What is it about?

**Overview.** Complex psychological trauma in the wake of sexual abuse, violence, and others, remains substantially higher among Indigenous peoples in Canada than among non-Indigenous peoples. These trends are rooted in a colonial history that includes systemic racism, a deprivation of lands and culture, the residential school legacy, and other intergenerational traumas. Mental health outcomes related to complex trauma may include mood disorders, low self-worth, post traumatic stress and a range of issues related to anxiety—yet Western mental health services are typically under-used by Indigenous peoples managing these challenges. Indigenous mental health and healing services offered at Anishnawbe Health Toronto (integrated with Western techniques) are explored as a more culturally appropriate and successful alternative for Indigenous clients living with complex trauma.

**Study Design.** This study was created in partnership with Anishnawbe Health Toronto and included input from staff and management throughout its development. Data collection involved narrative interviews with mental health workers (Traditional Counsellors, Traditional Healers, Traditional Teachers) in order to gather their stories about the work they do. Specifically, the research questions explored how they conceptualize trauma within an Indigenous paradigm, and how they address the mental health needs of their clients.

_Every one of us has a spirit, and when you ignore that or don’t nourish that, you become really unbalanced in your life and you become ill._ (P.130)

_Health promotion, it’s inherent in our approach…if you have one person who is well on their path to healing, that will spill over to other members of the community._ (P.172)
Background and Relevance

Since colonization, systemic racism, dispossession, and threats to cultural identity in the Indigenous communities of Turtle Island, have led to many social and health problems that were, prior to contact with Europeans, largely unknown. The colonial legacy within Canada’s Indigenous history dates back to the first European settlers following Cabot’s landing on Canada’s eastern shores in 1497. Throughout our more recent history, federally imposed policies such as the Indian Act (relegating Native peoples to reserve lands, denying cultural rights and language, etc.), Bill C-31 (affecting Native women’s Indian Status), the residential schooling system, and forced adoption through the 60’s Scoop have resulted in a marginalization of Indigenous peoples within Canada. Colonization has been referred to as a “soul wound” to Indigenous peoples, as well as a physical and cultural genocide, and these social issues have resulted in high rates of alcohol abuse, family violence, under-employment and mental health issues in many Indigenous communities.

Psychological trauma related to sexuality and violence represent contemporary areas of significant concern for Indigenous peoples, especially around the rates of sexually transmitted infections, sexual abuse, intimate partner abuse, and family violence, all of which remain significantly higher than in the non-Indigenous population. Common mental health outcomes for survivors of these traumas include fear, anger, shame and guilt, mood disorders, anxiety, relational difficulties, etc.

Despite these challenges, Western mental health services are often underused by Indigenous people living with these kinds of trauma. Experts agree that Western conceptions of health lack an Indigenous worldview and therefore services are often inappropriate or irrelevant to the Indigenous clients they seek to serve. Also, individuals are less likely to use health services that are not adapted culturally to their understandings of healing. Finally, many Indigenous people have also noted that the health system remains culturally unsafe for them, as many people have experienced institutionalized discrimination and racism from their healthcare providers. Ironically, this system results in a cycle wherein Indigenous peoples report both the highest rates of mental health issues as well as the highest rate of unmet mental health needs.

To promote a healing path, trauma must be understood in the context of intergenerational traumas, rooted in the experience of colonization. The services provided at AHT offer this context. This study was chosen purposefully as it reflects a critical gap in the Western trauma literature around Indigenous healing, which bring the sacred aspects of the self (physical, emotional, mental and spiritual) into balance.

Spirit of the study

The Anishnawbemoen (Ojibway language) name of this study is biskanewin ishkode¹, meaning ‘the fire that is beginning to stand’. This name was conferred by a Traditional Healer during a naming ceremony. The significance of this ‘new fire’ has several layers of meaning: First, on our individual healing journeys, it is the fire that burns within our spirit that lights our way, propelling us to evolve as individuals and to move forward; second, fire is also symbolic of advancement and progress as we often burn fields to make way for new growth; and third, fire is central to healing in the Indigenous worldview, as it is often a central focus in many ceremonies.

¹ Spelling given by an Ojibway language teacher.

If society had a heart and spirit, and started helping each other as human people…we’re going to have a better world. (P.194)
These areas of Wellness, Loss and Recovery represent the dynamic flow between states of being related to enjoying sound health, experiencing ill health, and the process of recovery—a return to a healthy place.

**Wellness**

Narratives on Wellness referred to the tools at one’s disposal that allow him or her to enjoy mental health. Themes within this area relate to:

- positive cultural identity
- healthy sexuality

*As First Nations people we used to have a teaching on traditional womanhood and manhood. [...] what is your role and responsibility, not only to your family, but to the community.*

(P.194)

- a sense of balance in one’s life
- a connection to spirituality

*If you want to understand a people, know their spirituality.*

(P.172)

- belonging to the ‘caring community’
- accessing culturally safe healthcare services

*This is my community. [...] This is like my family. You know, my family members have walked through—doors, places like this.*

(P.156)

- daily health promotion

So by doing more and more ceremonies and nourishing that everyday. [...] These are the little things you can do everyday that can help your spirit grow so that you’re a healthier person and you make better choices.

(P.130)

**Loss**

Narratives of Loss related to events that lead to mental ill-health, specifically around themes of:

- disconnection from one’s culture and history

*Sometimes healing is a difficult journey. Cause you go back to colonization, residential schools, and all of those things.*

(P.127)

- intergenerational & complex traumas

*If you look at the abuser, they are the way they are because it happened to them. It’s a learned behaviour.*

(P.183)

- sexual abuse

*Silence is part of the trauma.*

(P.119)

**Recovery**

These were the tools and supports that helpers employ in their daily work to address clients’ mental health issues:

- spiritual and relational wounding

*I think that what was happening, because of the trauma, the sexual trauma, is they were constantly running.*

(P.165)

- addiction

*Abuse was connected to addiction for the majority of them.*

(P.165)

- culturally unsafe healthcare services

**Study Results**

Major Themes

- spiritual and relational wounding

- connection to culture, identity, spirituality and traditional healing

*Healing has to reflect the cultural paradigm. [...] A lot of it has to do with identity.*

(P.150)

- client-centered and strengths-based counselling, integrated services

*We are all healers within our own selves, have our own gifts [...] Having that connection with Creator, with the land... nobody can take that away.*

(P.165)

- daily health promotion

*Having both Western and Traditional really works well, eh? Really works well.*

(P.118)
Making Meaning from these Results

**Culture & healing.** Traditional teachings offer a sense of meaning and purpose in one’s life and contribute to overall wellbeing. Understanding culture also promotes historical consciousness as well as community connectedness—both of which contribute to group solidarity and personal resilience. A strong Indigenous identity is an integral aspect of overall mental health, especially when used as a tool to buffer oneself against various types of oppression. Cultural integrity and positive identity attitudes promote harmony with oneself and one’s surroundings.

*If you can understand and accept that history and come to terms with it to some degree, then you can begin to address and understand how it’s affecting you personally.* (P.127)

**Spirituality & healing.** Spirit-based medicine has always been an integral aspect of Indigenous healing. Spiritual practices may include the sweat lodge ceremony, healing circles, communication with Spirit ancestors who provide medical knowledge and guidance, and other ceremonies, in addition to the less conspicuous practices and the more subtle spiritual relationships of daily living that belong to complex and wholistic belief systems. Spirituality has been proven to be related to subjective well-being, life satisfaction, optimism, acceptance of difficulties, a sense of meaning and purpose in life, cohesive social networks, and positive lifestyles that encourage health-enhancing behaviours. Spirituality has also been associated with improved immune functioning as well as decreases in suicidality, addiction rates, anxiety, and other physical illnesses.

**Trauma is a constellation of losses.** What makes the mental health needs of Indigenous peoples unique to other groups in Canada is a shared history of colonial dispossession and trauma. Psychological approaches to trauma must consider the social contexts that impact lived experiences, and move beyond an individualistic focus. Research has shown that adverse childhood experiences can impair social, cognitive and behavioural functioning (i.e. a diminished capacity to connect with others, judge who to trust, control impulses, think critically, etc.) and lead to the adoption of health-risk behaviours (i.e. addictions, involvement in unhealthy relationships, etc.). Not only does this cycle negatively impact overall health status, this relationship between trauma and poor health is cumulative (it operates through a dose-response relationship). Since many Indigenous clients seeking therapy have suffered multiple losses, therapy should be trauma-informed to address not only the emotional and spiritual injuries caused by the trauma(s), but also to promote capacity around socialization and functioning in an adult world.

**Cultural safety in healthcare provision.** Counselling is neither culturally nor politically impartial, and all peoples live and function within a particular context created by their family, community, and history. Services for Indigenous clients should be culture-informed, follow Indigenous-centred program planning and delivery, and should identify colonization as the root cause of systemic racism, and cultural revitalization as part of the solution. To promote cultural safety for Indigenous clients in counselling, education and training within the field of psychology must incorporate Indigenous content into core courses.

The following image synthesizes these results into a unified model:

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**Spirit is the core. And I think when that spirit is wounded, it affects the other sides of the medicine wheel.** (P.156)

A lot of my clients who are sexual abuse survivors struggle in partnership, struggle to find clear boundaries around healthy sexuality. (P.119)

**Culture is treatment.** (P.183)

A lot of times these people have never been given any love. And so I give them love. (P.194)

“Okay, there’s something not in balance here”. We would try to pin point where that imbalance is coming from. (P.127)

Every time a client goes and gets their spirit name, they just walk around so proud. (P.130)

It hurts, it’s painful…but we need to pick ourselves up…So I reflect back on my painful experiences and what it has shown me…and it’s given me strength and knowledge. (P.156)
Indigenous Healing for Complex Trauma: An integrative model for care

Implications. The contributions of this study to counselling psychology include a description of Indigenous healing methods and hybrid (Western and traditional) treatments used to support clients on their healing journeys—an area that has seen little attention in Western trauma research. These findings suggest that all care with these clients should be trauma-informed; understanding the long-term cognitive, emotional and social effects of trauma can also help to explain why clients function as they do in their lives (as well as their behaviour in therapy). Western therapists working with Indigenous clients must have a strong understanding of the historical context of the lives of their clients. Therefore, training at the university and college level for mainstream therapists should involve learning an accurate history of Canada and its relationship to the First Peoples here. Finally, health centres like these are extremely rare and extremely valuable; funding for urban-based Indigenous healing centres should be maintained and expanded, given the rapid increase in the number of Indigenous people who are migrating into urban centres.

Future Research should involve: a) a systematic appraisal of culture-informed trauma therapy (see above model); b) an exploration of the effects of trauma on Indigenous men’s lives—this subset of the population has been neglected in this area of study; and, c) an impact assessment of vicarious trauma on the lives of caregivers who work in the area of Indigenous mental health, as well as directions for restoring balance at the individual and organizational level.

For further reading, see:


