

Intergenerational Trauma from a Mental Health Perspective

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Abstract

Over the past few decades, intergenerational trauma as an explanation for the array of social conditions that exist within Aboriginal communities has been put forward by a number of researchers (Braveheart-Jordon & De Bruyn, 1995; Hodgson, 1990; Kirmayer, Brass, & Tait, 2000; Phillips, 1999; Waldram, 1997). Through in-depth interviews, this study explored the men's personal and family histories, seeking links between personal homelessness and intergenerational trauma. An interpretation of the data from these interviews and from a focus group with other homeless Aboriginal men isolated the indicators of intergenerational trauma within four domains: individual, family, community, and nation. The indicators of intergenerational trauma within these domains are synthesized in the Intergenerational Trauma Model. This model is predicated on the assumption that public policies have disrupted relations among the four domains and the resulting trauma has incubated negative social conditions for Aboriginal people, making them significantly more vulnerable to a number of threatening social conditions. Subsequent refinements to the model provide the mental health professional with a generic lens to examine the relationship between intergenerational trauma and social systems that Aboriginal peoples come in contact with.

Reflections

Over the last fifty years, there has been an abundance of research on how Aboriginal people experience an array of mental health issues. Despite this plethora of research into mental health conditions, it has been difficult to locate research to explain why a disproportionate number of Aboriginals experience mental health challenges compared to the general population. In my practice as a mental health therapist, I was able to help community members explore their personal histories as a way of beginning their healing journeys. I began to recognize that many of the mental health conditions Aboriginal people are suffering from are a direct result of the relationship Aboriginal people have had historically to the Canadian government. Those of us who have been impacted by the vagaries of Aboriginal public policy can provide first hand evidence on the negative consequences that public policies have had not only on our lives but that of our families, community and nation.

Introduction

I am a member of the Sagamok Anishnawbek First Nation, and my childhood was not out of the ordinary for many Aboriginal children impacted by government public policies. From birth, I was placed in the care of the Sisters of St. Joseph's, and with the closing of the institution, I was discharged to the care of the Children's Aid Society. As an adolescent, I wrested with my feelings of anger, confusion, abandonment, and my "Indianness". I was called many derogatory names that made me feel ashamed of my cultural heritage. Through this struggle, I managed to complete high school and post-secondary education, graduating from the University of Manitoba, School of Social Work. The impact of public policy has left a legacy of trauma within individuals, their families, communities, and across nations. My own disconnection from my birth family, extended family, community and culture has made me sensitive to the needs of our people who are also separated from themselves, families, community and nation. As a mental health worker in the Aboriginal community, I recognize the need to ground our work in the experience of the individual, but also in the extended family and the community from which our ancestors existed.

It was during my PhD studies, I came across the concept of “Intergenerational Historical Trauma”. After listening to Dr. Maria Yellow Horse Brave Heart’s presentation, whose work in Aboriginal communities in the United States is grounded in this theory, I began to re-examine my own life and that of the people who I work with within the context of this model.

This paper begins with an historic overview of Canada’s social policies that have impacted Aboriginal people and how they have contributed to our disconnection from our families, our communities and from one another. The issue of trauma, specifically Intergenerational Trauma is explored in great detail as a contributor to the explanation of the disproportionate representation of mental health issues among Aboriginal people. Finally, from my clinical experience I believe that many of the indicators of the Intergenerational Trauma Model developed can be applied across many social realities that Aboriginal peoples are enduring, recognizing that there will be other indicators if women and children were included in the study.

Public Policy and Canada’s Aboriginal Peoples

Canadian social policy has been instrumental in creating institutions that have attempted to eradicate Aboriginal worldview and value systems that existed for thousands of years (Churchill, 1995), replacing them with doctrines that continue to disrupt life for Aboriginal peoples.

The Indian Act of 1876 established the federal government as the “guardian” of Aboriginal peoples. Artificial settlements were created, segregating individuals into groups that were defined by authorities outside of existing community networks. It set up authority within these artificial settlements and created hierarchy and decision-making authorities that did not reflect traditional values and practices. In effect, the Indian Act was an act of Parliament that gave authority to non-Aboriginals to control the everyday life of Aboriginal peoples across Canada (Royal Commission on Aboriginal Peoples, 1996, Vol. 3).

The Canadian government has used other mechanisms, including religious institutions, to transform Aboriginal communities. Between 1840

and 1983, it is estimated that over 100,000 Aboriginal children were placed in the residential school system (United Church of Canada, 1994) for the purpose of assimilation, segregation, and integration into mainstream Canadian society. A majority of these institutions were sponsored by religious organizations. Separation from family for months, even years at a time resulted in children losing their language, culture, and spiritual beliefs, as well as sense of belonging to a family, community and nation. Children attending these institutions experienced many types of abuse including physical, sexual, emotional, spiritual and psychological (Breaking The Silence, 1994 and Royal Commission on Aboriginal Peoples, Vol. 3).

When the residential schools started to close, child welfare became the new instrument of government assimilation policies. Johnston (1983) introduced the phrase “the Sixties Scoop” (p. 23) to identify the overwhelming number of Aboriginal children removed from their homes and communities by child welfare authorities during this period. Taking a crisis intervention approach to child welfare meant that Aboriginal children were permanently removed from their homes and placed in foster care or made Crown wards (Andres, 1981; Johnston, 1983; Richard, 1989; Timpson, 1990). Even today, many Aboriginals still consider child welfare as a vehicle to assimilate as it is estimated that close to 27,000 Aboriginal children are in the care of child welfare agencies across Canada (Leadership Action Plan on First Nations Child Welfare, 2006).

Mental Health

Evidence suggests that Aboriginal people experience higher rates of suicide when compared to the national average (Health Canada, 2000). The rate of concurrent disorders is suspected as being as high as 70% within Aboriginal communities (First Nations and Inuit Mental Wellness Advisory Committee, 2005). There is evidence to suggest that high levels of depression exist within Aboriginal communities (Canadian Medical Association, 1994), and that Aboriginal Youth are two to six times more likely to use alcohol than non-Aboriginals (Health Canada, 1999). The data is collected but is not analyzed in terms of why Aboriginal peoples are experiencing higher rates of mental health issues. If we do not consider mental illness within the context of historical injustices then we are collecting and presenting information in a vacuum, and perpetuating the

stereotype that Aboriginal peoples are more susceptible to mental illnesses than the general Canadian population.

Intergenerational Trauma

It is only recently that the intergenerational nature of trauma has been explored within Aboriginal communities (Braveheart-Jordan & De Bruyn, 1995; Lederman, 1999; Phillips, 1999; Waldram, 1997).

Gagne (1998) identified the residential school experience as a key component within the cycle of trauma experienced by Aboriginal peoples. In a discussion of the sociological etiology of intergenerational trauma among First Nations peoples, Gagne (1998) concluded that the effect of the residential school experience was felt beyond the generation that attended the school:

At least two subsequent generations were also “lost”. The children of these students became victims of abuse as their parents became abusers because of the residential school experience (p. 363).

The removal of children from the home for long periods of time has diminished opportunities for the transmission of family values, parenting knowledge and community behaviour between generations (Payukotayno, 1988; van de Sande, 1995). The cumulative impact of trauma experienced by both children and their parents as a result of Canada’s residential school policy continues to have consequences for subsequent generations of children. Phillips (1999) summarizes the intergenerational impact of trauma:

If we do not deal with our trauma, we inadvertently hand it down to the next generation. We often take out our pain and hurt on those we love the most – which is ourselves and those closest to us – our family and friends. So, intergenerational trauma is trauma that is passed down behaviourally to the next generation: if we’re angry and act angry all the time to others, our kids will think that’s normal and do the same. If we ignore each other and deprive each other of love and affection in our relationships, our kids see and feel that deprivation of love and might think it’s normal (p. 6).

The Aboriginal Healing Foundation (2001) has noted that:

Many passed the abuse suffered on to their children, thereby perpetuating the cycle of abuse and dysfunction arising from the Residential School System. Subsequent generation of children were left with the consequences of what happened to their parents and grandparents. They grew up without the opportunity to learn their language, to have traditions and cultural knowledge passed down to them, or to be part of a strong and healthy family and community (p.7).

Both mainstream and Aboriginal mental health practitioners are challenging the Diagnostic and Statistical Manual (DSM) diagnosis of Post Traumatic Stress Disorder (Waldram, no date). This diagnosis ignores the role of culture and intergenerational or community trauma and does not connect the individual's experience to broader, systemic conditions that perpetuate and exacerbate the individual's experience. Waldram (2004) suggests:

Approaching trauma through DSM by and large precludes a meaningful discussion of culture, and virtually excludes notions of history and collective, community or cultural trauma (p. 235).

Root (1992) suggests that racism and discrimination compound the impact of direct or personal trauma by allowing for the oppression of a community of peoples. This "insidious trauma" becomes normalized to the point that the group does not realize how social conditions continue to oppress them. Rather than focusing on a singular event that makes the individual feel unsafe, this insidious trauma leads to a view that the world is an unsafe place for a whole group of peoples (Root, 1992). Dutton (1998) adds that this "matrix of traumatic experiences... may shape the lived experience of a person within a given cultural group" (p.1).

Kirmayer, Brass and Tait (2000) concur that the focus on individual trauma does not adequately reflect the Aboriginal experience. The authors suggest:

The emphasis on narrating personal trauma in contemporary psychotherapy is problematic because many forms of violence

against Aboriginal people are structural or implicit and so may remain hidden in individual accounts. ... Individual events are part of larger historical formations that have profound effects for both individuals and communities (p. 613).

Duran and Duran (1995) concur with this assessment in their study of Native Americans in the United States. Critical of the focus on individual diagnosis, they note that, “the diagnostic process never takes a historical perspective” (Duran et al., 1995, p. 52). The authors advance the argument that many Native Americans are suffering from intergenerational post-traumatic stress disorders:

Many of the problems facing Native American people today - such as alcoholism, child abuse, suicide, and domestic violence - have become part of the Native American heritage due to the long decades of forced assimilation and genocidal practices implemented by the federal government (p. 35).

Kirmayer, Brass and Tait (2000) present similar arguments in their review of a range of mental health studies of Aboriginal communities across Canada. They conclude that:

Individual events are part of larger historical formation that has profound effects for both individuals and communities – effects that are harder to describe. These damaging events were not encoded as declarative knowledge but rather ‘inscribed’ on the body or else built into ongoing social relations, roles, practices and institutions (p. 613).

In a review of morbidity factors in Aboriginal communities, Waldram (1997) notes:

The current state of affairs can be clearly linked to the traumatic effects of colonialism, including geographic and economic marginalization, and attempts at forced assimilation (p. 184).

Historical social policies have impacted multiple generations of Aboriginal peoples. The severing of family and community has left a legacy of

traumatized individuals who may be unable to function in mainstream society. Left dependent on social institutions, many Aboriginal peoples are unable to address their individual needs. Research into what intergenerational trauma may actually look like from a clinical perspective has been lacking. The research presented in this paper helps to address this gap and provides intergenerational trauma indicators that can be used by clinicians in assessing how this particular type of trauma may present with specific populations.

Research

In 2004-05 I undertook a study to identify whether any link could be established between intergenerational trauma and homelessness. Although the growing body of research describes intergenerational trauma and notes its causes in historical processes, the research does not present a clear set of indicators of intergenerational trauma. This study led to the identification of the indicators of intergenerational trauma in a sample of homeless Aboriginal men.

The study employed a qualitative methodology, involving key Aboriginal stakeholders in the collection and evaluation of the data (Creswell, 1998; Neuman, 1997; Rubin & Babbie, 1997). The research was conducted at Native Men's Residence (NaMeRes), a 60-bed emergency hostel for men in downtown Toronto. The research participants included 16 adult Aboriginal men between 18 and 64 years of age who were using the services of NaMeRes and an additional five men participated in a focus group discussion. Quota sampling was used to ensure that the sample included men who were within the age ranges 18 to 24, 25 to 49, and 50 to 64. The sampling also attempted to include men from a variety of places of origin — urban centres, rural communities and First Nations communities.

Key Results

Indicators of Intergenerational Trauma Among Homeless Aboriginal Men

The participants were initially asked to reflect on their family history. Many were unable to provide details of their genealogy — particularly

the nine removed from their home at an early age. While these participants had little knowledge of their birth family, others offered poignant details of their family history within the context of residential school experience, child welfare authority, and the impact of these systems on their personal identity.

Ned, age 42, was raised by his biological mother and maternal grandmother in an urban centre in Western Canada. His biological father is unknown. Ned struggled to describe his mother's experience in residential school and identified how it significantly influenced her own behaviour as a parent:

My mother went to residential school and at that time she was, my mother was, totally scarred up from residential school ... She did exactly what those people did to her in residential school ... she was abusive.

Henry, age 52, was born in Northern Ontario but raised by his mother and paternal grandparents in the northern United States. At an early age, he was made aware of his family's experience in both Canadian residential schools and American boarding schools:

She [his mother] don't like talking about it. Only when she was yelling at us how rough she had it compared to what we had ... She said it [residential school] was really strict. The food, the rules, the discipline and nobody cared. She got punished — whippings and straps — and they took her away from my grandmother. She was very lonely. She wanted to go home and they wouldn't let her.

Ben attended residential school from age five to 11 in the 1950s. He remembers that most of his extended family attended residential school as well. He illustrated how the resulting isolation from family affected his relationship with his mother upon his return:

I used to watch those movies, you know, back then about the kids with their parents ... you know, *Leave it to Beaver* or something like that, yeah. You know, I saw him hugging his mom, and I tried

that once — tried to hug my mom. And when I hugged her and all that ... actually, I told her I loved her. And she didn't know how to react. She didn't know how to take it, you know. So after that, I just shut myself off from her.

While only a minority of the participants identified a direct personal experience with the residential school system, nine, or 56%, had personal experience with the child welfare system at some point in their lives.

Adopted as an infant by a Caucasian family who later had their own biological children, Adam described the emotional disconnect that permeated family life within his adoptive home:

The support was lacking in the family. It was a little bit dysfunctional in that aspect ... I don't know. Being adopted, I think a lot of attention went more to my younger brother and sister who were their natural kids ... I don't know about, you know, love and being able to talk to somebody, you know, how you're feeling and whatever. There just wasn't a lot of that around.

Further along in the interview, Adam voiced his frustration with the disconnection from his birth family and the emotional isolation he felt in his adoptive home:

You're adopted as a baby, taken away from your parents, and then you're in this other setting, and then they disown you, and it's just like, Christ, it just seems like an ongoing cycle I'm living.

Dan, age 40, recalled that before his adoption he lived with his biological family. He and his younger siblings were removed from their home because of his parents' drinking when Dan was five years of age. He was adopted separately into a non-Native family where he was the oldest of three children. His siblings were the biological children of his adoptive parents. Dan described the lack of connection he felt in his adoptive home:

I was just there, taking up space ... I didn't love any of these people in this family. A person from age five until about 14 or

15 could live with a family and not love anybody in the family. I thought that's just the way it has got to be.

Frank, age 42, commented, without emotion, that he has never felt any connection to the people who raised him. He described himself as particularly independent from an early age:

I'm always picking myself up. I've never really had no mommy or daddy to run home to ... I got to pick myself up ... They were what they were. They were adoptive parents. I've never relied on [anyone], whether they're my adoptive parents or foster parents. I've never relied on those people.

Pat acknowledged that he has no close connections with the rest of his family or home community. His years in care have left him emotionally insecure:

I have nobody to really get close to. That's been a problem for me ... When things are really doing good, I feel I really don't deserve this. Even relationships — you try to be there for them, but you never could be.

More than 40 years later, John is able to recall the poignant details surrounding the removal of a child from the reserve where he stayed with his grandparents each summer:

I remember once this kid came running over to [me] ... I was fishing on these docks, and he dove in the water and he came up right under where I was standing, because you could breathe a little bit ... And the police car comes flying over there... They were looking all over the docks, like under boats and stuff ... They asked me and they asked the people hanging around the dock ... Well, we said we haven't seen him. Meanwhile, he was under [the dock]. I could see the bottom of his feet. They were white because he was treading water and just hoping to God they didn't see him there. And they didn't. But eventually he ended up going ... he got caught ... [long silence].

John identified the chronic stress created within the community as a result of witnessing child welfare interventions with other families in the small reserve community:

For me, I didn't see them as being any poorer than me, because I lived in the same conditions as them, and I had no idea why they were ... why they would take them and not [me]? I don't know how they figured out which kids were ... which ones to pick ... I was angry. I was afraid.

Despite acknowledging that the rationale for removing them from their homes at a relatively early age was linked to family violence, alcoholism, or poverty, they felt that this break with their community and subsequent placement in non-Aboriginal foster care, group homes, or adoptive families had detrimental effects on them. In effect, these men were without a home — or homeless — from an early age.

Over many decades, negative stereotypes of Aboriginal peoples significantly influenced public perception of the value of Aboriginal culture. Several of the men interviewed for this study indicated that they found little support for affirming their cultural heritage from their immediate family and from the communities in which they were raised. Issues related to cultural identity were affected by the individual's physical characteristics, as well as his "blood heritage," as demonstrated by having "status" under the Indian Act. Mike summarized the internal battle waged by many throughout their youth:

We didn't look the same colour as them so we were teased about it. Teased at school ... I didn't want to be an Indian because of the fact that I was getting teased. I wouldn't hang around them or I'd fight them. I'd tell them off, you know, I'd do everything in my power not to be Indian

Much of the research on trauma looks at psychological and social contributors that affect the individual, with an emphasis on family dynamics (Beisner & Attneave, 1982; Brasfield, 2001). Although there is a level of insight in this type of research, the trauma experienced by the men in this study must be viewed historically. Building on the precepts suggested by

Waldram (1997), Kirmayer et al. (2000), and Duran et al. (1995), the data suggest that indicators of intergenerational trauma may exist along four distinct realms: the individual, the family, the community, and the nation. Indicators arising from the data analysis have been isolated for each of these realms and are summarized below.

Individual Indicators

Individual indicators emerging from the data are:

- Lack of a sense of “belonging,” identification, or affiliation with a specific family, community, culture, or nation
- Feeling of “abandonment” by caregivers
- Limited or no information about one’s culture of birth, including language, customs, belief systems, spirituality
- One or more “flight” episodes from a caregiver environment as a youth
- Inability to sustain personal or intimate relationships
- Being present-oriented, not future-oriented
- Low self-esteem
- Limited education and employment history
- History of substance misuse
- History of involvement with the criminal justice system, precipitated by substance misuse
- Involvement with the mental health system

Rather than pathologizing the individual, as is often done, I would argue that these indicators should be viewed as resulting from a historical process. It is important that these individual indicators of intergenerational trauma be considered in relation to the indicators for family, community, and nation.

Family Indicators

Family indicators emerging from the data include:

- Chronic or episodic family violence, including physical, sexual, emotional, and/or verbal abuse of children by adults in the household

- Lack of emotional bonding between parents, siblings, and extended family members
- Denial of cultural heritage by older family members
- Perpetuation of negative stereotypes within the family of birth or caregiver environment
- Irregular contact or the absence of contact with caregiver family members
- Unconcealed and rampant alcohol and drug misuse that crosses generations

These factors suggest the individual's circumstances need to be considered within the context of their relationship with their family or caregiver.

Community Indicators

Additional factors that may be present in the community and that influenced the individual's early life history must also be considered:

- Unconcealed alcohol and drug misuse among community members
- Lack of cultural opportunities, including transmission of language skills, history, traditional values, and spirituality
- Unwillingness to "reclaim" community members
- Low levels of social capital (Putnam, 2000), including trust, reciprocal helping relations, and social engagement

It is important to recognize that within traditional Aboriginal culture, the community's support is critical for the development of individuals and families. Holistic healing is not achievable without the influence and guidance of a balanced and healthy community.

Nation Indicators

The data also indicate that a fourth element must be considered. The individual, family, and community are embedded within national structures that both historically and contemporaneously have had a profound impact on these other institutions. Some key national indicators that may contribute to homelessness include:

- Popularization of negative stereotypes through mainstream media
- Social policies that perpetuate colonialization of Aboriginal peoples on an individual, family, and community basis
- Lack of support for holistic programs and services targeting Aboriginal needs
- Lack of support for community self-determination

The impact of trauma on the Aboriginal nation must also be reconciled. The need to support the development of community beyond geographic boundaries to include all Aboriginal peoples is critical to the healing process.

Data Implications

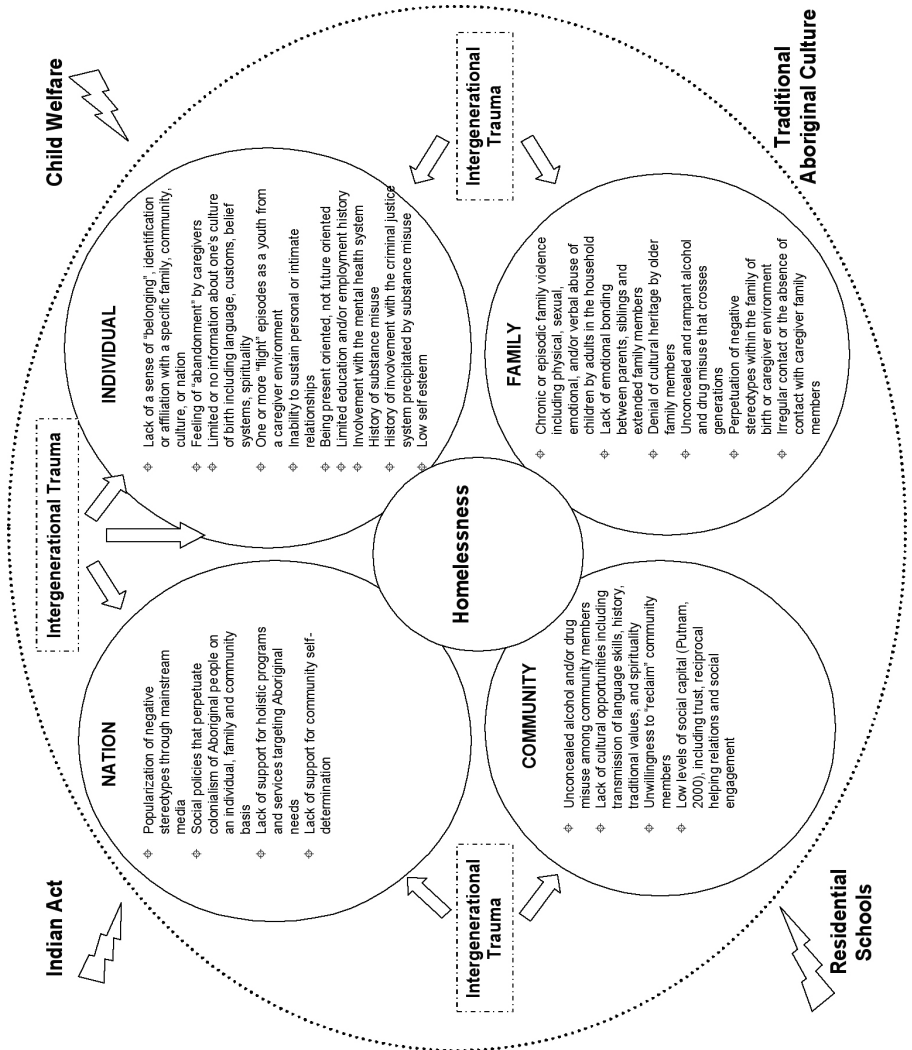
The data provided have identified how external social policies have corroded the links between critical elements within Aboriginal culture. Individual, family, community, and nation now exist in isolation of one another. Social policies, including the Indian Act, the residential school system, and child welfare legislation, have systematically negated Aboriginal culture and imposed values that are contradictory to our traditional ways of relating to one another (Cross, 1986; Good Tracks, 1973; Proulx & Perrault, 2000). The colonizing impact of these policies has resulted in many individuals experiencing “social anomie” — a feeling of disconnection from a particular cultural group (Brant, 1990). The pervasiveness of this condition has left the Aboriginal nation in a similar state — unable to draw upon common bonds to bring individuals, families, and communities together.

The Intergenerational Trauma Model

The indicators discussed above are integrated within the Intergenerational Trauma Model (see page 78).

The model is premised on the main constructs of the traditional teachings of the Aboriginal medicine wheel, a conceptual process that frames our understanding of the world as Canada’s First Peoples:

Figure 1: The Intergenerational Trauma Model



The teachings assume that all humans can exist in balance with themselves, their families, communities, and their natural surroundings. Where alcoholism, violence, abuse, or any kind of dysfunction exists, there is imbalance: the dark side dominates (Nabigon & Mawhiney, 1996, p. 19).

The medicine wheel breaks the main constructs of life into four elements, generally referred to as the four directions: east, south, west, and north. There must be harmony between the four elements of life for balance to be achieved (Morrisseau, 1998).¹¹ Similarly, the Intergenerational Trauma Model is predicated on the assumption that public policies have disrupted relations between the four systems and the resulting trauma has incubated negative social conditions for Aboriginal peoples, making them significantly more vulnerable to a number of threatening conditions. This has disrupted the balance of the wheel in which the individual, family, community, and nation exist. The Intergenerational Trauma Model identifies risk factors that may contribute to Aboriginal people's social conditions.

Starting outside of the larger circle in Figure 1, the influence of public policy is identified via the Indian Act, residential school system and child welfare authorities. These social policies are external elements that have penetrated traditional Aboriginal culture and caused change to occur within the traditional social systems, as illustrated by the four smaller circles.

The large outer circle represents Aboriginal culture, and the four smaller circles represent the four subsystems of individual, family, community, and nation. The four subsystems exist within a permeable boundary that is signalled by the broken line of the outer circle. The influence of external elements, such as public policy, has weakened the role of culture in supporting the inner circles of individual, family, community, and nation.

The proposed indicators of intergenerational trauma are noted in the centre of each of the four inner circles. The circles representing the individual, family, community, and nation exist in isolation from one another.

1 A detailed discussion of the medicine wheel is beyond the scope of this paper, but some excellent sources for interested readers include Cianci and Nadon (1991), Graveline (1998), and Nabigon and Mawhiney (1996).

If they operated as an adequate support system, they would intersect, but within the Intergenerational Trauma Model, they do not, symbolizing that they are not able to support one another. As indicated by the arrows in Figure 1, intergenerational trauma pushes the four inner circles apart. The balanced existence between the four systems is thwarted by the pervasive presence of intergenerational trauma, which has prevented the four “systems” from re-establishing their former balanced and linked existence and in effect is the barrier that thwarts the reunification of the four systems.

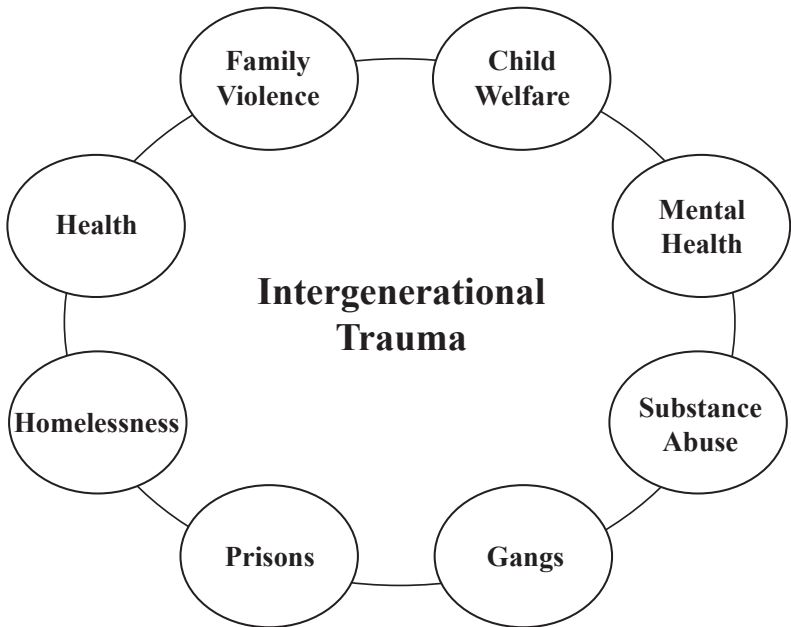
Although the impact of the trauma may be most visible in the individual, a holistic approach — as presented in this model — suggests that trauma affects all the four spheres. Within the context of the healing process, it is important to help the client contextualize their experience in the public policy domain by providing an understanding of how these public policies have impacted their lives, including their families, communities and nations. Issues like residential schools, Indian Act, child welfare, racism and the sense of dependency on government should be explored within the context of their lives. By allowing client to see the issues confronting them through a public policy lens gives them a sense that it was not issues of personal or genetic factors that contributed to their situation, but an array of public policies that shaped and defined their lives.

Macro Intergenerational Trauma Model Perspective

From a macro perspective, the model below (Figure 2) would provide another lens for social workers to look holistically and historically at the conditions that have impacted and continue to impact Aboriginal peoples. Traditionally, social workers use theories such as structuralism, systems theory, and the ecological model to help them understand the social forces that influence individuals, families, communities, and nations. This model allows the social worker to see the relationships between social service agencies and Aboriginal people experiencing intergenerational trauma. The model is meant to assist the social worker to move away from traditional assessments and consider that many Aboriginal peoples were and continue to be involved with many social systems because of unresolved past traumas. When individuals have not dealt with their trauma then it is most likely that they will become involved with other systems such as justice, homelessness, child welfare, treatment centres, and mental health.

This model may not explain schizophrenia or chemically induced mental health, however, it requires the social worker to look at how the assimilation policies had and continue to impact the individual, family, community and nation at multiple points. It is not meant to look at the individual as being separated from society, but to examine the behaviours in the context of past and present public policy. The model provides another paradigm when considering Aboriginal issues from a broader context.

Figure 2



Conclusion

Many studies on Aboriginal mental health have not acknowledged the psychological impact of social policies on Aboriginal peoples throughout Canada. This study demonstrated that intergenerational trauma can be an explanation for the array of mental health issues that are faced by Aboriginal peoples. The indicators can help the mental health worker in a therapeutic or counselling relationship. These indicators may also be helpful

in understanding other social issues confronting Aboriginal peoples, such as family violence and substance abuse. As a result, mental health practitioners who focus their interventions with Aboriginal people on either personal or systemic issues will not adequately address the needs of their Aboriginal clients. We need to acknowledge the role of public policy in severing the physical, mental, emotional and spiritual ties between Aboriginal peoples, and consider the implications of intergenerational trauma on individuals, families, communities, and nations. By exploring the indicators of intergenerational trauma in mental health settings, we will be in a better position to work effectively with our people.

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