Kahwà:tsire

Indigenous Families in a Family Therapy Practice
with the Indigenous Worldview as the Foundation

JANN DERRICK

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These are members of my kinship family; Laura Michel-Evans and her children, Andras and Galileo, and her mother, Annie Williams (*Secwepemc*).

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KAHWÀ:TSIRE:

INDIGENOUS FAMILIES IN A FAMILY THERAPY PRACTICE WITH THE INDIGENOUS WORLDVIEW AS THE FOUNDATION

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OHÉN:TON KARIHWATÉHKWEN/ MOHAWK THANKSGIVING ADDRESS

Words Before All Else

Onwa wenhnisera`;te inokwakia`taro:ron ne irorihwa:ke ne aitewakaènionnion tsi niiohtonha:kie tsi nat`titewatere ne onkwehshon:à tanon`tsi ni:ioht tsi rokwatakwen ne ohontsia:ke. Ne ne a:irenre`k akwe`kon sken:nen tsi tewanonhton:nion ne tsi niionkwe:take kenhnon:we iahitewaia"taie:ri oni tsi ionkwata"tari:te iah thaho:ten tekionkwakia"tonkion ne kananhwa'ktenhtshera'. Ne kati ehnon: we iorihwa:ke tsi entewatka'we ne kanonhweratonhtshera.

Today we have gathered and we see that the cycles of life continue. We have been given the duty to live in balance and harmony with each other and all living things. So now, we bring our minds together as one, as we give greetings and thanks to each other as people.

Now our minds are one (Six Nations Indian Museum, 1993).

KAHWÀ:TSIRE: "We are wrapped together as family"

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PREFACE

This dissertation is written at a time in Canada where a long-standing cultural clash between Aboriginal and non-Aboriginal people persists. As a result of these tensions, I have struggled to be heard and understood while creating a family healing practice that acknowledges two worldviews—Indigenous and Western/European. This dissertation is highly personal too, as in my own life I have struggled to claim these two worldviews. Yet as both an insider and an outsider I am in a privileged position to engage in this research.

I am of mixed heritage: Irish, English and Mohawk, that is, European and Indigenous. I grew up with the Mohawk heritage kept secret, while my family honoured the English and Irish. In the creation of Canada, the English and the Mohawks fought side by side, yet Mohawk and other Indigenous nations were excluded from the new country. Similarly, my three cultures lived side by side within my family, yet the Mohawk was denied.

As an adult, I have embraced the Mohawk, and with that embrace have known that there is far more than a cultural difference between the Mohawk and the English/Irish. There is a worldview difference, an argument others also make as I will document later in this dissertation.

I was guided in my exploration of two worldviews by a vision I had of boxes while being taught about the circularity of the Mohawk/Indigenous worldview. This vision has guided my exploration of the two worldviews, the box and the circle as I named them. Each worldview has a governing system, a social system of protocols and values, and an overarching set of beliefs and values.

So, my experience with these three intersecting cultural histories and two worldviews is that the English/Irish ancestry opposed the Mohawk ancestry, was ashamed of it, and kept it secret. I discovered there was little or no awareness of the Mohawk worldview nor was there an investment made in knowing it, either in my family or my profession. I decided to know my Mohawk heritage and have it claim a rightful place beside my English/Irish ancestry. And while knowing my Mohawk heritage, I would learn the Indigenous worldview intimately. This has become a major life process, which I apply in both my personal and professional life.

Generally, as I experience the Mohawk worldview, difference is understood and accepted as part of being human, even embraced with curiosity. By contrast, the English/Irish history has a legacy of challenge and attack with respect to difference; difference is something to be feared and opposed. I decided to embrace curiosity and examine the legacy of the interaction between my Mohawk and English/Irish ancestors and hopefully arrive at a place of understanding and compassion for both heritages.

This process of being curious created some emotional reaction within me on behalf of all my relatives, while the secrecy motivated me further to discover what it is to be Mohawk. And here, in this writing, I share what I discovered.

Throughout this process, I noted when I became conflicted and moved back and forth between the two worldviews. At the beginning of writing, I was often drawn to attack rather than to accept differences, and I note it as an aside.

I now understand how challenging it can be to shift worldviews. However, I continue to be curious about how well an individualistic worldview can be maintained when its impact on relationships can be so hurtful, both within myself and in others.

More recently I have turned my attention to learning the Mohawk/ Rotinonhsión:ni language because worldviews are embedded in language. I am finding the science, wisdom and knowledge held within this ancient and complex language incredibly profound.

My process is a work in progress.

KIOKIEREN:TON /INTRODUCTION

This dissertation begins with the *Ohén:ton Karihwatéhkwen*, Words Before all Else. These words are an opening prayer used by my people to start the day, to start meetings, to begin a journey. They acknowledge *Kasatstensera sa'oye:re*, the intelligent benevolent energy that exists in its purest form in all of us and in all life, and has always existed. I use them here to start this dissertation as a journey, a meditation, and a prayer. The *Ohén:ton Karihwatéhkwen* is also an invitation to you the reader to join me on this journey, a journey that is at once intensely personal as well as an academic and professional query.

As such, this dissertation is a personal narrative of my own experience of the loss of family cohesion and a description of a therapeutic approach that can help address the effects of colonization on Indigenous people. In fact, for me these two are bound together by the application of family therapy and my own worldview. In the spirit of my Mohawk ancestors, I seek oneness with others.

As a family therapist, I discovered in my training and in over 30 years of practice that other helping professionals often had little or, in some cases, no awareness of the history of Indigenous peoples, our wholistic, family-centric worldviews, and the impacts of colonization on our families. There was little awareness as to the root causes of the pervasive symptoms of Indigenous clients such as dual diagnosis, addictions, and violence. There was and continues to be a lack of research on the relationship between colonization and the traumatic symptoms presenting in Indigenous families. What I am proposing in this dissertation is a model that addresses these contextual influences.

I am aware that the Indigenous worldview can be unfamiliar and uncomfortable for the reader when Western/European views are the norm. For such individualistic approaches it may be foreign and difficult to grasp. This understanding has motivated me to locate a mainstream academic model, that is, social construction that creates a pathway for the reader as it complements the Indigenous worldview.

The relational approaches of systemic family therapy and social construction theory align with the relational focus of Indigenous families. Individualistic Western psychotherapeutic approaches often further pathologize Indigenous families and reinforce colonized views of inferiority. Therapists who rely on individualistic Western approaches to therapy are often unable to help Indigenous

clients access cultural and family strengths, nurturing, and healing practices central within Indigenous traditions. In such cases, little or no change occurs. I realized early in my career as a therapist that in order to serve my people and my Indigenous clients, I needed to develop a therapeutic approach that fits with an Indigenous worldview. I found these kinds of approaches in family therapy practices that are systemic, experiential, focused on intergenerational narratives and include emotion.

My central research question developed over time in my personal life and in my family therapy practice. I had always been aware of Native people and culture as a child even though I lived in a family that presented as Euro-Canadian. I was curious about the silence in my family. As an adult, I had direct contact with urban Native people and with some Indigenous communities. I began addressing the silence in my family of origin and located my Native heritage. As a new family therapist, I lived in a First Nations community as a community member. I became both curious and concerned about the state of the community and developed this question: Can family therapy assist this community to heal?

Some answers arrived when a community member became the first person in Canada to report sexual and physical abuse at the local residential school. He had completed some family therapy healing with me. Other community members followed suit. They attended family therapy with me and shared stories of their abuse in the school. This was the first insight I had about the complexities of these issues when considering possible healing approaches.

Next, I took time to address my own personal wounds and used my knowledge of family therapy, but more often, turned to Elders, Indigenous healers and knowledge keepers to assist me. I was invited to participate in community healing groups and culture based treatment centers. I felt a shift in myself as the Indigenous teachings resonated within me, and I truly felt at home in the world for the first time.

I knew that I now lived with the Indigenous worldview as my foundation. I moved into an urban centre and established a family therapy practice where I offered family therapy from an Indigenous view. An emerging question for me became: Is it possible to successfully intertwine family therapy with Native knowledge and healing practices for the benefit of Indigenous families?

My family therapy practice grew quickly and attracted urban Indigenous people and people from surrounding Nations. Motivation for healing the impacts of residential school and colonization was growing stronger across Canada and I became part of this movement.

As the practice expanded, the horrific events of a childhood in these institutions became public knowledge as did the history of the church and government's implicit administration of them. The people attending my practice now told incredible stories of the impact of residential schools on their lives.

This intensified my practice question so that it now included the impact of colonization at a meta level. I began to note the answers given to me by the amazing and resilient people who shared their lives with me. I grew increasingly aware of my own family's functioning and how it included repeated fostering over several generations as a result of colonization.

I wondered how I could refine and clarify the firsthand information I was receiving. I wanted to organize the raw information from my practice question. I decided to find an academic approach that understood the therapeutic value of narratives and complemented the Indigenous worldview. I did this for two reasons: first for myself because I appreciate linear organization and academic study; second, I hoped that as an academic study, the information would reach a larger professional audience and ultimately benefit a greater number of Indigenous families.

Once I studied social construction and learned of its strong alignment with the Indigenous view, I focussed once again on my central research question: "Is there a therapeutic approach that addresses the horrific effects of colonization and provides a way of healing for Indigenous families?" Several supporting subquestions to the central question were named that referred to clinical practice and utility.

I further reviewed and refined the information I had before me and realized I **do** believe there is an approach that can offer healing to Indigenous families who have been impacted by colonization and genocide. What I came to realize is that Indigenous knowledge, complemented by social construction, together with systemic family therapy has great potential. I have experienced such a healing approach.

My central question is now: What might be possible by using Indigenous knowledge, complemented by social construction, together with systemic family therapy to heal Indigenous families impacted by colonization and genocide?

The response to this central question will be made by answering three sub- questions:

1. What kinds of knowledge emerged?
2. What culturally sensitive approaches were used?
3. Is this model of healing transferable to other marginalized families?

Indigenous cultures and systemic family therapy are based in relational and narrative practices. I situate myself in this study by sharing my personal story. By doing so, it becomes the embodiment of this form of family therapy practice. My story also demonstrates that even the most horrific events are forgivable. Forgiveness is the means by which Indigenous traditions create oneness and I realized forgiveness on my family therapy Indigenous journey. With forgiveness, with reconciliation, Our Minds May Become One as stated in the Thanksgiving Address.

A NOTE ON TERMINOLOGY

According to social constructionist theory, words matter. Before going further, I provide a brief overview of the words and meanings used throughout this document. It is important that definitions be provided for place names and terms used throughout this dissertation. Indigenous terms and names are often unfamiliar to mainstream readers. Therefore, commonly used terms are defined to ensure clarity and understanding.

Inuit

Denotes the People of the northern territories in Canada, Alaska, and Greenland. Explorers inaccurately called them "Eskimo". They hold distinct Indigenous cultures that are uniquely separate cultures from the Native or Indian Peoples to the south of their territories.

Métis

This term has two meanings: (a) It generally applies to people of mixed Native and European heritage; and (b) specifically in Canada, it applies to the culture created with the intermarriage of Scot, Cree and French. Michif is the Métis language. Métis culture is centred in the prairie provinces of Canada.

Native

Refers to the People of Indigenous heritage with tribal connections to one of the original 500 to 600 original Native (Indian) cultures in North America. Native is also used to describe tribal peoples in Central and South America.

Indian

The original term applied by Europeans to Native people

First Nations or First Peoples

Currently, this is the chosen name to replace "Indian" or "Native" above.

Aboriginal

An inclusive term used to apply collectively to all the definitions above (Inuit, Métis, Native, Indian, First Nations).

Indigenous

A broader term than Aboriginal used to apply to Aboriginal cultures and peoples throughout the world. This term was chosen by Aboriginal Peoples in a decision

to create our own name. Specifically, it was chosen at a meeting of Native leaders in Victoria, British Columbia, Canada in the 1970s (C.O. Lyons, personal communication, September 20-21, 2012). The term acknowledges that there is a worldview of common values and beliefs shared by Aboriginal cultures worldwide.[1]

Genocide

As in the legal definition created by the United Nations Convention on the Prevention and Punishment of the Crime of Genocide, December 9, 1948 (as cited in Chrisjohn & Young, 1997, p. 150):

ARTICLE II: In the present Convention, genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethical, racial or religious group, as such:

Killing members of the group;

Causing serious bodily or mental harm to members of the group;

Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;

Imposing measures intended to prevent births within the group;

Forcibly transferring children of the group to another group

It is essential to understand that the degree of trauma inflicted upon Native peoples is at the level of genocide.

Indigenous Historical Trauma

"Historical Trauma is the multigenerational harm created in an individual or collective as a result of life being changed powerfully from balance to imbalance as in genocide" (Historical Trauma Focus Group, 2002). These traumas were experienced following interaction with European cultures before the birth of the present generation. "The unhealthy ways that people learn to use to protect

1 The previous seven definitions may be used interchangeably within the dissertation. When specific Indigenous Peoples are named, then a specific term such as "Métis" will be used. Otherwise the collective terms will be employed.

themselves are passed on to children often without realizing this is happening" (Wesley-Esquimaux & Smolewski, 2004, p. 2).

Indigenous Historical Unresolved Grief

The grief experienced due to multiple losses, directly and indirectly, and then transmitted intergenerationally due to interaction with European cultures (Chrisjohn & Young, 1997). This grief has been repressed due to trauma and survivorship, and remains unresolved and passed to the following generations.

Residential Schools

According to the Aboriginal Healing Foundation (1999), residential schools attended by Aboriginal students "includes industrial schools, boarding schools, student residences, hostels, billets, residential schools, residential schools with a preponderance of day scholars or a combination of any of the above […] (with) none of the above […] excluded because some of the students were non-Aboriginal persons" (p. 5).

Worldview

According to Poonwassie and Charter (2005) the term, *worldview* refers to, "the totality of people's social, political, economic, cultural and spiritual perceptions and beliefs" (p. 16). The worldview holds common values and views that underlie relationships, functions, and protocols throughout multiple cultures. This term is discussed further in Chapter One.

Meta-System

A set of relationships, protocols, roles, beliefs, and values that is consistent across multiple cultures and societies. When one part of the system shifts, then other parts of the system must shift as well. Families work as systems. Communities work as systems, as do cultures. When multiple cultures work together sharing the same worldview, they are collectively understood to be in a meta-system. For example, in Canada Indigenous cultures across the country work together politically as the Assembly of First Nations.

Paradigm

A paradigm reflects the meta-system and worldviews in which it functions. According to Gergen and Gergen (2008) it encompasses "A shared set of assumptions, methods, ways of writing, rewards that hold the community together; the 'engine' of sense making in a community. Once you are inside the paradigm, it is difficult to see beyond […] it functions like a blinder" (p. 72).

Lateral Violence

A term that describes the violence, shame, judgement, and terrorization acted out within an oppressed group against other members of the oppressed group. The original means of oppression are used to further oppress one another, usually on an intensive scale. In Native communities colonization continues as lateral violence as it is acted and re-enacted by Native people upon Native people.

Mohawk / Kanien'keha:ka

A Native culture and nation located originally in the Mohawk Valley in what is now upstate New York. The Mohawk Nation is a member of the *Rotinonhsión:ni* /Iroquois Confederacy. Their language is an Iroquoian language known as one of the five most complex language groups in the world. With European contact, the *Kanien'keha:ka*/Mohawks gradually moved from the valley northward. After the American Revolution, when they fought with the British against the American revolutionaries, they fled to British territory under the leadership of Chief Joseph Brant. This is now called The Long Journey. Today the Mohawks live in six different communities in Ontario and Quebec, Canada. They are known for their leadership within the Confederacy and the *Kaianere'ko:wa*/Great Law of Peace (The Five Nations Confederacy, n.d.) created by the Peacemaker approximately 2,000 years ago. The *Kaianere'ko:wa* provides the governing model and constitution for the six nations within the Confederacy and became a model for the constitutions of the new countries established in *Rotinonhsión:ni* territory: the federations of Canada and The United States of America.

Decolonization

Long and Dickason (2011) state that decolonization is the process of restructuring relationships between Indigenous and colonizing peoples often through efforts to establish Aboriginal rights and title to land ownership, and by Aboriginal people controlling their own social, education and economic development (p. 419). Decolonizing methods include the revitalization of Indigenous languages, cultures, and knowledge as well as the teaching of the history of colonization and a re-evaluation of social, political, economic and judicial structures by both the settlers and Indigenous peoples.

Wholistic

This is my chosen spelling for the word "holistic". Wholistic spelled with a "w" means more than the dictionary definition as "greater than the sum of its parts". In the Indigenous use of the word, it denotes the spiritual aspect as central and the relationship between all aspects of the whole as key. Wholistic also

denotes an approach or method of action which begins with spirit and considers the multiplicity of context. In adding a "w" to holistic, I am following in the tradition of some Elders and other Indigenous authors who see the root word as "holy" which describes both an empty space and references the Bible which is a reminder of colonization (Linklater, 2014, p. 100).

Now that I have highlighted some key terms, I preview the overall structure of this dissertation. Chapter One introduces the core concepts of the three traditions used in the inquiry, that is, social construction theory, the Indigenous worldview, and systemic family therapy. Chapter Two describes my research approach and methodology. Chapter Three provides a brief Indigenous history of colonization and its impact on Indigenous families while Chapter Four is the narrative of my personal healing journey within the Indigenous worldview. Chapter Five and Chapter Six describe the *Kahwà:tsire* family therapy practice inquiry; the meta-themes observed as the outcome of the inquiry, and the therapeutic healing tools used in the inquiry. Chapter Seven is an Indigenous family case study, while Chapter Eight discusses the clinical process that created the *Kahwà:tsire* family therapy practice and its' transferability to other marginalized families. The dissertation closes with the reflections and conclusions reached in Chapter Nine.

Note:

Throughout this dissertation, the Indigenous Nations of the scholars are noted in parentheses following the scholar's name, for example, Linklater (Anishinaabe). Due to the Anglicization of names as well as several linguistic models currently in use, one Nation's name may be spelled differently by different scholars.

For consistency, I have chosen to spell the scholar's nation as they spell it in their writing and biographies. Whenever the nation's name is spelled linguistically and used in that form, I have italicized the name.

SOCIAL CONSTRUCTION COMPLEMENTS THE INDIGENOUS WORLDVIEW AND FAMILY THERAPY

CHAPTER 1

In this chapter, I describe how three traditions, two from the academic world and one from the Indigenous world can be woven together to create a model of practice that can assist Indigenous families to reclaim what was stolen from them through colonization. Not only can it assist families in this way, it can also help families to reclaim, restore and revitalize a lifestyle that honours the Indigenous ways of knowing.

I will first describe social construction, then the Indigenous worldview, followed by systemic family therapy. I conclude the chapter with a description of the fit between the three traditions; social construction, the Indigenous worldview and family therapy.

SOCIAL CONSTRUCTION

Social constructionist theory emerged from three different intellectual streams in the Western world: insight into the values inherent in constructions of reality; awareness of the "fragility" of rational arguments; and a growing understanding that scientific knowledge is socially constructed (Gergen, 2009a, p. 26). Karl Mannheim had proposed in 1936 that scientific theories arise from within scientists' social groups and that scientific knowledge is socially constructed as a means of their making meaning of the world. Later, Thomas Kuhn wrote *The Structure of Scientific Revolutions* in 1962, and Peter Berger and Thomas Luckmann wrote *The Social Construction of Reality* in 1966 (Gergen, 2009a, pp. 23-24). These works challenged the scientific community's emphasis on the individual and marked the debut of social constructionist ideas and theory.

According to social construction theory, reality is constructed and meaning is made through social interactions. Dialogues are key in social interactions, and the flow of discourse remains in motion as long as participants seek meaning together. In making meaning, science becomes a way of knowing to be scrutinized along with other ways, and no longer holds authority as the only way of knowing.

The foundation of language and discourse within social construction began with Vygotsky (1930) who believed that language is learned through a collaborative social experience. He noted that language is not learned through complex assimilation, but as a social and internal learning process. Language and making meaning are intertwined social experiences. The meaning of a word is defined

by the context of its use and the meaning changes as its context changes in social interaction.

Social construction was further influenced in language by Wittgenstein (1973) who referred to the "language games" used to describe relationships between ourselves and the world. He used the analogy between a game and language to demonstrate that meaning is given to words through usage in the many "multiforms of life". He believed that words unite and these unions in turn give meaning to the words.

Language, discourse, dialogue and narrative are crucial to social construction. It is important then, to understand the influence of Michel Foucault, philosopher and social theorist (Power and Strategies; Truth and Power, 1980) upon social construction and his views of language in discussions of power, change and identity. He stated that "power exists only when it is put into action" and then it "acts upon an action" in relationships. A relationship of power is a "mode of action" (Foucault, 1983). Power is present in all groups and is something that can be exercised through dialogue and discourse. Dialogues are key in questioning the values used by a group in creating their reality. Through discourse and critique, the values and beliefs of multiple social groups are given voice.

Foucault saw that power and resistance naturally occur together because power relationships include insubordination or a means to escape. Dominant power can be dislocated when analyzed by discourses of alternate truths or by taking alternate actions. Restated, it is always possible to change the power by changing the dialogue, the construct of truth, the relationship or oneself. In effect, this leads to the need to continually reaffirm what is understood as truth which in turn creates changes in relationships and the power therein (1980).

It is important then to consider narratives as essential tools for making meaning in relationships and discourses of truth in social construction. It is the use of narratives in social construction that provide the means of sharing the experience of being colonized and targeted for genocide as discussed later in this dissertation.

A narrative is a form of discourse that provides structure, organization, and meaning to an account of an event or a personal story. It provides a framework for lived experience (Epston, White, & Murray, 2005, p. 97). Epston, White and Murray see that stories either written or spoken allow new stories to emerge, allow new interpretations of meaning, and allow new movements toward a dif-

ferent future. These narrations are contained in the context of culture. Social construction believes the meaning of these stories arises from the interaction described within the narrative and the interaction between the storyteller and the listener/reader. Therefore, the narrative is about multiple interactions that co-construct meaning. Our narratives become interwoven with other narratives which expands the discourse and builds on other truths. In this dissertation, I weave multiple discourses together from three different traditions; social construction theory, Indigenous knowledge, and systemic family therapy.

Harlene Anderson describes the relational and generative aspects of the narrative as follows:

> What is created in and through language (e.g., knowledge, meaning, and reality) is multi-authored among a community of persons and relationships. What is created, therefore, is only one of multiple perspectives, narratives, or possibilities. There is no one, or more, accurate reality, truth, or privileged representation. That is, the reality or meaning that we attribute to the events, experiences, and people in our lives is not in the thing itself, but is a socially constructed attribution that is shaped and reshaped in language, in conversation, and in our social practices (2001, p. 342).

The narrative in social construction is also named as a performance. The narrative not only expresses meaning and content, it performs the story in accordance to cultural norms. The acknowledgement of the impact of cultural and social norms on the narrative is very important. Social construction focusses on the interaction and the process between people, not on the individuals in the process; "We focus on what people are doing and what their "doing" *makes*" (McNamee, Lugo, & Delis, 2013, p. 10). This is the performance.

McNamee explains the connection between the metaphor of performance and the social constructionist focus on the narrative:

> Additionally, the metaphor of performance – most importantly – takes action and meaning out of the head of the individual and places all that we do within the historical, cultural, and local contexts within which we operate (2013, p. 10).

The emphasis then is the narrative as a social construction, not an individual construction.

This emphasis of the social aspect of the narrative and language was reinforced by two Russian linguists and philosophers, Bakhtin and Volosinov whose work influenced social constructionists. Both men argued for the social basis of language. Volosinov described the reciprocal nature of the narrative between the speaker and the responder. "Each and every word expresses the 'one' in relation to the 'other.' I give myself verbal shape from another's point of view, ultimately, from the point of view of the community to which I belong" (Volosinov, 1986., p. 5). Bakhtin believed that language is inherently value-laden and each word is socially charged with the world view of its community. He described the responsiveness required in dialog, including "utterances" and the meaning made within the dialog and reflection. Bakhtin believed that dialogism was a process between language, dialog, and social transformation, and that a person does not exist outside of dialogue as it requires the existence of another person (Bahktin, 1981, pp. 279, 293).

Shotter's work in communication is important to note here because he was influenced by Bahktin and contributed his own work to social construction. Shotter refers to rhetorical-response communication which involves dialogical processes of criticism and justification, testing and checking (1997). In earlier writing, he describes reality as involving social activity which has some stable elements as well as disordered and chaotic elements. It is important therefore to take people seriously in what they do and what they say. Shotter addresses emotion as having a place in dialogical processes because it provides vital cues to what is important to the speaker. He states that conversation has transformative power when people trust each other enough to explore and understand their realties, especially when they know the conversation can be unpredictable (Shotter J. , 1993).

More recently, social constructionists, McNamee and Hosking have emphasized the relational focus of social construction by referring instead to relational construction (2012). This underscores the understanding that who we are as people is a "byproduct of relational processes" (McNamee, Lugo, & Delis, 2013, p. 18). They describe three fundamental characteristics of the relational processes: first, there are both human and non-human actors who create and are created by the process of reality construction; second, there is an interactive process of

relationships between the actors; and third, is the concept of "textuality" which refers to all relational realities, not only spoken or written words.

Hosking continues the discussion of relational construction and states that the reality of relationships includes communication via body language as in "multi-sensual/embodied", the tone of voice, non-verbal gestures and listening which are all forms of textuality (2007, p. 1). The relational space includes multiple relationships with natural objects and artefacts both living and non-living. Relational construction views the relational process as (re)constructing realities and the focus of the inquiry includes the process itself (Hosking, 2011, p. 22).

The latter focus on the process itself is referred to as "reflexivity" which Hosking describes as characteristic of all relational processes. She states that "reflexivity echoes past inter-actions and poses the possibility of re-production as well as the possibility of change" (2007, p. 3). It can refer to both an event and being part of the event; it places all participants on an equal status (Burr, 2003, p. 156). As will be seen in the next chapter, reflexivity is used in this dissertation to create meaning from multiple Indigenous families' stories.

McNamee describes social construction as a way of being, "a philosophical stance" which positions ourselves to each other and to the world. There is no right way or best way to relate together, instead all ways are considered in order to generate the most useful way to "go on" together. We "go on together", interact together in local, cultural and historical contexts. These interactions build traditions and "truths which are always local, fluid and open to transformation" (2013, pp. 8 - 9).

Traditions are built on a history of local interactions which give meaning and stability, but do not determine what has to be. Gergen and Gergen state that the constructionist sees that just as traditions are created through social interaction, new relationships, different interactions can construct/reconstruct new traditions (2008, p. 34). Restated, "all meaningful activity is constructed, and these constructions are malleable and continuously in motion" (Gergen K. J., 2009a, p. 60).

It is now important to highlight several key concepts which are important to social construction and to this dissertation. As stated earlier, understanding Indigenous ways of being can be confusing to a reader unfamiliar with the Indigenous worldview so it is the role of social construction in this work to complement

and aid the reader in grasping key differences. The following constructions will hopefully do so.

The first is the understanding of knowledge. Knowledge is generated through the use of language and conversation. It is created at a communal level where it is developed and transformed through "joint-action" (Shotter J. , 1993). Knowledge is not an external truth to be discovered, but a product of local language and shared discourse, and therefore is malleable and fluid (Anderson H. , 2001, p. 342). This understanding applies to truth as well. There is no one truth but multiple truths, multiple possibilities.

The second is the term "relational responsibility" which McNamee defines as "being attentive to the process of relating itself" (2013, p. 13). It is taking responsibility for our discourse and our language during conversations. Since we have multiple voices, relational responsibility is to focus our attention on our choice of voice and consider what would be most useful and transformative in conversation. It is speaking about possibilities not deficits. It is being constructive in our dialogue.

The third is the understanding of the Self. Given the previous discussion of relational construction, it follows that the concept of the Self is relational in social construction. The Self is seen as a function of all our relationships, both past and present. We are an outcome of our relationships; we become "self through other" (Gergen & Gergen, 2008, p. 37). Our inner thoughts are understood as private conversations with our relationships. To make these conversations public would be to give voice to them and have dialogue with other multi-beings. This in turn would facilitate transformation of the self – in "co-ordinated action, or *co-action"* into an "unbounded self*"*. An unbounded self is in a constant flow of multiple realities (Gergen K. J., 2009a, p. 98). Gergen contrasts the relational self with the "bounded self" which is created in the mind as part of individualistic Western beliefs and which invites alienation, hierarchy, competition and self doubt (2009b, p. 61). Social construction places essentialism or the belief there is a natural essence that determines our nature and our behavior outside of its boundaries. It prefers instead to discuss an ontology of becoming who we are.

I now summarize the concepts of social construction and turn to Hoskings and to Gergen.

Hoskings (2005) refers to relational construction and names six key features:

- Talk of the individual self, mind operations, and individual knowledge gives way to discourses of relational processes, viewed as language-based interactions
- Relational processes are seen as processes that (re)construct Self-Other realities as local ontologies or "forms of life"
- The unitary conception of self is replaced by a dialogical conception of Self as multiple Self-Other relations such that Other, including the body, is no longer discussed as "outside"
- Relational processes have a local-cultural-historical quality such that discourses of the past and future are constructed and re-constructed in an ongoing present
- Relational realities are viewed as constructions such that subject-object relations *may* be constructed in particular relations… but do not have to be
- Power is (re)constructed in relational processes (pp. 616 - 617)

Gergen describes nine guiding principles of social construction (2010) and emphasizes the relational way of making meaning:

- We live in worlds of meaning. We understand and appreciate the world and ourselves in ways that emerge from our personal story shared with culture.
- Worlds of meaning are intimately related to action. We act in terms of what we interpret as real, rational, satisfactory and good. Without meaning, there would be little worth doing.
- Worlds of meaning are constructed within relationships. What we take to be real and rational was born in relations. Without relationships, there would be little meaning.
- New worlds of meaning are possible. We are not possessed or determined by the past. We can abandon or dissolve dysfunctional forms of life and create alternatives together.
- To sustain what is valuable or to create new futures, we participate in relationships. If we damage or destroy relationships, we lose the ability to sustain a way of life and create new futures.
- When worlds of meaning are interrelated, creative results occur. New ways of interacting, new realities and new possibilities may emerge.
- When worlds of meaning conflict, they may lead to alienation and aggression, thus undermining relations and their creative potential.
- Through creative care for relations, the destructive potential of conflict may be reduced or transformed.

- These guiding principles do not constitute beliefs. They are neither certain nor false. They are ways of approaching life that, for many, hold great promise.

THE INDIGENOUS WORLDVIEW

The discussion now moves to the Indigenous worldview. It is this worldview that forms the foundation of my family therapy practice.

What follows is an in-depth description referencing knowledge keepers and Elders. Their information generally was shared orally and transcribed or videoed often in circle, so many of the references are repetitive because they were recorded together (Ross, The Indigenous Worldview, 2011).

It is important to remember we are discussing human experience, and that human beings in Native communities lived out these concepts as best they could. As stated by the Elders who co-wrote The Sacred Tree (Bopp, Bopp, Brown, & Lane, 1985), which is a recording of Indigenous teachings;

> We gain a vision of what our potential is from our elders and from the Teachings of the Sacred Tree. By trying to live up to that vision and by trying to live like the people we admire, we grow and develop…it is like a strong magnet pulling us toward it (1985, p. 15)

One Elder stated that not every culture achieved the same place in carrying out these beliefs and values[2]. I have been told stories of conflicts and how the people resolved them, how consequences were delivered when laws were broken, how broken relationships were addressed. In each story, policies and protocols were strongly, even severely enforced.

I first learned the term, "the circle". Community members in every Indigenous community where I worked spoke of the circle of life. As I immersed myself in my traditions, my teachers constantly reminded me to see the circularity of life, the circular movement within the natural world, and the circular movement of my actions in relationship with others.

2 Oral teaching Gulf Islands, 1987

My understanding of the circle expanded while leading a national focus group for the Aboriginal Healing Foundation in the late 1990s (Derrick, 1999a). We confirmed that every Native nation represented in our working group shared the same values and beliefs of the circle. Later, in 2010 at the International Indigenous Council, a worldwide gathering of Indigenous peoples, my earlier findings were corroborated. During this council gathering, I realized that, at their core, Indigenous cultures from every continent represented shared the same foundational values and beliefs.

My conception of a worldview emerged here. At first, I used the term "system" to differentiate the circle values and beliefs from that of the Western/Euro-Canadian mainstream. Eventually however, the term "worldview" became common usage by many Aboriginal leaders in Canada when discussing Indigenous knowledge, values and beliefs at political, educational, philosophical, and social levels, and I joined them in the meaning of "worldview".

It is important to elaborate on the term and its usage in this manuscript as it appears to be a new, locally created usage of the word. (Social construction should be delighted!)

"Worldview" as a term appears to have evolved within the field of anthropology beginning with a need to create a definition of the word "in operational and verifiable terms" in the 1960s (Jones, p. 79). Ten years later, anthropologists Spradley and McCurdy devote a chapter of their textbook to "world view and values":

> …concept of world view, which refers to the way a people characteristically look out on the universe. There are several universal features of world view such as ideas about the self, groups of people, male and female, and concepts of space and time (Anthropology: The Cultural Perspective, 1975, p. 497).

By 2000, the term "worldview" was in common usage in the Canadian Indigenous community. It has become a unifying platform from which to launch Indigenous healing, educational and political movements focussed on regaining what has been lost and altered during cultural genocide and colonization.

> Elders and knowledge keepers such as Senior Professor Leroy Little Bear (Blood) wrote:

> If we are to understand why Aboriginal and Eurocentric worldviews clash, we need to understand how the philosophy, values, and customs of Aboriginal cultures differ from those of Eurocentric cultures (Battiste M. , 2000, p. 77).

In 2004, Dr. Marlene Brant Castellano (Mohawk), the Co-Director of Research for the Royal Commission on Aboriginal Peoples wrote of the drive for Native people to revitalize vibrant and distinctive Aboriginal cultures following colonization. She noted that the relationships between customs, ethics, behaviours, protocols and worldview are necessary in order to "restore order and conformity with ancient and enduring values that affirm life" (Castellano, 2004, p. 100). She also made reference to Chapter 15 in the Report of the Royal Commission on Aboriginal Peoples (1996) which discusses Aboriginal worldviews and their relevancy to reclaiming community and individual health.

Currently, Indigenous worldviews are referenced by government and business and the term "worldview" continues to be widely used. The Ministry of Children and Family Development of British Columbia has released a Policy of Aboriginal Practice and Framework for the province which includes a definition of the Indigenous worldview (2015) similar to that stated above. Further, medical and health professionals are mandated to receive Indigenous cultural competency training which includes both a definition and discussion of an Indigenous worldview (Indigenous Cultural Safety, 2013).

To restate for clarity, the Indigenous worldview is a shared meta view of the world by multiple Indigenous cultures, each of which describe their cultural worldview in their own way, typically with their own language.

I want to note that it is my experience that knowledge of an Indigenous worldview creates both unity and differentiation between the many Indigenous cultures. As part of healing, families are motivated to find their own cultural traditions as they discuss the shared values of the meta Indigenous worldview.

As previously described, the understanding of circularity is embedded within the Indigenous worldview. This circular systemic worldview is an ancient, communal, traditional way of living in relationship. Rupert Ross (2008) describes his experience in learning the Indigenous worldview:

> First, as long as I only speak English, I am prohibited from seeing the full sophistication of traditional concepts. Second, these *are* sophisticated teachings; I am told it takes a lifetime to even come close to understanding each of the Seven Grandfathers, much less to be able to live by them. Third, these [are] complex historical, cross-cultural and psychological realms (p. 22).

I want to note here that Ross uses the term "cross-cultural" in the sense of combining or comparing two different Indigenous cultures.

Within the worldview are core concepts shared by Indigenous cultures. They are highlighted in the following discussion.

An Understanding of Oneness

> Dr. Joe Couture (Cree) psychologist describes the understanding of oneness:
>
> Traditional Native holism and personalism is a culturally shaped human process of being/becoming, is rooted in a relationship with Father Sky, the cosmos, and with Mother Earth, the land.... This relationship with the land/cosmos is personalized and personal, and marked by a trust and a respect which stems from a direct and sustained experience of the oneness of all reality, of the livingness of the land. (Couture, 1991, p. 207)

In my own cultural heritage of *Kanien'keha:ka* / Mohawk and the *Rotinonhsión:ni*[3] Confederacy these values of relationship with the cosmos are also expressed as "Oneness" or "Now our minds may become One" as was earlier stated in the Introduction. In order to be in Oneness, we must be in a healthy relationship with ourselves, and with our relatives. Richard Wagamese (Ojibway) describes his cultural understanding of the Oneness of the relationship with life:

> There is life force in everything. Everything is alive, animate and moving, and even if we can't see that, we can learn to feel it. When we do we come to true awareness of our ongoing state of relationship. That relationship lies beyond the brain. We feel it in our spirits, our hearts. It is there that the teachings live and learning occurs (2008, p. 161).

3 Also spelled *Haudensaunee;* Anglicized spelling of the language name *Rotinonhsion:ni*. The name "Iroquois" has been historically used to name this confederation of six nations. However, Iroquois is no longer generally used by the *Rotinonhsion:ni* people as it is derogatory in origin.

FIGURE 1 | Spirituality is at the centre of Oneness

The spirit is at the centre of the circle and the centre of our Oneness. Our role as human beings is to preserve the relationship with spirit, to maintain the spiritual order and structure of the world. Indigenous psychology and Indigenous cultures can only be fully understood from within this belief: spirit is the central and primary energy, cause, and motivator of life (Michell, as cited in Ross, 2011, p. 10).

Plants, trees, animals, and rocks are also considered as persons. This creates an intimate relationship between humans and all parts of the earth. In turn, all parts of the earth are treated with the same respect, kindness and gentleness required in human relationships. The relationship with the land refers to the physical, biological and spiritual environments fused together (Kirmeyer, as cited in Ross, 2011, p. 14).

Change is Constant

All of Creation is in a state of constant change. Nothing stays the same except the presence of cycle upon cycle of change. There are two kinds of change: the coming together of things (development) and the coming apart of things (disintegration). Both of these types of change are necessary, and are always

connected to each other (Bopp, Bopp, Brown, & Lane, as cited in Ross, 2011, p. 21).

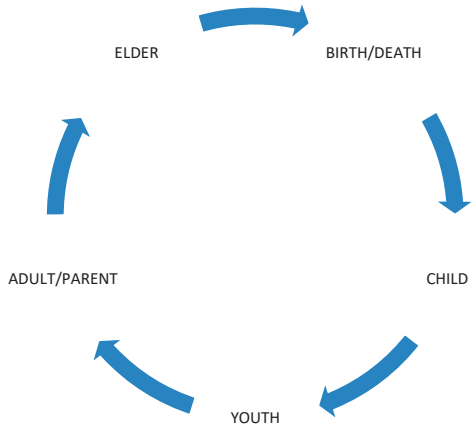

FIGURE 2 | The Stages of the life cycle

Relationships

Relationship is the central element of the Indigenous worldview: relationship within ourselves and with our Creator; relationship within our family; relationship with our ancestors whom we honour; and relationship within and between communities (Alfred, 2010; Battiste, 2000; Brown, 2004; Palmater, 2011a). The relational focus informs our lives. This is why, when we end our prayers we give thanks to "All our relations".

Our relationships prescribe our functions in our roles and our boundaries as grandparents, mates, parents, children, sisters, brothers, aunts and uncles. When we interact, we call a person by their relationship and role. For example, we address a child by saying "My Daughter" rather than by her name (Mussell, 2010; Walker, 2012). This is also true when addressing an Elder or leader as in "Chief", or "Medicine Person" (Bopp, Bopp, Brown & Lane, 1985; Hale, 1882/2006; Ross, 1996).

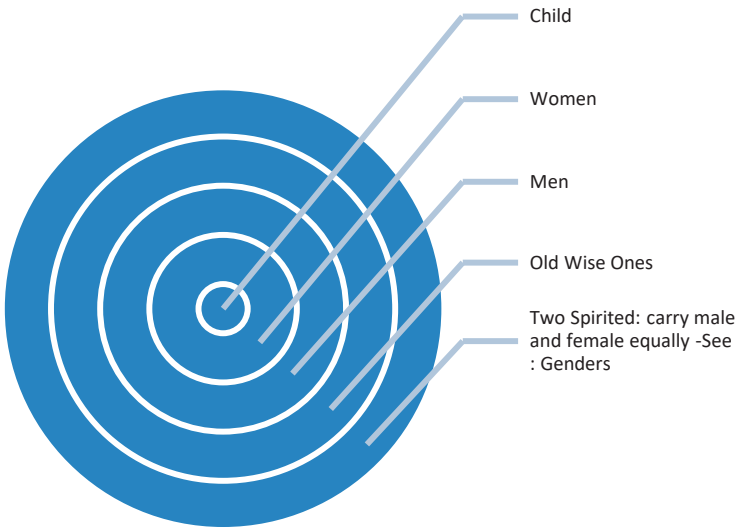

FIGURE 3 | Circle of inter-related relationships

Aboriginal cultures define the self relationally, while the well-being of family, band, or community is of central importance. The self and family co-exist with strong support for individual autonomy and independence. Balance is maintained by having human beings focussed on practical and moral obligations to maintain good relations with all aspects of their social, physical and spiritual environment (Kirmeyer, as cited in Ross, 2011, p. 23). In fact, one is called upon to be open to learning and to become changed for the better by others (Mussell, as cited in Ross, 2011, p. 22).

Each party in a relationship is equal in worth to the other as a human being, regardless of differences in age, knowledge levels, insight or personal authority. One must be willing to take responsibility for the impact of one's behaviour toward the other, as well as responsibility for managing and learning from one's responses to the other's behaviour (Mussell, as cited in Ross, 2011, p. 22).

It is our duty as a human being to maintain our relationships with balance, respect and truthfulness. This requires self awareness and self discipline. We must be aware of what we speak, how we behave, how we think, and take care of our emotions. These will all impact the relationship we have with others, and in turn, our words, our behaviour, our thoughts, and our feelings will return to us. We must be accountable in all ways (Porter, 2008).

Family Relationships

The women and the men usually are in a co-creative relationship: an equal-in-value relationship. The Creator sends the children to earth through the women, so women must be held up and protected. It is for this reason that most Aboriginal cultures are matriarchal and/or matrilineal (Anderson, 2011; Maracle, 1996; McGowan, 2012; Palmater, 2011a, 2011b). For example, the Constitution of the Five Nations Confederacy, *Kaianere'ko:wa/* The Great Binding Law and the Council of the Great Peace states, "The lineal descent of the people of the Five Nations shall run in the female line. Women shall be considered the progenitors of the Nation. They shall own the land and the soil. Men and women shall follow the status of the mother" (Section 44, p. 21) (The Five Nations Confederacy, n.d.). The women traditionally also "own" the children, that is, they are the primary caregivers and provide them with their name(s) and their family. Generally, it is the mother's brothers who train the boys, and the mother's sisters who train the girls. *Sakokwenionkwas* Tom Porter (Mohawk) describes traditional parenting:

> One of the elders' teachings is that you must never scold them [the children] or raise your voice to them […] it is forbidden […] to ever hit, push, shove or kick your children. You aren't to hit your children, in any way […] we must speak to them […] with kind words, nice words. We must speak to them calmly, and then they will respond […] tell your children exactly what you expect, and what is right and what is wrong. That's how they're going to learn. (2008, p. 266)

It is important to emphasize that in the Indigenous worldview the men carry a strong role as parent, partner and warrior. Mussell (2005) writes of the male Warrior-Caregiver who "has a strong social presence" and who has "major roles to fill in creating safe, secure, nurturing and inspiring environments in which infants, young children and youth become healthy, strong, intelligent and wise leaders who truly value family and community life" (p. 27).

FIGURE 4 | Requirements for healthy children and families

A Belief in Goodness

There is a belief in the innate goodness of human nature, and it confers a sense of worth, equality and pride upon women and men. People generally mean well in all their undertakings and aspirations (Johnston, as cited in Ross, 2011, p. 25). Kindness and generosity are the forces of the universe through which *Ihtsipaitapiiyo'pa* /Creator functions. To give with love is the natural order of the universe. Compassion transcends any conflict and misunderstanding because it negates judgement (Bastien, as cited in Ross, 2011, pp. 23-24).

Healing

Healing is a primary process in the Indigenous worldview. It is a process or a journey to maintain balance in one's life. Hart (2002) states it is "a broad transitional process [...] to bring balance to disconnections, imbalances and disharmony" (p. 43). It is about maintaining our growth and development as individuals, as well as balance in our relationships and in our families. It is the art of rebalancing and being accountable for our actions. Healing requires self-discipline and self-awareness (Derrick, 2009; Dionne, 2005; Ross, 1996).

The journey of healing is a constant process throughout our lifetime and is essential to the maintenance of roles, and the respect for others (Mussell, 2010; Poonwassie & Charter, 2005). It is the journey that takes us to 'Oneness' within

ourselves and with our relatives. It is the journey of becoming whole and all of who we are (Porter, 2008). Forgiveness is a major outcome in the healing process and allows relationships to move forward in new and beneficial ways.

Four Interconnected Aspects of Being

FIGURE 5 | Four aspects and the will

In an Indigenous worldview, four main aspects define a person: the spiritual, emotional, physical (behavioural) and mental (cognitive) aspects. There is a relationship between the spiritual and emotional aspects as they travel with us from one lifetime to another. In this worldview, the mind and the heart (emotions) are also connected, and **the heart is the root of the mind** (Brown, as cited in Ross, 2011, p. 24). A person's mind, spirit and body are not exclusive, but interdependent. Good health is a result of a proper integration and balance of these domains and the maintenance of social responsibilities and proper action driven by the will to act for the Good (Fletcher & Denham, as cited in Ross, 2011, p. 25). Michael Hart (Cree) refers to this as the Cree purpose in seeking *mino-pimatisiwin* – "the good life" (2002, p. 44). With this foundational understanding, one of the central aims of a therapist/healer working with an Aboriginal person is to help facilitate the client's return to equilibrium or internal balance.

Education

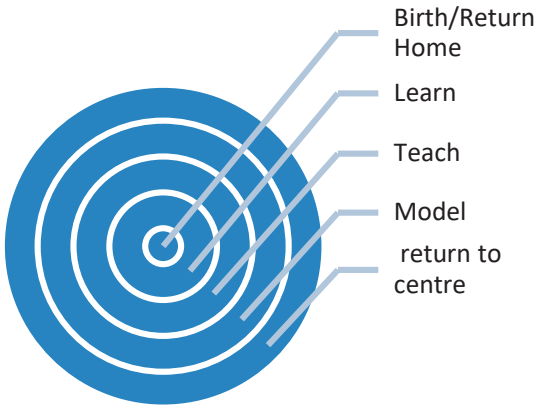

FIGURE 6 | The stages of education

We enter the earth as Learners, then become Teachers who share what we have learned while continuing on as Learners. Finally, we mature to be Models who act in congruence with what we have learned and what we teach. As Models, Teachers and Learners we provide education and guidance to the community before we return to Spirit.

A learner must experience places, history or narrative both physically and emotionally

(Leroy Little Bear, as cited in Ross, 2011, p. 18). The overall goal of education from a First Nations perspective is the social, political, economic and collective well-being of community members guided by the set of traditional values that have sustained them for centuries (Michell, as cited in Ross, 2011, p. 26).

Gender in the Indigenous Worldview

Many Indigenous cultures traditionally honoured four or more genders. Often those who carried genders where female and male "spirits" were of equal force held special roles in the culture. These roles allowed them to share their special gifts as doorways between earth and the Spirit world.[4]

4 Traditional oral teaching.

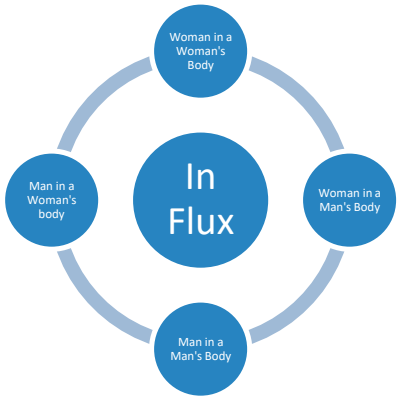

FIGURE 7 | Four Plus Genders

FAMILY THERAPY

I have discussed social constructionist theory, the Indigenous worldview, and now I move to a discussion of family therapy as the third tradition woven into the family therapy practice I am proposing.

Following the First and Second World Wars, there was a rise in divorce rates in North America, a questioning of power and authority, and an erosion of custom as a guide for marital and family behaviour. People were relying more and more on scientific knowledge and turning to professional authorities for assistance. Marriage and family counselling emerged in response to a public demand for help with marital issues (Nichols, 1992, p. 1).

Family therapy as a profession developed within this milieu, but more in response to the developing fields of medicine and psychiatry, sociology, social work, psychoanalysis, gynaecology, the ministry and the rabbinate as they sought new ways of working with marital problems and relationships. A family systems orientation was created and professional organizations were developed to support and train professionals in this new way of systemic thinking.

Gurman and Kniskern (1981) and Nichols (1992) outline how family therapy evolved from the first course in family life in North America taught by E. R. Groves at Boston University in 1924. Later, the National Council on Family Relations was founded in 1939 to support the growing movement of marriage and family counselling. The focus included research and clinical discoveries in

treatment and the publishing of their findings. In 1942 the American Association for Marriage Counselling was established as a small group of professionals who exchanged information through discussion, lectures, and demonstration of treatments. This association evolved into the American Family Therapy Association in 1977 and the American Association for Marriage and Family Therapy (AAMFT) in 1978. Together these two professional organizations have led the development and acceptance of a systemic view for the treatment of individuals and family relationships. This view has challenged the medical field and linear medical model in the treatment of mental illness as an individual problem (Gurman & Kniskern, 1981; Nichols, 1992).

It became clear to early pioneers in the field that family relationships played an important role in the creation and management of serious emotional difficulties (Gurman & Kniskern, 1981, p. 18). In the 1930s and 1940s, John Bowlby, J. L. Moreno, and Nathan Ackerman published articles describing their work within the family using conjoint family interviews, psychodrama and child psychiatry.

The early family therapy systemic movement was influenced by Gregory Bateson (1972 1980) and his emphasis on the interdependence of organisms in their environment. A systemic view of problems in the family was emerging as the psychiatric focus on medication and hospitalization was increasingly challenged. The systemic family therapy field established itself with a central focus on communication and the relationships between interdependent individuals (Dallos & Urry, 1999) (McNamee, Guanaes, & Rasera, 2006).

As the field of family therapy knowledge, practice, training and research evolved, practitioners began specializing in family therapy as a profession. Schools of Marriage and Family Therapy for training and research were established as well as the creation of a professional code of ethics and a diverse array of clinical models.

The field influenced other professions so that social workers, medical doctors and other helping professions extended their practice to include systemic thought and practice. It is now an accredited registered profession, regulated in Canada, the United States, and other countries through AAMFT. Some provinces in Canada have regulated it as a College (Quebec and Ontario), while other provinces have initiated political processes to effect regulation.

In terms of my own practice, I was excited to discover family therapy during my graduate studies. It provided a positive and relational means of understanding human behaviour, as opposed to the individualistic, abnormal focus of mainstream psychology.

THE INDIGENOUS WORLDVIEW AND SYSTEMIC FAMILY THERAPY AND THEIR FIT TOGETHER

Each of the three traditions in this dissertation, social construction, the Indigenous worldview and systemic family therapy have been individually described. It is important now to consider the fit of the Indigenous worldview with systemic family therapy as it is the interweave between them that serves as the foundation for the *Kahwà:tsire* practice. Following this discussion, social construction will then be considered as to its fit with Indigenous ways of knowing and systemic family therapy and the alignment of the three traditions together.

This current discussion will first note the common elements in the Indigenous worldview and systemic family therapy that form the strongest fit, then close with a brief look at the parts in each that do not fit together.

As previously stated, relationships are central to both family therapy and the Indigenous worldview. The relationships in each are intra and interdependent in the functioning of the family. Both Indigenous families and communities, and systemic family therapy regard the focus on relationship as a way of being. Both focus on facilitating the relationships to be of benefit to the members of the family's health and growth. Family therapy's focus is to collaboratively assess what needs to change and then facilitate that change, with a similar focus in the Indigenous worldview to recreating balance and harmony in family relationships for the benefit of all. This approach is repeated traditionally as a daily greeting to others; "*Shé:kon Skennenko:waken*?" "Hello; are you at peace?

Conversation and storytelling, the narrative, are key in making meaning together. Members of the family are encouraged to make private thoughts public in their conversations, and differences are accepted, respected and understood to add richness to the dialogue. The narratives are understood as a form of action, and sharing stories often leads to taking further action as new possibilities are generated together.

Power in the dialogue is located with the speaker. The family members, including the family therapist, are all part of the dialogue as active listeners. Each person in the family is their own expert and the family therapist is the creator of the space or host in which the family members share meaning together.

The therapist may also provide opportunities for artistic, musical and dramatic ways of storytelling beyond the narrative form.

Trust and mutual respect are important for all members. Stories are acknowledged, the speakers are believed and acknowledged, and other stories may be offered up as critiques or challenges which can move and transform the relationships.

Some models of family therapy are more aligned with the Indigenous worldview than others. The experiential family therapy model led by Carl Whitaker (Neill & Kniskern, 1982) and Virginia Satir (Satir, 1967) was my introduction into the field and fit with the experiential learning style in Indigenous cultures. The active role playing, sculpting, reconstruction of relationships, the use of humour as an intervention along with the encouragement to be emotionally open all resonate with traditional Indigenous processes.

The Bowenian therapy model (Bowen, 1978) fits strongly with the Indigenous view of generational influence, and the power of relationships upon individuals within a family. The model's conception of multigenerational transmission and the inclusion of emotion as a process both align with Indigenous beliefs of ancestral relationships and emotion as a key human aspect. The Bowenian model's use of the genogram as an intervention tool along with the naming of styles of functional and dysfunctional relationships have been used widely in healing Indigenous families (Jeffries et al., 1989).

Some other family therapy models offer concepts, tools and interventions that are useful with Indigenous families such as the Narrative model in reframing the story (Carr, 1998), Minuchin's structural model (Minuchin, 1974) which includes the social context of the family, and Emotionally-focused therapy (Johnson S. M., 2008) as it emphasizes one of the four key aspects in the Indigenous worldview as well as addressing attachment, an important issue for Indigenous families.

There is an awareness of the socio-cultural context in which the therapeutic relationship is situated, and its role in defining the family challenges. As later will

be seen in this dissertation, the therapeutic concerns are socio-culturally situated in the current impacts of colonization which is important for both the Indigenous families and the therapist.

The role of the helper or therapist aligns with both the Indigenous and family systems approaches, that is, to work together with the family as equals to create the change the family desires. In discussion with an Elder, I was told the respectful way to approach a wounded family is to ask the overarching therapeutic question: "How do we create peace in the family when the horns are now locked?" The role of the therapist is that of a co-worker with the family in unlocking the horns and is simply there to assist others "to heal time and space" (Jan *Kahehti:io* Longboat, Oral teaching, August 11, 2015).

Systemic family therapy and the Indigenous worldview part ways around the difference in their history, some of their core beliefs, and the application of the narrative.

Systemic family therapy is based in academic theory emerging from Western/Euro-American/Euro-Canadian philosophy and science, and has become a way of being and a practice for several professions for close to one hundred years. It belongs to one portion of the population: the professionals and the people who have experienced this form of therapy. In contrast, the Indigenous worldview has evolved over thousands of years and is practiced in hundreds of different cultures in the Americas as the essential foundation in living, breathing societies. This leads to different reference sources when approaching problems. The family therapist will turn to research and theory for guidance and techniques, while the Indigenous worldview turns to elders and knowledge keepers for wisdom and direction. One is current and scientific; the other is ancient and experiential. In addition, there is a history of dissonance between the Western cultures and the Indigenous cultures due to colonization by Western cultures which can enter into the family therapy room, especially if the therapist is non-Indigenous.

Indigenous cultures are spiritually based and child centred as discussed earlier in this chapter. The Indigenous spiritual base permeates the cultures and impacts family behaviors, biological beliefs, roles, the definition of Self, parenting styles, and everyday ceremonies. Spirituality in Western cultures is often either misunderstood or has a negative connotation so Western trained family therapists may miss essential pieces in the family functioning or choose to overlook the family's spirituality to the detriment of the outcome of the therapy. It is only in recent years

that family therapists have been discussing spiritual beliefs in their work and then they typically are not Indigenous (Todd, 2014). This is the largest gap between the two traditions.

Storytelling is a fine art in Indigenous cultures and highly developed in many. Elder Joe *Cicwelst* Michel (*Secwepemc*) describes storytelling as he understands it:

> Stories unite families and communities. They prepare people for real life. Experiences of the people and the animals in the stories help guide our actions. *Secwepemc* people have used storytelling to pass on cultural knowledge for thousands of years. People learn to live together through the spoken word. Stories introduce the human character to us. As people live, they face many challenges. As people recount their adventures they create personal histories. The history can be retold by all the people who heard it. (Michel, 2009)

There are stories that belong to ceremonies, stories that can only be told by orators, and stories that hold history and protocols of the community (Wilson, 2008). The narrative as shared in family therapy practice is personal. When community history and teachings enter into the story being shared, it is important for the therapist to realize the narrative has shifted beyond the personal and ask for guidance from the family as to cultural protocol.

SOCIAL CONSTRUCTION AS A FIT WITH THE INDIGENOUS WORLDVIEW AND SYSTEMIC FAMILY THERAPY

The discussion now moves to social construction and its' alignment with the Indigenous worldview and systemic family therapy as described above. The usefulness of its fit is important to the inquiry that follows in the next chapters.

The development of social construction historically paralleled the development of family therapy beginning in the early 1900's. Both academic models challenged the traditional Western medical model with its focus on the individual. Initially each developed separately until they began to merge in the 1970's as mutually concerned with relational systems (McNamee S. , 1996; 2006; 2013).

With the merging of the two approaches, Gergen states that social construction embraces therapies that are relational and create new meanings; "I would include practices found in systemic therapy, narrative therapy…" (2009b, pp. 262-263).

Social construction emphasizes mutually satisfying relationships. The goal of social constructionist therapy is to create new meanings, create new awareness of self and to restore that self when it has lost meaning. It is not to correct and fix but to create and restore. This fits with the current focus of Indigenous healing, that is, to restore the cultural foundations of meaning, and create new meaning following the experience of genocide. The ultimate goal is to achieve satisfying, fulfilling relationships within the family and the community and see the outcome of new meanings as some form of action. This fits with systemic family therapy too.

> Gergen, (2009b) describes the focus on relationship as follows:
>
> The meaning of all action is derived from relationship […] individual responsibility is replaced by *relational responsibility*. In being responsible for relationships we step outside the individualistic tradition: care for the relationship is primary (p. 364).

The view of the Self with all three models is that of a relational self. However, the spiritual center of the Indigenous worldview enlarges the understanding of Self. Generally, the self is seen as a spiritual being, a part of the larger "big brain" that we all live in and are part of (Miller T. F., 2015). Each self is charged with growing more loving on behalf of the whole. To do so, we have a will and we are asked to develop our self-awareness and self-discipline. This is on behalf of **all** our relationships.

Social constructionist family therapists consider the self from a similar perspective and often emphasize the context of the family because it provides meaning for the individual. This relational perspective of the individual shapes their idea of who they are and brings meaning to their social interactions (Stewart S. , 2009, p. 65). Social constructionists therefore believe that change for the individual in therapy happens within the context of family relationships (Gergen, Anderson, & Hoffman, 1996).

As stated, the Indigenous worldview focuses on self-discipline and responsibility for relationships in order to live in harmony within communities. Social construction fits this focus and states: "As we strive to find mutually satisfactory ways of going on together, we begin to establish a local good, 'the way we do things'" (Gergen, 2009b, p. 358).

Here also is the emphasis of social construction on local knowledge, which is primarily the family. Systemic family therapy works locally with the family in their social context, and the Indigenous worldview's centre is the family including the family's culture and community.

Placing the three traditions together, the therapeutic question could be stated as "How can we collaboratively create new understandings, new meanings so that the relationships in this family can be more harmonious and people can move on together for the betterment of the community?"

The Indigenous worldview, social construction and some forms of family therapy view the therapeutic relationship as one of interchangeable roles of teacher/learner/co-collaborator. Once the therapist begins to work with the family, the therapist is part of the system. The relationship is one of mutual equality, respect and learning. Indigenous family therapist and academic Suzanne Stewart (Yellowknife Dene) states that social construction focuses on freedom and the responsibility that is required in freely making choices. She describes the co-constructed nature of the therapeutic relationship as providing an open and caring environment that allows this choice and change (Stewart S. , 2009, pp. 62, 63).

Narratives are key in social construction and the Indigenous worldview, and important in systemic family therapy. It is the narrative where the expert, the speaker, creates new meaning for themselves, and in their relationships. While social construction views the narrative as a performance, the Indigenous worldview has strong respect for storytelling in many forms. In that sense, the Indigenous worldview knows the stories as performances too, and in fact, dances and sings the stories as well as narrating them. Family therapy hears each family member's narrative as part of the collective family story. The three models then have a strong fit with the use of narratives as crucial to relationships and "going on together".

Social construction, systemic family therapy and the Indigenous worldview each speak of relationship as a "way of being". All three traditions see the answer to family challenges lies in the relationships so each views differences as richness in the stories, and a means of collaboratively making new outcomes together. Social construction and the Indigenous worldview each directly discuss truth as having multiple meanings, and that there is no one single truth. Basil Johnston (Ojibway), a noted scholar states that in his culture truth/ "*W'deab-wae*" means "one casts one's knowledge as far as one has perceived it and as accurately as one can describe it" (Ross, 2011, p. 22). As Gergen (2009b) states, in social construction, "There is no privileged discourse of truth, except the privilege that is granted within a tradition" (p. 189).

In three areas, spirituality, language, and emotions, the Indigenous worldview fits with social construction and family therapy but holds an enlarged or expanded view. This enlarged position does not appear to counteract systemic family therapy or social construction but instead offers further information or at least an enriched alternative. However, the three areas could pose challenges to collaborative work with Indigenous families when the information and spiritual worldview is unknown. Therefore, it is important to elaborate here on aspects of Indigenous spirituality, language and emotion in order to increase the possibility of an understanding and a fit with the two academic models.

As previously described, Indigenous spirituality believes we are spirits first and have entered the earth plane. Therefore, our spirits are our personal centre, and our connection to the Great spirit is central to everyday life. This belief enters into every aspect of life, and is the core of all cultural activity. In regards to spirituality, social construction does suggest a spiritual direction for social construction when Gergen acknowledges the "sacred potential of relational being" (2009b p. 388). This statement indicates that social construction might accept the spiritual foundation of Indigenous cultures as would most systemic family therapy models that align with social construction.

Indigenous languages have words for relationships based on roles, on responsibilities, on relationships with the plants and animals, on relationships with the land, and relationships with spiritual guides. Place names in Indigenous languages are actual descriptions of the *relationship* the place has with everything around it. For example, Dr. Leanne *Betasamosake* Simpson (Anishinaabe) writes:

> In my own homeland places are named for the connection our people have to that particular place. Our place names are holders of story, history, teachings, events – our collective and individual intimate connections and interaction with place. The stories and cultural meanings embedded in our place names connect our people to the land spiritually (Simpson, 2013).

In regard to language and relationships, Gergen and Gergen (2008) make the observation in social construction that "we have very few words for describing relationships" in the English language (p.38). Family therapy has created words to describe forms of relationships such as "parental, triangulated, mutual, cut-off" in order to assist the therapeutic process. Overall, there is a central collection of relationship words for all three models, with Indigenous cultures able to describe more relationships than the other two models.

In the Indigenous world emotions have deep meaning. For example in *Kanien'keha:ka*/Mohawk the word for emotion *attokhah:shera* translates to "a feeling path existing which is the wisdom we were born with." It is a feeling of "I" that lets me know I exist and that I spiritually existed before I came to this earthly plane (Miller T. F., 2015). In this sense, it is connected to the Indigenous understanding of Self and spiritual beliefs of the Self which were referred to earlier.

Tehahenteh (Miller) continues the translation of the words for emotion to say "*Kanoronhkwahtshera*; It is certain, it is reliable. It's a feeling, it's intelligence and a knowing that the sun will come up and the plants will blossom. Emotion tells us it is certain Creation will provide for us" (2015).

The Indigenous worldview, social construction, and family therapy together agree that emotions are given language, expression and performance according to culture. As Gergen (2009b) notes, "emotion is created in co-action" (p. 99). It is not only a biological root within the brain but is shaped continuously through social "coordinated action" (p. 115). Family therapy incorporates emotion into the therapy, encourages and validates expression of emotion in family relationships, and collaboratively assists in emotional release for family members.

Social construction and the Indigenous worldview see love as the essence of emotion. Gergen (2009b) states that, "the fact of love as a basic emotion has never changed" (p. 101). The Indigenous worldview believes we are here in

order to grow more loving and that, as always, we do so in relationship. In *Kanien'keha:ka/*Mohawk, *Konnoronhkwa*, the word for love is translated as "we are in each other's body. I exist with you in preciousness". The expanded translation is that "love exists forever in this loving intelligent existence we inhabit, it is reciprocal; we give and we receive". In fact, love exists in our tears. *Okono:ron* "it is raining precious water, it is our tears which are love made visible, preciousness is visible as water is life" (Miller T. F., 2015).

Collectively, social construction, systemic family therapy and the Indigenous worldview focus on how we can relate more lovingly within our relationships by reducing conflict and becoming mutually collaborative beings. Systemic family therapy does not appear to state this explicitly, but does however focus on mutually reciprocal, that is, loving relationships.

In conclusion, it appears that in key important areas social construction fits with the Indigenous worldview and systemic family therapy with spirituality, language of relationships, and emotion posing some fascinating new possibilities for the two academic models.

Now the discussion turns to an inquiry of the interweave between Indigenous knowledge and systemic family therapy, with social construction as the form of inquiry.

THE INQUIRY PROCESS WITH SOCIAL CONSTRUCTION

CHAPTER 2

ESTABLISHING THE INQUIRY

In the Introductory Chapter I described the steps I took in creating my central question of inquiry which is: what might be possible by using Indigenous knowledge complemented by social construction, together with systemic family therapy to heal Indigenous families impacted by colonization and genocide. What kinds of knowledge emerged? What culturally sensitive approaches were used? And is this model of healing transferable to other marginalized families?

Social construction is used as the process of inquiry in this dissertation in response to this central question.

I now describe social construction epistemology and methodology as qualitative research and the means by which it creates new knowledge. I will follow this with a discussion of Indigenous epistemology and methodology, and provide examples of current Indigenous research where these are applied. Finally, I will describe the methodology I applied in this inquiry.

Social Construction Research

"For the constructionist researcher…a world or reality comes into being in the very process of inquiry" (McNamee S. , 2010, p. 14). In this way, knowledge is co-constructed.

Social construction has no formal research methodology, but it does provide flexible resources useful in guiding inquiries: first, it emphasizes collaborative, community-based performances that are structurally simple and open to creative change; second, it assumes there are multiple realities in the inquiry so space is created to encourage sharing diverse views; and third, it pays attention to local and practical concerns of the participants in the inquiry process (McNamee S. , 2010).

Constructionist research methods need to reflect local communities and their values and assumptions. McNamee uses the concept of social poetics to describe how language, interpretation and imagery are integral in discourse that has been generated within communal relationships. Realities are co-created in local relational dialogue. Therefore, it is important that the research space invite a multiplicity of voices from the research participants including the internal voice of the researcher and those not actively engaged in the dialogue (McNamee S. , 2000).

Social constructionist epistemology is seen as a performance, a relational discourse between participants, and between participants and the researcher that allows meaningful action to emerge. It focuses on local traditions and understandings, and explores what is possible as part of everyday life, and as a form of social transformation. Social construction research is practical and transforming for all involved including the researcher, and oriented to future possibilities.

Social construction uses performance as a metaphor because it changes the focus from research methods that find knowledge to a process of creating knowledge by being attentive to the ways participants create meaning together. The performance may be personal storytelling, collective narratives, sharing diverse views or collaborating on future organizational structures.

Constructionist ontology focusses on relational language and discourse so there is a strong link with narrative research. Narrative research can give voice to marginalized and disempowered communities, thus changing power structures through first hand accounts. As Gergen argues, "Narratives of the American Indian…have brought attention to the stressful and oppressive conditions of living within [this] group" (Gergen K. J., 2009a, p. 27). In this form of inquiry, the researchers and participants become agents of social change. In this sense, constructionist research is "future forming". Gergen makes an important distinction: "The aim is not to illuminate existing problems in society, but to devise practices that can achieve better or more viable outcomes" (Gergen K. , 2014, p. 10).

Narrative research is often about "redeeming constructions" that is, life stories that share lessons of life learned by the storyteller. The narratives can explore multiple life constructions and thereby give insight and understanding to readers, creating new relational possibilities, and perhaps even social change (Gergen K. J., 2009a, pp. 66-67).

McNamee describes how participants can enter into narratives in various ways, one of which can be the therapy room. These therapeutic conversations are focussed on creating new meanings that can change relationships and the power within them. The distinction between research and therapy blurs when both are viewed as transformative and generative. In constructionist research, conversations are founded in curiosity and reflexive critique which is similar to

the therapeutic approach. Both can be processes of discovery and intervention (McNamee S. , 2000).

As with all relational approaches, social construction focusses on a reflexive approach in making meaning. Reflexivity can refer to several different things in constructionist research. First, it can define the role of participants in the research, their relationship with the researcher and their status in the production of knowledge. Generally, this means an equal voice or equal in value place between participants and researcher. Reflexivity can also mean there is a simultaneous account of an event and an account of being in the event. Lastly, it can refer to an equal status of accounts or analysis of events by both the participants and the researcher (Burr, 2003, p. 156).

Through self-reflexive inquiry the researcher might look at what was learned in dialogue or what was missed, how written work could be more open or how responses could be more generous. A reflexive stance can give new meaning to what was generated in discourse, to really hearing language and its use in relational power, and to a greater understanding of local ways of knowing.

It is often through reflexive inquiry that insight is gained into the themes of multiple voices or diversity comes to be seen as richness and curiosity. Through reflexive critique, power in action may be observed, voices noted that were missed in conversation, and relationships seen that were not witnessed.

I describe my self reflexive practice throughout the duration of the family therapy practice later in this chapter. Further, I critically self reflect on this research in the final chapter eight of this manuscript.

In summary, social construction believes there is no one superior method of conducting research. Instead, it invites "multiple ends for research, and invites ways that best serve those ends" (Gergen K. J., 2009a, p. 78).

INDIGENOUS METHODOLOGIES

I have described the Indigenous worldview in Chapter One so will summarize it here in terms of epistemology.

Indigenous ways of knowing are relational, collaborative, locally focussed in family and community, and motivated by spiritual beliefs that ask for relationships to be balanced, harmonious and loving. Relationships between all aspects of life are important, both animate and inanimate aspects. Power is considered as equal-in-value within relationships, while roles define responsibilities. Because most Indigenous research is community based, the knowledge gained from the process is expected to be returned to the community for their benefit in going forward.

There are multiple kinds of Indigenous research flourishing at this time. In my research, I am focussing on qualitative research that is collaborative, relationship focussed, action-oriented, community generated, and involves narratives and dialogue. Reflection and reflexive analysis are used as part of the focus on balance and harmony. Multiple methods can be used in one research project. The circle format based in cultural knowledge is one of those methods. In the following discussion, I provide examples of Indigenous research that illustrate these methods. But first there is a key issue of protocol.

Before initiating research with an Indigenous community, the Elders must be contacted and offered tobacco[5]. This respectful protocol is a request for direction, guidance and support from the Elders. It says we wish to collaborate with you. As per cultural protocol it also says we agree to do no harm to the participants and that research results are to be returned to the people for their betterment (Canada, 2015).

Examples of Indigenous Qualitative Research

Indigenous research is gaining momentum now that it has undergone a process of decolonization. In Canada, we are beginning to take control of our own research agenda. I mention some in particular that are consistent with the approach used in this dissertation.

Narrative analyses are often used in Indigenous research and rely on storytelling, personal stories, individual interviews, historical narratives, and traditional teachings. Dreams can be used as important data. For example, Jo-ann *Q'um Q'um Xiiem* Archibald (Sto:lo) used storytelling as her research methodology in preparing curriculum for an education project. She describes how she was inspired by a dream to do her research, as it directed her to go on a "journey of learning":

5 Traditional Oral Teaching reinforced by current Indigenous research policy in Canada

> After learning how to listen to the stories, I was expected to use their cultural knowledge and to share it with others, thereby ensuring its continuations. I have come to appreciate that dreams can be a source of Indigenous knowledge and that they can provide guidance for Indigenous research methodology (Archibald, 2008, p. 3).

Patti LaBoucane-Benson (Métis) used personal storytelling in her study of resilience in Canadian Indigenous families along with case study methodology informed by an Indigenous worldview (LaBoucane-Benson, 2009). Her model includes her own personal transformation, and resilience information gained while conducting the research.

Shawn Wilson (Cree) collaborates with several other Indigenous scholars to collectively share their stories as holders of Indigenous knowledge working in a western academic world. He begins his research by writing to his sons, Max and Falco: "I want to write this story […] for lots of different reasons, but mainly I am doing it for you. It is my hope that you will be able to learn from what I have written and that I may also be able to help other Indigenous people through my writing" (Wilson, 2008, p. 12).

Another example of narrative methodology is a recent study by family physician Dr. Janet Smylie (Metis) and Dr. Billie Allan (Anishinaabe) about Indigenous health care in Canada. The research centred on narratives from a counsel of grandparents and attendees at an urban health centre. The researchers also applied a critical Indigenous lens to current national colonial practices and policies (Allan & Smylie, 2015).

Collaborative research is used extensively and incorporated with other methods. In addition to Wilson's study above, Kathleen Absolon (Anishinaabe) collaborated with 11 other Indigenous researchers who utilize Indigenous paradigms and worldviews. She argues that Indigenous research is rooted in our worldview, and that its key elements can be likened to the petals on a flower: relationships, reciprocity, history, values, traditions (Absolon, 2011).

Multiple methodologies can be woven together. Natalie Clark's (Métis) article, *"Melq'ilwiye" Coming Together in an Intersectional Research Team–Using Narratives and Cultural Safety to Transform Aboriginal Social Work and Human Service Field Education* (Clark, 2009), is an example of Indigenous research utilizing multiple methodologies such as storytelling, personal narratives, and

collective research led by a collaborative team of community members. The research team also shared writing together. The project focused on discussions of power, trust, and relationship dynamics between the participants. The knowledge gained from the research has guided potential social workers in their field placements in the community, identified emerging innovative practices, and made suggestions for future success of social work students.

There are multiple forms of performance methodology such as drama, theatre, dance, and song. I am restricted by the written format of this dissertation from providing examples of these methodologies. However, I can provide an example of written narratives that invite dialogue and collaboration. Narratives can be written or oral, in the form of poetry, plays, art, journal articles, books, and video. An increasing number of journal articles written by Indigenous scholars are being published that share Indigenous ways of knowing. They invite discussion in their chosen professions around inclusion and application of Indigenous knowledge. Cindy Baskin (Mi'kmaq) a social work professor offers an invitation to other professors to dialogue with her around incorporating Indigenous spirituality into the social work classroom (Baskin, 2006).

The circle format is often used for conducting research and easily adapts to locality, size and project topics. Whatever its purpose, protocols and ethics are established in collaboration between participants and the circle leader. Typically, these protocols address how the narratives will be shared, who is involved in the process and who will benefit from the results. The circle can be a physical circle of research participants as in Johnson's research below or an illustrated form of the circle of life or the medicine wheel in a written article. For example, Michael Hart's (Cree) work on an Indigenous helping approach in social work is set in the medicine wheel and emphasizes wholistic healing (Hart, 2002).

Dr. Shelly Johnson (Saulteaux) used "fishbowl circle" methodology (Johnson, 2012) with adults and youth who have experienced the foster care system. The fishbowl circle is a traditional circle of listening and response, with continuous acknowledgment of each speaker's words as is traditional in Native languages. Johnson's research circle also included a witnessing circle as a third voice. Speakers were supported by listeners who repeated phrases such as "we hear you", "we are listening", "we bear witness to your words". Witnesses gave testimony at the closing of the circle.

Reflexive analysis and critiques are used in Indigenous research. Indigenous scholar and family therapist Suzanne Stewart (Yellowknife Dene) sees the reflective process as a valuable process and writes "It is valuable…to perceive the use of social interaction and reflection as tools to propel us down the path of understanding the self" (Stewart S. , 2009, p. 65).

Linda *Tuhiwai* Smith's (Maori) utilizes reflexive critique and other methodologies in her book, *Decolonizing Methodologies: Research and Indigenous Peoples* (Tuhiwai Smith, 2008). Her book is pertinent to this dissertation on several levels. She uses research to "challenge western methods of research" and the study of Aboriginal peoples as seen through a western lens of colonization. Smith argues that "It is this awareness of colonization, and the firm belief that Indigenous peoples have their own worldviews, that led to the present stage in the articulation of our own research paradigm" (p. 53).

Various forms of analysis are used in Indigenous knowledge. They vary according to the requirements of the material. Typically, meta-themes and patterns are noted using an Indigenous lens. Two studies by Suzanne Stewart utilize meta-theme methodology on data gathered in narrative contexts with Indigenous youth and sexual abuse victims (Stewart, et al., 2014) and (Reeves & Stewart, 2014). Archibald (2008) analyzes the stories told to her as noted above, in order to research the importance of storytelling and oratory to Indigenous history, teachings, and discipline, as well as communication in Native cultures.

Current Indigenous methods invite culturally safe quantitative and qualitative research methods from western practice to be included with cultural approaches. A document in British Columbia written by the Association of Aboriginal Friendship Centres encourages incorporating qualitative research methods with cultural practice for the purpose of Indigenizing outcome measurements with foster care children. They hope to increase initiatives for intergenerational healing (BC Association of Aboriginal Friendship Centres, 2010).

At this particular time, wholistic and land based approaches are prevalent. When combined with circle sharing and dialogue they offer significant opportunity to generate knowledge. The Aurora Research Institute in northern Canada uses land based research in its environmental, education and health projects and is currently conducting a study in decolonizing education programs in a cultural setting on traditional land (Aurora, 2016).

CONDUCTING THE INQUIRY

I now name the methodology used in this project. It is a social constructionist qualitative study which complements the Indigenous informed methods.

Opening Protocol

Prior to beginning this research project, I offered tobacco and shared tea with my Elder, Jan *Kahehti:io* Longboat at Six Nations Territory at the Grand River.

Jan was clear with me that the results of this research must return to the people and I must do so by placing something concrete in their hands. She described a traditional story stick used to record stories. I agreed to apply the knowledge gained in this research with the families and the communities and to ask people to claim their story stick.

The opening protocol ensured the collaboration of my work with Jan, other Elders and the community.

Collaboration with Elders and Community

Several times during this project I sat with *Kahehti:io*, travelled with her, shared my struggles with the material, and listened to her directions. I always left our visits feeling uplifted and reenergized, with a new direction and a greater appreciation of my culture.

Several other Elders were my teachers and guides throughout the project. I spent a day with Frank *Tehahen:te* Miller, a Mohawk language teacher in Six Nations Territory, and gained further understanding of our language, worldview, and traditional knowledge. *Tehahen:te* provided insight in the areas where social construction and Indigenous knowledge sometimes parted ways.

A third Elder, Ray *Taw^te'se* John, Oneida*/Rotinonhsión:ni* was a language teacher and keeper of knowledge. He has passed over during the time I was writing, but I know he is with me in spirit. Ray taught me the leadership role of women in our culture, the power of the *Kaianere'ko:wa*/Great Law of Peace, and directions for creating Good Mind and peaceful relationships. It was powerful to learn the responsibility of being a woman because women "own the rafters of the house"[6] and choose the chiefs of the *Rotinonhsión:ni* Confederacy.

6 Oral teaching, January 2010

I travelled with Jan Longboat to sit in ceremony with Mike *Kanara'tano:ron* Jock. He carries the traditional stories and knowledge of Confederacy law, is keeper of a pipe and holds the teaching of *Guswenta* /Two-row Wampum Belt. By smudging and sharing the pipe with him and Jan, I agreed to listen, learn and share these teachings with the people.

Elders from other nations have offered their guidance, their stories, and their nurturing love to encourage my work. I have been scolded, provided food, clothes, and many hugs throughout my research, all of which affirmed my relationship with my community and validated I was on the right path traditionally.

Context of the Research

The research information was gathered in a family therapy practice in a small urban centre in the interior of British Columbia, Canada. I opened the practice in January 2000 and closed the practice in March, 2013.

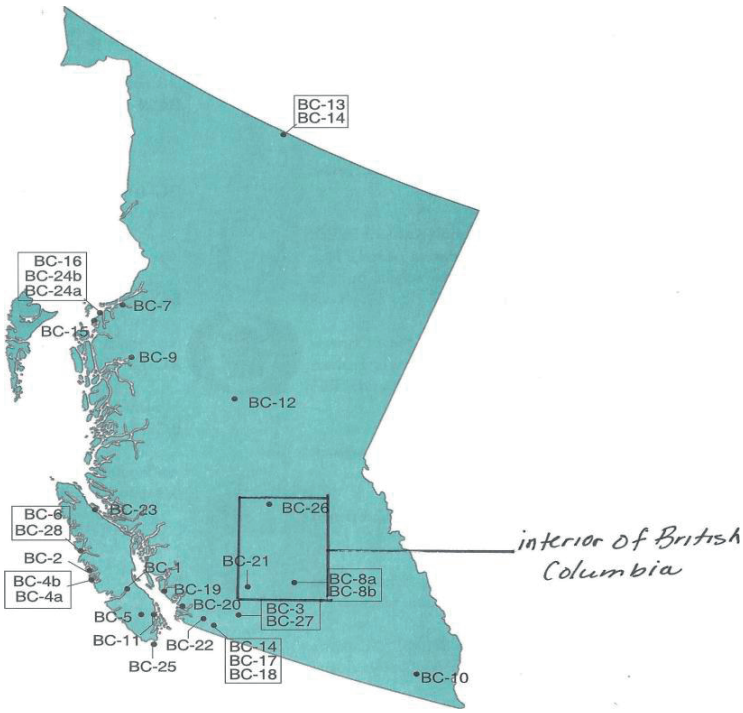

FIGURE 8 | A map of the Province of BC, Canada with the area of the Kahwà:tsire family practice noted in the rectangle. Residential schools are noted as BC-#. (Aboriginal Healing Foundation, 2003).

Three Indigenous Nations are close to the city; Secwepemc, Nlaka'pamux and Syilx. Two more, St'át'imc and Tsilhqot'in, are a two to three hour drive away. Three Residential Schools operated in this region until the 1970s; Kamloops, St. Georges and St. Josephs Mission. Most Indigenous families accessing my practice had family members who attended these institutions.

Approximately 10% of the urban centre's population[7] is Aboriginal and represent Indigenous Nations from across Canada.

The family therapy practice office was in a small medical building in an area of the city where the majority of the urban Indigenous population live. It was also adjacent to property where my Mohawk grandfather had settled when he came to western Canada. The river and several parks were nearby, and the hills and grasslands were a 10 minute drive away. I utilized them all in my practice.

People entered the *Kahwà:tsire* family practice physical space by opening a door into a foyer furnished with a small loveseat, and a food area where snacks and beverages were always available. The walls displayed local Indigenous artwork. Sessions were held in one of two large comfortably furnished rooms. One room had a window wall with a small tree in front of it and held two easy chairs and a rocking chair. The second room was our performance room and was equipped with a painting easel and paints, clay, rugs on the floor for sitting, books, and a sandbox. There were a few musical instruments, including a hand drum.

My personal workspace was in a room located between the two session rooms.

Large family meetings were usually held in the family home or sometimes in the Band hall in the community, and occasionally in the Band office.

Parameters of the family therapy sessions were set by the funding agencies, generally either Health Canada or the local Nations. This limited sessions to 20 per lifetime, but this changed later to 20 per year. Crisis sessions were limited to 6. I learned to be adaptive with the funders in order to provide the time the family required.

7 Statistics Canada

The sessions were generally scheduled ahead of time and lasted anywhere from one to three hours. If a longer time together was needed, then we took breaks.

When I closed the practice in 2013 I had 612 files representing multiple local families, as well as a handful of families from other parts of Canada who had intermarried locally. Some individual files were related only to nations in other parts of Canada.

Ages of participants in the practice ranged from the youngest at 18 months to 81 years. At first, the majority of people were between the ages of 25 and 45. This changed as the residential school court cases increased and survivors attended the practice, most of whom were over the age of 45.

Animals were welcomed to the practice and attended to assist their owners in healing. This included my own dog, Hani who attended one day a week from 2011 to 2013 and who offered his compassionate licks and wagging tail to grieving elders and children. I also had the opportunity to apply trauma recovery protocol to one dog who had been in a housefire.

A Collaborative Inquiry

Social constructionist and Indigenous collaborative approaches were used as a systemic family therapist. Relationships began when people initiated therapy on the phone. I usually was asked to declare who I was related to, my Indigenous heritage, and what I knew about healing people's hurts. There often was dialogue which explored mutual friends and relationships which both of us found informative. After I was interviewed and found to be agreeable, then I asked for their information. Our collaborative beginnings continued over tea or coffee when they attended at the office. I shared some of my story and in return heard some of theirs. Then we mutually decided where we would begin to address the concerns.

Gathering the Information

Multiple Case Studies: Case notes were written after each therapy session. I included themes and highlights of personal stories and family narratives; clinical interventions I offered; and the meaning /knowledge we collaboratively created. These notes were a time of reflection for me. I noted critical reflections on my work, and concerns to be addressed later with the families. External participants (people who attended as requested from time to time) in the sessions were included in my notes and these ranged from family leaders, Elders, natural

healers, social workers, lawyers, community healers, community leaders, police, and probation officers. I noted referrals to healing centres that were requested, and any follow up healing work these centres had suggested.

Narratives: Personal storytelling and family storytelling were the most common form of discourse. Some stories were written in the form of letters and poems. A few Elders requested that their stories be recorded so they could play them for their families. These were for their personal use only. I practiced Indigenous communication[8], that is honoring the speaker with listening with all my senses to their stories. I often heard the stories repeated within varying contexts and with differing emphases by multiple people. I noted overlapping themes, information, and patterns.

I learned to hear if the voice matched the content and matched the emotion, and this in turn, matched my intuitive knowing. I was attentive to tone and body language. I noted if the speaker had arrived at a new sense of meaning making by listening for a new vibrance in their voice, a brighter tone, and a change of direction in their story.

Dialogue: I shared my stories, cultural teaching stories, and stories I had learned from other speakers (with their consent). I asked for clarification at times; noted connections within stories that the speaker may not have seen; I offered feedback and suggestions from my experience; sometimes I suggested other people who may be of assistance to the family; I highlighted parts of the story that had special meaning to me or reflected a strength or brilliance of the speaker.

The session closed with a summation of the meaning for the speaker and/or family and for me. Future action was discussed and decisions made on how to go forward. Often we closed with prayer.

At times the content of the story became very important. This occurred if harm had been done to a child, adults had been violated, or laws had been broken. In these cases, we were bound by Canadian law to take action. Typically, we collaborated on notifying the appropriate authorities. This sometimes led to social action and social change, as occurred in residential school reporting of abuse.

8 Indigenous communication is focussed on listening.

Performance methodology*:* **FIGURE 9** The use of art forms in storytelling was very important and included sandbox storytelling, multiple art forms with paint, clay, wax, wooden blocks and soapstone carving. Photos of all art performances were taken and placed in files.

Healing ceremonies were conducted to assist in healing attachment between parents and their children; cleansing ceremonies were held after heavy storytelling; relationship ceremonies were held for healing the relationship between adult residential school survivors and their adult children. Because these ceremonies were culturally private, I cannot offer any further detail. However, they provided information in meaning making, expanded spiritual knowledge, and deepened relationship connections.

A collaborative generation of information occurred when themes were noted in sessions, and approaches were found helpful in changing these themes. First, the theme was named, then its parts were deconstructed, then reconstructed with new meaning and new actions. For example, a theme of abandonment was noted by me and several family members. We sat together and compiled ways we experienced abandonment in our childhood. Then we noted how we continued abandonment behaviors in our adult lives. We produced two papers "How We Are Abandoned" and "Ways We Abandon Ourselves as Adults" which have been shared with others in the practice and with healing circles where the information continues to be updated.

Analyzing the Information:

Reflexive inquiry: As noted above my notetaking which followed each session was a time of reflection of the process. I reflected on the collaboration between myself and the participants, of themes in the narratives. I critiqued my contributions and way of being in the session.

I often spent time away from the practice in a reflexive space. Later as I began this writing, these case notes were read, reviewed, and reflected upon once again.

I also used reflective analysis in personal private journals which are stored in my home. I spent reflective time in ceremony and meditation in my home on a regular basis, generally as a way to begin my day. As the participants' residential school stories became increasingly violent, I found I needed to be attuned to my self care. I used traditional methods of fire, going to cleanse in the river, and spent long periods of time on the land. These were times of deep reflection. As my own stories were stimulated, I sought healers with whom I could debrief and further reflect on my own process.

For nine of the thirteen years of the *Kahwà:tsire* family practice I was mentored and formally supervised by a senior family therapist. He was a former priest and immigrant to Canada from India. We dialogued together in person and by phone. He had a unique curiosity and humour, and at times he challenged Indigenous spirituality. I often was stymied by his contrasting views, and unsettled by his wisdom. He asked me to pay attention to the social impact of the process that was unfolding in the practice. I sat in reflective analysis for days following our time together.

Overall, I reflected in two areas. First, I reflected upon the information before me: the pain inflicted upon Indigenous people by colonization; the creative ways people responded in order to survive; the Indigenous views of colonization and their contrasts with mainstream views; the resilience in the people and their connection with the cultures; how Indigenous spirituality was central to everything in the cultures; and most of all, what happened in the families when the government forced the parents to give up their children to institutions.

Second, I reflected using the Indigenous voice of the Elders and my *Kanien'keha:ka* teachings of Good Mind and the Great Peace: how are we to make this work; how are we to go on; how can we bring in traditional values and ceremony; where are the three pieces of *Watkenhonwera:ton* – brilliant intelligence, relationships, and love – and how can we bring these forward?

Meta-themes analysis: As I reflected, I noted the common themes: the impacts of colonization on lives and families; the common themes of pain from forced attendance at residential school; the common themes of new meanings made

in family forms and organization; the effectiveness of responses from systemic family therapy, social constructionist and Indigenous approaches.

External collaboration: I took time to share my analyses with colleagues whenever we collaborated in healing circles. For several years, I worked periodically in another territory in British Columbia as part of a team. During these times, I shared my reflections with other team members who represented other cultures and communities, and I found my reflexive analyses were validated and expanded. I shared the meta-themes that were emerging in the practice, and had exciting and challenging dialogues that deconstructed and reconstructed these themes, and were useful to me and to the other team members.

Writing This Dissertation: This research project has taken many more years than I anticipated. It has required me to take apart, rebuild, refine, review, critically analyze what I learned, what I want to share, how I can best be heard and understood. It has asked me to analyze what I have been a part of, and what is important that I want to share.

A BRIEF INDIGENOUS STORY OF 500 YEARS OF COLONIZATION

CHAPTER 3

As I begin writing this Chapter I am reminded of an African proverb which says that the story of the lion hunt is incomplete until you hear the lion's story. Perhaps this is the lion's story, in Canada.

Colonization of Indigenous lands and nations began in the 1500's and the families in this study have been impacted for over 500 years. For the reader to fully grasp the need for Indigenous families to address their current state of affairs, an understanding of the history of colonization in Canada is required. Until recent years, this history has been presented by English and French settlers who ignored Indigenous nations and their contribution to establishing a new country. The European lens also did not include a history of colonizing policies and practices that were pressed upon Indigenous people.

A full historical account is beyond the scope of this dissertation but an exploration of colonization and its consequences, in particular the impact of the residential schools in Canada, is crucial. Without such knowledge and understanding it would be easy to impose individualistic interpretations upon experiences and behaviours that further marginalize and pathologize Indigenous people. Practitioners need to know this history in order to work effectively with Indigenous families. In fact, as a result of the recent Report of the Truth and Reconciliation Commission (2015), communicating this knowledge is one of the most important recommendations arising from the commission's hearings. Further, Indigenous families themselves are often unaware of how the force of such cruel policies has shaped their views of themselves, their parenting practices and their communities.

I will begin with a discussion of colonization as seen through the lens of my *Rotinonhsión:ni/*Mohawk culture, since we were among the first nations to meet with Dutch, English, and French explorers in the 1500s and 1600s.

KAIENERÀKO:WA (THE GREAT LAW OF PEACE)

The *Rotinonhsión:ni* people from whom I descend were given the *Kaieneràko:wa* (The Great Law of Peace) by a man named *Deganawida* or the Peacemaker. The Peacemaker brought three primary matters to us from Creation and these three matters are to be attended to before all else – *Kanikonri:io, Skennen,* and *Kastenshera*. They are translated as the **good mind**, **peace**, and **strength**. I have been taught that all of our actions are to be based on these three mat-

ters, including research, my writing, my family roles, my relationships and my practice as a family therapist. To do so ensures that our people, our nation and our families will live peacefully within our communities, between other nations and communities, and amongst all our relatives.

As part of the *Kaieneràko:wa* a ceremony of protection called "The Edge of the Woods" was conducted by the women as leaders of the families. This ceremony was one of respect for the boundaries and security of the families who lived in each village.

When newcomers approached a *Kanaien'keha:ka*/Mohawk village, the women met them at the edge of the woods. The newcomers were questioned *She:kon Skén:nen*: Are you carrying peace? Relationship information was exchanged (Who are your families and who are your relatives?) What is your purpose for travelling, and what are your intentions in approaching the village? The men of the village stood nearby to support the women if required.

When people from another civilization – that is, Dutch, English and French – arrived at the Edge of the Woods, they were greeted and questioned then welcomed by the women into the villages of the *Rotinonhsión:ni* people. The newcomers spoke of peace. The people took care of them and taught them survival skills, as the traditions of sharing and caring require.

Peace treaties and agreements made as part of *Kaieneràko:wa* by nations and communities were sealed by the creation of Wampum Belts; sacred woven belts of shells.

The *Guswenta*, a Two-row Wampum Belt consisting of two purple rows surrounded by white rows on either side and down the middle, was a treaty made in 1613 between the *Rotinonhsión:ni* people and the Dutch (see Figure 8). It has two purple beaded rows symbolizing an equal relationship of peace, strength and friendship between the Dutch and the *Rotinonhsión:ni*.

FIGURE 10 | Guswenta /Two-row Wampum Belt

The weaving of the *Guswenta/* Two-row Wampum Belt is a sacred binding agreement to last forever. The two peoples from two different civilizations would walk side by side, each adding to the knowledge of the other.

However, something went astray and this binding agreement was not kept by the newcomers and instead *Rotinonhsión:ni* villages were attacked. Over time, our *Kahwa:tsire* /families (translated as "we are wrapped together in a family") were unwrapped as colonization intensified, children were forcibly removed from our families to residential schools, and the sacred fire in each *Kahwa:tsire* was attacked to the point of extinguishment.

Historically over the past 500 years in North America, the relationship between Indigenous peoples and European colonization has been this:

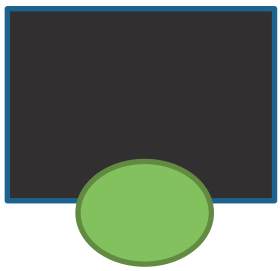

FIGURE 11 | Colonization relates to the circle with superiority

The strongest examples of this assumed superior relationship exist in Canada with the Indian Act of 1876 which made Native Nations and Native peoples wards of the Canadian government and took control of every aspect of Indigenous people's lives; and the act of Parliament in 1920 which amended the Indian Act to include the forced attendance of children between the ages of 7

and 15 in residential schools – designed to make the child into an acceptable Euro-Canadian and additionally, to destroy the "Indian in the child"[9].

COLONIZATION AND THE EUROPEAN/ WESTERN VIEW

It can be helpful to recall that the era of exploration by European nations in the 1400's – 1700's was also the time of the Inquisition in Europe instituted by the Popes (American-Israeli Co-operative Enterprise, 2012; Chansonneauve, 2005, p.10).

European Popes wrote directives called papal bulls during the 1300s, 1400s, and 1500s to European monarchs and explorers giving explicit instructions regarding the treatment of newly discovered lands and peoples. A belief in innate superiority was rampant during the Inquisition when non-Christians in Europe were persecuted and executed. This same context then framed the contact between Europeans and Indigenous peoples. Assumed innate superiority drove the contact between explorers and peoples discovered in so-called "new" lands (Miller, Ruru, Behrendt, & Lindberg, 2012).

A papal bull issued by Pope Nicholas in 1455 describes how the European explorers were to view and treat the non-Christian Indigenous peoples, that is, "To invade, search out, capture, vanquish, and subdue all Saracens and pagans and to place them into perpetual slavery and to take their property" (as cited in Miller et al., 2012, p. 11).

Colonization, therefore, can be described as the act of claiming ownership and superiority over another people by objectifying them, and "re-arranging them, re-presenting them in another format, and re-distributing them and what is theirs" (Tuhiwai Smith, 2008, p. 62).

9 Generally attributed to Sir John A Macdonald, First Prime Minister of Canada

THE INDIGENOUS WORLDVIEW AND EUROPEAN COLONIZATION CONTRASTED

Eduardo Duran (Pueblo Apache) has noted the worldview of the European nations and contrasted it with the worldview of the Indigenous nations. He describes the gulf between the two worldviews as follows:

> Western thought conceptualizes history in a linear temporal sequence, whereas most Native American thinking conceptualizes history in a spatial fashion…The Native American worldview is a systemic approach to being in the world that can best be categorized as process thinking, as opposed to the content thinking found in the Western worldview [...] the Native American worldview is one in which the individual is a part of all creation, living life as one system and not in separate units that are objectively relating with each other. The idea of the world or creation existing for the purpose of human domination and exploitation – the core of most Western ideology – is a notion that is absent in Native America thinking (Duran & Duran, 1995, pp. 14 - 15)

Tomson Highway (Cree) author, playwright and musician, noted that the colonizing worldview is constructed around men and power while the circle worldview is constructed around women and relationship: "In 1492, the God met the Goddess here in North America. And what has gone down in North America in the last 500 years is the biggest case of wife abuse in the history of the world" (Highway, 2004).

> I have described similar contrasts about the two worldviews (Derrick, 1993).

COLONIZATION AND THE KAHWÀ:TSIRE PRACTICE

As mentioned at the beginning of this chapter, it is crucial to grasp some key differences between the two worldviews in the context of the *Kahwà:tsire* family therapy practice.

First, due to the extent of the institutionalization and trauma of residential schools imposed by colonizing European nations and later Canadian policies, many behaviours and beliefs that are counterproductive to a healthy lifestyle have

been normalized by Indigenous people. Native people tend to accept these as norms of Indigenous culture when they are not. For example, harsh discipline and punishment of children is not a tradition in Indigenous cultures where kindness and gentleness are prized. Harsh treatment of children has now become normalized in many Native communities and families.

Second, many Indigenous people are still unfamiliar with the history of colonization, its values, and beliefs, and accept their current chaotic lifestyles as normal. The shame of dysfunctional families and communities is often carried as individual shame, a burden that is validated and reinforced by the continued European colonized view of Indigenous people. These phenomena create walls of defence that maintain people as victims, and families and communities as places of violence, militating against taking a wholistic approach to healing.

This normalization of colonizing practices is illustrated by an example from the *Nisichawayasihk* Cree Nation in Manitoba. A community meeting there recently contrasted the difference in worldviews with respect to the impact upon the youth of their community. A demonstration was held in the community healing lodge, recreating what would happen in the case of a youth damaging a home in the community, entering it without permission, and stealing electronics from the home.

The first dramatization was of the colonizing worldview which would have the youth arrested by the Royal Canadian Mounted Police, handcuffed, and taken to jail. The jail is an eight-hour drive away from the community in a major city. Later he would appear in court in handcuffs wearing a brightly coloured jumpsuit, have the charges read, have a lawyer speak on his behalf, and be sentenced to further time in jail. The community might or might not be made aware of the youth's actions, or his sentence and resulting jail time. Neither would the community be aware of when the youth is due to return home. This youth would experience fear, shame, and isolation with little community support or follow-up.

In contrast, there was a second demonstration, namely that of a traditional Cree community court led by the grandparents. The community sat in concentric circles in the healing lodge with the grandparents in the inner circle. The youth appeared with his family around him and sat quietly in the centre of the circle facing the lead grandparent. A statement described what he had done and the grandparents asked to understand his actions. He spoke of his drug use and its ability to let him cope with physically violent parents. The parents were

then questioned and asked to explain their physical violence, and gradually the youth and his family's story unfolded for the community. He was "sentenced" by the grandparents to work in the community, and to attend family camp in the summer. His parents were "sentenced" to attend trauma and addiction healing sessions. Moreover, the community was "sentenced" to monitor and support the youth and his family in every way possible. The youth experienced validation, compassion, discipline, accountability, and most of all, community awareness and support.

For the community in *Nisichawayasihk*, this demonstration created eye-opening awareness. Many people did not realize they had a choice in how to proceed with youthful transgressions. Many younger people were unaware of a traditional Cree community court. For several very angry people, it allowed them to listen and to turn to the grandparents for further discussion of their traditions (Walker & Derrick, 2012).

THE INDIGENOUS EXPERIENCE WITH COLONIZATION AND ITS IMPACT ON INDIGENOUS PEOPLES

The meeting of these two worldviews was experienced in three different forms by Indigenous peoples:

- Colonization
- Genocide
- Forced assimilation

In some cases, Indigenous nations experienced each of these forms in progression from colonization through to forced assimilation. In other cases, genocide occurred upon the initial contact between Indigenous peoples and Spanish, Portuguese, English, French and Dutch colonizers, when entire villages would be decimated. And in still other cases, all three forms occurred at once (Wesley-Esquimaux & Smolewski, 2004).

> The accepted 19th century version of North American history is that Europeans found a wild and unsettled land inhabited by primitive indigenous nomads. These nomads were then confronted by an advanced civilization that carried the seeds of modernism and that transformed the land from a veritable wasteland into a productive and progressive civilization. (Lyons & Mohawk, 1992, p. 19)

> It is generally understood that at the time of the landing of Europeans, there was a population between 10 and 50 million Indigenous people comprising over 600 separate cultures and sovereign nations in North America. (Taylor, 2002, p. 40)
>
> When the Indigenous populations of the Caribbean Islands, Central and South America are included, it is estimated that 90 to 112 million Indigenous peoples lived in the Americas at the time Columbus landed. (Wesley-Esquimaux & Smolewski, 2004, p. 12)

These sovereign nations had many accomplishments, some of which are: the achievement of sophisticated forms of democracy that focused on an advanced ethos of freedom and internalized discipline (for example, the Rotinonhsión:ni Confederacy previously discussed); a body of literature which was primarily oral and also written in some cases; vast agricultural irrigation networks facilitating crop cultivation; a medical model with well-developed forms of herbal and psychotherapeutic knowledge (this model is typified in the aforementioned Cree concept of *mino-pimatisiwin*); and crop domestication and complex seed development for food supply security (Lyons & Mohawk, 1992, p. 2).

From the earliest days of contact, action was taken to stop the exploration and invasion of the Indigenous civilization and sovereign Native nations. Miller et al. (2012) write that Chief Donnacona of the *Rotinonhsión:ni* Confederacy, accompanied by 10 to 12 chiefs and over 500 citizens, boarded Jacques Cartier's ships to protest against his further exploration (pp. 98-99). Action was taken to defend the women and children, defend the communities, and defend the encroachment on Indigenous lands. Outright warfare ensued led by Indigenous chiefs such as *Tecumsuh* (Shawnee), Sitting Bull (Hunkpapa Lakota Sioux), and Chief Joseph (Nez Perce). In the Interior of British Columbia, Chiefs ordered their warriors to escort explorers and trappers through their territory and often to collect tariffs (Armstrong, 2012). The relationship with the European explorers and settlers was an experience of terrorization, warfare, and the imposition of an oppressive hierarchal system. Those people who remained alive were expected to become Europeans.

Methodist minister and author, John McLean, provides an example of the colonizing beliefs of the time in his book *The Indians of Canada: Their Manners and Customs,* "It must be acknowledged that there is such a thing as an Indian

problem" (McLean, 1889, p. 261). He describes the mindset which led to the creation of the residential school system:

> The civilizing of the Indians does not mean the compulsory acceptance of the white man's customs but it is the transformation of the whole man. It means the physical, mental, moral and spiritual development of the individual and the race [...] The work of civilizing the Indian race is surrounded by innumerable, but not insurmountable, hindrances because therein is implied the full transformation and development of the nature of the individual, the complete overthrow of religious, political and social customs, and very many changes in the domestic relations of the people (pp. 262-263).

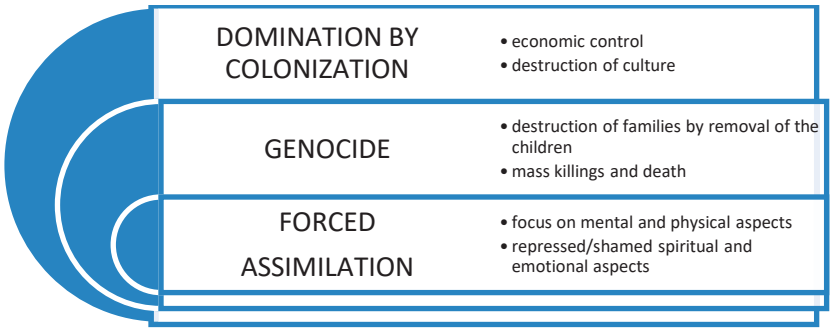

FIGURE 12 | The Indigenous worldview following intersection with European colonization

New and different values and beliefs were instituted. Rooted in concepts of private property, colonization focused on gaining economic control and claiming land. Communities and families were destroyed as part of gaining total control through genocide and the church and schools enforced assimilation and inculcation of European concepts of the world and religion. The Indigenous structures of power, governance and education were completely altered. As previously mentioned, the European governing system was formalized with policies and protocols imposed on Aboriginal communities by the Indian Act of 1876. Traditional and cultural governments were outlawed along with all cultural practices. Communities eventually restructured themselves into this system of governance and contrary to many maternally led Indigenous communities, men became patriarchal leaders.

The residential school experience of thousands of Aboriginal children became the defining influence on their future behaviour as adults. Communities and Indigenous agencies and organizations became replicas of the residential school system (Derrick, 1999b) as diagrammed below:

RESIDENTIAL SCHOOL	COMMUNITY
PRINCIPAL	CHIEF
PRIESTS AND NUNS	SPIRITUAL LEADERS
RCM POLICE	RCM POLICE
INDIAN AGENT	BAND ADMINISTRATOR
SUPERVISORS AND STAFF	COUNCIL
SENIOR BOYS AND GIRLS	BAND OFFICE STAFF
INTERMEDIATE AND JUNIOR BOYS AND GIRLS	COMMUNITY MEMBERS

FIGURE 13 | Native communities and organizations repeat the residential school hierarchy

In meeting with a worldview that devalued them as human beings, and which assumed the divine right and entitlement to all that was theirs, Aboriginal peoples were forced to accept what was completely unacceptable to them. The experience of this intersection became one of shock and disbelief, and challenged the core of the Indigenous worldview. It has created the loss of land and of most Indigenous languages. Families and communities were systemically and intentionally destroyed. Some entire cultures such as the Nicola in British Columbia and the Beothuk in Newfoundland/Labrador became extinct. It has caused the disintegration of families, the loss of traditions and Indigenous teachings, and the destruction of tens of thousands of people who were killed or died of disease and starvation. Land and livelihoods were lost and irrevocably altered, children were ripped from their families, and abuse of all types was rampant. Many Indigenous people lost sight of their worldview, their culture, values, and knowledge. Others held on with tenacity and strength (Report of the Royal Commission on Aboriginal Peoples, 1996).

Indigenous people experienced profound grief in response to the loss of cultural norms and the loss of a safe world (Derrick More, 1985). Depression was the response to living through traumatic experiences. Death was common. Life was anxiety ridden, and many could not manage. So much loss occurred so quickly and constantly that grieving and healing could not happen and emotions became

repressed and frozen. Alcohol and substance abuse were used to anaesthetize a hostile and lost world (Aboriginal Healing Foundation, 1999; Report of the Royal Commission on Aboriginal Peoples, 1996; Wadden, 2009).

The treatment of Indigenous people during the history of colonization in Canada by European and Euro-Canadian policies fits all five criteria for determining genocide:

1. Members of the group were killed and died of disease in great number.
2. Serious bodily and mental harm was caused to members of the group through loss of land, culture, language, and safety in the world.
3. Conditions of life were deliberately inflicted upon members of the group calculated to bring about its physical destruction such as the distribution of smallpox and influenza infected blankets, slaughter of the buffalo and slaughter of the Inuit sled dogs, removal of access to the land for crops, fishing and hunting, enforced starvation on the Prairies with no right to legal recourse, and enforcement of *The Indian Act* which controlled every aspect of Native lives (Calliou, 2011).
4. Children report being forcibly sterilized in the residential schools as a way to prevent births in the group.
5. Children were forcibly removed from their families to Euro-Canadian residential schools without permission of the parents in order to "civilize" them (Chrisjohn & Young, 1997, pp. 150-153).

The experience for Aboriginal people was one of utter frustration and helplessness, of powerlessness; there was anger, victimization, mistrust, injustice, betrayal, impoverishment, and despair (Scoffield, 2012). Eventually the tension, despair, and anger were acted out within the Indigenous communities and within individual families as violence in all forms. This internalized violence has become known as "lateral violence"; the actions of the oppressed against themselves (Derrick, 2005a, p. 56).

When treated as sub-human, savages, and invisible (as demonstrated by the papal bulls quoted earlier), Indigenous people experienced shame, disrespect, and outrage. The Chiefs of Interior British Columbia described this when they wrote, "They laugh at our Chiefs [...]. They say the Indians know nothing and own nothing" (Chiefs of the Shuswap, 1910, p. 5).

The Mohawk poet, *Aroniawenrate* Peter Blue Cloud (1995), writes of the impact on the *Rotinonhsión:ni* Confederacy:

> Already our nation is scattered,
> our villages and cornfields lie wasted and dying, and this
> is but the beginning,
> for I have visioned the destruction
> lasting many lifetimes. (p. 28)

Vera Manuel (*Secwepemc)* describes her experience of the intersection of worldviews in her poem *Justice* (2000):

> I feel unsafe in the white world
> To speak my views out loud
> Or to share my culture
> Uneasy, mistrustful,
> Afraid those "white people"
> Will steal the very words I speak…
> I am a product of colonization
> The result of cultural oppression
> A survivor of genocide
> I carry the burden
> Of all the unresolved grief
> of my ancestors
> In my heart, on my shoulders, in my gut.

The Indigenous worldview was impacted to the point of genocide (The United Nations, 2010). Colonized beliefs are embedded within the current laws of Canada and other colonized countries where *terra nullis* upholds Christian superiority as defined by the papal bulls (Lyons & Mohawk, 1992; Miller et al., 2012; Newcomb, 2008).

The impacts continue inter-generationally today. It is in this context that families came to the *Kahwà:tsire* family therapy practice seeking assistance. I describe the *Kahwà:tsire* family therapy practice in more detail in Chapters Five and Six.

As the researcher/collaborator, I want to note that I live in this same context with the families seeking assistance. I live with both worldviews intermingled and the European system continuing to dominate. I live with intergenerational trauma, grief, shame, and reactive attachment continuing to define my family's behaviour (Derrick, 2005a). As a personal example, I have spent many hours healing depression, abandonment, anxiety and shame. My adult children live

with the impact of abandonment, anxiety and depression and my grandchildren know what it is to be bullied at school, and to be anxious and depressed.

INDIGENOUS TRADITIONAL VALUES APPLIED DURING COLONIZATION, GENOCIDE AND FORCED ASSIMILATION

Generally, the first traditional value applied by Indigenous people during contact with European colonizers was the acceptance of the newcomers as guests, and so offers were made to share the land with them. "We treated them kindly and hospitably and helped them all we could. They made themselves […] our guests. We treated them as such and then waited to see what they would do" (Chiefs of the Shuswap, 1910, p. 1). However, "gradually we are becoming regarded as trespassers over a large portion of this our country […] Conditions of living have been thrust on us which we did not expect, and which we consider in great measure unnecessary and injurious" (Chiefs of the Shuswap, 1910, p. 4).

The second traditional value used by Indigenous leaders was speaking with European leaders and initiating negotiations. Respect and kindness had been given and reciprocation was expected – a third traditional value. Negotiations were held and treaties were written. Over time, however, these negotiations, treaties, written and spoken promises were broken. Indigenous peoples viewed these treaties and promises as solemn covenants, which is a fourth traditional value. Settlers viewed the treaties as contracts that could be broken, or forgotten, or renegotiated as they chose.

A fifth traditional value of caring for the children prevailed. Children who lost parents were immediately cared for by other family members, typically the closest female relative. This is often referred to as "custom adoption". The traditional value of sharing and caring for others continued, and families protected each other as much as possible. Ceremonies and cultural practices were continued in private. Men continued to hunt traditionally for their families, and women continued to gather food and medicines as circumstances allowed.

INDIGENOUS FAMILY EXPERIENCE WITH EUROPEAN COLONIZATION

The Indigenous role of women and men as equal-in-value and shared leadership was reversed during European colonization. The women were moved to the bottom of the imposed hierarchy where they became the property of the men. Men were forced to learn patriarchal roles and new ways of providing for their families, and were often helpless to protect the women and children. Children were physically removed from their central place in the family and community to government and church institutions where they were devalued, and physically, mentally, spiritually and emotionally abused. Both women and children became the most unsafe in an unsafe world.

This rearrangement of social roles and responsibilities, especially the devaluing of women, began the destruction of Indigenous society (Wesley-Esquimaux & Smolewski, 2004, p. 47). Labelled as stupid and savage, and continuously exposed to danger, the sexual and physical exploitation of women and children became the norm especially within the residential school system (Chrisjohn & Young, 1997; Fournier & Crey, 1997). The exploitation of Aboriginal women continues today in Canada with an epidemic of missing and murdered Indigenous women. In spite of numerous investigations, police statistical reports, and public demonstrations calling for action, Native women continue to be targeted. The federal government, until a recent change in the party in power, refused to take action or name this epidemic as a sociological problem.

Vera Manuel *(Secwepemc)* describes her experience as an Indigenous woman:

> A woman without a tongue has no safe place in this world.
> Everyone expects her to be silent, obedient,
> devoid of all emotion, kneeling at the feet of men.
> A woman who always knows her place is following behind,
> lying beneath,
> legs spread,
> mouth opened
> ready to receive that horrible kiss. (Woman Without a Tongue, 2011)

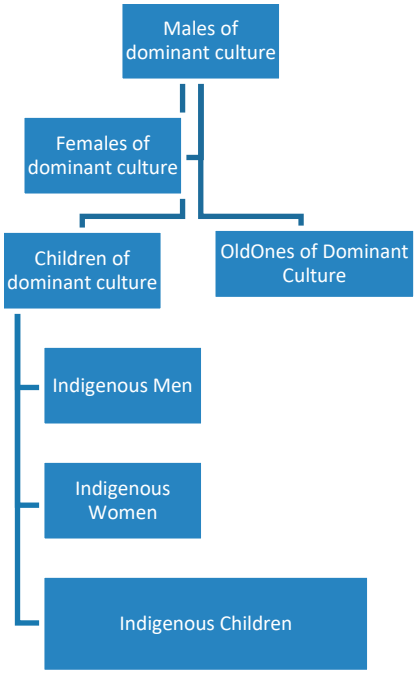

FIGURE 14 | Colonized social hierarchy and the reversal of the Indigenous social roles

The families reorganized as the men took the patriarchal role. The women became submissive to the point of accepting physical violence from the men and the children survived as best they could. Often that meant taking the role of parent with their younger siblings. Very often, the children cared for their traumatized parents, physically assisting them as well as emotionally being present for them. Many stories of this time of "darkness and trauma" tell of children splitting wood to keep the fire going, scavenging for food for themselves and the family, and keeping secret hiding places away from the house equipped with blankets, food, and matches.

One of the most profoundly destructive forces was the residential school system which began gradually in the 1800s and evolved over the years to become government policy implemented by the churches (Chrisjohn & Young, 1997). As stated previously, the goal of these schools was the removal of the Indian from the child, and their remodelling into a European child, divorced from the savage existence of their families. In truth, the removal of the children from their families introduced profound trauma and attachment disruption into healthy family relationships.

Dysfunctional relationships became the norm along with suicidal behaviours, alcohol addiction and violence (York, 1989, chapter 2). These dynamics have evolved to become intergenerational and profoundly affect today's Indigenous families (Aboriginal Healing Foundation, 1999; Anglican Church, 1995; Truth and Reconciliation Commission, 2009).

As survivors of the residential school became parents, children parented both each other and their parents. In this way, children lost their childhood and found it difficult to then parent their own biological children. The families' roles in essence were reversed. The reversed roles in a family looked like this:

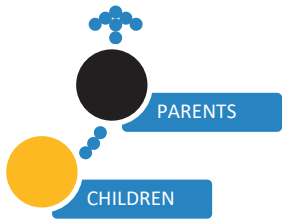

FIGURE 15 | Reversal of roles in the family after the residential school experience

At one point in the epoch of the residential schools system, in 1907, Dr. P. H. Bryce was contracted to inspect the medical conditions of Native children in these schools. His summary concludes that 42% of children in the schools would die, having entered the school in "good condition". In 1915 the principal of Kuper Island Residential School, British Columbia, stated that of a total of 264 enrolled students, 107 were dead (Chrisjohn & Young, 1997, pp. 90-93). The destruction wrought by colonization has lasted many lifetimes; the trauma, the multiple losses, and the destruction of the Indigenous soul have persisted intergenerationally. Foster care and adoption replaced the residential schools and cycles of fostering continue. Aboriginal youth struggle the hardest, and Aboriginal suicide rates have skyrocketed in both urban settings and in reserve communities. Currently, Aboriginal youth suicide rates are five to seven times higher than non-Native Canadian youth rates, and for Indigenous youth in northern Canada suicide rates are eleven times higher and amongst the highest in the world (Health Canada: First Nations and Inuit Health, 2015)

Richard Wagamese (2008) describes the days of his youth which included both fostering and adoption:

> I went to the street when I was sixteen. My home life was a shambles and it hurt too much to be there[….]. I worked when I could, but for the most part my life became the usual welfare dance of living cheque to cheque, trying to fill the gaping holes in my days. The places I found to live in were low-income rentals […] alongside people much the same as me. There wasn't a lot of hope […] just a keen sense of desperation.
>
> Drugs and alcohol eased the hurts, and the loose company that came with them made it all feel less lonely (pp. 77-78).

THE CURRENT CONTEXT OF INDIGENOUS FAMILIES

These imposed alterations of power and roles, and the creation of inequality of people continue today. For example, currently in Canada a First Nation's social worker, Cindy Blackstock (*Gitxsan*) has been calling for equal funding of fostered Aboriginal children on reserve. She is a nationally respected expert on Aboriginal children and foster care. In 2007, "Blackstock's organization, the First Nations Child and Family Caring Society of Canada, filed the complaint against Ottawa, alleging discrimination was behind a policy that has Ottawa providing 22 per cent less than the provinces for aboriginal child welfare services" (Harper, 2011). However, over the past five years of her campaign, the government has not responded to her information.

> Instead of dealing with that funding gap, Ottawa has spent nearly as long searching for dirt on Blackstock. In total, it has spent more than $3 million trying to derail her bid to have the government's funding policy ruled as discrimination against native children (Harper, 2011).

It is important to note that on January 26, 2016, Blackstock won this court case against the federal government.

Colonization persists today in Canada. The Indian Act continues to control every aspect of Aboriginal lives thus creating financial dependency. Despite millions of dollars devoted to Treaty negotiations in the Province of British Columbia, efforts to grant Aboriginal peoples more control over education, governance, and land policy have been unsuccessful. Judicial rulings on land and treaty rights are overlooked by provincial and federal governments while Indigenous efforts to remedy the effects of colonization continue.

Jan *Kahehti:io* Longboat, a Mohawk Elder, speaks with Indigenous knowledge and she describes the current colonized state of Aboriginal families. *Kahehti:io* states that culture is comprised of three primary parts; our landbase, our language, and our social structure. In our *Kanien'keha:ka*/Mohawk culture families lived in *non:wa*/Now. There was only 'now'.

> As Indigenous people, we don't have past, present, and future. All we have is now. *Oksa* is the first Now which means something just happened, *non:wa* is the second Now that means right at this moment, moving the energy of *oksa* forward and if we don't learn *oksa* and *non:wa*, we won't have *onhwehn* which is the third or next Now (Jan *Kahehti:io* Longboat, Oral teaching (August 11, 2015).

Jan says that without *oksa* the family can no longer move forward. The landbase, the language which holds our worldview, our culture and our teachings, and our social structure and relationships based on the Peacemaker's teaching could not be taught to the children in residential schools so our family relationships have become unwrapped. Our families no longer know peace. "So our horns are now locked and without assistance we will die" (Jan *Kahehti:io* Longboat, Oral teaching, August 9, 2015).

However, there is change and an indication of shifting colonized practices. The United Nations passed The Declaration on the Rights of Indigenous Peoples in 2007 and is now requesting the Vatican to repudiate the papal bulls of the 1300s to1500s referred to earlier as "The Doctrine of Discovery" (Miller et al., 2012, p. 24). As the report submitted to the United Nations by the Special Rapporteur to the Permanent Forum on Indigenous Issues, Ninth Session, states:

> This preliminary study establishes that the Doctrine of Discovery has been institutionalized in law and policy, on national and international levels, and lies at the root of the violations of indigenous peoples' human rights, both individual and collective. This has resulted in State claims to and the mass appropriation of the lands, territories and resources of indigenous peoples. Both the Doctrine of Discovery and a holistic structure that we term the Framework of Dominance have resulted in centuries of virtually unlimited resource extraction from the traditional territories of indigenous peoples. This, in turn, has resulted in the dispossession and impoverishment of indigenous peoples, and the host of problems that they face today on a daily basis [...] including in Canada. (The United Nations, 2010)

CURRENT UTILIZATION OF TRADITIONAL HEALING PERSPECTIVES OF THE INDIGENOUS WORLDVIEW

Despite all of the current constraints from colonization, there are promising changes that signal transformations may be underway. As mentioned at the beginning of this dissertation, the Aboriginal belief in forgiveness is paramount in healing the impact of colonization on Indigenous peoples. It is common to hear Elders say, "these people knew no better. They are doing the best they know. If they knew better they would behave better". Forgiveness occurred at the same time that colonization, genocide, and forced assimilation continued and is active today.

Acceptance is key in the Indigenous worldview, even the acceptance of the unacceptable European settlement. People simply accepted what was happening and did their best to survive. Humour was often employed while accepting life-altering conditions. Spiritual traditions and a belief in the prophecies of many Indigenous cultures assisted people to adjust and adapt to unbearable conditions. The coming of another people and a time of darkness and turmoil had been foretold in many prophecies.

Many grandparents maintained their Indigenous languages and gave direction to children who were forced to leave their families for the residential school. "Remember you were born precious and you are always precious". "When you return home we will speak together in our tongue". It was also common for grandparents to raise their grandchildren because the parents were so impacted by attending residential schools that they could not raise their children. In many ways, this allowed the grandchildren to continue knowing the Indigenous worldview, at least in part.

Core constructs of the Indigenous worldview were preserved and applied by the adults as best they could in order to maintain safety and integrity. These are:

Processing information in a wholistic manner. The process begins with acceptance of what is true, whether negative, positive, uncertain or puzzling. Acceptance is the key. The process then moves into reflection and uses intuitive, cognitive, emotional and physical evidence. In the next step, the process considers several solutions. Collaborative reflections and dialogue are important at this point. The process concludes when a decision is made to take action and the action may be inaction or silence.

The Indigenous worldview is action oriented with the focus being maintenance of the family, and of harmony and balance as much as possible as in "resilience".

Respect for the humanity and diversity of other human beings, as well as the life of animals, plants, water, the land, and earth herself.

Honesty and integrity of actions and words. Words and actions must be congruent in order for trust and integrity between peoples. Words are binding and cannot be returned.

The movement to reclaim title to Indigenous culture, language, lands and territories continues despite current institutionalized colonization. There are multiple family and individual stories of survivorship, resilience, resistance and healing.

Thousands of stories have been shared by residential school survivors with the current Truth and Reconciliation Commission in Canada (2009, 2012, 2015). The Commission completed its hearings in June 2015 and released its final report including 94 recommendations in its Calls to Action in December 2015. Many of these recommendations ensure the right of Indigenous children and families to culturally appropriate services and support, and respectful treatment in Canada. In addition, the recommendations call upon all Canadians to educate themselves and act upon the institututionalized colonization practices and attitudes that exist.

> For example, Child Welfare call to action states:
>
> 1.ii. Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.
>
> 1. iii. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools.

Language and Culture call to action states:

14. We call upon the federal government to enact an Aboriginal Languages Act that incorporates the following principles:

i. Aboriginal languages are a fundamental and valued element of Canadian culture and society, and there is an urgency to preserve them.

Health call to action states:

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by the residential schools…

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

Justice call to action states:

28. We call upon law schools in Canada to require all law students to take a course in Aboriginal people and the law, which includes the history and legacy of residential schools, *the United Nations Declaration on the Rights of Indigenous Peoples,* Treaties and Aboriginal rights, Indigenous law, and Aboriginal-Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

42. We call upon the federal, provincial, and territorial governments to commit to the recognition and implementation of Aboriginal justice systems in a manner consistent with the Treaty and Aboriginal rights of Aboriginal peoples, the *Constitution Act, 1982*, and the *United Nations Declaration on the Rights of Indigenous Peoples*…

Reconciliation calls to action state:

45. We call upon the Government of Canada…to jointly develop with Aboriginal peoples a Royal Proclamation of Reconciliation…

i. Repudiate concepts used to justify European sovereignty over Indigenous lands and peoples such as the Doctrine of Discovery and *terra nullius*.

…iv. Reconcile Aboriginal and Crown constitutional and legal orders to ensure that Aboriginal peoples are full partners in Confederation…

MY PERSONAL STORY

CHAPTER 4

It is important now to locate myself as a collaborator with the Indigenous families who attended the *Kahwà:tsire* family therapy practice and as a person who has my own story to share. I found it important to have life experiences similar to the families' experiences. This increased and intensified connection and relationship building. I believe it also is important to share a passion for change with the families, specifically a change in their social marginalization or trauma base. Definitely it is important to share a curiosity about each other, and a willingness to mutually explore how to go forward together.

Therefore, I move now to auto ethnographic principles in order to share a personal reflexive narrative. Auto ethnographic methods (Ellis & Bochner, 2000) are applied in both social construction and family therapy research and as stated by Allen and Piercy "autoethnography is a type of autobiographical method in the reflexive qualitative tradition… It is ideally suited for investigating hidden or sensitive topics, such as those dealing with…life course transitions about which little is known" (2005, p. 159). Allen and Piercy argue;

> In every respect, it matters just as much what we as researchers feel, know, and sense about the situation we are investigating as it does about the people, places, and artifacts we are trying to understand. All scientific knowledge is socially situated, and our role as ethical producers and consumers of knowledge is to demystify (2005, p. 156).

In addition to autoethnographic principles, Indigenous healing practices reinforce the need to share our personal stories with those who are part of our inquiry. It is respectful to share who I am if I am going to ask you to share who you are. This is reinforced with the traditional teaching "I can ask others to do only what I have done"[10]

It is also expected that I will reflect on the information we share together and be accountable for what I say and what I learn in our collaboration. It is understood that I need to continue to grow and heal because I cannot offer the family anything more than what I know. Therefore, the more I heal and know, the more I have to offer the family. This reflective practice appears to be emphasized throughout Aboriginal communities in Canada.

10 Traditional oral teaching

I told my story to the families as we shared together, and as part of this inquiry I would like to share some of my story with the reader as part of our relationship. I believe it may assist in understanding my relationship with the families and the outcome of this study. The story often speaks from my internal voice.

I grew up listening to stories of my mother's English-Irish family. I was fascinated by the Royal Family and created a scrapbook of Elizabeth as princess, her marriage and coronation as Queen. I was proud of the successes in my family, embraced my heritage, and rejoiced in the fact that "we had made something of ourselves". But I knew people didn't like each other in the family, there were many family secrets and I especially knew that my mom was usually the target of people's attacks.

So as an adult when I began seriously questioning the family secrets and named my Mohawk heritage, it seems I froze my English-Irish heritage in time and space. I immersed myself into what it is to be Native in order to feel complete. I haven't found myself changing my fascination or pride in our successes as pioneers in Canada. What seems to have happened is that I understand myself, my family, and the society called Canada a lot better. It hasn't altered my anger at the impact of colonization on my family or on other Indigenous families. It has raised my wonder at the wisdom of Indigenous knowledge and the resilience of the people, while also experiencing bewilderment that so many settlers/newcomers neither see that knowledge, nor respect Indigenous peoples. I am still putting my two worlds together. I know it is an ongoing process based on building relationships, and one I struggle with at times.

As mentioned before, I am of *Kanien'keha:ka*/Mohawk ancestry and I wear the Bear clan. I have stood on my ancestral ground in *Kanatsiohareke*[11] and felt the earth move. I have researched my heritage through my own personal journey as is fitting with Indigenous research ontology (Archibald, 2008; Wilson, 2008). I have done ceremony on the land in the midst of an ancient village of my people and marked my homecoming.

As seen through the lens of social construction, my personal journey occurred in stages. These were not cleanly delineated stages, but occurred in a more-often-than-not series. I describe these stages as follows:

11 Pronounced Ga na jo ha lay gay, this place is in the Mohawk Valley, in what is now New York state, U.S.A.

Constructing my childhood personal foundation within the world of my mother. This is a world of Euro-Canadian, western values, lifestyle, and beliefs, and of recent immigration from Ireland and England.

Deconstructing my childhood foundation as an adult. This childhood foundation was largely devoid of my father's presence and any knowledge of Aboriginal heritage, while questioning the silence and the secrets around me.

Reconstructing a new personal foundation within the Indigenous world and its relational values. This reconstruction occurred primarily while I lived and worked in a Native community and asked for, and received, healing and guidance from many Indigenous teachers. I applied what I was learning to my professional work in family therapy.

Constructing a new world of meaning that is founded in the Indigenous worldview and incorporates a compassion and respect for my European heritage, and application to my work as a family therapist. This stage requires continual deconstruction of beliefs and values and behaviours in both worldviews, and the continual construction of an emerging relational world. It is in this place that I write this dissertation.

CONSTRUCTING A FOUNDATION

It seems my entire life has been focused on one question: What is true?[12] I was born into a world of confusion. My father was told he had a son. The hospital staff did not record my birth time, nor could my mother remember it later. It is not stated on my birth certificate. My maternal grandmother told me the story, in a tone of shame, of seeing me for the first time. "You looked like a red Indian with long black hair hanging over the arm of the nurse, crying." Yet my mother was English-Irish Canadian and my father passed as white. So how was it that I looked like a "red Indian"?

It quickly became vital to my existence to clear up the confusion and find out what was really happening in my family. I was curious. And I was very scared most of the time, often times terrified. I learned to watch and keep very still. I

12 Truth is understood in several ways here. As a child, it meant "what is real in this family?" Later as I learned Indigenous knowledge, Truth was understood differently. This was expanded upon in Chapter One.

learned to intently read my body and know when it told me to act to save myself, when it told me to beware of an adult, when it told me that what was happening to me was right or wrong. My body would send me either a bolt of energy that hurt or a tingling in my stomach that was uncomfortable or it would send me a flow of peace and I could feel safe. My early recalled thoughts are about how I could behave differently in order that the adults would like me and not hurt me again.

It seemed that I was "born wrong". And the wrongness was about my father. Apparently, I looked like him and behaved like him, all of which was wrong. And so, what was wrong with my father? He wasn't around very much but when he was, he was a lot of fun. And then, I wondered what was wrong with my mother since she alternated between being soft, cruel, sad, and unavailable? She said it was because of my father. I was so bad that I could even make her be cruel and sad because I looked like my father. This was a no-win world. It was all very confusing. And it was all incredibly unsafe.

I recall lying in my maternal grandmother's big bed in her little house a short distance from our house. There were woven baskets around the room. I particularly loved one of these. It was finely woven with a red pattern circling it near the top, and was tall and round. I would ask about it and the other baskets. I often received confusing replies. It seemed my aunt had taught the Indians, which was a great thing, yet these baskets were gifts from the Indians, which was a bad thing. Still these baskets were kept carefully in my grandmother's bedroom. Her fraught relationship with the baskets was a metaphor for her relationship with me. If I looked like an Indian, then I was bad. But my grandmother cared for me. And yet she did not like me. She said I'm a shame to the family so I guessed I was. But I began to really not like her at all. Yet I loved her as my grandmother. This conflicted relationship with my grandmother was similar to the conflicted relationship I had with my mother.

My mother taught for a year at the Coqualeetza residential school in Sardis, British Columbia. Her father, my grandfather, was a Methodist minister, and her mother, my grandmother, was a typical minister's wife of that era. She lived by strict Christian standards: she was against card playing, drinking alcohol, and smoking cigarettes. She took pride in knowing her cousin was a missionary in Madagascar.

My mother had a photo album covered in rawhide and filled with photos of young children who were Native and living at Coqualeetza School. All the children looked serious and yet my mother had written captions underneath each photo such as "Little Maids All in a Row", "Picnic on the Front Lawn", and "My Tribe". I used to look at the album and wonder what this was all about. My mother and other adults were smiling, yet the children were not. I really began to wonder about Native children.

When I was in Grade 8 and taking Home Economics and Personal Health, we were learning how to take care of our hair and skin. I had several shapes of faces on a piece of paper in front of me and I was to say which shape of face was mine. I was confused again. Really round with chubby, high cheeks and squarish jaws didn't seem to be on the page. Various descriptions of skin colour were also named. Brown wasn't on the page either. I took the information home to talk about it with my mother and she told me I had a square face with olive complexion. Olive wasn't on the page from the teacher, but at least I had an answer to give the next day in class. My head spun with questions "where do I fit in?" "do I belong?" and I would lie still on my bed considering these questions, and spin myself into a dark void that terrified me. I belonged nowhere.

When I began to experience deep depression as a youth and made a suicide attempt, my mother simply walked out of the room. Her face went stiff and unreadable. Her lips were tight. She straightened her back, and she turned and left. I cleaned off the blood and in my rage I made a decision. I was going to show her and my grandmother up. I was going to become everything I wanted to be and then some, no matter what.

My father was a big puzzle, an enigma. First of all, he looked different from most people in my life. He had big hands and they fascinated me. He had jet-black hair and a nose that dominated his face and almost came to a hook at the pointy end of it. He would come to the front door after being away for worlds of time and walk in as though he'd never left. Usually he had this strange, "gone" smile stuck to his face that would give me a sick feeling in the bottom of my gut. He'd love me up, scare my mom and they would argue, then he'd disappear for eons again. I learned to escape out the kitchen door and go to the woods if he suddenly arrived.

I remember as a teenager receiving a call from a minister who said my dad was in the hospital and I was a shameful daughter for never visiting him. The

minister sounded very stern and convincing. Confusion again! I didn't know my dad was in the hospital, and now I was bad in my dad's world as well as my mother's. *Heavy sigh.* I was afraid again and feeling guilty. I grew to be ashamed of myself, and ashamed of my parents, and mostly ashamed that my parents behaved as they did.

I was shy and remember hiding behind my mother when people spoke to me. My grandmother was still "the minister's wife" even though my Methodist minister grandfather had died 10 years previously. After church on a Sunday morning, she would hold court at the bottom of the church steps and loudly, bitterly tell "horrible Janet" stories to all her fellow matrons. They would inevitably catch hold of me and tell me in accusatory, pinched voices that I must do as my grandmother tells me and not treat her so horribly. I thought they were awful people and I would stand numbly and stare at them, saying nothing. My feelings of intense shame persisted into adulthood. Only later in my healing would I allow myself to know how much I wanted to run away.

The deep gut wounds from my childhood lie dormant in the far recesses of my mind. One morning I inadvertently found an article my Mohawk sister[13], Wanda Gabriel, published in the First Nations Caring and Family Society on-line journal (2009). Wanda described her healing journey and her words knocked on my closed internalized doors, and my moans and tears began. I wept for that precious baby child that I was, who everyone seemed to fear, feel shame for, and attack. What was a wild Indian? Apparently I was one. And why did it seem so incredibly awful? Why would I steal money when I didn't even know what money was about? How come I was always stupid, dirty and a little savage? I seemed to be something very awful and I was born that way, and nothing I could do would change that. I became defiant and I became depressed.

I was on my own in this family. I began to look after my baby sister. That helped me feel love and caring. Then my mother took me and my baby sister to the Patullo Bridge and she began to throw my sister over the railing. I panicked. I froze. She seemed to hold our baby over the edge for so long, and I knew she was going to drop her and then do the same thing to me. A man came running and stopped her and we all sat down on the sidewalk and my mom cried. Some ancient part of me, some place deep in my core took over. I knew I had to take charge and keep my baby sister safe, and keep my mother going forward or I

13 Cultural sister

was not going to make it. So, I took my mother's hand and in my own mind, I walked her off the bridge. And from then on, I took charge of her and the care of my baby sister. I was 4 years old.

I became a huge controller and a perfectionist. I told my mother what to do: I told her when she was wrong and what she needed to do differently. Unbelievably, she responded to my control or she appeared to. I watched over my baby sister and even when she was a young woman, I would tell her what to do. In my mind, I saved both my mother and my sister and had successfully managed us all so well that we arrived safely and sanely into my adulthood. Later, I was unbelievably shocked to hear my sister tell me how much she hated me and had felt that way most of her life. I began to see how my mother played me and used me, until eventually I saw in my healing that I had been abandoned profoundly and had stumbled upon a survivorship view that let me live. I then began an extensive healing journey with my mother.

The second spin-off from the traumatic bridge event was my development of overly responsible behaviours. I believe these behaviours allowed me to excel in school and it was there I found validation and success. I found caring with my first teachers at school. They seemed pleased with me and the work I did. I recall how beautiful and kind my first grade teacher was. I'd never met anyone so gentle and with such softness in her voice. I loved to learn and I loved having an electric shock of "knowing" what she was teaching, and then the experience of having her validate me as a wonderful little student. I excelled at school and skipped Grade 4. I continued to do well, with some pitfalls here and there, until I attended university.

As an undergraduate, I generally sat at the back of the class or to one side. I felt uncomfortable being seen. I didn't want to be noticed. Yet I longed to be noticed. I felt ashamed of myself for being so "shy". *What was wrong with me anyway?* So, I sat in class and daydreamed about what I would really like to say, and prayed the professor would never ask me. I loved large theatre classes because I could get lost in the crowd, yet learn. Shaming and criticising other's work or other's statements in discussion, called critical thinking, seemed to be how we were supposed to talk and think. This absolutely made no sense to me. Where was respect? Where was simply listening and appreciating how others thought? And where was the truth? It seemed to be buried in rhetoric and always moving about like a ball of mercury.

I barely passed the first year of university. The university was huge, the crowds of students overwhelming, and I felt lost. I loved the second year and I aced it because we were on practicums a lot, and I performed well. By the third year, I buckled down and decided to get top marks because I would receive a government scholarship if I attained a high average, which I did. Yeah! Then in my final year, I was fed up with living in my home with a depressed mother and having a job and going to school. My marks were a mix of high and low. But I passed.

I graduated from university with a Bachelor of Education degree. There had been multiple pitfalls whenever I moved through depression, fear and shame. Only my boyfriend knew these heavy times although we never really talked about it. I just clung desperately to him. My academic success became the key to my healing journey. I've never realized just how much this is true until I sit and write it out now.

My first foundational stage was now constructed. It was composed of an inner drive to survive amidst trauma, shame, helplessness, hopelessness, reactivity, suicidal ideation and attempts, depression, anger, despair, loneliness, and hopelessness. I would never let anyone know how I felt. No one got in. My boyfriend's family became my family. I was going to show the world that I could succeed. However, I often found myself being ashamed of my behaviour, feeling terrified, and alone. I wouldn't let anyone help me because then they would know how horribly bad I was inside, and call me down again. And that meant I wasn't successful. I lived in a very tight box at the bottom of a deep hole.

DECONSTRUCTING THE FOUNDATION

I became a teacher. While teaching I began to realize the immense impact family and social dynamics have on a child's life and learning ability. I first taught gifted children who were unable to function in school because of the distress of their home life, though they lived in an affluent neighbourhood. Later I also taught poor Chicano children in a semi-rural area of Los Angeles County, California. These children were determined to get ahead and be productive adults even when English was their second language.

I was living my life as a young middle-class university educated mainstream woman. I was quite ashamed of my family of origin, and worked at every possible moment to hide my father from my current circle of family and friends,

to get my mother to behave appropriately and be happy, and to move beyond my confusing, still painful childhood. I decided to return to school and become a psychologist who specialized in family dynamics. My own family experience had prepared me for this profession. Here was an academic study and profession with which to continue my quest to answer the "what is true?" conundrum.

Then my children arrived. My firstborn was a most beautiful daughter with long black hair, an olive complexion and big round black eyes. We still lived in California, and the hospital staff talked to me in Spanish as they assisted me and cared for my baby. I froze in shock. What was going on here? Brown skin, black hair…where does this all fit in? Again? A few years later my first son arrived, and by then we had returned to Canada. This incredibly beautiful little boy looked so Native I found myself recoiling, then stopping myself and being angry about my behaviour. The arrival of a second beautiful son soon afterwards triggered me fully back into my childhood.

My mind overflowed with questions. I was enraged that none of the adults around me would give me answers. My mother would get a fear-filled look on her face; her lips would curl up as though she was cornered and her life was threatened. My father was unavailable, so I turned to my paternal aunts and uncles in a distant community with my questions. What is true here? What is really going on? Am I really Native? How is it that no one EVER talks about being Native? Look at my babies! Look in the mirror, for god's sake!

I found nurturing and support with my paternal aunts and uncles. I had been estranged from them as a child, and now I broke family rules, and reached for them. My mother slammed the phone in my ear and went stone silent. They welcomed me with open arms, laughter and acceptance. Where have you been? What have you been doing? We've been watching out for you and how is it that you never came home to visit? Family is all we really have. We must always forgive and keep our family.

This reception from my father's family was so opposite to my experience with my maternal family that I sank into their love. I drank in their nurturing. I shared my feelings and felt heard and supported, and most of all I asked questions. None of them had ever really talked about being Native, but it was "there". My uncle recalled being on a troop train in the Second World War and when "Derrick" was called he stood up along with a whole group of Native men. My aunt

simply said when I asked her about our Native ancestry, "go and look at your grandmother's photograph".

Ahh. Confirmation.

Then, slowly, I began to wonder what all the fuss was about being Native? What was there to hide? Why was it safe to never talk about it? Why did we have to pretend otherwise? Why was my mother so terrified to have a Native daughter? WHAT IS SO BAD ABOUT BEING NATIVE????!!!! I then set out on a mission to document the Indigenous heritage of my family. I wanted it in black and white so no one could pretend otherwise and the secrets would end, my confusion would end, and I could regain my sanity.

As a young mother I continued to attempt suicide. I could no longer keep the darkness within me under wraps as a mother with three young children. I sought help from a major clinic where I was treated with an individualistic depression model that gave me some tools to handle it, but never addressed my core needs. My heritage and relationships were never discussed. I definitely had attachment issues. The family history of forced disconnection in my English family, orphaning and relocation in my Irish family, and Native family issues were never considered.

I returned to university as a graduate student in Counselling Psychology when my youngest child entered kindergarten. School was again my safe place. As an adult with a clear academic goal, I soared as a student. This time I wanted to speak out in class and I did. I enjoyed what I was learning. There were Aboriginal students in nearly all my classes and we sat together, laughed and told funny stories. One of my close buddies often wore a T-shirt that read, "Indian Affairs are best". I enjoyed watching other classmates read that with a puzzled look. My shame came and went, but especially soared when I could not perform well, for example in a Calculus class. I recall seeing puzzled looks on my friend's faces as they saw me sink into shame at times. I would panic, and shrink.

The step back into academia as a graduate student led me to family therapy. There I discovered Virginia Satir (Satir, 1967). Her compassion and skills, her

teaching style and family system perspectives opened wondrous windows that provided me a view of my family that was kind and objective, realistic and caring. She viewed Native families from a 180-degree opposite place to the one I learned from my mother's family. Virginia actually said one day in a group session that it was only in Native families that she had found true equal-in-value, respectful relationships between the adults. That statement turned my world right side up! Wow and whew!

The focus in psychology on the individual, on abnormality, and on the cognitive – behavioural seemed so out of balance and forced. I was thankful to leave it as a field and move beyond it into family systems. I gained a passion for family therapy as a way of healing, both as a person and as a family. It allowed profound healing and insight for me because, as I later discovered, it replicates the basic views of my Mohawk culture; it is in our relationships and families where we create and grow our unique selves.

I further learned that family therapy training also replicates the Indigenous view that healers must heal themselves first. Throughout my training, I continuously challenged my grief, the reasons for my suicidal ideation and my depression. I discovered the key to healing in the secrets of the Indigenous history of my family, in my silenced lost father, and in new information about the colonization experience common to all Indigenous persons. I applied my personal journey with grief and unresolved historical grief in a concrete way in my master's thesis: *Cultural Foundations of Personal Meaning: Their Loss and Recovery* (Derrick More, 1985). This thesis broke ground for future Indigenous scholars and is stored in the ERIC database.

Over time as an adult, I began to understand at a profound level that the relationship between my parents was intertwined with the social relationship between Natives and Europeans in Canada. This was a huge shift for me and I began to grieve at a larger level what I had lost: my childhood, where I became the caregiver of my mother in a reversal of roles; my father, who was a lost man; my Mohawk culture and language; the colonization of my family, which was repeated by my mother marrying my father; and the knowledge and history of who was in my extended paternal family. Therefore, now as a professional, I believe that a therapy model must restore that wounded core, must place value on a person's heritage and worldview if it is to effectively return people to full health. This applies to both Indigenous and European peoples and other cultures.

As I look back I can see my maternal grandmother, ashamed of her daughter for being with a Native man and shamed further by having a child who looked Native created from that union. My grandparents were good, upstanding religious leaders in the community. My uncle was the mayor of the municipality, but my mother was a single, divorced woman with a Native child. Added to my grandmother's burden was the fact that this was the third set of children she had raised – her younger siblings, her own children, and now her grandchildren. I can hear her bitterness and see her shame as she carried the shame of her parents, forced from their English homeland by their parents, and then chose to make a child – me – the object of her shame and negativity.

RECONSTRUCTION IN A NEW FOUNDATION

As I regained my natural self and experienced my personal power[14], I was invited into a Native community to deliver psychological services. There, I turned to the culture to learn and eventually it brought me home to myself in ways that therapy had been unable to do. I began learning Indigenous cultural teachings. This is where I gained an understanding of the circle. I attended workshops and healing circles and I shared my story. I did my own healing work with Native medicine people and experienced deep emotional release. I could feel shifts in my body, changes in my thinking and in my thought patterns. I had a sense of my own validity in the world to a degree I had never before experienced. I began trusting my intuition and the spiritual teachings of the culture: I attended multiple sweat lodges and knew the complete physiological, emotional and mental release of the sweat, while connecting spiritually with *All That Is*[15].

I recall one of the sweats where I experienced an "aha" moment. I had spent the four rounds in the sweat lodge praying for healing with my mother: I raged; I cried; I told my story. At the closing of the sweat, the woman leading it spoke quietly and firmly to me, while holding my hands and looking closely into my face: "If your mother taught you hatred, then you must become love," she said.

I must do the opposite. That is how we balance. Now I get it!

14 In Native traditions I was returning to my Natural Self. In social constructionist thought I was re-narrating myself. I believe I was actually doing both.

15 A traditional phrase that describes the belief that all life forms are connected together as One.

I discovered over time that historically, the domination of European colonization has led to an assault on the well-being of Indigenous communities, families and individuals. I certainly lived that assault throughout my childhood. I learned that it occurred both in the long term through colonization and in more recent times through the residential school system. I recognized the shame messages I had received all my life. I learned methods of healing shame, both in my life and in my professional work with others. And in the healing of shame, I discovered the centre of me was terrified. I was not just fearful, but believed I would be attacked and possibly killed because I was Native. It was simply wrong to be Native, and so I had to learn tools to work through my terror.

When I heard the traditional teachings and felt the love for children in Indigenous cultures, I wept. It was so entirely opposite to what I had experienced. The men played with and cared for the toddlers and babies, and the women laughed and took joy in the children. This was so foreign to me that I would stare in fascination as families played and laughed, and children ran and laughed during times of community feasts.

There had been a residential school in one form or other standing within the community for nearly 100 years. There were Elders alive in the community who were believed to be over 100 years old. Some of the older generations could tell stories of the first time they saw a white man.

I began to work in the community with people who had been sexually harmed.

As people shared their truth-telling stories it became clear to me that the sexual abuse in the families began several generations ago in the residential school. I constructed genograms in true family therapy style, and went back generations to the time of contact between the newcomers and the Native community. I called for a community meeting of resource people and community leaders and drew a genogram on the flip chart paper (an anonymous composite of so many families). I then asked, "What went on in the residential school that so many people have been sexually harmed?"

This meeting has become deeply significant and is recorded on the Preface page of the Aboriginal Healing Foundation Research Manual, *Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People* (Chansonneauve, 2005). From this meeting, multiple disclosures of sexual harm at the local residential school were reported to the RCMP, an historic court

case began (Derek Clarke, Kamloops, 1987), and other court cases in other residential schools quickly followed in the ensuing years.

I began to ask myself why I was so involved in healing sexual abuse. The more I noted behaviours stemming from early sexual harm and prolonged sexual harm, the more I realized that I had those same behaviours. Flashbacks began while in workshops, and I was shocked to recall my sexual harm by family members beginning at a young age. I entered therapy and began cultural healing ceremonies. Finally, I could explain my discordant and uncomfortable relationships with several people I was close with.

I participated in *Huyipi* ceremonies. The *Huyipi* is traditional with the Lakota Sioux and they share the ceremony with anyone who wishes to participate. I found it incredibly powerful. I watched it bring healing to a young cancer patient whose mother is a sister of mine. It also brought healing to me.

Evvie arrived at our door and said she wanted to take me and my daughter to a *Huyipi* and introduce us to this powerful ceremony. She showed us how to make tobacco ties. We sat all afternoon together and talked and prayed and tied our ties and drank our tea. In the evening we headed to the gymnasium at the Treatment Centre. The *Huyipi* man sat to one side and, one by one, we stood before him, said our prayers and offered our tobacco ties. The ties were placed on an altar in the centre of the floor. Evvie, my daughter and I spread our blankets on one part of the gymnasium floor. The windows were covered with paper and when the ceremony began and the lights turned off, it was so black I could see only black. The *Huyipi* man was covered with a blanket and tied completely with a rope. He spoke, the drummers drummed and sang, and dancing began near the altar. I could feel it and hear it, but not see it.

The ceremony lasted all night. At times I prayed aloud, at other times I stood and danced. I sang. When the ceremony ended the lights came on. The *Huyipi* man was untied, his blanket neatly folded, and the altar keepers were sitting quietly where they had been at the beginning of the night. However, I was on the far side of the gymnasium from where I had been seated, and Evvie and my daughter were scattered in other places. Our blankets had moved with us. I was deeply shaken, yet felt light. My spirit simply accepted all that I had experienced. My rational mind was saying, "What the heck???!!!".

I am grateful for our ceremonies and for our people who continue them. They bring healing beyond anything that science can provide. They are whole, they are immensely powerful, and they can be fun and enjoyable.

I was learning about the circle: How the earth is a circle, the solar system works as a circle, the sun is a circle, winds circle around the earth, birds create circular nests, horses need a circular corral. All the tradition around the sweat lodge is circle; the shape of the lodge, the womb it represents, the circle of fire in front, the circular shape of the grandfather rocks that heat the lodge, the four circles of healing within the lodge.

One day, I was standing in front of the Tribal Council office taking a break from my work. It was a typical very hot, shimmering-heat day in the semi-desert of the interior of British Columbia. I slipped between worlds and a vision came to me. I looked across the street at the buildings there and saw – really saw – they were shaped as boxes. Suddenly all the buildings around me, even the cars were boxes. And the people – the people walking past me were surrounded with walls that they were pushing against, walking head down and pushing their way down the street, against each other. Some actually were defended with barbed wire wound around them, and one person even had a gun poking through their wire. Cement walls, high wooden walls, everyone seemed strongly defended. No circles anywhere, just boxes and defended people. Some were smiling but they were not happy. They wore the smile as part of their defence.

I emerged from that vision quite shaken. So, there are circles naturally and Native tradition teaches about living in balance with the natural circles. Yet here was the opposite. Here were people who were defended and wearing boxes and the mainstream has created a world full of boxes – and claims this is superior, this is right, this is true. My mother's family definitely said that, while also saying that Native is wrong.

Uh, oh. Reversals. With the vision I began to look at what was true for me, to move away from right and wrong. Just focus on what is true for me. And listen for what is true for others. Then share our truths together. Differences are okay. Virginia Satir says they are the spice of life.

I envisioned a box and a circle with each having their own system, as family therapy would describe a system. Eventually I offered this picture to other people and to my clients and saw the power and clarity this information provided them.

Together we developed the "Two Systems Model" as a working tool for healing. I presented this systemic model at a Mokakit Conference in Ottawa in 1990, and later the model was included in the Mokakit Education Research Journal as *The Box and The Circle – Two Systems of Life: A Model for Understanding Native/ Non-Native Issues* (Derrick, 1993, pp. 161-197).

I began to apply the cultural teachings to systems of thought and professional viewpoints, and created "the box and the circle" meta-system which I incorporated into my work as a family therapist. This meta-systemic organization not only assisted others in their healing, but also assisted me in clarifying my cultural confusion and organizing cultural information about what was true and what did not fit. This became a very important process as the residential school teachings were being challenged, and the worldviews of colonization and Native culture which had become traumatically intertwined in people's minds, were now unravelling. I began to apply my vision daily to my personal life and found it immensely helpful in deconstructing my shame, judgements, beliefs and values.

The experiential exercise I developed over time from this vision has become a major tool in Indigenous healing and in professional development with those who work in Native communities. I have asked that it be used in the oral tradition, and that it be shared as such by facilitators and teachers who know both worlds, the Indigenous and mainstream. Facilitators in a variety of professions – lawyers, psychologists, teachers, social workers, university faculty, natural healers in the communities – now use it in multiple settings throughout Canada, the United States, Australia and New Zealand to allow the knowledge of the Indigenous worldview to be understood and contrasted with colonizing views. One facilitator in particular, Kathi Camilleri, has developed a workshop called The Village that was inspired by this "box and circle" experiential exercise. Kathi is currently using her workshop to train social workers within the Ministry of Children and Family Development throughout British Columbia.

During the 1980s I attended an intensive residential program with Virginia Satir on Gabriola Island. There the complementary coupling between her family systems work and Indigenous traditional teachings was reinforced. There were moments where they clashed, but mostly there was a wholistic fit. Later I discovered that Virginia had learned from Native families in the American southwest. She and other therapists from the eastern U.S. worked with members of the American Indian Movement to heal following the devastation of their stand at Pine Ridge, South Dakota during the 1970s. Then I more clearly understood my

heartfelt connection with Virginia and why a Cree friend referred to her as "one of the Grandmothers". Virginia is still one of my principal guides on my healing journey. I hold my hands up to her and give great thanks for the blessing she has bestowed on my life and professional practice. *Nia:wen* Virginia.

I spent years healing and healing and healing with Indigenous healers and compassionate mainstream therapists. I attended the intense two-week cultural healing session at Alkali Lake, B.C. in the 1980s and heard how "what happens to one, happens to all. And what happens to all, happens to one". For me this is the best description of family systems in action, stated culturally from a wisdom that is thousands of years old.

I began to combine different worlds based on Indigenous teachings of acceptance and respect, and a focus on the sacredness of children. I applied this to my work as a family therapist and to my role as a mother.

My newly reconstructed foundation in the world was constantly tested. The tests generally came whenever I applied bad or good, right or wrong, to a behaviour or belief. Were these two worldviews as diametrically opposed as they appeared to me at first? How did each system allow people to develop and grow authentically given the environment in which they lived? Combined together, these worldviews speak of differing ways of applying personal power.

The greatest test came when a political leader in the community attacked me profoundly. The attack was both personal and professional. My children were verbally attacked on the street and in the school. My car was tampered with. My office in the Tribal building was suddenly no longer mine. Friends and acquaintances stopped waving, and shunned me in the grocery store and at meetings. The gossip mill returned messages to me of how I had behaved badly, or said something offensive, or had broken confidentiality in the office.

I knew the community needed all the professional and cultural help it could receive as residential school trauma unfolded. It became clear to me that the political leadership was taking command, and did not choose me to be part of the new wave of healing. However, I did not expect that I would be seen as "bad" and "wrong" and called unprofessional. There was no discussion, no gradual sharing of information, or shared respect for each other. It was colonization in the form of the residential school in action again. This time, however, it

was Native people leading the colonization and repeating the residential school attitudes and behaviours.

My views of "right wrong, bad and good" were blown out of the water. After a time of struggling and reflection, I chose to construct myself based on Native traditional views and values. I saw that to be of Native ancestry did not determine my worldview. To do this, I needed to continuously enter a process of deconstruction, reconstruction, then of application in the present. Was shame a part of Indigenous traditional values? How did my culture treat children? Would they abandon them? If adults were harmful to children, what were the consequences for the adults?

Later, with the assistance of teachings from another psychologist of mixed heritage, Jane Middleton-Moz (Middelton-Moz, 1992), I could name this time in my life as lateral violence. This is sometimes defined as internalized oppression or internalized colonization. As part of healing from these attacks, I wrote a paper on lateral violence and presented it at several Indigenous professional gatherings. This information is still current and continues to be used in articles and workshops throughout Indigenous communities in Canada and the U.S.A.

After my work in the community ended, I took four years and focused on my own healing. I had learned in so many ways that balance is essential in maintaining health within each of us, and within our relationships. I lived in an ancient log cabin in a canyon, high up on one of the bluffs. I spent my days writing a journal, walking, doing ceremony and addressing huge issues that had reared up before me. I had small savings and I stretched my money as far as it would go. I lived carefully, eating out of my garden, bartering for goods, and earning some money here and there. I had no phone, no television, and it was wonderful.

Deep depression, sadness, rage, sexual abuse; these were my key issues. I sat with Medicine Keepers, therapists, slept outside on the land, prayed, used every traditional teaching I could apply to myself. I looked at what I called "The Big Picture" of why there were secrets in my family, why we were so afraid of our Native heritage, why we were so shamed and shaming. I saw the cycle of harm in my life. It passed from grandparents, to my parents, and to me. Then I passed it on to my children. I wrote letters describing my healing and asking for forgiveness from my family and friends. I used the sweat lodge, healing circles and, most of all, I used the water in a sacred valley nearby.

I went into the valley often. My big black dog, Sagit, walked with me. I bathed in the frigid water, I lay on the banks in the sun, I walked and listened to the spirits in the valley. I went into the water in the winter when the water burned my skin so much that I felt warm. I sat on the earth and drummed and sang. Gradually I came back to my real self.

I missed my family terribly, yet I knew I could not be around them as my deep negativity emerged. One Thanksgiving I longed to be home with my children, eating a traditional meal and enjoying each other's company until a good friend spoke with me firmly and reminded me about the truth of my family situation, and my focus on my healing. So I decided to give thanks in a new way. I picked up my sleeping bag, and with my dog I went into the valley to sleep on the earth and give thanks for all the goodness in my life.

That valley became my cathedral, my home, my healing place, my learning place. My youngest son married his wife there. And I've asked that some of my ashes be scattered there when I Return Home.

CONSTRUCTION OF A NEW WORLD OF MEANING

I found my way home to Mohawk Territory. I was accepted by the Elders and began learning Mohawk culture and language. A whole new appreciation began for the profound wisdom and interconnectedness of the culture with circular views and thoughts. Mohawk culture is matrilineal and I loved knowing that "the women own the rafters of the house".

I became part of a Mohawk woman's circle whose members stretch across North America/Turtle Island. We first met to make baskets together; a simple procedure, I thought. But after four days of cutting black ash to a fine string, and weaving it together to form a strong basket, I had a huge appreciation for my grandmothers and for the women who sat with me. We call ourselves "*Dotah*'s circle", that is, Grandmother's circle. We connect via e-mail and sometimes in person when we work together.

I had left my cabin, decided to move off the reserve and move into a nearby city. My uncles, aunt and cousins lived there and I wanted once more to work as a family therapist. My healing journey in the valley had ended, but the healing would never stop. It would simply not be my entire focus but would be incor-

porated into my daily activities. I challenged myself to find an office in the city where I would provide family therapy from an Indigenous perspective. I would find ways to hold ceremony, to smudge the office for cleansing and to live as a professional Indigenous woman of mixed heritage. I succeeded in finding this office and in delivering family therapy based in the Indigenous worldview for 13 years. The practice was so successful that I had both a cancellation list and a wait list, and often found myself swamped with people. My practice of ceremony and being on the earth allowed me to stay balanced. I closed it recently when I saw that it was time to write and to teach. I continue to supervise other therapists.

I had been fascinated by the trauma work emerging from the Viet Nam War for several years. I recognized so many of the behaviours and symptoms as part of my own life. Post- trauma Stress Disorder made sense and yet did not entirely fit my experience, nor did it entirely fit the experience of people I worked with. I focused on becoming informed about trauma and its impact on one's entire life, then learned tools to address it.

I was fortunate to meet Maria Yellow Horse Brave Heart (Yellow Horse Brave Heart, 2013) at a world Indigenous healing gathering in Albuquerque, New Mexico. She had created a description of intergenerational trauma and applied it to oppressed people, and described it as historical trauma. She asked that our focus group at this gathering create a definition of Native Historical Trauma with the goal being its entry as a clinical description within the DSM. The definition we created, as described earlier, was this: "Historical Trauma is the multi-generational harm created in an individual or collective as a result of life being changed powerfully from balance to imbalance as in Genocide" (Historical Trauma Focus Group, 2002). It was not accepted into the DSM but has since been used extensively in the work of Indigenous professionals. I use it whenever I write on behalf of my clients. In 2004 it became the topic of an Aboriginal Healing Foundation research book, *Historic Trauma and Aboriginal Healing* (Wesley-Esquimaux & Smolewski, 2004). I find the definition a great help in explaining my life, and in explaining our family to my grandchildren. Historic trauma is a positive and wholistic explanation of the wounds that continue and weave themselves into the new meaning I have for my life, my family, and those I work with professionally.

It is a huge gift to see the next generation grasp hold of this emerging information and allow it to bring them into who they truly are. I recall a young woman who came to my office just a few years ago. She was raised in her culture, and

she had just begun her first year of university in the School of Social Work. She came into the office bursting with frustration and indignation. Her class had been introduced to Maslow's hierarchy of needs and she simply could not believe how inappropriate and unaware some mainstream information was, and especially at that moment, how much Abraham Maslow didn't know. "The basic need of everyone is for relationship! Not physical safety. You can never have safety, food, or any of your basic needs unless you have relationship with others. We take care of each other – that is our safety!!!!"

(Derrick, 2005). I concur. In the Native world, this is what is true. The family relationships extend beyond nuclear to include cousins several times removed – this is our safety. We can always find shelter, food, or caring when we need it within our relationships. This is family systems in action in a cultural setting.

During my clinical practice, I was supervising a Mayan therapist and she introduced me to social construction theory. I then read Ken Gergen's work and I already knew something of Tom Andersen's reflecting team approach based in social construction. When I read *An Invitation to Social Construction* (Gergen, 2009a), I simply devoured it, understood it "with my elbow" as my cultural mother used to say, and found myself another home in academia. Here was an approach to multiple social and diverse cultural events, beliefs and values that fit the approach my Indigenous world taught: "It is all about relationships". "Difference is to be celebrated and respected". "We learn best from opposition". "We give thanks for the lessons we learn from others".

I focused on social constructionism as a means to explain the tension brought to relationships by social and cultural beliefs. I recognized that this tension was circular – cultural beliefs created relationships and relationships created culture. To hold others' culture as negative or less than created a conflicted relationship that undermined everyone within that relationship. Here was a place where I could discuss my understanding of two very different worldviews; a place where I could express my journey in holding two conflicted worldviews within an intimately personal and internal space called "me". This place allowed me to think through how I had journeyed with this conflict and tension all my life.

My world is now constructed in current events. It consists of Historic Trauma behaviours as well as the healing of those behaviours. I continue to sit in cer-

emony with other community members, leaders and Elders, and I continue to live with guidance and teachings from my Indigenous traditions. I continue to go to the Earth for healing on a regular basis. I continue to be fascinated by my Irish family history. I want to find out more about my orphaned great-grandparents.

Currently in my family we are continuing our healing. The impact of genocide has been transmitted to the next generation, especially my eldest grandchildren. Today begins the first day of my grandson's life-after-probation. I sent him this text this morning:

> *Good Morning My Grandson. This is a very special morning for you! Congratulations on successfully completing a huge lesson in your life. You carry strong medicine and now you have proved yourself worthy of it. I love you deeply and I'm so thankful I have you as my grandson ☺.*

When grandson lashed out, our family stopped in mid-sentence. As the shock wore off, we each began to examine how we saw each other, how we needed to wake up and get real, how we had to do something differently so that grandson could get through his pain and land on his feet.

I saw we needed to forgive hurts, move on, and nurture and truly express our caring for each other. I reached to my former husband, and together as grandma and grandpa we moved into really communicating for the first time in many years. Together we began taking action on behalf of grandson, his mother, and our other children and grandchildren. A pain had festered between us for decades and together we had created an underground river of darkness beneath the foundation of the family we had created. We had to stop it and forgive. Our grandson had put his medicine on the table and challenged us to pick it up and see him through the next few years.

I agreed to be part of the support team of counsellors at the National Truth and Reconciliation Commission (TRC) Gathering in Vancouver in 2013. It took me two weeks of rest, prayer, good relationships and loving myself to bring myself back to balance following the TRC Gathering.

I reflected for afterwards on the healing work in our communities. I know we see our own stories in other people's lives when working in our communities. Having triggers and unjust attacks aimed at us is normal when working in our communities. We are all traumatized people in some form or other. Within the trauma

resides our strength, our tools, our belief in relationships and our culture, our healing, growth and triumphs. There are powerful role models walking ahead of us who remember the traditions and are breaking trail. There are more and more leaders and healing community members walking the pathway of healing. Together we make all our journeys worthwhile.

I acknowledge a crazy piece in my brain. When it gets triggered, I rerun, rerun, rerun scenes of hurt and attack. I move into helplessness and cannot speak for myself. I've learned to yell "stop" out loud to bring me back to now, to the present moment, to *Non:wa* [16] ("now" in Mohawk). That works for a short while, then I'm back again rerunning, rerunning. With each rerun I move farther and farther away from reality. I abandon my self-care and my current tasks, and I get lost in the reruns.

Thanks for EMDR[17]! It has been my lifesaver and a lifesaver with so many people I have had the privilege of working with. I have just applied EMDR with this rerunning, and there began the unravelling. First, I saw and heard my young self. She was in shock and rage at the treatment she was receiving. And she was helpless to do anything to change it. No one could hear her and no one cared about her. Finally, the helplessness and fear ease, and I hear my wisdom say that it is 2016. I need to speak up and I can. I remind myself how much ease and lightness comes when I do speak up and use my voice to bring a peaceful solution to a tense situation.

I giggle at myself when I discover how far away the reality is from where my helpless mind took me. Historic trauma, how powerfully it holds on and keeps us small. What an amazing gift we have in understanding our brain and nervous system, and using EMDR to bring them into balance. *Nia:wen*, Dr. Francine Shapiro (2001). Thank you for the moments when old hurts rise up and ask to be healed. Thankfully I have the tools to heal them. *Nia:wen, Nia:wen*.

It is snowing, so Mother Earth is offering me the deep gift of winter stillness, and the healing of the snow. I sleep long, long and faraway sleeps. My traditions say it must be so: sleep while Mother Earth sleeps; sleep with the darkness; awaken with the light. Scientific research says the same: sleep with the dark hours and you will awaken alive and energetic, and unlikely to feel depressed or anxious.

16 This is currently understood as mindfulness.

17 Eye Movement Desensitization Reprocessing. It is discussed later in Chapter 5.

I so love it when the scientific world of my English/Irish ancestors fits with the teachings of the Mohawk world. I pump the air with my fist and yell YAY!

A close friend has passed and I am driving with my son back to the community to say our farewell to him and to support his family in their grief. I glimpse the mountains rising high and white above the community and I am quickly filled with anger. No, it moves deeper and becomes rage. I sit with rage vibrating through me and my son stops talking and waits. I welcome the rage, give thanks for it, and ask it for its message. It sends me pictures of the times I was attacked by the community leaders following the residential school court cases 20 years ago. I feel the violation, the injustice, the betrayal of these attacks. Then my wise voice enters and says, people were reclaiming their roles and their community in the only way they knew; they were fighting to preserve themselves from the violation, the injustice and the betrayal in their families that had been ongoing for over 100 years.

Circles go around. This is so true. And I give thanks for my traditional knowledge and teachings that allow me to move to this place of forgiveness, and so quickly. The tears of relief come and I realize I've been holding this rage somewhere in me for 20 years. And it's time it left and I welcomed coming home again to the community.

Later, I found another place in me where I needed to create a new relationship. I realized there have been many small steps taken in both directions in order that a new relationship could begin between the government and Indigenous peoples. Indigenous peoples have been speaking their truth as never before. I decided to attend a Ministry focus group and, furthermore, I decided to look at steps I could take in order to begin a new relationship between me and government.

To begin, I recalled my behaviour while in the presence of white authority figures. Typically, I would be critical and judgemental and angry. I would sit silently with my arms crossed over my upper body, my legs crossed as well and often the top leg would swing back and forth. I would sigh loudly and heavily at what was being said. I would roll my eyes heavenward at points the speaker was making. I would shake my head in amazement at whatever I found appalling. Was this respectful behaviour? Was I truly living the traditional teachings? No, definitely not.

So, I considered two pathways to follow. The first was to stop the disrespectful behaviours and critical thoughts. I gave a direct command to myself that if I found myself behaving in these ways at the focus group, I would take myself out of the meeting. The second was to practice sitting in the present moment, practising *Non:wa* while at the focus group. I would be real with what I was experiencing in the present moment, and if I chose to speak it would be with care and respect. I attended the focus group and I followed both paths. I quickly learned that many of the other professionals there were also of Native ancestry. Many of the mainstream authorities were genuinely eager to hear Indigenous knowledge and responses. I was shocked.

Since that focus group, I practice *Non:wa* conscientiously, and I intensely concentrate on *Non:wa* when I am with non-Indigenous people in order that I remain true to my teachings and walk a path of respect. This can dramatically change my experience and hopefully it changes others as well, and our relationship in a positive way. I pray I'm part of creating a new relationship with the newcomers and myself from my new world of meaning, and with all my ancestral cultures.

As I end this personal narrative, I want to reiterate what I stated as I began. I believe that in order to be part of creating new relationships therapists must do their own healing, and our personal story is part of that healing. As therapists, we must be far enough along in addressing our own traumas and losses that we can assist others to do the same. This is a continuous journey of balance and self awareness, reality checks and accountability. As stated earlier, the Elders say we can only ask others to do what we already have done.

A reflective note here. I have used the term "Native" a lot of the time in sharing my story. It's the term I grew up with. All the other names like "First Nations", "Aboriginal" have emerged later in my life and sometimes I just have to stop and think to use them.

KAHWÀ:TSIRE FAMILY THERAPY PRACTICE ~ KNOWLEDGE AS META - THEMES

CHAPTER 5

In order to assist families within the *Kahwà:tsire* family therapy practice, I saw it was essential to acknowledge three facts: (a) that the healing involves trauma recovery at the level of genocide, that is, people have received the message "you should be dead" and have either witnessed or experienced this message being carried out; (b) that the families have been made powerless and helpless within the current social structure due to colonization and forced assimilation; and (c) that it is not only possible to move beyond these events, but there are tools to do so.

This family therapy practice addresses the current state of Indigenous families. As discussed in previous chapters, the families carry an intergenerational impact from colonization that includes trauma at the level of genocide and the unresolved grief of generations of multiple losses. Most families show the effects of being impoverished and oppressed. They also carry the strengths and resilience of their survivorship, and generations of resistance to the genocide and forced assimilation.

Generally, Indigenous people today want neither a lifestyle of trauma and loss, nor a lifestyle of colonization, poverty or "second class citizenship". While there is a wide spectrum of opinion on the way forward, it is generally understood that this is a time of choice; a time of remembering and reclaiming the Indigenous worldview, while accepting and incorporating gifts that fit from the European cultures and from current Euro-Canadian lifestyles. There has been major movement legally, socially and politically to gain recognition of the Indigenous worldview, the sovereignty of Indigenous nations, and the legal acceptance of Aboriginal law based on oral history. Coates and Crowley (2013) state:

> Over the past 40 years, Aboriginal people have secured extensive legal, political, and constitutional authority. Conditions that non-Aboriginal Canadians rejected as unrealistic in the late 1960s and early 1970s were widely accepted by the 2010s. A revolution in Aboriginal rights had occurred, one that would permanently transform [...] the place of Indigenous peoples within the Canadian political and legal system (pp. 14-15).

The *Kahwà:tsire* family therapy practice reflects this time of choice for Indigenous families. With the families so forcibly broken, this family therapy practice becomes one means of reunification and healing relationships.

In analyzing the information gathered in the *Kahwà:tsire* family therapy practice I recognized eleven meta-themes. Three meta-themes overarch the others; Trauma and Loss from Genocide, Residential School Family Trauma and Loss, and Unresolved Intergenerational Issues of Trauma and Loss. Eight meta-themes follow these; Relationship Challenges, Healing Victimized Women and Children, Healing Adult Children, Collective Anger and the Emotional Aspect, Learned Helplessness and Powerlessness, Attachment Challenges, Lateral Violence, and Decolonization as an Outcome.

I will now discuss each meta theme and include some discussion of approaches used in the practice to assist with each.

OVERARCHING META-THEME: TRAUMA AND LOSS FROM GENOCIDE

The family therapy practice focuses on the healing of current and inter-generational trauma. It begins by teaching about trauma's impact on the nervous system and cognitive functioning with an emphasis on typical behaviors that result. This allows people to see themselves as normally responding to an abnormal event(s), thus negating the stigma of the past. Trauma recovery tools are taught which can be used by the therapist and self-administered as required. Trauma education includes understanding what a trigger is, learning to recognize triggers, and how to work with them accountably rather than succumbing to reactive coping behaviours such as addictions, violence, and/or shaming/blaming others.

Trauma has become intertwined with grief, concepts of self and identity, thinking processes, emotional responses, spirituality, and relationships. It has become complex. Therefore, the family practice identifies the issues of trauma as they arise during any of the work in progress. Here are some topics that typically include trauma recovery during their healing process:

- Grieving lost family members due to fostering and adoption or choice of lifestyle;
- Healing physical abuse and violence;
- Healing shame due to colonization and being shamed as an Indigenous person;
- Healing of sexual abuse, both as a victim and as an offender.

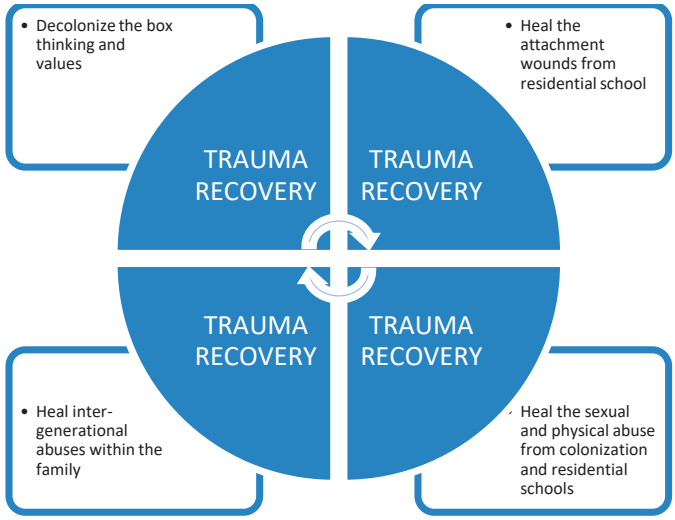

FIGURE 16. Healing multiple trauma

Healing involves reclaiming balance and harmony and is a core concept of the Indigenous worldview. Healing work will systemically shift relationships, typically with the women and children first until relationships change with the men, the Elders, and eventually all the family relationships in the community. The family is invited to choose where to begin their healing, as previously discussed. Tools are put in place to create safety for the family and individuals in order to reinforce their strengths, resources, and resistance/resilience. Then healing will begin with one the meta-themes.

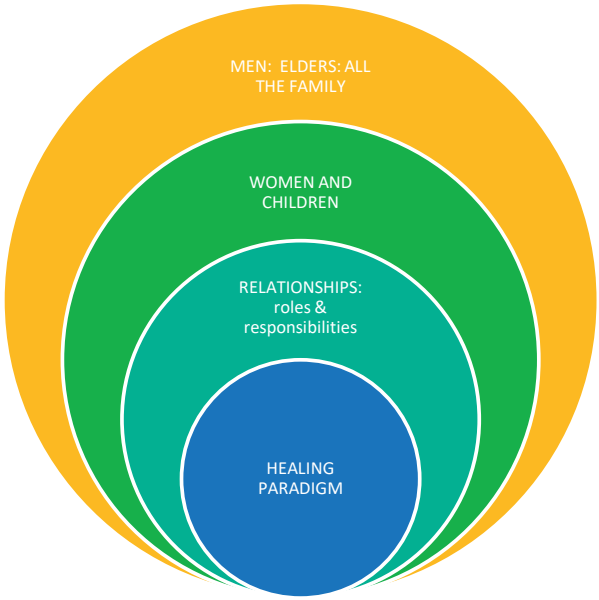

FIGURE 17 | Concentric circles of the healing paradigm

OVERARCHING META-THEME: RESIDENTIAL SCHOOL FAMILY TRAUMA AND LOSS

The legislated removal of the children from the family created an implosion of the circle, the families and the communities. Approximately 150,000 Aboriginal children were placed in residential schools nationally; at least 6000 of those children died while in attendance (Truth and Reconciliation Commission of Canada 2012, 2015). Since records were not kept consistently, these are considered rough figures and that numbers were actually higher. The parents were fined or jailed if children were not removed to the schools. The families were shown further disrespect and shame when the children were transported to school in cattle trucks.

FIGURE 18 | Residential School Photos

The following diagrams best illustrate the impact of the residential schools on the family.

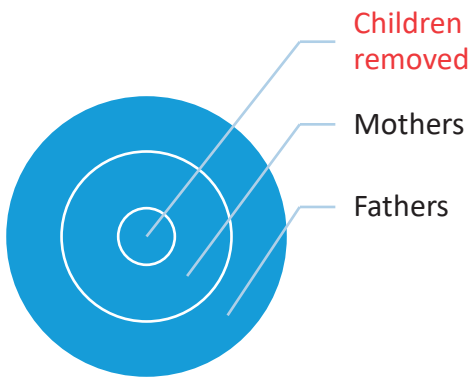

FIGURE 19 | Children are removed from the centre of the family

The centre of the family was now empty. Children were removed to other provinces, from northern Canada to southern Canada, and to residential schools situated in other Indigenous nations. They could be in these schools for eleven years or more years. The parents had little or no influence on their children's formative years.

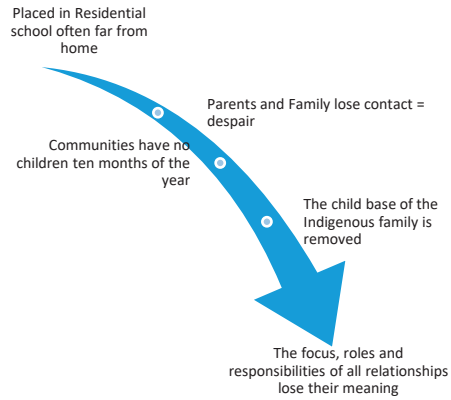

FIGURE 20 | Child base, roles, and relationships are traumatically impacted

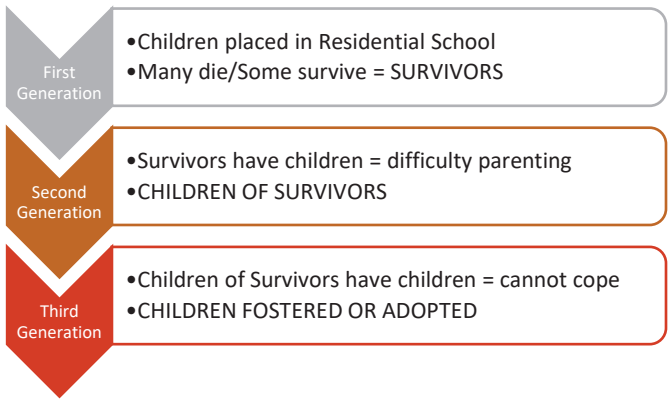

FIGURE 21 | Three generations of trauma and loss are created by the residential school

See Appendix A, B and C for the Trauma Factors of each of the three generations.

In some families, children experienced all three generational effects and are referred to as the Fourth Generation. They were fostered or adopted, they were children of survivors, and they were placed in a residential school.

The unresolved traumas and losses of each generation add impact to the next generation. Therefore, the third and fourth generations of residential school trauma carry the heaviest loss and trauma impacts. The effects become normalized. People do not know of the historical effects and instead personalize

and identify themselves as the effect (i.e., "I am shameful, unworthy, incapable, stupid, alcoholic").

OVERARCHING META-THEME: UNRESOLVED INTERGENERATIONAL ISSUES OF TRAUMA AND LOSS

The *Kahwà:tsire* family therapy practice gradually challenges the family's values, beliefs, and behaviours from the years of oppression. Lifestyles, communication styles, economic values, and education are reflected upon and evaluated. As part of this process, the unresolved intergenerational issues from the genocide, colonization, and forced assimilation emerge for consideration. They are re-viewed and clarified in order to see which wounds the family carries. Typically, families are unaware of the spiritual, emotional, physical and mental impact of these issues on their current dynamics as a family.

These issues most often are:

- Abandonment by force, by trauma, by neglect;
- Betrayal, injustice, corruption;
- Loss of childhood, forced to act as an adult in order to survive;
- Forced relocation by authorities, usually the entire community;
- Prolonged hospitalization, often far from home;
- Public shaming of the family generationally;
- Violence in an unsafe world;
- Mass deaths from massacre or disease;
- Murder, often unresolved;
- Rape and sexual interference; secrets in the family;
- Inability to live and support family and community culturally;
- Land and territories invaded without recourse;
- Reduced to poverty in a foreign world;
- Viewed as sub-human, worthless, never good enough;
- Inability to attain an education in either the Indigenous or Western world;
- Poor health leading to early deaths;
- Shattered extended family, relatives unaware of each other;
- Multiple suicides;
- Complex traumatic deaths;
- Institutionalization in residential schools, hospitals, orphanages and prison;

- Family feuds persisting across generations;
- Removal of children either by residential school or fostering/adoption;
- Unresolved wounded relationships begun in the residential school and continuing to present day in the community.

The family decides which issues are the most pressing for them, and choose where to begin their healing. Creating a genogram together gives direction for this process. An example of the genogram is given at the beginning of Chapter Seven in the case study.

The genogram assists in seeing what was unseen. The issues listed above can be included on the genogram, the name changes from the Indigenous language to English can be noted, those who attended residential school can be named, as well as those children who were removed from the family by fostering or adoption. Other information that can be included are; custom fostering[18], survival patterns, family leaders, keepers of traditional knowledge, herbalists and medicine people.

Generational patterns of change and survival become evident in the genogram. Family members learn how strongly the family survived and how powerful they are to continue to live while carrying intergenerational impacts. Within the therapy, they learn to acknowledge their strengths. They see what they do not want to pass on to their children, and they can choose to address unhealthy impacts and move forward in a healthier manner.

META-THEME: RELATIONSHIP CHALLENGES

The practice teaches self-awareness, accountability, and self-discipline in order to maintain balance and harmony within and between relationship with others. In keeping with traditional teachings, inner discipline is emphasized in the family therapy practice; continuous healing is encouraged in order to ensure our relationships are healthy and respectful. People are encouraged to monitor their relationships and note when relationships change for the better as individuals become more balanced and self-aware. This supports self-regulation as well as validates the teaching: what we do returns to us.

18 To keep children to be raised within the family, as was done traditionally.

Forgiveness is taught as a traditional tool that allows healing in relationship with oneself, as well as all relationships, although some actions are considered unforgiveable, for example child abuse and murder. These behaviours are always considered unacceptable, and we can mark them with ceremony, and move onward. Accountability is stressed in the forgiveness process.

Multiple traditional teachings are shared and applied to assist with building relationships and reconciliation in relationships: what one person does happens to all, what happens to all, happens to one person;[19] the family is the primary building block of the community; all our relatives are our family and our community (Derrick, 2009, p. 394); we are never alone, we are always in relationship with all that is; our first relationship is with our Creator and it is essential to honour the Creator in all that we do, think, feel and know; we are always in relationship with the physical world, with Mother Earth, Father Sky, Grandmother Moon, and Grandfather Sun. These teachings challenge the profound loneliness of traumatized, grieving childhoods.

Roles are described in the therapy practice to provide direction, accountability and responsibility. Adults are supported to reclaim the role of nurturer, guide, disciplinarian, and teacher.

Men and women have often become either counter-dependent, that is a refusal of closeness or chronic victims/co-dependents with each other. Therefore, it is essential that relationship healing begin in order to regain their vulnerable and self-reliant selves, and begin to trust their partner. The *Kahwà:tsire* family therapy practice offers tools for renewing the co-creative relationships between men and women through Indigenous communication skills, continued claiming of personal power, claiming the emotional aspect, and through trauma recovery tools in relationship (Johnson, 2005). Ceremonies are used to correct imbalances within relationships, especially where there is a need to make amends and to be accountable.

META-THEME: HEALING VICTIMIZED CHILDREN AND WOMEN

As described earlier, Indigenous women and children became the most unsafe members in an unsafe colonized world. Women's roles and relationships with

19 Traditional saying.

the men had been so significantly altered by genocide as to be opposite to their traditional place. This enormous shift is reflected in *Rotinonhsión:ni* culture where prior to colonization, before the men could go to war the women made them moccasins. If the women did not want war, they did not make moccasins. (Thunderbird, 2013). Now as a result of genocide, the women have become the victims of "warfare".

By healing the women and the children, the impact of colonization on them immediately shifts their position in the family. The therapy practice works to return them to the centre of the circle. Systemically this focus would also allow the men to shift in their colonized family roles.

I reflected on the concept of working with the women and children in the family therapy practice. I noted the files document only a small percentage of men attended therapy on their own. Many men came to join in with their families in healing, but did not maintain their healing over time. If they did, they came after their partners and children came for therapy or they came on their own to prepare themselves for residential school court cases. I continue to wonder how my gender influenced this trend. I also note that the lack of men in healing continues to be a concern generally.

The *Kahwà:tsire* family therapy practice offered grief and trauma recovery through narratives and multiple art forms, mainstream trauma recovery protocols, and systemic practices. Wherever possible, esteem and positive attachment to self was encouraged and nurtured. The majority of women had been hurt by their current partners, and often were supported in therapy by external resources such as women's shelters and community frontline workers. The children who attended had often witnessed violence in their family or been hurt by community members. Often the school was involved because they were not learning well or were acting out with other children.

At the request of some families, reconciliation was practiced with those who had caused harm, and with relationships broken by violence. This healing work typically involved professional and cultural supports, and many times circle protocols were utilized. The most profound reconciliation circle I supported centered on a woman who had murdered her partner. The circle included her Elder, her partner's sister, family members, prison personnel, victim service providers, singers and drummers, and reconciliation leaders (VOMP, 2009).

At the request of women, traditional stories and cultural knowledge was shared in the *Kahwà:tsire* family therapy practice. Many of the women were curious about their grandmother's lifestyles before colonization. A number of families in the area were actively returning to a traditional lifestyle and reclaiming the traditional voice of the women, while co-parenting with the men to protect the children. They offered women's traditional teachings. Several urban Aboriginal agencies ran women's support circles and children's support circles. Referrals were made to these external supports when appropriate. Cultural knowledge around parenting and the central role of children was offered to parents whose children had been victimized.

Wherever possible, therapy was provided directly with the children with the involvement of the parents. The focus was on safety, creating healthy attachment, building on the parents healing, self-esteem and parenting skills, as well as the emotional health of the children.

Direct parenting skills were taught. Art forms and sandbox play usually involved parents and children together in order to rebuild their relationships. Therapeutic stories were usually read at the close of sessions, and if parents were willing, they read the stories.

META-THEME: HEALING ADULT CHILDREN

In the chaos of the past 500 years, roles and responsibilities within the family have often become reversed. This issue was introduced in Chapter One. The reversal of roles is particularly true in families where the residential school forcibly removed children. Referring back to the three and four generations created by the residential school depicted in Figure 21, the children of survivors, the second generation were often forced to become caretakers of their parents both emotionally and physically so they could survive, as shown below in Figure 22. For example, if the parents used alcohol to numb their grief and anger from their childhood terror, then the children took care of each other while their parents drank. Often the eldest children became the parent not only of their younger siblings, but also of the parents while they recovered from their alcohol, or were

lost in flashbacks of their childhood, or could not respond as parents when they were frozen in fear.

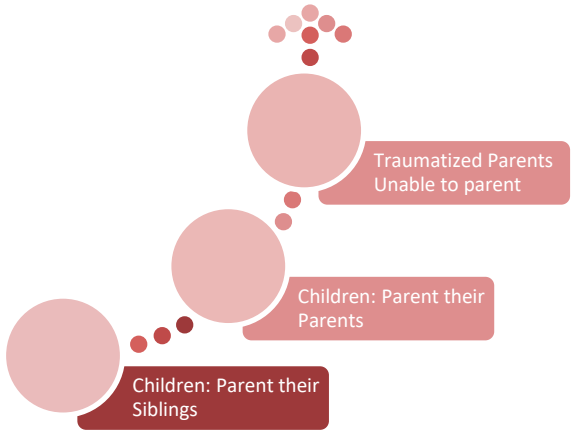

FIGURE 22 | Intergenerational lost childhood

The healing task for the adult children of survivors in the second generation is, essentially, the reclaiming of their lost childhoods. The task is to discontinue parenting their parents and their siblings to some degree, and refocus their role as adults who need to parent their own children. The healing task for the fostered/adopted adult, the third generation is more complex and quite dependent on their experience in their child placement homes and with their social workers. Typically, they have great difficulty forming and maintaining relationships. See Appendix C.

The healing tasks for the adult child survivor of a residential school most often begins with their story of their childhood school experience and can continue to the forgiveness of their parents whom they believed (erroneously) chose to place them there. The emotional impact of sharing their repressed story can be overwhelming. The therapy practice provides the space and holds them with respect while their story is heard and they are validated. When they continue with their healing process they typically move into shame and guilt for their trauma-induced reactive behaviours and their non-parenting of their children. Information about trauma and cultural tools for forgiveness is then provided. Unfortunately, many residential school survivors do not heal beyond telling their story, while many others maintain their lifetime of silence.

META-THEME: LEARNED HELPLESSNESS AND POWERLESSNESS

Learned helplessness and powerlessness have become multi-generational (Wesley-Esquimaux & Smolewski, 2004). The *Kahwà:tsire* family therapy practice focusses on reclaiming personal power, as well as providing healing approaches that support taking action and creating safety for oneself. Collectively these approaches interrupt the learned victim state. I have come to believe that addressing trauma is the most powerful way to move beyond helplessness and powerlessness.

META-THEME: ATTACHMENT CHALLENGES

Within the therapy practice there is a focus on healing attachment disruptions and the harm to healthy attachments that continues the legacy of the forced removal of children from their parents. Reactive and disrupted attachments are identified in family relationships, and Indigenous approaches are provided for healing. I found the most successful tool with attachment distress is with the "Inner Child" and multiple approaches can be applied to this concept. I also offered a traditional ceremony for soothing and healing attachment disruptions between the mother and the child – of any age.

META-THEME: LATERAL VIOLENCE

Lateral violence, including family feuds, continue behaviours from forced assimilation, confinement upon small reserve lands and unresolved wounds from residential school. Laterally violent behaviors have been triggered by the repatriation of women and their families due to Bill C-31[20] and repetitive, traumatized inter-generational relationships. In the therapy practice, education about lateral violence was provided so people may identify when lateral violence is the issue. Relationship tools were expanded beyond the immediate family in order to update and heal inter-family and community relationships. Currently, the practice is re-focussing to lateral kindness and this appears to be stimulating interest and increase change.

20 The federal Bill C-31 enacted in 1985 allowed women who had lost their Native status through marriage to a non-Native man to regain Native status. It also gave status to their children. Bands with restricted funds and lands have not welcomed these women and children home.

META-THEME: COLLECTIVE ANGER AND THE EMOTIONAL ASPECT

As the healing process unfolds it is common for the underlying anger from years of injustice, trauma, and grief to emerge. In fact, in writing this dissertation I have been constantly reminded of my own anger. It interferes with my ability to speak clearly and articulate what is true for me.

I found that as I wrote I recognized that I was vicariously traumatized as well. The trauma from working with this enormous loss and pain in families began to leak into my writing. I felt reactive and judgemental about colonizers, and I moved into mistrusting even the process of being in the Ph.D. program. The world around me became suspect and I moved into defensive reaction at times. Following a conversation with some of my committee members I experienced a nightmare, which had not happened since early adulthood. I saw I needed to be gentle with myself in this process of writing, and apply all my tools for self-care.

In the *Kahwà:tsire* family therapy practice, anger is understood as a healthy normal emotion that erupts when something does not fit well for the person. It is a time for teaching, for sharing tools for healthy expression and for ownership of the anger. Here is an example of anger expressed through the creative arts by Garry Gottfriedson (*Secwepemc*):

> Canada, my country, you have forgotten:
> I can never surrender [...]
> Canada, my country, you have forgotten:
> I am a warrior
> & the land belongs to me. (Gottfriedson, 2002, p. 80)

Reclaiming the emotional aspect is considered crucial in the Indigenous world. Emotions have been denied, frozen and repressed as part of survivorship. This has created emotional disconnection for generations and has allowed violence to become normalized. It is essential, therefore, to begin to feel, to feel safe to share the feelings, to share the feelings, and to begin a new connection within oneself and between others (Brown, 2004; Ross, 2008, 2009a).

Many times, it becomes necessary to learn to attach a name to a feeling and then learn how to communicate this feeling so there is validation and acceptance from others. This process takes patience and guidance, especially when learning

to be aware of sensations in the body, name them, connect them with an emotion, and then express the emotion.

Ceremony, expressive arts, and physical activities allow safe expression and integration of anger. Communication practiced internally and with others is essential. As the anger is accepted, expressed and integrated, it becomes important to learn self-management tools and regulation tools to deal with anger.

META-THEME: DECOLONIZATION AS AN OUTCOME OF THE PRACTICE

Decolonization in the *Kahwà:tsire* family therapy practice is an outcome of the process of healing. Typically, people want to find the generations of family lost during the genocide as well as their cultural traditions and the Indigenous worldview. Family members often want to reattach to the land, affirm relationships that have been historically broken, and locate lost relatives who were fostered or adopted. Storytelling is important in this process.

Currently decolonization is considered a socio-political process, yet individuals and families respond in personal ways (Archibald, 2006, p. 25). In the decolonization process, Indigenous cultural ways are rediscovered and revitalized. *Oksa* is renewed and can provide a foundation for healing and development. Individuals and families can renew their connection with their culture. Grief can be expressed at what was lost, what was missed in the past, and determination can emerge to move forward based on the Indigenous culture. It generally culminates in a "proactive action in the spirit of self-determination" as defined by *Laenui* (Alfred, 2010; Archibald, 2006, p. 28).

Decolonization can be understood within the social construction framework as a deconstruction of principles that no longer fit; "we may abandon or dissolve dysfunctional ways of life, and together create alternatives" (Gergen, 2010, p. 1). The decolonizing process allows families to speak their truth, and begin to move forward to claim what they need economically, socially and legally. They let go of beliefs that create hopelessness and despair and begin to focus on building harmony and balance in their family relationships.

A NOTE ABOUT ALCOHOL, DRUGS AND OTHER ADDICTIONS

The *Kahwà:tsire* family therapy practice assumes that sobriety and drug-free states have been achieved, preferably by attendance at a Treatment Centre. I found through experience that it is essential for people to be free from substances that will interfere with their mental and emotional functioning as they learn to become self-aware and self-disciplined.

At times while in therapy, addictive behaviours were triggered. This commonly happened when a current event overwhelmed a person emotionally. New self-care tools and personal safety disappeared and helplessness and powerlessness took control. If addiction returned, the client remained involved in family therapy, which became a resource and a support for addiction recovery. Community and family resources were enlisted as well. Often by renaming an addictive behaviour as a trauma reaction, and healing it at the trauma recovery level, the addictive behaviour immediately stopped.

THE KAHWÀ:TSIRE FAMILY THERAPY PRACTICE ~ INDIGENOUS AND CULTURALLY SENSITIVE HEALING APPROACHES

CHAPTER 6

I have identified the meta-themes that emerged from the collaborative therapeutic work with Indigenous families attending the *Kahwà:tsire* family therapy practice. I now turn to name and discuss the healing approaches used in the therapy practice.

The Indigenous values that underlie the healing approaches are described first. They are the foundation of our actions together in the practice and have been discussed previously. They are now applied to the therapeutic approaches described in the *Kahwà:tsire* family therapy practice.

Following the naming of the values, a detailed summary of the Indigenous approaches used in the practice will be described and, again some of these approaches have been introduced in previous chapters. Finally, there is a description of culturally sensitive approaches from Euro-Canadian therapies utilized in collaboration with the *Kahwà:tsire* family therapy practice.

INDIGENOUS VALUES FOUNDATIONAL TO THE THERAPEUTIC APPROACHES

1. The belief in the spiritual centre. Both the families and the therapist/researcher are spirits first and have come to earth in order to learn and evolve.
2. Information is processed by asking "What is true?" This was introduced earlier as the acceptance process and focusses on what is true for the speaker.
3. All life forms are accepted as equal-in-value. The therapist is a fellow teacher and learner with the family who is a fellow learner and teacher. We are sharing moments of our lives together on the healing journey.
4. The primary goal in life is to become self-aware and self-disciplined, thus allowing each person to live in harmony with all our relations. The *Kahwà:tsire* family therapy practice provides processes that ask participants to see themselves and their relationships, thus opening possibilities for new knowledge of emotions, thoughts, behaviours, and physical activity.

5. It is essential to live in *Non:wa*/Now. When the *Oksa* "Now that was" is lost, trauma recovery tools, family systems tools, and inner processing tools can be applied in order to regain our relationships in the Now.
6. The language holds the worldview[21]. Whenever possible, Indigenous languages are used in the session. Sometimes the most hurtful stories need to be told in the language. The family is supported in learning their language or reclaiming the use of their language. English can complement some parts of the Indigenous language. For example, the therapist can acknowledge that words have been spoken by the family and they have been heard and are honoured in the way of call and response.
7. Stories hold the history, the teachings of the circle, and the traditions and values of the culture. The stories of survivorship, challenges, critical learning moments, turning points in a speaker's life can be shared and acknowledged. They can be taped, recorded in a journal, danced, drawn, witnessed[22] by family or in a sharing circle. Stories told by grandparents and retold again carry the cultural teachings (Robinson, 1989) and need to be acknowledged with cultural protocol. The stories of residential school experiences teach the courage and power of resilience and survivorship. They honour the Elders who have stayed alive through genocide so that the current generations may live and move forward.
8. Communication is focused on listening – with all five senses. In therapy sessions participants are encouraged to listen with their entire being. The therapist holds the space of the session, spiritually grounded, and hearing all that is being shared. When words need to be said the speaker must consider the place, the time, the relationship and the purpose because the words can never be taken back.
9. Silence is a form of listening. Focused stillness and silence are essential for our growth. The therapist's silence allows the family to hear themselves. If the family chooses to sit silently, then the therapist joins in that silence.
10. There are multiple forms of expression besides talking: slight head and facial movements, large body movements, hand movements, dance, carving wood and stone, music, painting in many mediums. All are powerful forms of communication. The therapist suggests a medium to fit with the therapeutic process and collaborates with the family on the choice.
11. It is essential to always give thanks. The day begins and ends by giving thanks. Prayers are said throughout the day while conducting everyday

21 This is the current belief of Elders and is actively being championed by them.

22 Witnessing is a formal role traditionally. Witnesses can be called to clarify what they heard and saw.

tasks. The therapy session closes with thanks and appreciation for both family and therapist.

12. The *Kahwà:tsire* family therapy practice works with the Indigenous understanding that we have two brains. The first brain is housed in our centre below our heart and the second brain is housed within our skull. In the Indigenous view, inner communication emanates from the first brain[23]. It begins registering information before birth and supplies continuous accurate information to the second brain. It is imperative that the pathway between the two brains remain open in order to have a complete circle of communication between both thus allowing us to grow and develop in good health. Lessons are taught that allow the belly to open; breathing, reading one's intuitive "gut" messages, calming visualizations. These are actively practiced and applied in sessions and encouraged for homework. They are part of learning to trust oneself and to maintain inner connection and balance.
13. The practice also works with the Indigenous belief that the Emotional Body is fully developed at birth[24]. *Attokhahtshera* is the Mohawk word for feeling or emotion. It translates as "our sense, our feeling, our wisdom that was given to us when we were born" (Miller, Oral teaching, August 11, 2015). It correlates with the amygdala in the brain. The emotions it registers are accurate. A lot of focus is placed on being comfortable with emotions whether the emotion is considered negative or positive. Accepting emotions is taught as a formal tool as described earlier in the discussion of anger and emotions, and self-regulation tools are taught and practiced.
14. Family decisions are based on consensus of the entire group. The parents hold the lead as guides and models in the decision-making.
15. The wisdom of the human is housed in the mind-body connection. The brain is understood to be part of the biology of the body, and each cell is understood to be wise and contributing to the whole wisdom of the person. *Watkenhonwera:ton/* we are part of all that is/we are made of intelligence. Typically, the therapist will ask the family to check with their body first when learning to feel, and to accept their feelings. This technique assists in breaking the learned numbness. If physical ailments are present, then that ailment is given a voice and is respected. It is understood to be

23 In contrast, scientists refer to the gut as the second brain or the enteric nervous system (Gershon, 1999)

24 This perspective is in contrast with social constructionism which views emotional expression as "culturally constructed and performed" in relationship to context (Gergen, 2009a, p. 104).

connected to a thought pattern and/or emotion. It can be moderated by using any of the four aspects of the person.

16. The *Kahwà:tsire* family therapy practice understands that contrasts and diversity are fascinating and invite us to receive information that we do not have as yet. Diverse views and beliefs are open for dialogue. This allows members of the family to see the differences of its members and appreciate these differences. Contrasts can assist with balance so that following a heavy emotional time with an active and humorous time in the session can bring balance to the family session.
17. The roles and responsibilities within family relationships are based on raising the children. Elders are honoured as the wisdom keepers and holders of the family and cultural history.

References for the preceding guiding traditional values: Bopp et al. (1985); Derrick (1993); Hubbard (2008); (The Five Nations Confederacy, n.d.); Longboat (2005, 2007a, 2007b, 2007c, 2015); McGowan (2012); Porter (2008); Robinson (2005); Ross (2011); Six Nations Indian Museum (1993); Truth and Reconciliation Commission (2012).

INDIGENOUS HEALING APPROACHES APPLIED IN THE KAHWÀ:TSIRE FAMILY THERAPY PRACTICE

Teaching and Guidance through Storytelling

Cultural teachings about the family, and the gifts and roles of women, men, grandparents, couples, and Elders are central to this approach? The transmission of traditional knowledge begins in the family when the adults parent the children with kindness and caring. These experiential teachings as well as storytelling were interrupted during the genocide, so they are now being retaught. The family therapy practice encouraged teachings from family members, Elders, supporting Indigenous professionals and community members, as well as the therapist.

Spiritual guidance was provided either directly by the therapist, if appropriate, or by referral to a spiritual leader. This guidance was helpful in learning to monitor one's energy through thought and action. It was also useful when changing negative talk and negative thoughts to loving thoughts and action, and in releasing or forgiving those who have caused harm.

Confrontation on behaviours that are counterproductive in relationships was given in storytelling form. Some of the storytelling was personal lessons learned, while other stories were teachings commonly shared. For example, the story of two wolves is commonly told in several Indigenous cultures to remind youth and young adults that we have a choice in the paths we follow.

Teaching and Guidance Through Experiential Learning

Cultural education methods were used such as experiential healings on the land, or at the water. Traditional activities on the land were used to raise awareness and to regain balance, and self-awareness. Appreciation of all our relations was taught by sitting on the earth and by the river to quietly to listen to sounds we normally do not hear. This activated the spiritual and emotional centres. Some family circles were held on the land. In the office, the hand drum and a stick/leather traditional tool were used to assist children to develop hand-eye coordination.

Cultural communication methods were taught and practiced along with current communication styles of non-violence (Rosenberg, 2003) and congruence (Satir, 1967). For example, communication with the mouth closed was practised, that is, listening as a key form of communication. Family members were encouraged to ask for what they needed and to respond with clarity and empathy to each other. At the request of families, coaching was provided for learning the circle acceptance process of communication.

Cultural parenting tools were taught, and included mainstream parenting tools that were culturally fitting. For example, parents were often taught that a child is believed to be closest to the Creator, so a child is never hit physically or with words or thoughts. Traditional parenting typically used modelling of behaviours expected in the child, disciplining children by describing the behavior expected and then supporting the behavior change, and by storytelling.

The circle format was used to teach respectful sharing, confidentiality, and cultural values and beliefs while focussing on personal storytelling.

Cultural Tools

Cold water was used in the *Kahwà:tsire* family therapy practice to ground participants after a strong session. Traditionally it is considered to be a healing medium, particularly cold running water and was used to revitalize and restore the spirit within the body. It brings balance to the body, mind, and emotions. It

is useful for dissociative states as it allows the person to feel grounded. During times of stress and grief, bathing in the river, creek, ocean/lake is used as a cleansing ceremony for balance.

The Sweat Lodge was used in the *Kahwà:tsire* family therapy practice to support female youth who had been harmed, and family members healing sexual abuse. Jacqueline Walker (Cree) describes the sweat lodge as a purifying ceremony that cleanses the body of toxins, while healing the mind, emotions, and spirit. She writes:

> The lodge itself represents the womb of mother earth and the ribs of the lodge are her ribs. The coverings over the lodge represent the shawl of our grandmothers who carry the teachings and the values of the community. The fire outside the lodge is also a woman and the heated rocks are the spirits of the grandfathers. We honor our relations and life as we enter into the sweat lodge (Walker, 2012, p. 11).

Forgiveness is a challenging process and the family practice provided coaching and support for those who decided to forgive a relationship wound. Forgiveness was understood as a process that involves grieving and letting go, taking the high road spiritually and emotionally in order to let go of deep hurt or loss, and accepting events or interactions that sometimes are unacceptable. It is a process that allows us to "give way first" in order that we may move on in our lives in a productive way. Often in the letting go, faith is required in trusting that the Creator will allow those who hurt us to come to their own understanding and lessons – that it is not up to us to teach them, but it is up to us to continue to live our lives to the fullest. Forgiveness asks us to trust the circle and that what goes out, will circle and return.

Ceremony was utilized at the request of family members or by suggestion from me or external resources for the family. Traditionally almost all human activity was seen as fundamentally ceremonial in nature and as one Elder expressed it, "Everything that was done, was done with reverence. That being said, there was also a wide variety of ceremonies tailored to meet specific psychological needs" (Ross, 2009b, p. 25).

The ceremonies most often used in the *Kahwà:tsire* family therapy practice were shame ceremonies to make amends and to be accountable, decision-making ceremonies for family transformation, cleansing ceremonies with traditional healers, pipe ceremonies with pipe carriers, the *Haudensaunee* grieving and condolence ceremony, and the *Tsimshian* parent-child attachment ceremony.

Giving thanks throughout the day and with every season was encouraged. This tradition was particularly helpful for depression and victimized states, and was often suggested as "homework" at the end of sessions. It was included with a discussion of *Prayer to the Creator / Spirit / Great Mystery* with the belief that we are never alone; we are always part of the *Sa'oye:ren*/Eternity/intelligent energy that is life itself. This belief challenged the loneliness of residential school survivors and fostered children, as well as those in depression and hopelessness. Families were encouraged to consider using prayer for those who had caused them harm as an alternative to reacting with violence.

Reclaiming healthier family roles was encouraged and supported in the *Kahwà:tsire* family practice. As described earlier people have taken on many roles in the family in order that they and their families could survive. Besides reclaiming roles that support movement forward for the family, adult children were coached to find someone in the community who would enter into a parent role with them if their biological parents were incapable of reclaiming that role. The therapy practice actively encouraged the development of a chosen family and chosen family relationships when biological relationships were impossible.

The *Vision Quest* was suggested and supported when someone needed to refocus their life, to find their purpose, or to envision where they were going. The vision quest is a time of silence on the earth and in communion with Great Spirit or Creator. Ross (2009a) describes it as "a bedrock principle of aboriginal life in general [...] people must be free to find their **own** paths through the Great Mystery".

Letting Go as a process of regaining balance was coached and encouraged in the practice. Letting go can assist in maintaining healthy relationships by giving freedom to others to choose their own paths. This process can apply to an inner relationship with oneself or a relationship with another person. The *Kahwà:tsire* family therapy practice understands letting go as a means of moving our egos, our hurts, and our goals for ourselves aside, and letting go in order to move into

the spiritual flow around us. This may be part of prayer or part of the forgiveness process.

Stones, rocks, objects from the earth became an important part of this family practice. Typically a wooden bowl of stones stood at the door of the family therapy room. Children always wanted a stone as they left their sessions. Smooth round stones were kept in people's pockets to remind them of a new resolve, a new tool, or a new stronger inner place. Fingering a stone while in a healing session allowed the person to move their thoughts more clearly as taught traditionally: "keeping our hands busy allows us to have clean thoughts"[25]. People brought stones to share in the session in thanks for work they had done or some piece they had just learned. Often stones were used to represent important relationships and were kept in a special place as a momento.

The seven natural ways of healing were described when appropriate because people became anxious about their physical responses to trauma and grief. These natural ways are considered to be sleeping, walking, vomiting/burping, yawning, crying, laughing, talking. All are honoured as natural responses in healing.

Elders/Wise Teachers were encouraged and supported as mentors and guides for the families when it was verified that the Elders were truly Elders. Families sometimes found this mentoring relationship a difficult lesson as they learned to accept guidance and to trust an older person, and always it allowed transformation.

Body work was encouraged as part of the mind-body connection in the Indigenous worldview. Body work in the form of walking, attending yoga and other mainstream exercise formats was suggested, as well as taking part in the physical activity involved with ceremonies, the sweat lodge, and going to the land.

Dreams were often brought to the therapy session and considered for their symbolic message. Dream work has long been respected and honoured in Indigenous cultures, often being used as a means of guidance for the individual, family or community. The *Kahwà:tsire* family therapy practice understood there are several forms of dreams such as teaching dreams; reworking-the-day dreams; visions; and throwaway dreams because of indigestion or poor health.

25 Oral traditional teaching

Visitations from loved ones and friends or ancestors who have passed were shared in the practice. The visits were debriefed in the family therapy sessions, especially if they were disturbing, brought comfort or highlighted relationship dynamics that required attention.

Humour was part of the *Kahwà:tsire* family therapy practice as it is an integral part of Indigenous cultures. Typically, it was fun to see the humour in a situation or to laugh at our own expense. It was a delightful way of bringing balance to heavy stories and dark events. This is an example of humour to shift a hurtful event; "My car was stolen last night and I can't get to work." *"Thank Creator for this day off! Maybe you will get a new car out of this! Send Good Thoughts to the guys who stole your car and wish the very best for them because the car probably broke down before they got very far!"*

There was *a focus on emotional healing* in the practice in accordance with Lee Brown's (Cherokee) research which addressed the need to have emotional education in Aboriginal pedagogy (2004). Brown stated there is a need for emotional connection because intergenerational trauma has continued the numbing, denial, and repression of emotion. He described six principles of emotional education that are key for healthy children and which were applied in the *Kahwà:tsire* family therapy practice with both children and adults; learning to identify the emotions, developing emotional communication, learning that the emotions are the foundations of our values and our identity, learning emotional feedback, learning emotional skills, and learning emotional wellness.

HEALING APPROACHES BASED ON INDIGENOUS VALUES AND DEVELOPED WITHIN THE FAMILY THERAPY PRACTICE

Healing approaches were developed in the therapy practice that allowed people to shift from colonized behaviours to traditional Indigenous behaviours fairly quickly.

Looking at the Opposite The therapist asks the person to think of or consider the opposite view of where they currently see themselves. Typically, this is looking at the positive aspect of their current state rather than seeing it as a negative or victim state; "I am depressed and feeling awful" *"Well, we're always doing the best we can, so how about doing the best you can to be depressed." (this usually gets a shocked laugh).*

Refocus thoughts of victimization/or negativity to thoughts of personal power and positive movement; "There is nothing I can do but sit and wait" *"I can sit and wait in silence and accept how I feel. That is doing something!"*

Rename a negative event or feeling to an Indigenous circle perspective; "The men treated me like I was a dog. I felt worthless and ashamed." *Dogs have always served our people as loyal protectors and guardians of our family. When you feel awful then remember what the dog does for our people. Were you perhaps protecting someone else when this happened to you?"*

Name the lesson in a hurtful event; "My aunt just died. My cousin was killed in a car accident a few weeks ago. My son is not doing well in school and now my sister has been hospitalized." *"We find out how strong we are when we lose nearly everything. You have You and you have your gifts. Now you can dig deeper into yourself and practice using more of them."*

Name the resilient behaviours, values, beliefs, and strengths in a harmful situation; a person is describing a harmful event from childhood and weeping, feeling helpless. *"Thanks for sharing a big part of your story. I experience how strong you are to revisit that awful time in your childhood. What part of you got you through such a horrible time, so that you can now sit and recall what happened?"*

Move the view (especially about relationships); "She is always yelling at me and wants to know everything I did when I was out." *"It seems she's always there for you when you get home. Maybe she's afraid and scared of losing you…scared something might happen to you when you are out."*

CULTURALLY SENSITIVE EURO-CANADIAN THERAPEUTIC APPROACHES

These therapeutic approaches enhance and complement the healing values and beliefs in the Indigenous worldview. They are able to maintain the integrity of the Indigenous worldview, strengthen and enrich its ability to offer healing, and respect the Indigenous worldview as the foundation in the *Kahwà:tsire* family therapy practice. The two traditions of systemic family therapy and social construction vital to this practice are included here along with narrative therapy and emotionally focussed therapy.

Four Main Culturally Sensitive Approaches

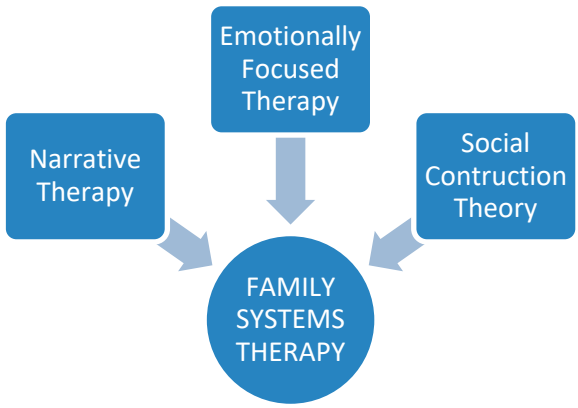

FIGURE 23 | Culturally sensitive Euro-Canadian therapeutic approaches

Narrative Therapy is understood to have emerged as a therapy tool from Aboriginal teachings and is not used in the practice to replace traditional storytelling. The stories and letters exchanged in the therapy allow family members to regain parts of themselves by hearing themselves in their own story (Berg, 2009, p. 378) and can be a current application of Indigenous storytelling.

Emotionally focused Therapy was developed by Susan Johnson and Les Greenberg (Johnson S. M., 2005). Its focus is to create a secure emotional attachment within oneself and in one's relationship, especially where there has been trauma or betrayal of the relationship. The understanding is that people are "hardwired" for emotional attachment and this can be accessed and healed with therapeutic tools so that the attachment is secure (Berg, 2009, pp. 372-375). The need for emotional healing in Indigenous families has been stated several times. Emotionally focused therapy can enrich the healing and offer well-researched tools and positive results.

Social Construction Theory has been described and used throughout this work. It provides an objective way to reflect on relationships and what defines "us". It offers a larger view of what being human and social is about and provides possibilities for new, creative relationships, and making meaning.

Family Systems Therapy has also been described and used throughout this work. However, one tool developed in family therapy, the *Genogram* was discussed earlier and bears mentioning again as a research tool (Bowen, 1978). Indigenous

families and communities have used is as a means of reconnecting shattered family systems. It provides a structure for gaining information, photographs, uncovering secrets, clarifying stories, strengthening identity, and documenting history that was lost. This new information can provide a foundation on which families can build healthier lifestyles. Whole communities are now using this as a tool, with photographs of Elders and their family members being enlarged and hung in community halls.

Three Culturally Sensitive Complementary Approaches

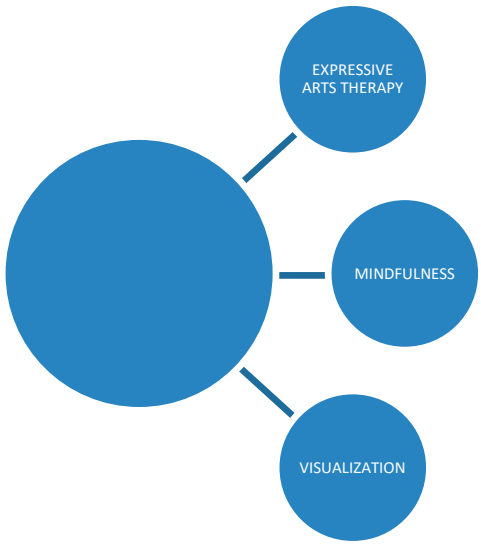

FIGURE 24 | Culturally sensitive Euro-Canadian approaches that complement Indigenous teachings

Expressive Arts Therapies include art therapy in its many mediums: drama and theatre, especially interactive drama and play writing (Driskill, 2008; Taylor, 1996); musical groups, singing, rapping, song writing; poetry writing and poetry reading; novels and storytelling on paper and in video; photography. These therapies are especially helpful when working with children and adults who are frozen emotionally.

Mindfulness is generally accepted as coming from the Buddhist tradition and it too complements the circle teachings of *Non:wa*/Now as discussed previously. Mindfulness takes family members through a step by step process to practice the art of being in the Now. This allows a shift from their trauma reactive behaviours

with the focus on the past or fearing the future. The healing work then becomes learning to take healthy action now.

Visualization as a practice complements the creativity and brilliance of Indigenous survivorship. Visualization can assist in resolving inner dilemmas by visualizing their outcome, and can be used by families to envision, plan and organize what they must do next to create a healthier future.

Current Mainstream Trauma Recovery Therapies

The *Kahwà:tsire* family therapy practice turns to current mainstream trauma recovery therapies to assist in addressing historical, inter-generational trauma, residential school trauma and immediate traumas. These recovery tools are used as an integral part of the practice. They can be administered to one family member while the rest of the family sits as witness and support. The trauma recovery work can also be helpful for couples to witness as it leads to an understanding of their partner's behaviors as trauma based and not relationship based.

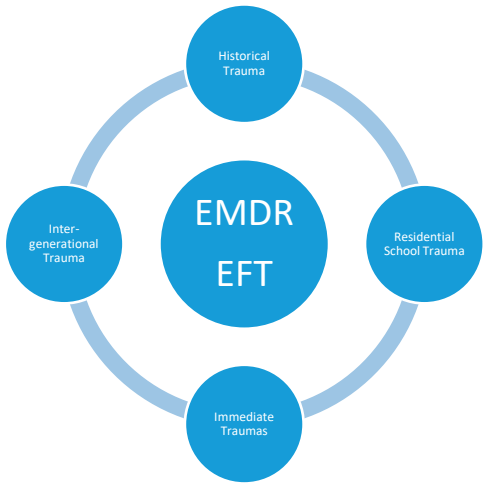

FIGURE 25 | Current trauma recovery therapies

*Eye Movement Desensitization and Reprocessing (EMDR***)** is a highly researched trauma recovery technique used throughout the world by trained practitioners who must meet entry-level standards. Psychologist Francine Shapiro (2001) developed it in the 1980s when she was treating Vietnam War veterans suffering from posttraumatic stress disorder. It has proven to be highly effective in treating PTSD and the heaviest forms of trauma as well as attachment issues in family relationships. Some EMDR techniques can be self-administered, but the

primary work is done in sessions with a trained practitioner (Shapiro, Kaslow, & Maxfield, 2007). It is strongly recommended by the American Psychiatric Association and Veterans Affairs in the United States as a highly effective trauma recovery tool. The *Kahwà:tsire* family therapy practice incorporates EMDR with trauma recovery, attachment issues, anxiety, and safety healing with Indigenous cultural teachings.

Emotional Freedom Technique or EFT is a practice of tapping on energy points in the body that correspond to emotional states. It was developed from Roger Callahan's Thought Field Therapy by Gary Craig and has received a wide spectrum of praise since information was released in the 1990s (Craig, 2013). Although clinical psychology research considers it a pseudoscience, EFT is taught to trauma survivors in many Native treatment centres and these survivors find it useful as a self-regulation tool, and often, a relief from heavy emotional states. The *Kahwà:tsire* family therapy practice uses it as a self-administered regulation tool.

COMBINING AND APPLYING THESE METHODS

I applied the previously described healing methods using a model of the Indigenous circle as described in Chapter One. I considered where the family was spiritually, emotionally, physically and mentally. I looked at the three requirements for healthy development; relationships, use of intelligence, and nurturance/love. I considered what was out of balance, what are the strengths, what may be blocking development and what may be keeping the family from moving forward. I looked at the power and roles within relationships to see if they were attuned to the safety and nurturance of the children. I considered how the family protected its members and what external resources it had in the community.

Generally, I offered the family an initial assessment period of four to six hours over several days. During these first sessions, I utilized dialogue, storytelling and the creation of a family genogram while often asking for experiential or performance examples from the family. I shared pieces of my story, experiences and background of my family. As we initially assessed one another; me of the family's functioning and they of me as a collaborator, the family's goal or vision for future change became clear.

I recorded key information from our assessment time. It was written and included my reflections about the family, reflections and reactions I noted about myself, and possibilities for future collaboration with the family. Sometimes I decided to refer the family to someone I believed could offer them more appropriate assistance.

I kept this meta assessment in mind with each session that followed the assessment period.

The Indigenous circle continued as my model during subsequent sessions. The four aspects of spirituality, emotion, physical (behavioral) and mental (cognitive) were uppermost. I chose the healing methods based on what aspect was most dominant or most in need of balance. If there was a requirement for all four aspects to be balanced together, or a need for wholeness to be nurtured, I chose ceremony. I was always aware of the requirements for love (nurturance), relationship, and use of brilliance (intelligence). I chose which method(s) from those previously described that would best assist the family in these three areas. When there was an unresolved traumatic event blocking any of the four aspects or three requirements for balanced development, I offered EMDR or expressive therapies.

I offered these approaches in each session, in a structured circle of healing beginning with a short introductory meeting time together where we shared food, followed by a decision together on what healing was to be done in the session and how we would go about it, and ending with sharing what we learned, and giving thanks for our journey together. The closing generally included ceremony and prayers.

An Important Note: It is important to state that in the family therapy practice, cognitive-behavioural practices are used, but as part of the completion of healing. They are applied **after** trauma recovery and after emotional self-regulation is firmly established**.** If they are used prior to trauma recovery and prior to establishing a firm emotional foundation, I have experienced their use as counterproductive, creating reactivity and shaming especially for youth.

KAHWÀ:TSIRE FAMILY THERAPY PRACTICE ~ CASE STUDY

CHAPTER 7

This case study is a composite of many people and families served by the *Kahawà:tsire* family therapy practice over the past 30 years. The Indigenous names are in the *Secwepemcw* language.

I want to share how the *Kahawà:tsire* practice is applied with a family. I am writing this case study in the current voice, as though the family is with me now.

This family comes to me seeking assistance for their grief. They accept the family members are unable to cope with their recent loss. I see the grieving family as a bundle wrapped together spiritually and biologically, carrying generations of cultural genocide, loss and trauma from their residential school experiences, and pain from their current loss. Their bundle has become unwrapped over the generations. Their physical existence is proof of their strength and resilience to survive. They are aware of their reality and courageous to ask for help. I approach them with this question in my heart and mind: How can I assist you with your grief, offer ways to renew your relationships, heal the generational pain, and rebundle yourselves? I offer them family therapy interventions, systemic relationship approaches, cultural ceremonies and protocols, trauma recovery tools, knowledge of the impact of colonization, and my belief in each of them to heal. I sit with them as someone who has been on a similar journey, and I understand they will travel only as far as they are ready to go.

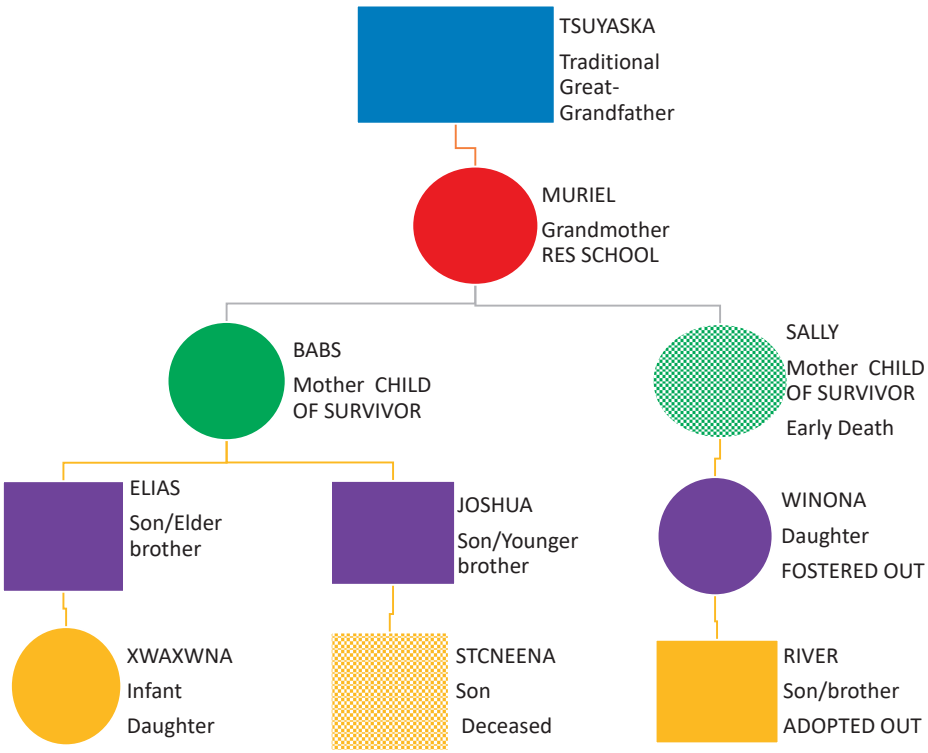

FIGURE 26 | The case study family genogram

THE FAMILY

Traditional Great-Grandfather: Tsuyaska (Age 80+)

Tsuyaska speaks the *Secwepemcw* language and knows English but prefers not to speak it. He lived as a young person in the traditional way on the land and knows the plants, the teachings, values and beliefs. As a boy, *Tsuyaska* recalls seeing his first "white man" and thought he was seriously ill because he was so pale and had a peculiar odour about him. *Tsuyaska* did not want his daughter to be taken to residential school and spoke out against it to white authorities. He was told by white authorities he had no choice, that he must send her or be removed to jail or fined with money he did not have. He taught his daughter Muriel about strength and prayed for her protection.

Tsuyaska is a hereditary leader of the community and is revered by most of the adults of the community now. Occasionally he is asked to attend band meetings and say prayers as an Elder/Grandfather to open the meeting. But band leaders seldom seek his guidance and traditional teachings. His daughter, Muriel, lived with him for a while and continues to care for him. He lives alone in a small house in the community and is assisted in his day-to-day living by community frontline workers as well as Muriel. He feels isolated and lonely and relies on his spiritual teachings for daily strength. His great-grandsons come and go in the community but only see him if their mother (Babs) is visiting him. *Tsuyaka* is very sad about the condition of his family and the next generations and does his best to talk with them and teach the traditional values when he has the chance. He believes the younger ones pretend to listen and think he's of a lost age. However, his two great-grandsons have recently begun to truly hear his teachings and want to know more. It is unusual to have someone still alive now who once lived traditionally.

Grandmother: Muriel (Age 55)

Muriel was forcibly removed from her home at the age of 6 by the Indian Agent and the Royal Canadian Mounted Police to attend residential school. She was driven in an open cattle truck along with many other children for four hours to the school. At the school she was terrorized, institutionalized, physically beaten, sexually interfered with by older students, raped by a priest, forced to learn English to replace her language, and told by the nuns that since she was born

with two black eyes she was the devil. Muriel returned home for the summer months only and never spoke to her parents of her school experience, as she was so ashamed. However, they noted that she was silent and fearful most of the time. Muriel remained at the school until age 13 when she ran away after being raped by the priest. The Indian Agent gave permission for her parents to then keep her at home to help look after her young cousins who they were helping raise. She has never spoken of her experience at the school except when drinking.

As an adult, Muriel is subject to depression and bouts of rage, often retreating into her own world for days. She used alcohol for a while in her 20s and early 30s to blot out her flashbacks of the terror and abuse of the residential school. She is angry with her father for sending her to the school and will go for days without talking with him. Muriel had her first child, Babs, at age 18, and her second child, Sally, at age 19. She was married in the church by the priest at 17 and says she had had enough of raising kids and wanted a life of her own. Muriel describes her marriage as "a strong one". However shortly after the birth of the second daughter, her husband contracted tuberculosis and was moved miles away to a sanatorium where he eventually died.

She raised her daughters on her own and provided for the family as best she could. In the summer they travelled to the orchards and farms with other community members and picked fruit, hops, and vegetables. In the winter she lived "on the dole". When she drank as a young mother she would leave her children with other family members so they would be safe. Muriel had begun to slow her drinking down and decided to stop drinking completely when she became concerned for the welfare of Babs, her eldest daughter, who was 15 and partying around. She then reconnected with her father in a sober and loving way, lived with him, and began to hear his traditional values and teachings. Muriel is now seriously considering telling him her story of her school days and asking him why he and her mother sent her away. She can understand her language when it is spoken but does not trust herself yet to speak it. She volunteers in the community, attends workshops in the band hall that interest her, keeps a small garden, lives on social assistance and helps care for her father, *Tsuyaska*, and keep watch on her two grandsons, Elias and Joshua.

Elder Daughter: Babs (Age 37)

Babs grew up barely remembering her father who died of tuberculosis in an Indian Hospital when she was 4. She recalls the long, long trip to visit him when they could catch a ride, and the smell of the hospital. When he died, she remembers her mom being so sad for days, and then she began to drink. Babs and her little sister, Sally, would be sent to stay with uncles, aunts and neighbours. She missed her mom even though she had fun playing with other children. But sometimes the uncles, aunts and neighbours would drink too and then it was terrifying. She recalls huddling in the bed with cousins while fighting was going on, or running into the trees to hide. Babs always made certain Sally was with her and she hugged her when Sally would cry and be so scared. Sometimes she ate the inner bark from the trees like grandpa *Tsuyaska* showed her because they would be so hungry.

When she was older she went to residential school for a few years because her mom was drinking and there was no food in the house. At the school there was physical abuse from the staff and the gangs of the senior kids, and she learned to be tough and not show her terror. Mom slowed down her drinking and began to look after grandpa *Tsuyaska*, so Babs came home. When boys began to be interested in her she felt loved and cared for but didn't like the sex part. She knew about sex from when the adults would drink and have sex with each other. She had her first child, Elias, when she was 16 with a boy she liked. He didn't stay with her very long. At 19 she had her next child, Joshua, with another boy. They partied together and she left her two baby sons with her mother, Muriel, while they partied. Mom was looking after grandpa a lot then and he would speak in the language to the babies and sing them traditional songs. They seemed to love him and always quieted when he held them or played with them.

Babs was partying with her sister the night Sally was beaten by her boyfriend. She tried to stop the fight and then stop Sally from getting into the car with him. The car left the road and Sally was killed. The accident and her sister's death led Babs to decide to stop drinking and partying. Babs continues to feel responsible for Sally's death and remembers it as though it happened yesterday. She lost her sister and she had already lost her niece, Winona, Sally's daughter, to the child welfare staff of the Ministry. So Babs decided to go to school so her sons could have a better life than she and her sister had. She did upgrading at the special class on the reserve and she did so well that her teachers encouraged her to go to college in the city nearby. Her common-law husband did not want her to go and became violently angry and tried to keep her home. It took her

nearly a year of violence with him before she finally had the courage to leave the relationship and set up her own home with her sons. Her mother supported her decision and so did several workers in the community. She did well in college and came back to work in the band office where she still works, earns a good wage, and takes part as a leader in community activities. She is a responsible, but controlling mother to her sons. Sometimes she speaks harshly and roughly to them and she believes this will toughen them and help them survive. Her sons are encouraged to go to school and they see the benefits school attendance has made in their mother's life. As a middle-aged woman Babs is beginning to see the need to reconnect to her culture and traditions, and has begun spending some time with her grandfather *Tsuyaska*.

Younger Daughter: Sally[26] (Died age 20; would be 36 had she lived)

Sally was 3 years old when her father died of tuberculosis and she has no memory of him. He was a photo on the living room wall. She recalled little of her early childhood and identified her strongest attachment as that with her older sister, Babs. Babs was always there with her until Babs left for residential school. She did know her mother drank and she spent time with cousins and relatives, but always felt protected by her sister. When Babs was placed in the residential school, Sally was already in a foster home. The Ministry staff had removed her a few months prior due to her mom's inability to provide a safe home. Although they had promised Muriel she would regain custody of Sally once she stopped drinking, it never happened. Sally stayed in several foster homes and seldom saw her family. As she grew older she grew cold and hateful towards her current foster parents, her mother and the Ministry's social workers.

When Babs was older and out of the residential school, she always found ways to see Sally. In one foster home Sally was both physically and sexually harmed, and it was neither reported nor did she receive counselling. She ran away and lived on the streets for a short while. As older teens, she and Babs reconnected and spent a lot of time together partying where Sally had easy access to alcohol and drugs. She felt relief from her hate and despair when she was high. She was sexually active with a number of men, but one man in particular hung out with her more than others. Sally suspected she was gang raped at parties but was so impaired she cannot recall exactly who raped her. Nor did she trust "the system" enough to report it to the police.

26 This is Sally's story as told later by Babs. Sally had already died.

She became pregnant and had a child when she was 19 years old. She could not identify the father. She felt love for her baby but, at the same time, felt overwhelmed at the thought of caring for her. She did her best but within a few months of the birth, her daughter was apprehended by child welfare staff of the Ministry and placed into foster care. This loss drove Sally deeper into despair and a sense of being unworthy and she returned to partying at a more intense level. She and her boyfriend often fought when they were high but stayed together. They were at a party together the night she died and he physically beat her because he said she was fooling around with another man. She could not protect herself even though Babs interfered to help her. The boyfriend forced her into a car and drove away with her. The car later left the road and Sally was killed. Winona was a one-year old toddler when Sally, her mother, died.

Elder Brother: Elias (Age 21)

Elias recalls his childhood as having a caring and strict grandmother, Muriel, and a great- grandfather, *Tsuyaska*, with whom he felt safe. His mother, Babs, came and went in his early life and could be bossy and mean. He loved his dad and later found out he was not his biological father. Elias missed him a lot when his mom and dad split. He has some recall of the violent fights between his parents when he wanted to protect his mom but was unable to do so. He could not get his dad to stop hitting her. He tends to blame his mom for their fighting and still feels a sense of helplessness. He became very responsible and started looking after mom, his little brother Joshua, and cooking the daily meals when his mom went to school. She called him "the man of the house".

As a young adult he continues to care for his mother, Babs, by driving her to meetings for her job. He waits for Babs while she attends her meeting, then listens in silence on the way home as she gossips and criticizes the people in the meeting. He is proud of his mom's accomplishments and wants to continue at school himself. His girlfriend became pregnant so he stopped school and got a job in the mine, which pays well. He and his girlfriend have learned about Native history at college and he is beginning to see the gift his great-grandfather is to his family and the community. He has always felt love for him but thought of *Tsuyaska* as "an old relic" for most of his youth. He named his daughter with a traditional name in the language – *XwaXwna* (Hummingbird) – and is eager to learn more of the culture. At times, he is very, very angry about what has happened to his people. He is angry with the system that took his cousin/sister, Winona, from their family.

Younger Brother: Joshua (Age 18)

Joshua recalls being loved and cared for by his grandmother, Muriel, who always called him "Love Boy". He loved the feeling of sitting on the lap of his great-grandfather, as *Tsuyaska* told Joshua and Elias stories in the language. Elias protected him from their mom's tongue-lashings and bossiness by telling him to clean up and do chores before she got home from school. Elias also protected him when his parents were fighting, before they eventually broke up. He would take Joshua into the bedroom or outside and play games with him and hold him when the beatings became terrifying. He feels closer to his grandmother Muriel and brother Elias than he does his mother Babs, but he has great respect for his mom and all she has done at school and in the community. He and his girlfriend got together when they were 16 and she became pregnant soon after. He loves knowing his culture and has increased his visits with his great-grandfather as he got older. He is learning the language and learning to drum and sing. People refer to him as a "young Elder". When his son was born, he named him *Stcneena* or "wise owl" in the language. When *Stcneena* died suddenly Joshua was heartbroken. Joshua and his girlfriend have broken up, and grandmother Muriel is very, very concerned for Joshua. His grief is deep and he is despondent and talks about not wanting to live. *Tsuyaska* is ready to work with him to heal traditionally but Joshua needs to be a willing participant and has not indicated as yet that he is.

Fostered Out Daughter: Winona (Age 17)

Winona has no memory of her biological mother and no information about her biological father. She has been in foster care since she was several months old. Her first foster parents wanted to keep her when her mother was killed but were not able to do so. She then went into the "child for adoption" program and ultimately was adopted by a non-Indigenous family at the age of 2.5 years. She has been with them since that time. She always felt different and while she loved her adoptive parents and her adoptive siblings, she knew she did not belong. From the information, attitudes, and at times subtle behaviours she experienced, both in her family and later at school socially, she came to the conclusion that it was bad to look Native, or be Native. Winona has had no connection with her mother's family and no interest in changing this situation. She knew who they were as they lived on the reserve nearby. As a teen she began attending parties where she heard about her cousins, Elias and Joshua. Even though she was curious she has avoided meeting them.

At 15 Winona became serious with one of her non-Native boyfriends. She felt more important, even safe with a "white" boyfriend and her adoptive family approved of their relationship. When she became pregnant, she decided to not keep the child. Her biological family heard of her pregnancy through the "moccasin telegraph" and contacted her adoptive family and the Ministry. There was discussion between all the parties, which Winona reluctantly took part in. In the end, she agreed to give her baby up for adoption to a member of her biological family – a cousin – who now has formally adopted her baby son and named him River. Winona has continued to live in a problematic way, lost between two cultures, on the one hand being Native but neither knowing nor wanting to know her culture and her family, and on the other hand living as though she were white. She goes to an alternative high school in the city and is unsure of what she wants to do when she graduates. She thinks about her son but then blocks all her feelings and thoughts about him.

Infant Daughter: XwaXwna (Age 7 months)

XwaXwna is a healthy and happy baby girl born to Elias and his girlfriend. She was culturally welcomed on earth by her father's family and her great-great-grandfather, *Tsuyaska*, who spoke to her in the language and sang her a welcome song in a Birthing Ceremony. She has been wrapped and placed in a bark cradleboard in the traditional manner. Her parents are concerned that she may have been sexually touched by a cousin who cared for her for a few hours. *XwaXwna* cries now whenever she sees him, and turns away to her parents. This cousin is known privately in the family to sexually interfere with children.

Deceased Son: Stcneena (Died Age 18 months; would be 2 had he lived)

Stcneena is the son of Joshua and his girlfriend. He was the light and life of his father. When he was born, *Stcneena* was underweight and slow in developing. He was never very active but had a lively curiosity about everything around him. His mother and father were concerned for him as were his grandparents, but the doctors said he was healthy. He caught a cold when he was 18 months old and he soon became seriously ill. He was admitted to hospital where he died within a few days. There was a large funeral for him at the band hall and community members came to share the parent's grief. Grandma Muriel said not to cry because this was a sign of weakness and would keep *Stcneena*'s spirit here. However, Joshua cried privately with his girlfriend. It is now six months since *Stcneena* died, and Joshua is still in shock. He is uncertain of what happened

medically and is too despondent to speak with medical officials. However, when he is not depressed he is very angry with the doctors and the hospital staff.

Adopted out Infant Son: River (Age 1 year)

River is a healthy joyful baby boy, the biological daughter of Winona and her non-Native boyfriend. He was adopted at birth by his mother's cousin, who wants to assist Winona to embrace her family and "come home". However, Muriel, Winona's grandmother, resists this and makes excuses that stall the family in reaching out to Winona directly. Babs wants to get to know Winona, as does her son, Joshua. However, Muriel's negative attitude keeps Babs from contacting Winona because she does not want to upset her mother. The family is pleased to have River within their fold and they honour him as Sally's grandson.

THERAPEUTIC HEALING WITH THE FAMILY

The Initial Contact:

The family initially presents in therapy with their serious concern for Joshua and his talk of ending his life since the death of *Stcneena*. Muriel comes to talk because she knows there is a suicide epidemic in the Nation. She sits and we have tea together and she tells parts of the family's story. She focuses on Joshua, how he was strong for everyone and did not cry when his son died, but now is not getting on with his life. It is wrong to be saying he wants to die and she wants him to stop this. Muriel is very afraid that he will act on his feelings. I hear her story and validate her concerns. A verbal assessment of suicide risk is conducted, together with an evaluation of resources available to Joshua. A plan of family support is put in place that includes the removal of guns, knives, ropes, and anything that could be used by Joshua to commit suicide. Simple methods are taught to immediately reduce risk: (a) checking in with Joshua every morning and using a temperature reading tool (with a scale of 1 – 10) to assess the level of risk; (b) asking Joshua what he needs; (c) increasing daily contact between Joshua and other family members; (d) asking him directly to not take his life and to agree to not do so. Spiritual work commences through prayer for Joshua and his spirit, and Muriel agrees to ask for guidance from *Tsuyaska*. The therapist introduces the understanding and healthy processing of grief and meets resistance from Muriel; the concept is allowed to sit. Muriel agrees to return within two to three days to continue talking about what can be done to assist Joshua.

The Next Step: The Genogram

See the diagram below.

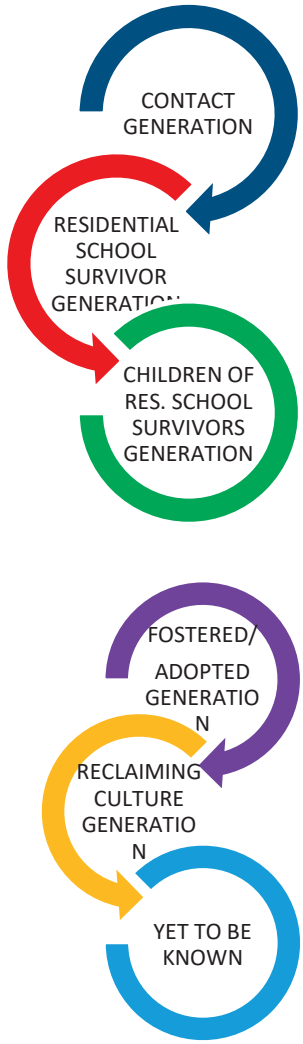

FIGURE 27 | Naming the generations of trauma and grief

The first focus of the genogram is naming the strengths and resilience of the family in surviving from contact to present day. The genogram creates a meta perspective of family dynamics including the naming of the generations stem-

ming from the residential school experience. As the therapist, I analyze how to approach the current grief in the family and assist them to assist Joshua. The survival skills of strength and resilience are then applied to the current situation with Joshua as tools to use in supporting Joshua's grief.

The creation of a family genogram with Muriel could be done over several sessions. She carries shame and frozen emotions along with strong resistance as a survival skill. Alcohol and drug use are named as survival tools, as is gambling; they worked as relief and balance to the terror. How did people grieve their losses? What cultural tools were used? Was grieving done traditionally with wailing and a year of rest? Were clothes burned, the house cleaned with smudge? Who died and how did they die? How does Muriel handle emotions? How do others in the family? Is there a learned colonial reaction to grief, which is to deny grief as it weakens everyone? What healing work has been done with residential school trauma – if any? What other losses has the family experienced and where they complex i.e. traumatic? These can be noted on the genogram for reference for future sessions.

Applying Assessments while conducting the Genogram:

As the genogram is conducted, assessments can be applied for the following concerns:

- Use of alcohol or drugs to cope is active/or inactive;
- Violence in relationships;
- Sexual abuse;
- Sibling abuse;
- Elder abuse;
- Physician care and medications;
- Motor vehicle accidents;
- Prolonged hospitalization;
- Chronic diseases and illnesses;
- Mobility issues;
- Disabilities;
- Legal issues;
- Involvement with other professionals, that is, social workers from the Ministry for Children and Family Development, alcohol and drug counsellors, healing groups, spiritual healers, lawyers, occupational therapists, previous mental health workers and attendance at treatment centres for substance abuse or trauma recovery; obtain permission from the client to speak with other professionals in their life in order to co-ordinate services

Applying Self-Preservation and Resistance Skills to the Genogram

- Community involvement;
- Education and employment skills;
- Acts of resistance to authority;
- Resilience in the face of loss and trauma;
- Continuation of cultural ceremonies, the language and cultural values;
- Protective emotions such as self pity, anger;
- Continuation of cultural roles and governing, both formal and informal;
- Nurturance of self;
- Nurturance of family relationships

Referrals

Appropriate referrals are made as required based on the above assessments. For example, it is probable that Joshua has been prescribed an anti-depressant to cope with the grief resulting from the loss of his daughter. It is important to contact the prescribing physician and give details of the therapist's involvement with Joshua. As the emotional work unfolds, then ideally the anti-depressant would be reduced in dosage until it is ultimately no longer needed.[27]

There is a focus on creating a professional family around the client to provide a co-ordinated resource circle of healing and support.

Adding in More Family Members

Work with Joshua continues through healing work with Muriel. At the first session, I ask permission to contact Joshua directly and Muriel is the messenger. It has been ascertained that the family has inner resources and is using them in relationship with Joshua. Note that in the event of heightened or severe suicide risk, external resources would be notified and direct contact would be made with Joshua immediately. Asking Muriel to bring him to therapy shows respect for her role as grandmother, and respect for her concern for her grandson. As therapist, I maintain a monitoring perspective on Joshua. Therapeutic work with Muriel proceeds quickly as her role as grandmother is driving her strongly.

27 Often prescription medications are unwelcome and alternative natural medicines are preferred. People will often use the prescription medicine until they can reduce the dosage and then convert to a natural herbal combination. This is done with the guidance of either a mainstream physician, a Naturopath, or a herbalist.

Grief work

It is clear that Muriel does not have information about grief as a healthy process so this is provided. Joshua agrees to come to therapy first with Muriel, and then he continues on his own. Both are taught about grief as a process of emotional stages and what to expect with each stage. This is conveyed both verbally and visually and they leave with a diagram of the grief process. They are asked to share this diagram with other family members. If there is a grief workshop at the band hall they are encouraged to attend.

Muriel begins her grief work cognitively and represses her emotions. Her focus is the loss of her great-grandson, but soon her own personal losses emerge and she becomes overwhelmed. I ask her to talk with *Tsuyaska* about traditional grieving and to begin going to the creek in the mornings. She agrees. Her stories of loss begin and she shares them with me and her father. I listen for the meaning she makes of each loss, and I listen for the resilience that turns her loss into a life skill. I validate her journey and emphasize her strengths.

Joshua continues in therapy. He writes a story of his love for *Stcneena* and the impact he experienced with *Stcneena's* death. He shares this story with family members in a family circle. He cries openly in the healing sessions and this is validated as healthy and he feels the positive difference weeping makes to his despair. As the therapist, I encourage him to begin grief work traditionally with *Tsuyaska* and he agrees. Joshua and *Tsuyaska* go to the mountain for seven days; they fast and go into the water; they wail and pray, and they speak with *Stcneena's* spirit. Joshua is able to release *Stcneena* to travel well on the Other Side. He no longer thinks of ending his life: *Stcneena* has taught him a huge lesson about himself and he is stronger for the lesson. Joshua works in therapy to make a decision about how he will honour his son and, in the end, decides to take the role of uncle traditionally with the guidance of his great-grandfather. This means he will become "the other Father" to his niece, *XwaXwna*, and to his cousin Winona's son, River. He announces this to his family and to his elder brother, Elias, who agrees. The next steps are to find ways to respectfully contact his cousin who has adopted River, to then contact his cousin Winona who is River's biological mother, and then to take this role with River.

Muriel's grief work may ultimately lead her to forgive her father *Tsuyaska* for sending her to residential school which is an erroneous belief. For the other family members affected by the loss of *Stcneena* (Babs, Elias, and *Tsuyaska*) they will most likely join Muriel and Joshua in the grieving process. If they do not, they

will at least be softened in the family system as relationships open and emotions are felt, and the story of grief and loss is told.

Residential School Trauma Assessment

Muriel's grief and trauma at the residential school, and the loss of her mother and father as full-time parents has emerged as she grieves for *Stcneena*. As the therapist, I introduce residential school trauma information gradually and gently as Muriel travels through her grief process. This leads to a sharing of information regarding what is currently understood about trauma in general, and traumas specifically as a result of attending a residential school. This is new information for Muriel. The focus of the information is that Muriel's behaviours since childhood have been normal, that trauma behaviours are normal responses to an abnormal event. She is both relieved and amazed. She needs several days to integrate this information. The list, Trauma Factors of Residential School Survivors (Appendix A at end of Chapter Nine) is used and her response is to ask "How is it you know me so well?!" She has 90% of the listed trauma factors. I begin using the Circle Acceptance Process (described in Chapter Five) within the healing session and Muriel naturally joins and uses it too. Which of these trauma factors is most true for her? She uses the process to name and prioritize and then to decide where she will begin to take action for healing. She allows some factors to sit silently until she is ready and she states that she may never be ready to address several of the trauma factors.

Residential School Healing Work

Muriel begins a major healing process that can ultimately last the rest of her life. She chooses to begin with the trauma factors that bother her the most, that is the flashbacks of abuse. Typically, the residential school healing process goes in phases from active to quiet, repeatedly. Some people are driven to heal actively and attend therapy, cultural healing gatherings, residential school survivors' gatherings, and continue to work privately as they connect with others who attended school with them. Others are content to remember some of the heaviest traumas, share these stories in a circle, and then stop. Muriel chooses to learn about her triggers and to begin healing her residential school abuses.

Later, Muriel would be encouraged to begin to tell her story of survivorship to a family member, possibly her daughter. Muriel would by now see that her trauma-based behaviours and triggers negatively affected her parenting of Babs and Sally and she might want Babs to understand and forgive her. Sometimes the story is shared most easily in writing. Most often, Muriel would choose to tell this

story to Babs within a safe healing circle in either the community or the therapy room. The healing then moves forward to Babs as she updates information about her experience of her mother. Babs then begins her own grief work and trauma work as the child of a survivor and as a survivor herself. Babs has her own story of residential school to share with her mother and her sons. EMDR (as noted in Chapter Six) is used extensively throughout this process, and likewise, if Babs and Muriel are familiar with EFT which was also described in Chapter Six they are reminded to use it as a tool for self-soothing in response to anxiety. Holding a stone or a hard physical object in their hand can be used to remind them of their courage and strength, and also to ground them in the present. Each story is considered sacred, and is honored by the witnesses, and closed with ceremony.

As Muriel's story and Bab's story unfold they naturally share bits and pieces of it with their family members. Slowly they absorb the impact their story has had on the lives of everyone around them. The family begins to see Muriel the mother and grandmother in a new light. Babs begins to see why her mother was unable to parent her, which led to Babs own removal to residential school as well. The strict and bossy parenting used by both women is understood as a repetition of the institutionalized "parenting" they received in the residential school. Because it is no longer seen as "normal" or "acceptable", Babs, Elias, and Joshua can now make choices as to whether they continue this authoritarian, punishing style of parenting in their lives. They also may be led to see that, in effect, Elias and Joshua also attended residential school by way of their mother and grandmother.

Indigenous Historical Trauma – Intergenerational Transmission

This family clearly demonstrates the transmission of the traumatic events of *Tsuyaska's* and Muriel's lives: Her loss of healthy parenting and cultural guidance and teachings, and *Tsuyaska's* imposed inability to be her parent. As a further consequence, the trauma reactive survival skills such as alcohol use that recreated her own abandonment and shame in her daughters' lives, and they, in turn, in the lives of her grandsons' and granddaughter. The three generations of trauma created by forced attendance at residential school are present in this family: First, Muriel is the survivor; second her older daughter is the "reversed parenting" child of a survivor; and third, her grandchildren are the third generation with her granddaughter and great-grandson being fostered and adopted. The following issues that are named such as shame, abandonment, and attachment also describe the details of the intergenerational transmission from parent to child.

Abandonment/Rejection

Family members have been abandoned throughout the five generations of this family. In the *Kahwà:tsire* family therapy practice, abandonment is described as the inability to meet the innate needs of children: food and shelter, protection and safety, nurturance and love, guidance and teachings. Muriel was completely abandoned by *Tsuyaska*, her father, under the auspices of government fiat. Her need for food and shelter was minimally met by the residential school, but she was neither protected nor safe there, received care only from some of her peers, and was taught strict religious rules counter to her Native lifestyle and traditions. Babs and Sally were abandoned by Muriel whenever she was lost in trauma reactive behaviours, grief, and alcohol use. Muriel did her best to keep them safe and protected but was unable to discern that the environments where she left her children were as unsafe as the residential school. Elias and Joshua were, in turn, abandoned by Babs when she drank, then later when she was focused on her violent partner, and then when she attended school. Sally was forced to completely abandon Winona when her wounded lifestyle prevented her from adequately meeting her daughter's needs, and Winona has repeated this pattern by giving up River for adoption.

Typically, abandonment is difficult to heal as it has become normalized within the family system. When education about children's needs is shared and then contrasted with the person's experience, abandonment becomes easier to see. It is best understood as a feeling of rejection and not being wanted by one's parents. This is Muriel's experience and Sally's experience. Babs was abandoned but instead of feeling rejected she felt ashamed of and angry with her mother, Muriel.

The healing then becomes focused on understanding how the abandonment of oneself continues, and also how to begin to love and nurture and keep oneself safe. In this family, Babs was attracted to a man who violently beat her, which is a common phenomenon in abandonment. Babs continued to not keep herself safe, by finding someone who could not nurture her or allow her to nurture herself, who could, in fact barely meet her need for food and shelter. In effect, her guidance came from an authoritarian partner who isolated, controlled, and physically harmed her just as the residential school had done. Babs stopped abandoning herself when she was validated for her intelligence and received an education. Appropriate therapeutic tools employed with Babs and other family members would include education, a focus on learning to actively love oneself, EMDR, cognitive affirmations, art and drama therapy, and grieving the

loss of a healthy childhood. The strongest healing tools with abandonment are the creation of healthy attachment with the inner child as described below, the cleansing of the abandonment wounds by a ceremonial going to the water, fire or earth, and finally, the healthy attachment with family members, community members, and the culture.

Attachment Healing

As both Muriel and Babs work individually as described above, they grow personally stronger in their self-esteem and in their respective roles as mother and daughter. This ultimately leads to a softening between them and growing compassion for what each has experienced. However, Babs holds a deep-seated fear of her mother from when she was abandoned to other caregivers, and who abandoned her while she drank. She is still angry with Muriel. A teaching now begins wherein Babs learns to be her own parent. This is taught both culturally and in the context of current reality. Where once coming of age ceremonies were held and children were formally welcomed into adulthood, we now need to do this in real life. It is important to become in effect, our own parents.

A small ceremony is held in the therapy room or in a cultural setting welcoming Babs into adulthood. She is then directed to now turn within and to parent the child who still lives within her. She is also taught that often she will discover places where her inner child requires re-parenting. She now has the skills to re-parent because she has already parented her own mother and her own children. Visualization of her recalled self as a child is used along with EMDR to have her current adult self greet and meet her wounded inner child. This ceremony and healing work generally bring a huge emotional release, followed by lightness and happiness. Within the ceremony, Babs would then be "charged" to nurture, guide, keep safe, and listen to her inner child night and day, forevermore. When she forgets, which she will sometimes, her inner child will misbehave and return to negative and dysfunctional behaviours. She then recalls her new role as adult and returns as parent to once again nurture and guide her inner child.

Babs' new focus on parenting herself will alter her relationship with Muriel who she has parented since childhood. It will also alter her feeling of responsibility for the death of Sally who she parented throughout childhood. Ultimately, Babs may come to understand that she was limited in her role as Sally's parent, that it was her mother's role not hers, and that Sally's behaviour led to her own death.

With respect to the relationship between Muriel and Babs, as the therapist, I would offer relationship healing. The focus would be to share their stories together, update their beliefs about each other based on the truths they hear in those stories, and decide how to go forward together. Muriel would typically find it difficult to behave in a nurturing manner with Babs. She would likely become softer and that might be enough for Babs. Babs can begin to release her toughness and bossiness as she practices her inner child attachment. A lot of forgiveness is possible between these two and this can be accomplished in part through formal healing with the process of letting go. Some can be done through a ceremony of making amends. This process takes years, but even small steps taken gently overtime achieve a marked positive difference in their relationship, and then in their relationships with the rest of the family. As a result, Elias and Joshua may find Babs is closer to them and more open in her feelings. Their mother would be lighter, less bossy and less authoritarian. Babs may also fear Muriel less and possibly then take action to contact Winona to invite her to return to the family.

Role Reversals

As mentioned previously, when Muriel could not actively parent her daughters, Babs became the parent of Sally. She did her best to fulfill Sally's needs for protection, food and shelter, and nurturing. Babs also nurtured her mother when she was grieving and lost in trauma reactive behaviours and triggers. The child thus became the parent of both her sister and her mother, and the parenting role was now reversed. This role reversal continued with the next generation when Elias would nurture and protect Joshua as Babs was fighting with her partner.

These reversed roles can become locked in by a profound fear about safety and mortality, that is, if the parent dies then the child fears complete abandonment. Many adult parents continue to lock their adult children in to care for them emotionally. It takes insight, ego strength and a refocusing on the next generation for the adult child to let go of caretaking or parenting their parent. In this family, Babs continues to expect Elias to care for Joshua and for her, and she uses control and manipulation, as well as shaming statements, to make him continue to do so. For example, she relies on Elias to drive her to meetings and stay until the meeting is over and then listen to her gossip about the meeting as they drive home. If he says no to Babs, she reminds him that it is his duty as the man of the house, and that she will not be long for this world. Therefore, Muriel the grandmother watches over Elias and Joshua, not Babs, and it is Muriel who seeks assistance for Joshua in his grief.

As work with abandonment and healthy attachment continues, role reversals become more and more uncomfortable. Eventually with cognitive affirmations, resource building, and a gradual letting go, the adult child can refocus to caring primarily for their own children. However, guilt and shame that they no longer look after their parent also need to be addressed or they will succumb to those feelings.

Note also that this "caring for the parent" can become intertwined with cultural traditions of caring for Elders. Traditionally, Elders did not need emotional, cognitive, or physical parenting from their children. The parents who now expect parenting from their children are traumatized and wounded. These wounded parents can be given resources to facilitate caring for themselves, to help them choose to begin their own healing journeys. Their adult children can encourage them in multiple small ways to care for themselves and turn to community resources rather than be parented by their children. It is common for the wounded parents to use guilt and shame to keep their children in the reversed role.

Shame

Muriel is burdened with shame over the loss of Sally to the Ministry and carries this shame hard and deep within her. She believes she caused Sally's death and that she is a bad and worthless mother. She does not want Babs to contact Winona because she will be reminded of her shameful behaviour toward Winona's mother. She disagreed with and reacted coldly to the decision to have baby River adopted by a distant niece and thus returned to the family. As Babs' softens her view with her relationship work with Muriel around their residential school experiences and compassion grows between them, the groundwork is laid for shame work to begin for Muriel.

Muriel has not yet named her shame of being sexually assaulted at the residential school by older boys and then by a priest. While she no longer drinks to repress these wounds, it is clear that in her repression as a mother she does not recognize that she chose unsafe homes for her daughters while she went drinking. These issues will gradually appear over time, especially if flashbacks continue for Muriel and she works on her shame as a mother. Sexual acting out has been transmitted generationally from Muriel to Sally and Babs, who both partied and became pregnant as teenagers, and then to Winona who has already birthed a child at the age of 16.

Babs is ashamed of her mother's behaviour as an alcoholic and sees her as an "unfit" mother. This too will shift as she hears her mother's residential school story and understands how wounded Muriel was by this experience. Understanding trauma as it is held in the body will also allow Babs to begin to forgive her mother, as well as herself for her own behaviour as the mother of Elias and Joshua.

Winona is ashamed of being Native and ashamed of her biological family. She carries the colonized perceptions of Native people as worthless and sub-human. Winona will need to experience Native culture and her family in an entirely different light if this shame is to shift. This could come with attendance at school and hearing the history of Native colonization and genocide, or it could come with role models who offer her a story of success as Native people. It could also come with maturity and a gradual internal motivation to really understand what happened to her and her family.

Traditional teachings and historical information are important in healing shame. The *Kahawà:tsire* family therapy practice often refers to the traditional teaching that we are born precious and sacred, and that we remain precious and sacred forever. Historically shame has been inflicted upon Indigenous people and, as one example among many, residential schools taught children to be ashamed of being Native and ashamed of their own culture. This historical fact must be named: Indigenous people historically have **been treated shamefully**. Therefore, the therapy becomes one of education and reality checks: Are Indigenous people in fact bad and worthless beings from infancy onwards? Cognitive affirmations to reverse shame-based beliefs are used extensively, as well as photographs of children, art therapy, EMDR, and narrative therapy.

Typically, I would ask Muriel to begin a healing reconnection with her father, *Tsuyaska*. She is given accurate information about his limited options as a parent in keeping her from attending the residential school. This information is a shock to her and she immediately feels guilty for blaming him all these years. She is encouraged to begin telling him about how she blamed him, and then to continue in accordance with her own level of comfort by sharing some of her childhood experiences which she finds shameful. She respects her father and cares for him so she monitors carefully his reaction to her story. She neither wants to cause him hurt nor shame herself further. Instead *Tsuyaska* holds his daughter, sings to her, and honours her sacredness.

Healing Sexual Abuse

Muriel is the only one in the family who has stated she was sexually abused at this point. However, when she chooses to address these wounds, it is highly probable that younger members of the family will also disclose stories of sexual interference as young children, and sexual abuse as teens and young adults. The family's suspicion that *XwaXnwa* has been interfered with by her parents' cousin may lead to the disclosure. Sexual abuse no longer carries the secrecy and the stigma in the community it once did as transmission from the residential schools is better understood. As the intergenerational healing progresses in this family, it would be quite possible that Elias makes a stand in the family for the protection of his daughter and calls for the naming and healing of sexual abuse and sexual offenders in the family.

Healing sexual abuse takes time, patience, and commitment. Education, cultural cleansing tools, EMDR, visualization, cognitive and emotional affirmations, trauma and trigger healing work, self-soothing and self-regulation tools taught and practiced, telling the story and having it validated, continuing to heal shame and abandonment especially with the inner child – all become part of the healing. Working in the sweat lodge is particularly effective in healing sexual abuse as well as healing on the land. Ceremonies of forgiveness and making amends are important for those who have harmed others. Healing relationships wounded by sexual abuse are best supported culturally with the use of forgiveness ceremonies, accompanied with the creation of strong relationship boundaries.

Healing Physical Violence

Babs spent some time in a physically violent relationship, and her sons Elias and Joshua witnessed this abuse and were vicariously traumatized by it. Physical abuse and sexual abuse present very similar symptoms and often occur together. Therefore, the healing approaches described for sexual abuse also apply to healing physical abuse. With this family, it is important to work not only with Babs in her experience but also with Elias and Joshua as it is understood that vicarious trauma can be as debilitating as being the actual victim of the traumatic event (Johnson, 2005, pp. 199-200). This especially applies to children, and can lead to frozen emotions and the normalizing of violence in relationships. It would be important to follow up with Joshua when he completes his grieving, and then with Elias as he copes with the possible sexual interference of his infant daughter.

Healing the Emotional Aspect

All the family members have learned to repress, freeze, and/or deny their feelings. The *Kahawà:tsire* therapy practice approaches the emotional aspect gently and kindly. If the work is done quickly or too directly, people tend to go into crisis and reactive states. Healing typically begins with education and, as was done with Muriel and Joshua, with a description of the grieving process. Tools for self-soothing are taught so that depression and anxiety can be managed. As management of these negative emotions builds, so does trust in oneself and the emotional process. It is here this therapy practice uses the tool "Doing the opposite". People are taught to accept the feeling whether it is regarded as negative or positive. Affirmations are practiced, often reinforced with EMDR. For example, Joshua is taught to say to himself, "I feel deeply sad that *Stcneena* is gone and it is okay for me to feel deeply sad". Joshua discovers when he practices this statement that he does, in fact, feel deeply sad for a few moments, and then it passes. He often then recalls something beautiful about his son. His grief gradually becomes manageable. His depression and anxiety can be managed in a similar way. They can also be lifted by the use of the cognitive affirmations described below. It is helpful also to name feelings in the body and accept them, similarly to "doing the opposite" above.

As Joshua and other family members give themselves permission to weep, the emotional aspect becomes more balanced and integrated with the other three aspects. It then becomes easier to laugh and gradually to experience joy. Again, this will take time and patience.

Healing the Spiritual Aspect

Within the *Kahawà:tsire* therapy practice, prayer and ceremony are a normal part of the therapeutic work. As the therapist, I pray privately in preparation for the therapy sessions, and therapy sessions can begin with prayer/affirmations and often end with prayers. Ceremonies that are known to the therapist are used whenever appropriate. A grounding visualization following trauma recovery work has become a closing ceremony. Giving thanks as ceremony is very often used especially in trauma and grief work. For example, Babs is encouraged to give thanks for her alcohol use as it kept her alive when her memory of abuse could have led her to suicide. This is done formally in the session in ceremony. She is also encouraged to pray for herself to reclaim her personal power, to have the courage to turn and face her abusers who she holds inwardly in her memory.

It is common in the therapy practice for ancestors, relatives and friends who have passed on to visit during our sessions. They are welcomed and their messages for healing are heard, accepted and applied. Often they come to simply support the healing. Dreams, especially of loved ones who have passed on are normal parts of the *Kahawà:tsire* therapy practice. Dreams are understood to be metaphoric stories, and sometimes direct messages for action and for healing.

Spirit animals can be called into the healing for protection and support. The qualities applied to the animal by the culture are experienced as qualities the person needs for their own use. As the therapist, I sometimes call upon my spirit animal the bear for strength to persevere in a healing session when my energy drops.

Where there is cultural awareness and acceptance, referrals are made to spiritual workers. In this family, *Tsuyaska* holds these teachings and so family members are encouraged to reconnect with him, learn from him and participate in ceremony with him, and ask him for prayers to assist their healing. This in turn will place *Tsuyaska* in the role he was trained for in the family, and reduce his loneliness while increasing healthy relationship development in the family system. The spiritual aspect is the central aspect in all four aspects. It returns wholeness in the family and rewraps all the relationships.

Healing the Cognitive Aspect

In the work Babs is doing, it is important to teach her to periodically perform reality checks on herself regarding her belief that she is responsible for Sally's death. Babs holds on to the thought that she is a bad person, that she let her sister die. Using the "do the opposite" tool, a cognitive affirmation might be that Babs is a good person and she did everything in her power to keep Sally alive. Healing work with Babs would continue by helping her develop a different frame of reference for her negative thoughts so they are converted into accurate truthful thoughts about her sister, herself, and her actions. This frame could be reinforced in multiple ways through visualization, drama, EMDR, storytelling, narrative work, emotional work, and ceremony. It can be further validated by affirmations from her family that she did all she could do to keep Sally alive.

Forgiveness

All the areas described above ultimately lead to acceptance of what has happened, and what is possible in moving on with life. This family gradually moves towards the acceptance of Muriel's forced attendance in residential school, that

her abandonment, shame, and sexual abuse there have completely changed all their lives. This acceptance allows them individually and as a family to choose to move beyond what the residential school taught. It allows Joshua to grieve in his culture and with his great-grandfather. It allows Babs to choose another way to have a relationship with her son, Elias, and to choose to become a gentle and loving woman rather than a harsh and controlling one. It allows Elias the choice of protecting his child from sexual harm.

In the therapy practice, forgiveness is understood as "letting go first". It is the end of the grief cycle and the acceptance that comes at the end of trauma recovery. It is not taught as a "should" but is known as part of the healing process. It is quite possible that not everyone in this family will arrive at forgiveness. If Winona is to be welcomed back into the family both Muriel and Babs will need to come to some level of reconciliation and acceptance within themselves and some level of forgiveness of themselves for their parenting. Right now, the family has a lost family member and feels the loss. There is no guarantee that Winona will ever want to return whether she is welcome or not.

Relationship Building

There are four elements in rebuilding traumatized relationships in the family therapy practice. They are:

1. Communication: "Doing the opposite"; altering the focus to self-care from a focus on another's care or on negative behaviours. The use of the Circle Acceptance Process is taught and practised.
2. Accountability: "Doing the opposite"; being honest and accountable for one's own behaviours rather than attacking others for their behaviour.
3. Respect: "Doing the opposite"; respecting oneself rather than feeling ashamed of oneself or abandoning oneself.
4. Speaking with kindness and gentleness, yet firmly and truthfully.

These four elements would be applied to all relationships in this family. Muriel would find it quite difficult to speak kindly as she is used to being strict. However, she does love and actively nurture her grandchildren, so she can build from there. She and Babs would find it strange to speak together in this way, but would likely begin when they become accountable as mothers and residential school survivors. As the therapist, I constantly reinforce these four elements of relationship.

Building a Physically Healthy Lifestyle

Referrals are made to cultural herbalists, physicians, naturopaths, natural healers, athletic trainers, dieticians, and Elders in order to address any of the following common physical ailments in the family: obesity; diabetes; reactive body chemistry (common as a result of prolonged traumatization); low activity and an unhealthy diet.

Life Skills

Referrals are made to Elders, cultural workers, life skills coaches, and teachers in order that advice and life skills tools can be shared beyond the healing in the therapy room. This typically is required as people move naturally into their own personal power and begin to experience interactions that are now felt as colonized or oppressive. Often these occur when people decide to go to school to further develop themselves. Joshua could now find himself at college and hear from a professor that "Indians should just get on with their lives and stop crying about the residential school". When Joshua was depressed prior to his grief work in therapy, he would have internalized this statement as probably referring to himself, and never spoken in response. Now he hears it differently and knows he is a product of the residential school. He has his voice and personal power and his beginning knowledge of his culture from *Tsuyaska*. So he speaks to the professor and says this is untrue, and shares some of his story. He becomes angry but controls it, and then feels uncomfortable after he speaks. As the therapist, I can now direct Joshua to someone who can validate what he said and give him pointers on positive public speaking.

KAHWÀ:TSIRE FAMILY THERAPY PRACTICE ~ SHARING THE MODEL

CHAPTER 8

Colonization occurred worldwide and Indigenous peoples on all continents have been impacted. Throughout recent history, minority groups have been targeted and violated. Slavery and human trafficking continue. Therefore, I now consider the utility of the *Kahwà:tsire* family therapy practice for Indigenous families in other countries and for all families with histories of dramatic social change, trauma and loss, and genocide.

Using reflexive critique and a social constructionist approach, I identify steps in the process of creating and delivering the practice that may be repeated and helpful with wounded families in other contexts.

I outline these process steps and discuss each in turn.

ESTABLISHING CONNECTION

Using my own experience as an example of establishing connection, I was introduced to the community as an external resource by a trusted third party (the Field Development Office of the local university), and then gradually connected with the community leaders and the families. Following an introductory period of trust building, some of the community leaders called and asked me to attend as a therapist hired by the community. Given that the families under discussion have histories of trauma and loss, I believe the steps in this process are important because ultimately the families choose the therapist whom they trust. And trust is foundational to the process of successful collaboration.

Also from my experience I found it is respectful and important to build connection with the leaders in the community. The leaders can be located by the families. They may be the Elders, political leaders or informal, natural heads of the community. It is important to learn if there is protocol or ceremony involved in making the connection. Having located and begun connection with the community leaders and some of the families, it then becomes important to build trusting relationships.

Connection is built using a constructionist approach, that is, the families and therapist are collaborating together as equal parties in order to create new meanings. The knowledge that is gained from this collaboration is returned to the community. This is understood by community leaders and all parties in the collaboration.

CONSIDERING THE SELF OF THE THERAPIST

The therapist needs to be open to being transformed by the collaboration with the families. The healing process will create new meanings for everyone. There needs to be a power balance with the families, so the therapist needs to be comfortable with not knowing and experiencing new situations, and willing to be taught by the families.

As shared previously with my personal story, I found it important to have life experiences similar to the families' experiences. This increased and intensified connection and relationship building. I believe it also is important to share a passion for change with the families, specifically a change in their social marginalization or trauma base. Definitely it is important to share a curiosity about each other, and a willingness to mutually explore how to go forward together.

BUILDING RELATIONSHIP WITH THE COMMUNITY CULTURE AND THE FAMILIES

I found a systemic family therapy approach useful in building relationships with the community culture and families as the families provide the links and guides to community relationships and the resources. I followed the systemic links. If this is an Indigenous community, relationship protocols also guide the therapists to introduce themselves to multiple community members stating who they are and their purpose in the community. A mutual trust building can begin, and often the therapist is seriously questioned as to their relationships, motives, background, and culture. During this step in the process, local language and protocols emerge for the therapist to learn and accept.

UTILIZING SOCIAL CONSTRUCTIONIST APPROACHES THAT HOLD THE FAMILIES EQUAL IN POWER WITH THE THERAPIST

The constructionist approach of "not knowing", being curious, listening to the narratives, opening to transformation, asking questions to gain greater understanding, locating the family as experts, and witnessing the performances of the family all contribute to a balanced power space between the therapist and the family.

THE SKILLS OF THE THERAPIST IMPORTANT TO THE PROCESS OF COLLABORATION WITH THE FAMILIES

The following therapeutic skills are important in this *Kahwà:tsire* family therapy practice model in addition to the constructionist approaches named above:

- To be skilled in working experientially.
- To hold a tentative theoretical framework or a "context of inquiry" (Hoskins M. , 2002, p. 235) as a structure for explorations. During the inquiry, to have tolerance for ambiguity, and a willingness to work with complex or challenging discussions about politically troubled times, social injustices including torture and death, and gendered perceptions.
- To have the ability to stretch well beyond personal and professional comfort zones and experience in order to relate and learn, and to be comfortable with intense emotion while maintaining a caring space.
- To have the ability to be humble and willing to acknowledge what is not known or understood.
- To be attuned to multiple levels while living each moment with the narrative or performance, paying attention to intuition, sensations, embodiment, and energy.
- To have an awareness of one's own subjectivity, and a willingness to explore this further during conversation with the families.
- To acknowledge what is true for the families without judgement, negative reaction or imposing "prior categorization" (Fontana & Frey, 2013, p. 653).
- To have the ability to be reflexive with the families' stories and hear their viewpoints while also experiencing oneself as the family story unfolds. To use reflexive skills to discover how people come to know what they know; to ask the how's and the what's of the stories.
- To further use reflexive skills with oneself and be able to maintain self-awareness during sessions and afterwards; to then be wholistically reflexive, honest, and responsible for what has been learned.
- To allow oneself to be influenced by the stories and sensitized to the family's world, while staying grounded. To allow being shaped by the family's experience and to then share this experience with the family.
- To be able to move with the people from personal experiences outward to macro issues that influence the family and its movement, growth and change.
- To be in the role of a coach, a guide, a member of the community and to be able to nimbly switch roles while staying grounded.

USING SOCIAL CONSTRUCTIONIST APPROACHES TO GENERATE KNOWLEDGE WITHIN THE FAMILY'S LOCAL CULTURE

The skills of the therapist are essential in working with the local culture of the family in making meaning together. The local social context has marginalized the family and diminished their voice, and needs to be accepted as having a powerful role. The therapist needs to understand the social context, his or her influence in the family's life, and how to best collaborate with the family to allow their voice to be heard. This information can be a point of safety for the family in some social conditions as the cultural leaders may have invested interests in maintaining marginalization. These skills are:

- To become knowledgeable of the family's culture, protocols, language, and social context; to be knowledgeable of the family's worldview, values and beliefs.
- To be inclusive in the therapy session. Elders, family heads, community leaders, social service professionals, and medical personnel may often be co-creators of the therapeutic process along with the family.
- To have the ability to join with the family as is culturally appropriate; to share meanings through awareness of body language, use of voice and tone; awareness of space and timing; to be in a structural setting that is familiar and comfortable for the family.
- To offer a safe space for the family to openly share together and where they can discuss divergent views
- To have working knowledge of the dynamics commonly found in marginalized families, specifically:
    - Trauma, its impact and intergenerational transmission
    - Grief at multiple levels of loss and its expression as repressed, denied or projected, as well as intergenerational transmission
    - Sexual violence and its impact
    - Violence in all forms and its impact
    - Shame
    - Alexithymia (frozen emotions) and dysthymia (persistent, chronic depression).

LOCATING LOCAL COMMUNICATION PROCESSES THAT ARE FAMILIAR

The *Kahwà:tsire* family therapy practice focussed on storytelling as a primary means of local communication. Storytelling was noted as historically Indigenous. Other cultural – local – means of performance were located such as the expressive arts, experiential learning, and drumming. These methods of communication led to the generation of new knowledge in the practice. In a similar way, for families in other contexts, the primary forms of local communication need to be located, learned by the therapist, and utilized within the collaborative practice in order to create new meaning together.

LOCATING LOCAL COMMUNITY CULTURE HEALING APPROACHES

Similarly to locating communication methods, it is of benefit to the therapeutic process to locate local cultural healing approaches and then complement them with therapeutic approaches. This is the essence of the *Kahwà:tsire* family therapy practice. In this example the systemic family systems approach and, for the most part, social construction theory complemented the family foundation and the healing practices of the Indigenous cultures; the family's culture serves as the foundation of healing, complemented by fitting therapeutic approaches. The intertwining of traditions provides richness to the practice and familiarity to the families. I believe a similar compatible inclusion of therapeutic approaches with the culture and its traditional healing practices is possible in other cultural contexts. Where there is dissonance, social constructionist approaches can offer the choice of therapeutic healing methods and does not impose them.

DOING THE WORK TOGETHER

The collaborative space offers time for the families and the therapist to create new meaning and transformation together. The *Kahwà:tsire* family therapy practice took place over thirteen years. Prior to that was a fifteen year introductory period of learning by the therapist. The work together requires patience and persistence, time for reflexivity and dialogue, time for processing transformations, time for integration of the old with the new, and development of new resources and relationships. It requires time to integrate power shifts within the family

and within the social context. New forms of communication and language, new meanings, new knowledge require time to be digested, critiqued, and accepted.

SUPPORTING SOCIAL TRANSFORMATION THAT IS THE OUTCOME OF COLLABORATIVE WORK WITH THE FAMILIES

When the voices of the marginalized families are heard, then both the families and the social context will transform. This occurred in the *Kahwà:tsire* family therapy practice when residential school court cases came to national attention. The families will need to develop new resources internally and externally as transformation occurs. Social change will challenge power structures. My experience is that the results of the collaboration between families and therapist require stabilization, support, new behaviors, new relationships, and a broader worldview. These requirements are best met collaboratively and with a power structure that is also willing to transform. It is also my experience that where the power structure attacks the transformation, the changes appear to continue but are slower in manifesting.

SOME CLOSING CONSIDERATIONS

The process and skills that collectively create the *Kahwà:tsire* family therapy practice are not unique, but do offer challenges. I suggest these challenges be considered when sharing the model with other marginalized and wounded families.

First, there needs to be a fit between the families' culture and the therapist. When the therapist represents the power structure that created the marginalization, a great deal of trust building is required. Opposite to this, in the need for trust, an external therapist to the culture can be considered more trustworthy than a therapist who is part of the community. It is important to try out this fit, and I suggest doing so experientially for a period of time before moving forward with the practice.

Second, the challenges of being a member of the marginalized community while in the role as therapist can be daunting. It can be easy to re-experience personal wounds again, and thus lose the role of therapist. Therefore, external supports and supervision are important in maintaining the therapist role.

Third, vicarious trauma is an expected outcome when listening to multiple stories of the marginalized families. The therapist typically requires their own consistent healing program.

Finally, the community and families may not welcome change even though they ask for it. Fear of change and resistance may be high especially after great social upheaval, so I suggest testing the degree of willingness to embrace a healing model prior to beginning collaborative work. This may be done experientially as an introduction to the therapeutic work, or in some other collaborative form.

REFLECTIONS AND CLOSING THE CIRCLE

CHAPTER 9

As I reflect on this inquiry and bring it to a close, I am reminded that in social constructionist terms this inquiry is a glimpse into time and space, a discourse, a collaboration of relationships in a context that constructed new meanings. It is not definitive of true or objective facts. Instead it is an inquiry into what is possible when Indigenous people share their stories of colonization and genocide. It is a discussion of the kinds of knowledge that emerged in the inquiry, what approaches were used in the collaboration, and the possibilities of this information assisting other families with similar contexts. This has been a future forming inquiry recommended by Gergen, McNamee and others.

It is a limited account, bounded by the time the inquiry occurred, the place it was conducted, and the Indigenous Nations in the vicinity. It is limited to Indigenous families who are a product of historic political and social movements that appear to be unique to this time and place.

It is limited as well by my ability to hear and witness, my ability to be patient and hold the space for the stories, my ability to collaborate with the storytellers, and my ability to offer therapeutic approaches to facilitate the creation of new meanings and new knowledge.

It is a co-created product of relationships and storytelling, located in this social setting, in this time in history.

A META OUTCOME

I begin my reflections by considering one of the major outcomes of my work. Prior to the years of the *Kahwà:tsire* family therapy practice and this inquiry, my introductory, trust building period with the community included the exposure of residential school abuse and the first residential school court case in Canada. This was described in Chapter Four in my personal story. The *Kahwà:tsire* family therapy practice followed this introductory period and provided healing approaches to survivors of the abuse and their families as the stories increased in number and severity. The outcome of this present inquiry describes the meta themes of their stories. In so many ways, what is contained in this dissertation is ground breaking work.

I have been witness to a social movement from its beginnings with one resilient survivor of residential school abuse who shared his narrative in court, to a

national movement that shifted power and relationships in government, church and education systems. I believe this occurred as a brilliant collision of people, timing, readiness, and locality.

I wonder at the circumstances that brought me to the community at the same time this resilient man was ready to address his abuse. I am amazed that the family systems approach I offered to him was what he needed at that time. I wonder at my readiness to embrace my Native heritage and to learn from him as well. What would have been different if we had not agreed to collaborate? What would have happened if I became afraid and refused to integrate Indigenous healing approaches with family systems? Or if I declined to work with him in the sweat lodge? I suspect he would not have continued with his court case or if he did, the outcome would have been different. What outcomes would there be if I had left the community and did not hear other residential school stories from other community members? I would like to think other therapists would have offered their service to the community. However, this entire community and professional situation was new and pioneering, so the probability of new systemic family therapists arriving was low.

As residential school court cases increased across Canada, church and government school administrators were seen in a new and shocking light. I experienced multiple shifts in power relationships from local to provincial to national. I now wonder at my ability to endure personal and professional attacks from all levels for my work in the first court case. I learned that I needed strong relationships and Elders to guide me. Could I have offered the *Kahwà:tsire* family therapy practice in a nearby urban centre without the relationships and collaboration of so many resilient teachers and resources? I believe I could not. I personally and professionally needed a great deal of support. My position as a person who carries both European and Indigenous heritage makes me a target from both worldviews, and previous experiences have left me feeling vulnerable.

I know now that one person can make a difference, especially when they collaborate with others who believe their story. The narratives have assisted Indigenous families to shift their victimization in residential schools. Most participants in the *Kahwà:tsire* family therapy practice have told their stories to a national Truth and Reconciliation Commission and had their story recorded for history.

STORYTELLING

I learned the power of storytelling as I witnessed its influence move one person's single story to meta-themes from multiple narratives shared by multiple people. I was amazed to see the meta-themes emerge in this inquiry and thereby document some of the impact of colonization on Indigenous families. I learned the power of storytelling as the stories shifted the families and gave them a voice that in turn shifted church and government social structures.

I am thankful for storytelling and its central role in recording Indigenous history and in continuing the traditions in our cultures. I wonder what might have happened if storytelling was judged as unacceptable in the current social setting? I doubt the events that did unfold would have happened. I wonder how the Truth and Reconciliation Commission could have gathered evidence of abuse without storytelling. Or if it was not part of most forms of Indigenous research? Other forms of giving evidence would not fit with Aboriginal survivors as well as storytelling and the Commission would have been limited in its findings.

I learned the power of the human spirit as Native survivors came forward to finally share their residential school stories with their families and with mainstream Canada. I witnessed judges, lawyers, police officers, and the Prime Minister of the nation be deeply moved as they witnessed the stories being told. I learned the limits of our worldviews when people wondered how this abusive history could have happened and why so few people knew in mainstream Euro-Canada.

I wonder if I had conducted a quantitative study in the community instead of offering systemic family therapy what might have been different. I doubt the stories would have been so easily shared. Would the first court case have happened? Yes, I believe it would have eventually happened, but at a later time. Would quantitative research have revealed meta-themes? Would quantitative research have the power to shift Indigenous families? To shift national social structures? I believe it was the power of the storytelling, the collective firsthand stories that shifted national power structures and gave access to the meta-themes of the families. Quantitative research would not have invited storytelling. The meta-themes would have been discovered through other means. However, given the learned distrust of researchers, quantitative approaches would have been refused by the families.

As I go forward with what I have learned, I wonder how I will use the meta-themes documented in this inquiry. I see them as key information to share with any helpers working with Indigenous people and as key information for Indigenous families. I am already offering this information in trainings although I tend to wait to be asked rather than set up trainings on my own. I also am limited by my culture and my language. I do not easily relate to northern Indigenous cultures who are more male dominant than my own. I also find my poor French a disadvantage when I am in French speaking Indigenous communities. How can I use storytelling in teaching and encouraging reconciliation? I am cautious with sharing stories where there is a short period of time. I have learned that harm can occur when storytelling circles are not closed at the end, and this requires time. I am concerned about resources for follow up when the stories range from benign to horrific. I see this cautiousness as a strength. Perhaps I can just focus on storytelling as a method and use longer time periods to offer fishbowl circles that provide feedback to participants.

SOCIAL CONSTRUCTION

I have learned that social construction theory is a close companion with Indigenous worldviews and culture. When woven together they create a strong inquiry, and a strong healing model. As a culturally sensitive approach, social construction brings two worlds together. I appreciate social construction theory for its ability to moderate a discussion on relational discourses and Indigenous views and traditions. I wonder how I will apply social construction theory in future work. I will certainly share social construction principles with Indigenous knowledge as I teach and share the information I have gained from this study. Perhaps I can apply social construction theory to future studies with residential school survivors. I see a need to connect current community lateral violence to residential school bullying, and constructionist approaches would facilitate such a sensitive inquiry.

CULTURALLY SENSITIVE APPROACHES

I am thankful for other culturally sensitive approaches that enrich the storytelling. I have learned that the *Kahwà:tsire* family therapy practice would not have been as wholistic as it was without the mainstream Euro-Canadian healing approaches. I am thankful for narrative and emotionally focussed therapies that

provided me with additional tools that enhanced the storytelling and emotional healing. Would the meaning making that evolved in the healing have occurred at the depth it did without these culturally sensitive therapies? I am not trained or familiar with cultural artwork, nor drama yet I enjoy expressive arts and drama. Until this inquiry, I loved other people's work and diminished my own. I am able to facilitate performances now where before I was shy to do so. I am able to join in and collaborate on art pieces, dramatic presentations ,and readings, and I quite love the process and the rewards. I wonder if Indigenous voices would have been heard as well as they were without storytelling performances in clay, paint, and poetry. I believe the creative arts enhanced Indigenous voices and gave birth to creativity in people who otherwise would not have shared. However, this is my assumption, based on experience, but still an assumption.

TRAUMA

I have learned that trauma impacts our entire being. I see this impact in myself, in my family and in the families in the practice. I am able to face myself now with compassion and face others with understanding. Before I tended to be judgemental and reactive. What people and behaviors have I judged negatively in the past when what I was really observing was trauma reactive behaviors? My tendency to judge comes from my family background and it limits my helpfulness. It also limits my insight and willingness to attempt new healing approaches as I struggle with the fears that underlie the judgements. Where would my life be without trauma healing? I know I would be caught in old terrors and I doubt I could have completed the work in the family practice. I could not have heard the horrific stories nor support the speakers without healing my own traumas first. This is an area of my personal life that continues to hold me back, and did so in writing this inquiry. I am grateful for neuroscience and its information about the brain and how neuroscience complements Indigenous teachings. I am grateful I can share trauma information and watch self esteem increase, and shifts occur in relationships. How would Indigenous families be different if trauma information were not available? Where before people saw themselves as lazy, or bad, now they can see themselves as dissociated or held in a past trauma and know they have the resources to heal it. I believe families would not be decolonizing themselves if they had not received trauma information. I know there are multiple trauma recovery protocols now and this family therapy practice could be enriched with new, advanced EMDR practices as well as neurofeedback. I think we can actually heal more trauma now than before. I can see the *Kahwà:tsire*

family therapy practice going forward with a greater emphasis on expressive arts and in healing on the land as well as offering several forms of trauma recovery protocols.

I am very grateful for EMDR and its ability to dramatically shift trauma in our bodies. I am able to use it for the relief of myself, my family, my relationships and so many Indigenous people. It facilitated the storytelling by resolving traumas that held people hostage and closed their voice. I wonder what would have happened if EMDR had not been developed? Would we still be struggling to tell the residential school stories and to be heard? I believe we would. I note that my Indigenous heritage has loaded my choices to storytelling. I bristle when traditional healers refer to me as a 'talk therapist' because I know storytelling is traditional too.

GRIEF

I have learned the strength of unresolved grief and its' power to stagnate our development. When I experienced nine deaths in my family in twelve months I learned how well I could repress sadness, how well I could move forward while pushing against waves of grief, and how slow and heavy every day became. I learned that this experience repeated the journey of so many people who had shared their stories with me. Most of all I learned how to relate to families where early and tragic deaths are commonplace. I learned how to relate with families whose relatives have been missing or lost in residential schools and there are no answers.

I wonder how long unresolved grief will be transmitted intergenerationally. I see the way forward with the *Kahwà:tsire* family therapy practice is intergenerational healing. New clinical approaches are emerging which combine Euro-Canadian practices with Indigenous knowledge. I embrace these and am inspired, but maintain the approaches I know best because my professional background tells me they work. I wonder how long Indigenous families will know loss and never focus on what they can gain? Some social workers are training as life skill coaches because it takes new skills to shift an old focus. I am not drawn to any further training at this point in my life so I refer families for life skills coaching. How many generations will it take? The prophecies say it will take seven generations to heal the pain from the genocide and I believe this. Is what we are doing now in my family and with other families making a difference? I believe it is. I

witness a young adult generation who are proud of their heritage, and who are combining new technology with ancient knowledge and who anchor themselves in their culture.

COLONIZATION IMPACTS

In writing this inquiry I have learned how strongly I am a product of colonization. I was challenged by my emotional reaction to the material in the inquiry and challenged to find ways to write clearly about colonization while being in a family of colonizers and the colonized. I moved into a defensive mode and found myself "preaching" or lecturing which was not helpful to readers and tended to obscure the usefulness of the material. I threw my fears into the writing because I believed that readers of this inquiry would have little or no experience with the genocide of Indigenous peoples, and so might become reactive to the information. As a result, I needed to rewrite and restructure the dissertation continuously in order for the information to be usefully received. The writing proved to be an invaluable experience, providing me a new sense of balance and allowing me to attain a greater level of forgiveness. Would I have been able to reach this inner balance in any other way than writing? Any other way than a structured inquiry? I could have written a book but chose the structure of a PhD program to assist me in sorting out the information. My early experience of chaos allows me to gravitate to structure.

I have learned that I continue to project my fears of authority while forgetting that I have my own authority. And I have learned that I can write from a loving spirit place which shifts the usefulness and reception of the information. I wonder how well I will be able to maintain a loving place while sharing hurtful information in the future? This is a critical challenge for me as I see the family therapy practice going forward. I reflect and wonder how I can embed strength with the wounds of genocide? I expect I will be calling on my Elder and cultural knowledge in order to take this practice to the family therapy profession and to the communities. The practice will be enriched by sharing it with others.

Kahwà:tsire family therapy practice is a challenge to therapists whose families are settlers that historically were part of colonization. For their own safety and integrity, I want to locate these therapists in a humble place that allows them to accept the impact their families had on the Indigenous family. Settler therapists can trigger Indigenous intergenerational trauma and be targeted. They need to

maintain their personal centre, with integrity, honesty, and humour as a person who acknowledges their cultural history and be open to learning from the client family. I wonder if I can transcend my personal hurts, my anger from colonization well enough to be of service to western trained therapists? I am a strong supporter, guide and teacher of people who want to learn and are curious and open. I easily become discouraged or reactive to closed people, which could well reflect my own judgemental closed spaces. This appears to be a future step in my healing.

PROTECTING THE CHILDREN ~ HEALING THE FAMILIES

I have learned that we are brilliant, creative, relationship focussed, loving people. I've learned that a family foundation to our world is what truly provides safety and purpose. I've learned the power of the family to shift and embrace their Elders after hearing their residential school stories. And forgive their abusive parenting. Indigenous families need to be seen in the context of their resilience in the face of genocide, and the power of each family to resist and to survive. What might normally be referred to as "dysfunctional" is in actual fact a highly functional resistance to what has occurred historically. Ross (2008) puts it this way:

> The validity of the aboriginal healing perspective […] says it is not *people* who must be changed, but the ways in which they relate to each other […] despite the astounding assaults on the 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. (p. 20).

How can we move faster to protect our children from violence in the home? How can we recognize sexual abuse in our communities and be accountable in order to stop it and heal our people who harm? Young children are now suiciding and communities are being faced with the challenge to address the causes. It often points to sexual abuse. I believe there are enough trained natural and professional helpers to offer assistance to these children and their communities. How can we provide resources to the parents and grandparents so they may step into strong roles as leaders of the family once again? I see that we are beginning to provide resources where before there were none. I have hope. When will we regain ownership of our fostered children? Political movement has increased and leaders are declaring their intention to reclaim our children from foster care.

Provincial childcare ministries are indicating changes in their policies. These are large shifts, and will take time. I do not have much patience when I witness children hurting. And when will we stop the victimization of our women? I think we need to stop victimizing our men, and stop living as victims in order to assist our women. Again, these are large shifts and will take time. I want to trust the changes that have already begun and support them.

INDIGENOUS WORLDVIEW

My Indigenous teachings kept me grounded and moving forward throughout the *Kahwà:tsire* therapy practice. I experienced spiritual strength and inner discipline and for these I am thankful. My daily ceremonies and cultural practices allowed me to maintain balance. Would I have been able to continue the practice and hear the horrific stories without the strength of my culture? What was I to learn by being part of this historical power shift in Indigenous families?

I have learned that as human beings we are capable of the most hideous and horrible abuse, and the most wondrous kind and gentle loving. I wonder if I have heard it all. I wonder if there is anything more that can shock me or move me to awe.

RECONCILIATION

I have learned that reconciliation is more of a possibility now than it was 20 years ago. I never thought Indigenous voices would be heard nor that society would listen. Indigenous prophecies have told of this time of healing. Now I wonder at the prophecies and believe them which reinforces my wonder at the brilliance of Indigenous people to receive these prophesies and share them in storytelling. Now is the time of another prophecy, one that predicts chaos prior to a time of connection of people from many cultures. This is a time for the *Kahwà:tsire* family therapy practice to reach out to strengthen families and reconciliation within our communities.

SHARING KAHWÀ:TSIRE FAMILY THERAPY PRACTICE

I have learned that social constructionist/Indigenous approaches offer a process that creates the possibility of change to other traumatized and marginalized families, besides Indigenous families in Canada. I wonder how this might unfold. Will other wounded families find their voice through social constructionist approaches? I wonder if this model of practice might grow beyond Canada. Does it fit with other cultures, other contexts? If so, I want to test the fit of the practice with other cultures and other contexts.

NEXT STEPS ~ GOING FORWARD

Now I wonder how I will go forward with this information? I have an inner driving force to synthesize my two different worldviews. I continue to search in order to bring the two together for a "fit". I believe I have found this fit, in part at least, in the *Kahwà:tsire* family therapy practice.

In closing I share statements made by the Commissioners of the Truth and Reconciliation Commission. Their words echo my belief that through healing, our people will stand strong within our cultures and within our individual identities, and thus create a change in the relationship between the colonization and Indigenous people that will benefit everyone:

> All speak of the need for a shift away from the attitudes that led to residential schools in the first place: cultural disrespect, assimilation, unilateralism, colonialism, racism, economic co-dependence, poverty, isolation, and the lack of adequate support and any meaningful say. Our own working definition of reconciliation has to do with the restoration of Aboriginal self-respect and the establishment of a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country.
>
> ... We look forward to a day when all Canadians carry a new sense of themselves as equal partners in a great country (2013) .

SAKARIHWAHO:TON/MOHAWK THANKSGIVING CLOSING ADDRESS

Shonkwaia'tison The Creator

Onen ehnon:we iatitewawennaniha:ra'ne ne tsi non:we thotatenakwarakwen:ni ne Shonkwaia'tison. Akwe:kon ehnon:we nikiawe:non ne ka'shatstenhsera. Akwe:kon ne tahotka'wenhakie ne tsi naho:ten ne ne sken:nen tsi aitwewanonhtonnionha:ke tsi nikari:wes ohontsia:ke teionkwatawenrie. Iotshennonnia't ne taiontkahthonnion ne orihwakwe:kon a:ienre'k shonkwanoronhkwa tsi she:kon iotiio'takie ne tsi ni:ioht tsi shakorihwaientahkwen tsi naho'ten:shon rohshon ne tsi ionhontsia:te. Entitewateweien:ton ehon:we entewatewennaie:ra'te ne ne isi na'karon:iati ne kati wahi entewatka'we kanonhweratonhtshera.

Ehtho niiohtonha'k ne onkwa'nikon:ra

Now we turn our thoughts to the Creator, or Great Spirit, and send greetings and thanks for all the gifts of Creation. Everything we need to live a good life is here on this Mother Earth. For all the love that is still around us, we gather our minds together as one and send our choicest words of greetings and thanks to the Creator.

Skarihwaho:ton

Onen ehnon:we iahetewawe ne ieiohe onsaitewarihwaho:ton. Ne tsi naho'ten:shon

wetewana'tonnion, iah ki teionkwa'nikonhron:ni toka naho:ten'k saionkwa'nikonhrhen. Tsi sewaia'tatshon ki ne onen wakwarihwaientahkwen ne entisewatka'we kanonhweratonhtshera.

Ehtho niiohtonha'k ne onkwa'nikon:ra

We have now arrived at the place where we end our words. Of all the things we have named, it was not our intention to leave anything out. If something was forgotten, we leave it to each individual to send such greetings and thanks in their own way.

And now our minds are one. (Six Nations Indian Museum, 1993)

APPENDIX A: TRAUMA FACTORS OF RESIDENTIAL SCHOOL SURVIVORS

- Suicide attempts and suicidal ideation
- Anxiety – phobias, panic attacks, anxiety attacks
- Depression – mood swings, clinical depression
- Self-harm
- Substance abuse
- Chaos "junkies"
- Frequent illness and or physical ailments
- Attachment disorders: fearing abandonment; terrified of being dependent; repetitive relationships; avoiding intimacy; reactive in relationships
- Repress emotions and memories
- Feel needy
- Fear loss of control
- Dissociative disorders: lost in yesterday or worried about the future; "spacey" and unable to focus on tasks; splitting-off parts of the self; "the spirit has left the body"
- Catastrophic thinking
- Post-traumatic stress disorder:
  - Anniversary Reactions
  - Triggers to noise, colour, sound, smell, etc.
  - Flashbacks
  - Body pain
  - Compulsive behaviours
  - Experience shame and guilt – generalized and specific
  - Vulnerable to loss
  - Fear of the ordinary
  - Fear that death is imminent
  - Sexual dysfunction
  - Hypersensitive body chemistry
  - Nightmares and night sweats
  - Hyper-vigilance
  - Complex PTSD: loss and trauma
  - Low boundaries
  - Low self-esteem
  - Eating disorders

Revised by Jann Derrick 2008

APPENDIX B: TRAUMA FACTORS OF CHILDREN OF RESIDENTIAL SCHOOL SURVIVORS

- Carry many of parents' trauma factors
- Fear of exposure of self
- Feelings of inferiority
- Feelings of worthlessness
- Feelings of being ugly and flawed
- Cultural self-hate
- Cultural identity issues
- Struggle with spiritual beliefs
- Set ourselves up for failure
- Read others' minds
- Blocked spontaneity
- Cleanliness issues
- Perfectionism
- Fear / vulnerability and intimacy
- Avoid commitment in relationships
- Loneliness
- Unhealthy triangles in relationships
- Numb feelings
- Shattered extended family system
- Lack of parenting skills
- Rigid rules for life, or no rules at all
- Intense shame
- Reversed roles with parents
- Feel limited in choices
- Repeated institutionalization
- Fetal Alcohol Spectrum Disorder
- Creative addictions

Revised by Jann Derrick 2008

APPENDIX C: THE TRAUMA FACTORS OF FOSTERED AND ADOPTED CHILDREN

- Carry most of the trauma factors of the previous two generations
- Feel betrayed / rejected
- Feel hostility
- Feel lack of foundation in their life
- Feel profound sense of loss
- Feel confused
- Feel terror
- Feel profound loneliness
- Feel small and isolated
- Defiant
- Black or white view of life
- Objective / detached worldview
- Will maintain the cutoff in order to survive
- Have difficulty forming close relationships
- Searching for family can become a passion and essential to their sense of self
- Believe they have no choice

Revised by Jann Derrick 2008

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SUMMARY

This dissertation is a description of a family therapy practice in Canada founded in the Indigenous worldview. The writer, a woman of Mohawk, English and Irish heritage, served Indigenous families who had experienced the impacts of colonization and residential school trauma. She conducted research and practice as a social constructionist, systemic family therapist spanning 30 years and over 600 files, with a focus on the last 13 years of practice. The family therapy practice inquiry has been named in *Kannien'keha:ka* (Mohawk) as the *Kahwà:tsire* family therapy practice.

Experience and research has shown that Indigenous families respond best and quickest with Indigenous healing methods (Linklater, 2014). Further experience has shown the families generally were dissatisfied with Western individualistic medical methods, even holding them in disregard. Therefore, it was important to create a therapy practice that incorporated Indigenous worldviews and methodologies out of respect for the families, and to ensure successful outcomes.

The Introduction chapter follows the Preface and explains the reasons for writing this dissertation, and sets the context for the information as well providing definitions of important terms used throughout the writing.

The First Chapter describes the Indigenous worldview in detail. A description and history of social constructionist theory and systemic family therapy is given, and then the three key components of the practice, the Indigenous worldview, social constructionism and systemic family therapy are contrasted and their interface discussed in detail.

Chapter Two focuses on the research approach and methodology used in developing the inquiry and the therapy practice. Qualitative social constructionist approaches complement Indigenous research methods and form the basis of the inquiry. Current Indigenous research is described. Narrative methodologies with storytelling are the key methods applied along with reflective critical analysis.

An Indigenous history of colonization in Canada is the topic of Chapter Three. It describes the impact of colonization, forced assimilation and genocide on Indigenous families. The traditional, cultural healing approaches used to survive traumatic change and loss are named.

I share my personal story in the Fourth Chapter to locate myself as a person of Indigenous heritage and European heritage who shares the impact of colonization.

Chapters Five and Six address the outcome of the inquiry of the *Kahwà:tsire* family therapy practice. Eleven meta-themes emerge from the narrative methodology and are described in Chapter Five. Chapter Six examines the social constructionist and Indigenous healing approaches used in the family practice, and names the culturally sensitive Euro-Canadian therapy models that were intertwined.

Chapter Seven provides a family case study that illustrates the issues common in Indigenous families and provides examples from the therapy practice.

The inquiry closes in Chapter Eight with a description of the process and steps in the *Kahwà:tsire* family therapy practice and considers their applicability to other marginalized families in other contexts. It names therapist's skills critical to the family practice.

The dissertation ends in Chapter Nine with closing reflections on the inquiry and trust for future changes in social justice and family healing for Indigenous peoples.

In keeping with *Kanien'keha:ka* tradition the dissertation closes with the Closing of the Prayer of Thanksgiving.