This community-based research study was undertaken in partnership with, and under the guidance of, Anishnawbe Health Toronto.

It was completed by Dr. Allison Reeves as her thesis research project for her PhD degree in counselling psychology at the University of Toronto’s Ontario Institute for Studies in Education.

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Background

Indigenous peoples are more highly represented in Canadian statistics on rates of HIV/AIDS and other sexually transmitted infections, physical and sexual abuse, and mortality due to violence, than are non-Indigenous peoples.\textsuperscript{1,2,3,4,5} These statistics vary by region, population, and group, and do not presume to tell the story of every Indigenous person living in Canada. This overview simply offers a broad picture of ‘sexual health vulnerabilities’ that affect many Indigenous peoples today.

It is important to contextualize any alarmingly high trends within the backdrop of colonization, as they indicate a fractured wellbeing around sexuality and sexual health and, in addition, differ substantially with what has been discussed as a more positive social construction of sexuality prior to colonization. Indigenous authors and other academics in the field argue that the advent of colonization introduced cultural constructs of Euro-Christian patriarchy, which negatively affected the lives and wellbeing of Indigenous peoples.\textsuperscript{6,7} For instance, the introduction of the Indian Act by the Canadian Government in 1867 removed Indigenous women’s right to vote in Band elections, to hold political office or to speak publicly at meetings, among other injustices.\textsuperscript{8} In addition, Carter writes that women’s positive sexuality was deconstructed and reconstructed through the colonizer’s religious lens, resulting in a conceptualization of Indigenous women as sexually wanton and immoral.\textsuperscript{6} Also, findings from my Master’s research in the field of Health Promotion\textsuperscript{9} indicated that the women in my study were highly influenced by patriarchal and Christian messages related to the subjugation of women and dominance.

\begin{itemize}
  \item \textsuperscript{7} Gunn Allen, P. (1986). \textit{The sacred hoop: Recovering the feminine in American Indian traditions}. Boston, MA: Beacon Press.
  \item \textsuperscript{9} This study considered present-day social constructions of sexuality for young adult Indigenous women living in Atlantic Canada. The women in this study identified as heterosexual or bisexual, were between 18-30 years old, and were living, or had grown up, in a reserve community.
\end{itemize}
of males, the notion of sex-as-taboo, compulsory heterosexuality, and guilt related to their experiences of sex, among others. These findings coincide directly with current Western literature on the subject of women’s sexuality, which theorizes that men are characterized as active sexual subjects with a natural sexual desire, while women are the objects of this desire (and also in need of protection from it).\textsuperscript{10} Despite some similarities, the additional burdens of systemic poverty, abuse, a lack of resources and other challenges stemming from a colonial legacy, results in Indigenous women facing more barriers to wellness at a systemic level than non-Indigenous women.

Psychological research supports the notion that individuals who experience childhood sexual abuse are at increased risk for developing depression, anxiety and substance abuse disorders later in life.\textsuperscript{11,12} Certain personal and relational dynamics have been observed among individuals who are survivors of childhood sexual abuse, including the development of dysfunctional sexual feelings and attitudes, feelings of betrayal toward the offender and other family members, a sense of powerlessness due to repeated violations and stigmatization of the self, and feelings of shame and guilt.\textsuperscript{11} Other literature also identifies that childhood sexual abuse often leads to sexual risk taking later in life (possibly due to diminished self-efficacy and sexual negotiation skills as well as negative mental health sequelae) as well as vulnerability to STIs and HIV, an increased number of lifetime sexual partners and other mental health issues.\textsuperscript{12,13} Psychological research also suggests that those who are abused early in life risk developing more complex symptoms related to disturbances in identity and personality development, difficulties relating to others, a damaged sense of self, chronic depressed mood, dissociative symptoms, suicidal thoughts, self-injurious behaviour, and long term anger.\textsuperscript{14} Conversely, when an individual is victimized later in life s/he may have a more developed identity, sense of self and psychological resilience and s/he may have better support systems and access to treatment by that point in time.\textsuperscript{14}

\textsuperscript{13} Pearce, M., Christian, W., Patterson, K., Norris, K., Meniruzzaman, A., Craib, K.,…Spittal, P. (2008). The cedar project: Historical trauma, sexual abuse and HIV risk among young Aboriginal people who use injection and non-injection drugs in two Canadian cities. Social Science & Medicine, 66, 2185194.
The psychological literature on mental health outcomes among individuals who have experienced sexual abuse and victimization is fairly conclusive. However, as Phiri-Alleman and Alleman highlight in their paper on cross-cultural counselling around sexual violence,\textsuperscript{15} much of the counselling and social psychology research regarding these topics typically reflects the views of White, middle-class women. Therefore, it should be noted that it is possible that mental health outcomes for individuals belonging to other cultural and identity groups may differ from those typically described in the psychology literature.

With respect to traditional Indigenous counselling and healing work with Indigenous peoples experiencing sexual vulnerabilities specifically, little is written in the academic literature on traditional helping. Yet it is clear that mental health interventions rooted in an Indigenous worldview may be more successful with Indigenous peoples facing sexual vulnerabilities. For instance, one research study by Evans-Campbell, Lindhorst, Huang, and Walters\textsuperscript{16} does indicate that Native American women who experienced interpersonal violence were more likely to access traditional Indigenous helping than contemporary Western mental health services. The authors suggest that this study indicates clearly that Indigenous women are using traditional services and that Western-based mental health practitioners should promote culturally-appropriate therapies for women in similar situations.

Indeed, Duran and Walters posit that culture itself is intervention;\textsuperscript{17} therefore, orienting counselling around a culturally relevant worldview about health and wellness might prove to be a stronger incentive for clients to remain in therapy, where they are more likely to receive appropriate care. As we have seen in this literature review, the mental health outcomes among those facing sexual vulnerabilities can be extremely distressing and interrupting of one’s sense of self and interconnectedness with others. Additionally, these burdens appear to be far more significant among Indigenous peoples than among non-Indigenous peoples, due to higher rates of abuse, violence and illness rooted in a landscape of oppression and systemic poverty.

This study therefore sought to supplement the little academic literature that is currently


available about Indigenous healing with clients facing these difficulties, by contributing to psychological theory in this area, while informing Western based practice about Indigenous philosophies of healing that are proven to be valid and beneficial for Indigenous clients. The following sections outlines the study and the methods utilized for this study.

**Overview of the Biskanewin Ishkode Research Study**

Indigenous authors have called for more research into the mental health outcomes of Indigenous people living with sexual trauma and violence.\(^\text{18}\) The proposal for this dissertation study developed from that call, and this project sought to understand the spiritual, mental and emotional well-being of Indigenous peoples affected by sexualized violence, sexual traumas and other abuses. This study was conducted in partnership with Anishnawbe Health Toronto, wherein the mental health staff and administrators contributed their voices and ideas to its development. Specifically, the research question guiding this study was, *how do traditional helpers conceptualize and address the mental health needs of Indigenous clients who are sexual trauma survivors?*

This study was qualitative in nature and followed a narrative inquiry to interview traditional mental health workers (including traditional healers and traditional counsellors) at Anishnawbe Health Toronto to understand their conceptualization of: a) mental health sequelae stemming from sexualized trauma and abuse, as well as b) what modality of treatment they apply with this population of clients. This study allowed for the voices of Indigenous peoples to emerge and therefore an added exploration into an Indigenous paradigm of wellness and healing was undertaken. This study was timely and relevant, as it reflected a critical gap in the psychological literature in its consideration of Indigenous healing as a culturally appropriate and responsive treatment for this vulnerable population.

This study sought new understandings of mental health treatments and supports that are culturally relevant and successful for this population of service users. Given the higher rates of sexual violence, abuse and trauma in many Indigenous communities, mental health issues stemming from these injuries are contemporary areas of concern for Indigenous peoples.\(^\text{1,13}\) The psychological literature shows that many survivors of sexual trauma and abuse experience relational difficulties, are more likely to engage in self-destructive behaviours, and are more likely to meet criteria for mental health disorders.\(^\text{18}\) Canadian Aboriginal AIDS Network. (2009). Our search for safe spaces: A qualitative study of the role of sexual violence in the lives of Aboriginal women living with HIV/AIDS. Vancouver, BC: Author.
health diagnoses. Still, the high dropout rates among Indigenous clients accessing Western mental health services likely relates to the lack of cultural appropriateness of the services being provided. Counselling work must be attuned to the value systems and unique cultures of clients in order to be successful, and it is unlikely that many Western services are adapted culturally to meet the needs of Indigenous clients.

**Ethics & Relationship**

In order to correct the widespread neglect of following respectful Indigenous protocols among Western researchers in the past, this study was conceived and progressed in keeping with community-based ethics. The topic of the study emerged from the voices of community women from the Canadian Aboriginal AIDS Network’s “Our search for safe spaces: A qualitative study of the role of sexual violence in the lives of Aboriginal women living with HIV/AIDS” study and the research project developed in partnership with Anishnawbe Health Toronto. The researcher and organization signed a partnership agreement and community Elders approved of the study. Within the University of Toronto, ethical approval for this study was granted expeditiously, and there were no difficulties obtaining participants for this study. No participants discontinued their involvement with this study prematurely; in fact, several commented that the process of clarifying their understandings, beliefs and values around topics related to mental wellness and the provision of healthcare services was a healing experience. I continued to work part-time at Anishnawbe Health Toronto throughout the duration of this project, as the coordinator of a cultural safety project whose mandate is to educate and sensitize health care practitioners and students to Indigenous cultural competency and safety. I have since continued to work at the organization on various mental health-related projects following the dissemination of these findings. This emphasis on ongoing relationships with research partners is in keeping with ethical protocols for Indigenous research and is mutually beneficial to both researcher and organization.

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Engaging in this research partnership was meaningful to me in many ways. First, the study received a traditional name in the Anishnawbe language: *biskanewin ishkode* (the spelling was given by an Anishnawbe language teacher), which means “the fire that is beginning to stand”. This name was conferred by a Traditional Healer during a naming ceremony at Anishnawbe Health Toronto. 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. Second, as part of my experience carrying out this research, I also participated in a sweat lodge ceremony with one of the traditional counsellors. Although not the first time I have participated in this type of ceremony, this experience was important to me as part of the process of meaningful engagement with this work. Finally, I have maintained several strong professional relationships with colleagues at the centre and continue to enjoy working on initiatives alongside them.

**Major Findings from this Study**

The literature review for this study revealed a gap in the psychological research around resources on Indigenous healing for sexual trauma, both in terms of traditional conceptualizations of injury or distress, as well as directions for mental health treatment. This study sought to address this gap in the literature by describing an Indigenous perspective on these important areas of mental health provision for this population.

As described above, notable findings from this study emerged through the use of qualitative methods, which allowed participants to direct the research focus. Narrative inquiry, as a flexible and social constructivist method of data collection, allowed for participants’ responses to mould the direction of the study. Participants positioned their stories of helping and healing within a historical and cultural lens in order to highlight that sexual traumas do not stand alone, but rather exist within a historical context involving intergenerational issues and colonial policies that have been very damaging to communities and individuals on various levels, including socially, economically, spiritually, and others. This narrative method was also valuable as it prompted self-awareness, self-discovery, reassessment, and resilience around perspectives and methods of healing, which participants noted and
appreciated. In fact, several participants contacted me months following the interviews to give thanks for their experience of participating and to remark on how stimulating our dialogues had been.

In terms of the specific results from the interview questions, meta-themes of **Wellness, Loss** and **Recovery** emerged from the stories of participants. These meta-themes related to one another in that mental wellness was described as living in a state of balance; however, this balance could be disrupted by loss. Descriptions of **Wellness** and **Loss** revealed how the helpers conceptualized the mental health needs of their clients. **Recovery** as a theme represented their treatment approach to return clients to balance and wellness. Within the domain of **Wellness**, participants’ conceptualized wellness as living in balance as well as being connected to traditional ways, including spirituality as a central focus of wellness. **Wellness** centered on living in balance between the sacred aspects of the self on the medicine wheel, as well as connecting to important social networks within the community. Traditional teachings were also described as offering direction for living well on a daily basis, which was referred to as an ‘organic’ form of Health Promotion, meaning that practices of daily living to promote balance and wellness are embedded within the traditional cultures.

With respect to **Loss**, participants described the overarching effects of colonization and subsequent complex traumas, including sexual abuse, stemming from both distal factors, such as colonial wounds, as well as proximal factors, such as intergenerational traumas. The helpers suggested that no trauma stands alone; therefore, when working through client challenges in session, helpers do not look solely at sexual abuse but instead focus holistically at the array of traumas and resulting impacts on an individual’s life. Participants conceptualized the wounds stemming from these traumas within three main themes: 1) clients may experience attachment issues that interfere with the attainment of healthy relationships, 2) they may suffer from addictions, which were seen as coping tools that help to numb pain, 3) and they may be suffering from a ‘broken spirit’ wherein they have lost their way and lost meaning in their lives.

**Recovery** as the third meta-theme represented healing tools that helpers used to assist clients to overcome issues related to trauma and its aftermath. Directions for healing included assisting clients to find their paths again, through gaining an understanding of their historical context and making sense of intergenerational and community traumas. Recovery also involved teaching clients traditional knowledge and wisdom that provides direction for living and that connect clients back to their culture. Traditional healing methods, such as consultation with healers and Spirits, as well as ceremonies, including the sweat lodge ceremony, seasonal ceremonies, and naming ceremonies, were also means to
help clients along their healing journeys. Central to this journey was a reconnection with spirituality and identity, often assisted by the receiving of a spirit name. Participants emphasized the need for clients to take an active role in recovery, as self-healing is considered to be the most deep and sustaining form of healing. This was also facilitated through lifestyle change and the incorporation of daily health promotion practices. Finally, the strengths of applying an integrative model of health, including the strengths of both Western psychology and Indigenous healing, were discussed. The notion of ‘universal healing’ was introduced in these results and pointed to areas of convergence between these two approaches to care.

**In focus: Traditional Indigenous Counselling**

To highlight the unique qualities of Indigenous healing, this section looks at a traditional perspective on counselling, as conveyed by the participants in this study.

**The Talking Cure: Narratives & Traditional Knowledges.** Traditional counsellors, as well as traditional healers in this study, discussed using “skills-based, client driven, strengths-based counselling […] geared to the pace the client needs” (Participant 130), as described by this female counsellor. One male counsellor recognized that “no two people are the same” (P.183) and another female counsellor described using approaches that clients “feel comfortable with” (P.156), suggestive of a person-centered approach to counselling. One female counsellor encouraged clients to explore difficult topics once they “developed that relationship of trust” (P.156) and one male counsellor recommended clients engage in “storytelling” only once they were able to ground themselves and tell “their story in a good way” (P.119). One female counsellor encouraged her clients to model healthy relationships developed in session with others in their lives (P.165). Within trauma work specifically, these participants spoke about the importance of grounding clients and setting a slow pace. One male counsellor described a method which encourages clients to ease into their stories and to self-reflect frequently, being mindful of avoiding re-traumatization. This male healer described the need to walk with clients on their healing journey in a unique manner with each individual, and to respect clients’ readiness and pace in moving forward:

> It’s very gently. So the teachings that I share with you will be, you know, they will be given very delicately, per person, per individual, if they’re even ready for it. They have to be ready. And individual healers, like myself or therapists will know when they’re ready to take the next step,
to get them to understand and to address these things. (P.127)

Another female counsellor recognized the importance of using solution-focused approaches in this work, focusing less on the details of what happened and more on coping mechanisms (P.141), in order to avoid re-traumatization. Alternatively, another male counsellor’s method did involve revisiting challenging moments with clients as a means of moving forward and becoming “unstuck”: “I conceptualize it in a nutshell is through the medicine wheel: If someone is impacted or traumatized at this part of the medicine wheel, until that is resolved, processed, the story is told, worked through…we cannot get through” (P.119). Overall, participants used strengths-based approaches to helping the clients share their stories and narratives of abuse and trauma at their own pace.

Learning as a Journey. Participants spoke about helping clients to understand their difficulties as part of a larger learning journey in life. One male counsellor encouraged clients to “look to those abuse memories now for richness or wisdom” and to try to “turn it around” (P.119). A male healer encouraged clients to “accept or make peace with [difficulties] or to learn from it as part of your journey” (P.127). This philosophy encouraged a positive attitude and a deeper investigation of the mysterious and complex workings of life. Participants also spoke about learning from difficulties themselves and of seeing negative experiences as gifts that promote cultural and personal understandings, as described by this male healer:

I like to say that all of these things I’ve experienced—I always like to look at them as teachings [...] good or bad, they’ve helped me in my journey. They’ve given me a good understanding of myself and the community, and all Anishnawbe people, I guess. (P.118)

Another female counsellor recalled at first being surprised to hear another community member giving thanks for painful experiences, as difficulties are typically something to be avoided:

I’ve heard someone saying their prayers in the sweat lodge and giving thanks. Even for those hard ones, the painful ones! [...] 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 you know, and shaped me. And it’s given me strength and knowledge. (P.156)

This quote indicates that this participant learned through another’s example that challenges can promote growth, but that we must often shift our thinking to appreciate this fact. Likewise, one participant described life’s purpose as being “about learning”, and specifically “to understand Creator a bit more, how to get a little closer to him”. This male healer stated that all people share common
experiences and common pain, and that these teachings are similar “for every human being on earth”. We “can’t change that”, but we are connected in our learning (P.127). This important distinction—to move clients away from self-pity and into a place where strength and learning can be drawn from difficulties—was a key factor in counselling strategies noted by these participants, and is an approach that is grounded in traditional teachings. In this sense, learning from life’s challenges was conceptualized as a journey toward wisdom and spirit.

**Traditional Knowledge & Metaphor.** Helpers spoke about using traditional tools to work with clients, such as the medicine wheel, traditional stories, drumming and crafts. One female counsellor offered a lesson that clients find helpful when dealing with mistakes they made: “One of the things is our traditional stories and storytelling. I don’t know if you’ve heard any stories about Nana-boo-shoo. But he made some foolish choices and he had to learn things the hard way” (P.156). Participants also spoke of using metaphor and simile with clients, which one male counsellor felt worked well, possibly due to the fact that oral tradition and metaphor was used regularly in the Indigenous tradition (P.119). Another female counsellor described using the medicine wheel as a visual tool for relaying traditional teachings to clients, stating that visual guides can often hold the clients’ attention longer:

*I do find that with concurrent disorders and the Aboriginal population, if I don’t have visuals in a session, I’m going to lose a client. So I use the medicine wheel a lot. ‘Let’s just reflect, on that South, that Mental—what’s going on there? How’s those relationships, how’s your thought process?’* (P.141)

Another female counsellor also introduced various art forms to the counselling session, suggesting that there exists a variety of ways of connecting therapeutically with clients: “Let’s make moccasins! […] Also beading. Because when you’re beading, you’re concentrating. There’s no eye contact and less intensity. They would tell me things that maybe would come out in counselling eventually. But it was a really nice way to connect” (P.165). A female counsellor reflected on the healing nature of the drum as a tool for processing painful memories, as its spiritual expression of prayer allowed clients to transition through emotional times:

*…and he would drum until it went on. And he would pray while he was drumming, obviously. He would just pray for guidance and help. He would get through the moment. I have other people I work with who dance.* (P.141)

Art therapy was also a tool employed by helpers at AHT and represented another form of personal
expression where clients could access other senses and parts of the self, aside from purely cognitive processes. Helpers were creative in the ways in which they worked with the clients; one male counsellor described taking “different angles” to promote “more possibilities” for healing (P.119). These diverse modalities also encouraged clients to “keep their hands busy, rather than ruminating” over issues and traumas, as described by this female counsellor (P.141). As the participants noted, using a variety of approaches with clients assisted them to move through their difficulties, using various channels and creative art forms to express themselves from all sacred aspects of self on the medicine wheel.

The following section considers another theme that emerged related to traditional healing: taking Action to move forward on the healing journey.

**Action: Healing is a Verb.** Participants agreed that an exploration into self through narrative means and other creative avenues is an important part of healing from sexual abuse and trauma; however, taking action is an equally important requirement for recovery. As one male counsellor described, change truly arrives when healing strategies are put into action:

*The one word I find is best with me is “action”. You know, talk is cheap. It’s the action—when you start implementing things and people see it, that’s when things start to change. [...] You may have to struggle a bit but the more you struggle the stronger you get when you conquer it. (P.183)*

This passage also suggests that strength emerges from overcoming difficulties, and that this process itself can be healing. Another male counsellor agreed that action must be part of the healing strategy; if this is neglected, clients will have a reduced chance of recovery:

*I often write on the board: Action, support, spirit. Those are the three things! [...] So if you’re not doing action, you’re not getting lots of support, you’re not delving into the realm of the spirit as you understand—it’s personal to you, doesn’t have to be my way or her way or his way—good luck with this! (P.119)*

One male healer agreed that clients need to take action to move forward and “actually do something about it” (P.127); another male counsellor stated that healing is “hard work—fact. And it’s worth it” (P.119). One female counsellor takes a positive look at clients’ difficulties, promoting step-wise action to facilitate healing: “Let’s not look at them as issues. You’ve got lots of things to take care of. So what would you like to take care of first?” (P.156). In the traditional sense, action can involve ceremonies
and spirituality, as described by this male Elder:

> What are you doing in terms of your own spirit? Well there are things we can do. Or show you, or involve you to address that. There are ceremonies you can do, there are things you can do in terms of your own family. So it becomes prescriptive in that sense, it becomes animated, if you will. (P.172)

This quote reveals that a variety of healing measures, including ceremonies and making changes at home, can promote a forward momentum. Another female healer stated that help can only be offered once the client has shown a willingness to take action in her or his own life, and that one must be serious about making changes if spirits are to be called on, as spirits are not to be toyed with:

> I always ask them, “Why do you want me to heal you? Why do you want that change in your life? You have to give me a good answer because I need to know that you’re serious for the change. Because I can help you but tomorrow you can go back to the same way. […] You might need to go back to school, you might need to look and focus on what you want to become. And you can’t fall back. You’ve got to make that promise to the spirit world…and you can’t play with the spirits.” (P.194)

This passage highlights the importance of taking personal accountability for one’s own life and of seeking help responsibly. Other helpers likewise identified that clients need to take responsibility for setting goals to move forward. One male counsellor highlighted that the benefit of accountability is empowerment: “I tell my clients a lot about it: The key to freedom is responsibility. You realize you’re responsible for your thoughts, your actions you words, your bank account, your career. You’re no longer someone else’s victim” (P.119). Overall, there were many approaches suggested to regaining control and feeling empowered. One prominent theme that emerged in this area was self-healing.

**Self-Healing.** Self-healing refers to the notion that individuals must be their own champions of healing, as individuals are unable to change others and can only change themselves. One female counsellor noted that healing needs to happen from within the client (P.141) and a male Elder explained that “good healing is self-healing” (P.172), suggesting that it can have a lasting effect as clients learn the skills to heal and are more prepared to manage future difficulties. One female counsellor described the phenomenon of self-healing on a personal level, stating that having a strong connection with spirit and one’s own strengths is a deeply rooted source of strength and wellbeing:

> We are all healers within our own selves, have our own gifts. [...] Having that connection with
Creator, with the land, you know, with my spirit and with my helpers…nobody can take that away from me. It’s mine, it’s personal. I—it’s my relationship. That I can build and I can feel secure. Because for me I’d rather go home and sit at home with my pipe. And I think that relationship with your own self—you know, when they say when we go fasting that we are taking a step closer to knowing who we are. Taking a step closer to Creator and creation. That’s the way I look at it. I’m building a relationship with all of these things in my life. With me. And no one can take that away. (P.156)

According to this participant, self-healing begins with a connection to the self, and that this is foundational to wellbeing. Once an individual is able to relate a strong sense of self to the larger creation around her, this sense of wellbeing can be extremely difficult to shake. Another female healer likewise stated that clients need to stand on their own two feet and be “the best they can be. And that to me is a reward money can’t buy” (P.194). This healer goes on to explain:

- I was raised on the land. I understand what it is to be a human. I struggled, we struggled, everything—but we understood how to survive it. [...] We have so much self-pity today that’s causing us to have sickness within our mind, body, emotion and spirit. So we need people that have great experience and that heal themselves to become teachers again. [...] We can’t sit back and say, “Well we’re going to get Dr. Jane to do this for us. Or maybe this mental health person to do that for us. Or maybe somebody else.” Why can’t we do our own healing? Because the Creator gave us all the healing tools on earth for us to do the healing ourselves. (P.194)

This passage describes this participant’s view of our current society, where individuals tend to suffer with self-pity, waiting for others to solve problems for them. This participant issued a call to action for all individuals to begin to take care of their own wellbeing. Another male healer agreed that individuals should “take care of each other” and “heal themselves” through their “connection to their own self” (P.127). One way to embark on self-healing is to practice the principles of daily health promotion, which, again, are inherent to Indigenous cultures.

The following section of the report will consider the results of this study as they relate to larger themes within psychology.
Relationship of these Results to Psychology

These findings relate to those in the psychological and Indigenous healing literature in several ways. First, other authors have also noted the importance of contextualizing trauma through an historical lens, including an understanding of the systemic abuse that was widespread during the residential schooling era. Other authors have also described the resultant family breakdown and lack of transference of positive parenting skills between generations following the residential school legacy, similar discussions emerged from these interviews. Secondly, other research has linked trauma and abuse to subsequent difficulties with addiction as well as difficulties interpersonally and with attachment, as was the case in this study’s findings within the discussion on helpers’ conceptualizations of the wounds that result from trauma and abuse. While the psychological literature suggests that many survivors of abuse find it difficult to maintain intimate relationships due to distrust of others, this distrust is likely more prominent for Indigenous clients due to historical and contemporary traumas at the hands of authority figures, through unjust governmental policy, apprehension of children, and other acts of violation. Third, disruptions in positive personal identity following abuse have also been described in the psychological literature, including feelings of guilt, shame and low self-esteem among survivors. This discussion supported those findings and further outlined various ways in which difficulties with maintaining positive identity may be exacerbated by clients’ experiences of holding a marginalized status as an Indigenous person within mainstream society. Finally, previous psychological research also identified that survivors of abuse often experience emotional blunting and a loss of feeling stemming from abuse. The findings from this

study indicated a similar wound stemming from abuse, but conceptualized it within the Indigenous context as a ‘spiritual loss’—a loss of meaning and a loss of direction in life.

**Trauma as a Constellation.** In terms of mental health needs, what sets Indigenous peoples apart from many other groups in Canada is their shared history of trauma, as noted by several participants in the study. This collective wounding is rooted in historical traumas, including coercive migration to reserve lands, harmful residential school experiences, custodial care and others, and culminates in intergenerational family violence, abuse, substance misuse and addiction, and mental health issues such as depression, PTSD, and others. Researchers and psychologists consider these instances of unresolved grief and childhood abuse to be the sources of both specific and cumulative traumas. While this study specifically sought to understand traditional counselling and healing approaches with clients struggling with histories of sexual abuse and violence, it became quickly apparent that counsellors recognized sexual abuse as embedded within a constellation of all forms of trauma (i.e. neglect, assault, family violence) and other difficulties faced by clients (i.e. poverty, addictions, housing instability, unemployment). This understanding of all sexual traumas as part of a constellation of all traumas (other personal, interpersonal, family, community and Nation traumas) was a key finding within this study.

In their comprehensive paper introducing a Social Context Complex Trauma Framework for Indigenous peoples, Haskell and Randall lay the groundwork for an approach to therapy that also reflects the views of this study’s participants around the complexity of traumas that clients bring to therapy. Haskell and Randall suggest that considering Indigenous traumas through a typical trauma framework is not broad enough to understand the larger context related to these traumas, including social, cultural, and socio-economic inequities. For instance, chronic stress faced by many Indigenous peoples is in many cases rooted in fundamental human rights violations stemming from oppressive government policy. Haskell and Randall’s social context framework considers the broader scope, and moves beyond the individualistic focus that has been typical for psychological approaches to trauma,

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which have minimized social contexts that are relevant for understanding lived experiences. These authors consider individual psychological responses to complex trauma, such as sadness, depression, attachment issues, affect dysregulation, alterations in self-perceptions, and others, as well as social or macro-level conditions, such as ongoing experiences of hopelessness and loss, childhoods characterized by abuse and/or neglect, poverty, and a general “social undervaluing” (p.51), or denigration related to inequalities of racism, sexism and colonial dispossession.

Steven Gold is another psychologist specializing in trauma whose work focuses on developmental issues in the wake of complex trauma. His research\textsuperscript{32,33} indicates that many families in which abuse takes place show similar patterns, including higher levels of control, rules, conflict and coercion, and lower levels of cohesiveness, emotional expressiveness, independence and the encouragement of intellectual and cultural pursuits. Gold states that as a result, children in these households learn to not question authority, to say ‘yes’ to others, and to be unassertive, therefore remaining vulnerable to being victimized by others throughout the life course. In addition, Gold states that growing up with this family pattern undermines the individual’s ability to fully function in adulthood and manage day-to-day stressors. For instance, individuals may have a restricted capacity to connect with others, judge who to trust, balance emotional dependency and autonomy, be self-aware, distinguish thoughts and feelings, control impulses, and think critically. This leads to poorer coping and decreased resilience, and Gold\textsuperscript{33} describes these individuals as seeming like “confused and frightened children unable to cope effectively in an adult world” (p.12). Haskell and Randall\textsuperscript{25} lend further insight to this phenomenon: “People who endure severe and chronic abuse in many cases develop what might seem like a bewildering array of problems and difficulties throughout their lives…[these] are seen as self-inflicted to those who fail to understand abuse, trauma and its reverberating effects” (p.53). Therefore, clients must not only process past incidents of trauma, but they must also struggle with a diminished ability to cope with daily stressors in its aftermath. Gold\textsuperscript{33} states that resolving the trauma alone will not recover these capacities; clients need additional support to develop these skills.

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\textsuperscript{33} Gold, S. (2012, June). \textit{Understanding the context of trauma: The social and developmental surround}. Proceedings from the Trauma Talks: Advancing the Dialogue on Trauma-Informed Care Conference. Women’s College Hospital, Toronto.
The Adverse Childhood Experiences study by Felitti et al.\(^\text{34}\) surveyed over thirteen thousand adults in the United States to understand the links between childhood trauma and adult health outcomes. The researchers asked participants about histories of psychological, physical and sexual abuse, as well as household dysfunction categories (i.e., was there someone in the family living with a mental illness, a substance addiction, involved in criminal activity/in prison, and/or was their violence against the mother in the home). The study found a significant dose-response relationship between the presence of these categories during childhood and future risk factors for serious health issues in adulthood (i.e., heart disease, cancer, lung and liver disease, etc.). The following figure (Figure 1) by Felitti et al. (1998) was created out of this study and is indicative of these relationships.

*Figure 1. Potential influences throughout the lifespan of adverse childhood experiences*

This figure shows the step-wise fashion in which these factors interact to affect an individual’s overall health. Gold’s description offered in the previous paragraph describes the links between adverse childhood experiences and impaired social, emotional and cognitive functioning in adulthood\(^\text{32}\). The adoption of health-risk behaviours may stem from these diminished capacities, and may lead to using

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coping strategies that numb pain. This echoes results presented in this dissertation related to the use of substances as coping tools and the feeling of being spiritually lost among abuse survivors.

What is interesting about the findings related to the disciplinary and regimental family structure of typical abusive households outlined by Gold, is the similarity of these environments to those of the residential schools, as documented in various survivor’s accounts. Through these childhood experiences in residential schools, parenting styles rooted in punitive measures and lacking in warmth and intimacy were passed on intergenerationally. Due to this system, it became increasingly more difficult to transmit traditional Indigenous family values across generations, and in many cases, negative patterns of parenting and coping persisted. As a result, high numbers of Indigenous people are living within traumatized families and communities where oppressive conditions are normalized, the root causes of which become part of the unseen historical backdrop. In addition, the Adverse Childhood Experiences study indicated that trauma in childhood has a cumulative effect on an individual’s social, emotional and cognitive functioning. Since most Indigenous people seeking counselling have experienced several of the adverse experiences listed on the Felitti et al. survey, it is likely that they are facing a multitude of social, emotional, cognitive and physical difficulties. These models also help to explain why some community members continue to turn to addiction to cope with trauma and why others may have difficulty maintaining steady employment and housing, among other challenges.

What the combined teachings from the voices of this study’s participants, Haskell and Randall’s social context model, and Gold and Felitti et al.’s work on trauma sequelae offer, is an understanding of how these factors might intersect in the lives of Indigenous peoples living with complex trauma. The following figure (Figure 2) is therefore included as an alteration of Felitti et al.’s model that is more inclusive of the Indigenous context:

Figure 2. Potential mechanisms by which adverse childhood experiences influence mental health status among Indigenous peoples (Reeves & Shah, 2012).

In this case, the features within the model remain the same as Felitti et al.’s original figure, save for the addition of the larger contexts in which adverse childhood experiences occur in the lives of Indigenous children and youth. This model recognizes that due to the larger backdrop of colonization and historical traumas (distal factors), parental and community capacity is diminished. Due to disruptions in transmission of healthy cultural practices in parenting tied to poverty, personal crisis, addiction, stress, oppression and others (proximal factors), many children are exposed to adverse childhood experiences. These traumatic experiences may cause lasting social, emotional and cognitive impairments such as a diminished capacity to connect with others, judge who to trust, control impulses, and think critically. Therefore, counsellors must be aware of the challenges of daily living that may be facing their clients, in addition to sequelae from trauma itself. In this model, the circular shape suggests that these relationships are not altogether linear; there is also an interrelatedness and bi-directionality among these factors. Still, despite the ongoing challenges of managing complex traumas and their sequelae among certain individuals within Indigenous communities, the extent to which many continue to live happy, healthy and balanced lives speaks to the incredible resiliency of this population of individuals in the face of damaging colonial policies.
Narrative Therapy. What has also been presented in this study’s results suggests a unique kind of talk-therapy common to all participants, where “teachings” shared by the helper are included as part of the therapeutic process. As stated previously, traditional healing is not only a medicinal tool but also a way to approach life and a philosophy for living, passed on through narrative and metaphor. One participant described using analogies of Mother Earth to help a client deal with a distrust of women; another participant shared traditional teachings on women and men’s social roles to impart lessons around traditional sexuality; one participant described his experience in activating a drum to describe community healing; other participants described using the medicine wheel teachings and the Seven Grandfather Teachings37 with their clients as markers for progress. What these examples hold in common is the use of cultural mythology and cultural symbolism to lead the client on a journey of understanding and the use of story and cultural idioms to restructure clients’ issues.38

The restructuring of personal stories in therapy is well-known among narrative therapists, who see life as mediated through the stories we tell about ourselves.39 In a narrative therapy model, these stories can be considered within a particular historical and social context, and the dominant cultural discourse that has shaped an individual’s story of self can be revealed and challenged.39 This is particularly useful for clients who have unique contexts of understanding, due to the experience of belonging to a marginalized population, of facing racism, and of being stripped of heritage, among others. In this sense, identity exists in context and the words we use to describe our stories exist in social and power-based relationships. Narrative therapy gives the client a relational context to view herself from many perspectives and to situate the issue outside of her.39 Likewise, Indigenous authors describe traditional counselling as a process wherein healing stems from sharing one’s story and identity emerges through personal narratives. The sharing of stories and the reflection and interpretation through cultural myth allows for catharsis and restructuring of client issues.

Integration of Western and Traditional Methods. Several participants in this study noted that using both Western services and Traditional approaches work well for the clients who use AHT’s mental

37 This refers to the Anishnawbe ethical guidelines on human conduct between individuals. The “Seven Grandfathers” include: Wisdom, love, respect, humility, truth, honesty and bravery.
health services to process trauma and other difficulties. In particular, one traditional counsellor described the specific modalities used in the trauma survivor group, which applies traditional aspects of healing, including traditional teachings and ceremonies, as well as Western approaches such as cognitive behavioural therapy. With respect to trauma work, Haskell and Randall agree that integration between Western trauma treatment and traditional Indigenous approaches to healing as a ‘hybrid’ approach (i.e. involving two or more ways of knowing)\(^{40}\) is beneficial. Other research looking at Indigenous clients in therapy has found that hybrid forms of therapy have been meaningful to Indigenous clients, especially given the fact that many Indigenous peoples today are acculturated to some degree to both traditional ways and mainstream culture.\(^{38}\) In fact, some Indigenous psychologists have pointed out that most psychotherapies hold in common certain universal healing features, including engaging in a therapeutic relationship with the client, explaining client symptoms with a conceptual scheme/rational/myth, and using a procedure/ritual to restore client health or balance.\(^{41}\) Hybrid approaches can work harmoniously if fundamental tenets of respect for both approaches and kindness toward the client are upheld.

Taking into account the lessons these participants have shared through their interviews and stories, including the need to approach all clients with an understanding of trauma-informed care, the following figure (Figure 3) denotes a model of care for this population of clients. This model of care emerging from this study’s results suggests that three pillars of support can be used to help clients move forward in addressing the impacts of complex trauma in their lives. In this model, each root of the tree represents an aspect of care that must be integrated and balanced and include Culture-informed care, Trauma-informed care, and Caregiver Support. There are likely multiple approaches to care that may prove useful for this population; this model simply denotes the common factors emerging from this study’s findings.


Figure 3. Indigenous healing for complex trauma: An integrative model

The roots of the tree represent the three main pillars of care: Culture-informed care, Trauma-informed care, and Caregiver Support.

- **Culture-informed care**: Incorporating aspects of traditional culture into therapy can have positive effects on Indigenous clients. As colonization has disrupted cultural integrity for many communities and individuals, culture-informed care can focus on positive identity construction among this population of clients, as well as offer tools for managing life’s stressors through traditional teachings. Spiritual practices offer a sense of meaning and purpose in the lives of clients who feel as though they have a ‘lost spirit’ in the aftermath of traumatic experiences.

- **Trauma-informed care**: Trauma-informed services are described as those which are sensitive to trauma-related issues among clients and which accommodate the vulnerabilities of trauma survivors to avoid inadvertent retraumatization. Traumatic memories and other experiences can influence the development of problems and future responses to stressful situations. It is crucial to acknowledge the potential impact of traumatic events on the development and maintenance of problems as well as to provide treatment that is sensitive to these issues. This is a key tenet of trauma-informed care. 

  Given the implications of long term cognitive, social and emotional impairments on individuals raised in settings where they are exposed to complex traumas, helpers must address the multiple dimensions of mental health issues stemming from these factors. Painful memories of traumatic experiences can be processed through

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a ‘memory walk’ (using narrative therapy, for instance). Skills training can help to fill any gaps in skills for everyday life, gaps that may have been left in the wake of complex trauma.

- **Caregiver support**: An important component of this integrative model for addressing complex trauma relates to supporting the helpers and healers who work in these settings. Not only are helpers working with clients who have high rates of trauma, they are also Indigenous community members who have likely experienced similar difficulties in their lives or in the lives of family members or friends. For these reasons, the potential for caregiver burnout is likely higher among this population of caregivers. In order to act as helpers for others, caregivers must first undergo personal healing and must practice self-care.

**Implications for Counselling Psychology & Mental Health Policy**

The descriptions of Western and Traditional Indigenous methods from helpers at AHT present lessons for mainstream counselling psychology. The tremendous gifts associated with the inclusion of traditional culture and knowledge, including the central aspect of spirituality in healing and an approach that considers balance and harmony over diagnosis, was evident from these narratives of healing. In addition, the sense of family and having a cultural ‘place’ within the healthcare setting was demonstrated through descriptions of the caring culture. Ceremonies that can be practiced daily or weekly that nourish the spirit and address all sides of the medicine wheel can help individuals remain grounded and represent skills that are not widely used in Western therapeutic models. The interviews offered detailed descriptions of community healing through reconnection with tradition, spiritual healing through interconnection with nature, healing from trauma through a sweat lodge ceremony involving a memory walk, and group therapy for sexual abuse survivors using a Western and traditional hybrid model of care. The common focus of these therapies is the centrality of connection as a healing path for clients, including connection to the self through spirit, connection to one’s history and life journey, connection to other survivors of trauma and those with shared experiences, connection to the larger community, and connection to nature and all living things.

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Participants in this study praised the important work that Anishnawbe Health Toronto does for the Indigenous community in Toronto, estimated to be a population size as large as 80,000 people.\(^{45}\) Participants noted that it is rare in the city to have access to the number of diverse helpers and healers that are available at AHT for Toronto’s Indigenous community and that the organization is very fortunate to employ as many healers as they do. Participants called on governmental support for more agencies like AHT, who are able to offer clients access to traditional healers, to offer ceremonies such as the sweat lodge within the urban centre, and to offer hybrid Western and traditional services to clients. Therefore, 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. Currently, over 60% of Indigenous people live in urban areas and that number is growing.\(^{46}\) In addition, in order to offer continued support to Indigenous mental health services like those offered at AHT, traditional counsellors should continue to be offered ongoing training and continuing education in order to meet the needs of their clients, who often present with complex difficulties. Finally, there is a need to consider how to implement training programs to increase the number of traditional healers who are able to service the community. Traditionally, this journey of training would take many years—possibly even decades—through an apprenticeship model with a senior healer. Currently, management at AHT is considering how to create a program wherein more Traditional Healers can be trained to fill the growing need in the population for these services. Future considerations at the mental health policy level should investigate the feasibility and ethics of such endeavours.

There is also a need to monitor organizational stress within health centres that service clients with high rates of trauma. Dr. Sandra Bloom is a psychiatrist who trains mental health organizations to operate as a ‘sanctuary’ for clients and staff. She has identified that many organizations dealing with clients who present with chronic traumas often operate in a state of chronic stress at the organizational level.\(^{43}\) Due to caregiver stress and burnout, organizations begin to function in a state of ‘chronic crisis’, fail to instill long term solutions to organizational issues, experience increases in conflict between staff and decreases in trust and safety between staff, and show a lack of communication and critical thinking skills within the organization. In short, they begin to function like their wounded clients. Bloom’s team enters mental health facilities like these to promote an organizational culture


change in order to minimize stress and burnout. Workers in the present study did not claim to be in a state of crisis currently; however, mental health clinics dealing with many clients who present with complex trauma may wish to take advantage of ‘sanctuary’-based programs like that of Dr. Bloom in order to create policies promoting well-being and balance within the organization. This type of sanctuary policy could be expanded on for an Indigenous organization like AHT, to involve group healing from historical trauma for staff. Models such as that of the Takini Network in the United States, which is a program developed by Dr. Yellow Horse Brave Heart to address community healing, could be used as a guide. This model of care offers education and training to assist communities struggling with anger, lateral oppression, and substance abuse, which often continue in the wake of historical and intergenerational traumas.

Finally, the promotion of culturally safe and competent practice when working with Indigenous clients is relevant to all therapists, no matter their theoretical orientation. Therefore, training at the university and college level for mainstream therapists should involve gaining an understanding of the true history of Canada and its relationship to the First Peoples of this territory. Altering educational policy to include an understanding of these areas is already underway at several post-secondary institutions who recognize the importance of closing gaps in education, employment and health among Indigenous peoples. The Ontario Institute for Studies in Education is an example, through their promotion of a special advisor to the Dean on Aboriginal education.

**Conclusion**

This project set out to examine how traditional healers and counsellors at Anishnawbe Health Toronto addressed and treated instances of sexual trauma among clients. A narrative method was used to gather stories of traditional healers and counsellors about this work. Given the higher rates of sexual abuse, trauma and violence within many Indigenous communities, mental health outcomes stemming from these issues are a current concern. Counselling services must be oriented to the needs of Indigenous clients, which may be unique given the colonial legacy. This study engaged in a partnership with Anishnawbe Health Toronto and followed respectful protocols for research with Indigenous peoples.

Overall, this study offers support to the integrative (Western and traditional) care that is being offered at Anishnawbe Health Toronto, a unique health care facility servicing Toronto’s large Indigenous population. It also honours the important work that helpers and healers at AHT are
undertaking every day, working with many of the most marginalized within the Indigenous community—those dealing with complex traumas and resultant mental health sequelae, including addictions and attachment issues, compounded with economic insecurities and other challenges. While many staff admitted to requiring further training in the areas of treatment for complex trauma, the fact that these helpers continue along a healing path with clients facing such challenges each day is a testament to their courage to persevere through spiritually and emotionally difficult therapeutic work, as well as to their enormous heart and grace—both of which are required to remain committed to serving their communities. It is important that all research involving Indigenous peoples be relevant, timely and purposeful within a community context. This study satisfied these criteria as it reflected current mental health issues among a significant population of Indigenous clients who use therapy services at Anishnawbe Health Toronto. Moreover, this study did not simply describe and define health issues in this population but sought to indicate directions for interventions to support these clients on their healing journeys by identifying mental health treatments and supports that are culturally relevant and successful.

In closing, I would like to include the inspiring words of Elder Dan Smoke of the Seneca Nation on the importance of caring for one another in order to heal from colonial wounds. Dan’s words have encouraged me to pursue this course of study since he first began sharing traditional teachings with me when I was an undergraduate student. Dan and his partner Mary Lou have continued to offer sage council and guidance for me since that time. This passage is included with permission of the author, and speaks specifically to Indigenous women’s rights, representing part of my motivation for pursuing this dissertation research:

Our Elders tell us that a Nation is not defeated until the Hearts of the Women are on the ground. Ojibway Elder Art Solomon used to always tell Mary Lou and I that Cheyenne Quotation. So, we believe strongly in what you’re doing. We support it wholeheartedly. My only thoughts are that our Elders tell us that we must know where we come from, in order to know where we are going. So, it’s important for us, as men, to know our history. We should know that our ancestors used to always have a central teaching: that the men’s role was to take care of the woman; and that the

49 This is a reference to the Hearts of Nations publication from which this passage was borrowed. This passage is included with the permission of the author to use in this dissertation.
women’s role was to take care of the man; and that both the men and women’s role was to take care of the children. That is how we try to live. So, we were role-modeled this behaviour by several Elder-couples who showed us how to respect one another. In our teachings, the Clan Mother would watch the young boys and see how they treated their siblings, how they treated their mother and father, their Grandma and Grandpa, along with their extended family. And so the Clan Mother would see how he related to women, and how he showed sacred respect to her, as the giver of life. If he was respectful in all of his responsibilities, relationship and affairs with women, then, he would be regarded as a candidate for “royaner” or Chieftainship of the Clan and Nation. So, this is how our Chiefs were selected. They were selected by a woman, a Clan mother, who had this role and responsibility to ensure her Clan and her Nation were well represented by a Man who takes care of his clan family. So, this is where we have come from. Where the men had roles and responsibilities and the women had roles and responsibilities. This was “gender equity” for lack of a better term. I can only think in academic terms, and will come up with a word from the language, that better describes our society.

Today, we have absorbed a negative learned behaviour, in the way we treat women today. We regard them in the same way that western Civilization, the Europeans did when they came to Turtle Island. They came with violence and they wanted our land and all the resources of the land. They didn’t listen to us, when we told them that there was enough land to go around for everyone, and for future generations. So, we negotiated Treaties with the settlers on how we were going to “treat” one another. So, following this, the treaties were broken by a dishonourable Crown and a dishonourable Country of Canada. We always kept and honoured our side of the Treaty which said we would share our land and the Settlers would remain “unmolested unto perpetuity.” Women have become commodified and they are treated with violence. This is the way the European mindset was, when they arrived on Turtle Island. So, for us to work in solidarity with Indigenous Women is to reclaim our roles and responsibilities to bring history forward by restoring Indigenous Women back to their roles and responsibilities in our communities, families, clans and Nations. Even in our agencies, schools, institutions et al. (p.6).

These words of Elder Dan Smoke reflect a historical time where community was central to traditional peoples’ way of life and strong connections between individuals allowed for health and wellness to flourish. He shares that in the wake of colonial traumas, communities and personal connections are
now often fragmented, resulting in a loss of wellbeing within Indigenous groups. He reminds us that simply caring for one another and restoring traditional values will bring about healing. As I reflect on his words I am also reminded of the Anishnawbe name for this study, *biskanewin ishkode*. I am struck by the similarity between Dan’s call to action to restore traditional values and the meaning of this study’s name offered by Jake Ago Neh and the spirits: *The fire that is beginning to stand*. Just as fields are burned to make way for new growth, the healing fire can rise within each of our spirits to clear away old wounds. This healing fire can also make way for the re-growth of ancient seeds of Turtle Island: traditional Indigenous values. May their restoration bring balance to us all.