circles, sweat lodges, naming ceremonies, vision quests, letting-go ceremonies and the like as ancient relics of a primitive past, refusing to even **consider** the possibility of psychological sophistication. Isn't that the same assumption our ancestors made at first contact with aboriginal peoples, the very assumption that was responsible for the **creation** of residential schools?

I hope this paper makes a small contribution towards changing that almost-automatic dismissal. I hope that, over time, dismissal will be replaced by respectful curiosity and enthusiastic conversations instead, especially in this healing context. It is, after all, the **aboriginal** heartsong that has been so substantially silenced, for so many people, and for so long. As my own experience has confirmed time and time again, anyone who wants to lend their heart, mind and voice to its restoration will find themselves personally enriched: it really is a song that **all** of us can sing.



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