

Vicarious and Intergenerational Trauma: Critical Ethnographic Perspectives Turcotte's Aboriginal Focusing Oriented Therapy

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I. Introduction

It has been a tradition in my family to tell our story both for a reflexive grounding, and to further the argument now prevalent in critical Indigenous studies that lived and intergenerational experiences hold interesting and valuable insights- particularly for the healing of Aboriginal¹ peoples. As the work of Nadasdy (2003), Silva (2004), Smith (2005) and Valaskakis (2005) demonstrates, lived and intergenerational experiences provide fertile ground for critical and ethnographic explorations- whether generated with research participants, or shared by the scholar or ethnographer themselves. In this chapter I offer a perspective on vicarious and intergenerational trauma (VIT) rooted in both anthropology and critical indigenous studies, and refracted through lived and intergenerational experiences of the Métis branches of my family tree. In the tradition of Valaskakis (2005), I make use of autobiography and intergenerational narratives as legitimate sources of knowledge and truth, in this case in the exploration of Turcotte's Focusing Oriented Therapy (AFOT) as a methodology for healing that is culturally relevant, historically sensitive and politically timely for Aboriginal peoples in Canada. In making my positionality clear, Turcotte is my mother, and I have witnessed her teachings in classrooms and communities over the past decades. In this chapter, then, I also draw on indigenous methodologies of generating and transmitting knowledge with and through family, intergenerationally.

The legacies of colonization and the continued oppression of Aboriginal peoples have resulted in a high degree of complex trauma among Aboriginal children, families and communities across Canada. This is particularly evident in the Aboriginal Child Welfare System, as I experienced during more than 15 months of consecutive ethnographic research at a large Aboriginal organization for Aboriginal Child and Family Services in Vancouver, BC. Because of the historical complexities involved, the traumas of Aboriginal families in the child welfare² system may be lived, vicarious and/or intergenerational. Within such relational and layered webs of trauma, both our lived experiences and the intergenerational experiences of our ancestors provide valuable insights for the healing process. As these lived and intergenerational experiences are cultural in nature, culturally relevant practices and approaches are most effective in healing, protection, growth and wellness.

¹ Note that "Aboriginal" is the political designation for Indigenous peoples in Canada, and comprises First Nations, Inuit, and Métis peoples. Aboriginal peoples in Canada were historically confined to *reserves* (rather than *reservations*, as in the US), are organized into the imposed colonial form of governance know as the *band* (rather than *tribes*, as in the US).

² Note that the terms "Child Welfare" and "Child and Family Services" will be used interchangeably here.

I will argue here that Turcotte's Aboriginal Focusing Oriented Therapy (AFOT) presents a range of skills useful for interpreting and navigating complex trauma for clinicians, community members, researchers, and others working in Aboriginal contexts. AFOT is culturally relevant, historically sensitive, and politically timely given the demographic shifts in Canada making young Aboriginals (those with some of the highest degrees of complex trauma) the fastest growing segment of the Canadian population.

II. Vicarious and Intergenerational Trauma: The Case of Aboriginal Child Welfare

Trauma is a response to particular forms of human experience, ranging from the sting of hurts from being treated unfairly by a friend or colleague, to full blown Post Traumatic Stress Response. Trauma has the power to modify how our brain is organized, how our feelings are experienced, and how our actions materialize in the world around us. This affects multiple dimensions of the human relationships in which we engage, and holds keen potential for passing important trauma information/knowledge on to those with whom we closely interact.

Vicarious trauma refers to trauma that is held in a person's body, but that is not derived from their own life experiences. In essence, they are experiencing someone else's trauma vicariously. Vicarious Trauma may take many forms, such as: a symptom; an emotion (rage, depression, anger, suicidal ideation); a piece of memory or flashback; complex trauma (may have a whole lot of emotions tied to it); mental illness; or physical Illness (Turcotte). Our empathic skills as human beings can be so great that it is as if we are actually experiencing what another is going through. This is facilitated in the brain by means of Mirror neurons- we are wired to connect (Goleman, 2006). Children may not have clear self/other boundaries and may not be able to differentiate between what happened to them or another.

Clinical observations and empirical research have shown that the consequences of trauma are not limited to the persons immediately exposed to the event, and that they may affect significant others in their environment (Dekel & Goldblatt, 2008). Terms used to describe this phenomenon are not limited to vicarious trauma, but also include: secondary trauma, secondary traumatic stress, secondary survival, traumatic countertransference, multigenerational trauma, historical trauma, and intergenerational trauma. The concept of VT developed in the 1960's from the study of the prolonged effects of Jewish Holocaust survivors and their families. The subject remains one of considerable controversy. The area of study now includes survivors of: natural disasters, Japanese internment camps, War, Residential School, and child abuse (Frazier et al., 2009).

Danieli (1998) discussed the transmission of trauma as occurring through: 1) 'Conspiracy of silence' (Children may create their own myths about the traumatized parent(s) and subsequently act in accordance with those myths); 2) identification (trauma and its impact may be passed down as the family legacy); 3) over-disclosure; and 4) Re-enactment. Kellerman (2001) summarized four commonly described modes of

transmission according to various psychological models: 1) Psychodynamic theory contends that trauma is passed to the child through the unconscious absorption of repressed and un-integrated trauma experiences; 2) Socio-cultural models focus on the direct impact the parents and social environment have on the child, as the child learns vicariously through observation; 3) The family systems model focuses on communication between generations and the degree of enmeshment that occurs; and 4) Biological models draw from increasingly complex scientific discoveries such as that of mirror neurons. Goodman & West-Olatunji (2008) have argued that It is critical that we augment traditional trauma assessments to include Vicarious and Intergenerational Trauma.

Trauma is overrepresented within Aboriginal families in Canada. The disenfranchisement of Aboriginals from their lands and resources (McDonald 1994; 2004), colonial imposition of the reserve system and Band form of governance (Steckley and Cummins 2008), residential schooling (Milloy 1999), and the Aboriginal Child Welfare system (Fournier and Crey 1997) have each left legacies of trauma that remain in the lived and intergenerational daily experiences of the vast majority of families that make up the diverse Aboriginal cultures and societies of Canada.

Canada's Aboriginal peoples comprise the nation's youngest and fastest growing population. Between 1996 and 2006, the Aboriginal population of Canada grew by 45% (compared with 8% for the non-Aboriginal population), and 48% of Aboriginal people in Canada are less than 25 years old (compared to 31% of non-Aboriginals). Between 2001 and 2026, the population of Aboriginals between 15 and 29 is projected to grow by 37% compared with 6% for the general Canadian population. Close to 70% of Aboriginals in Canada now live off reserve, and 55-60% of Aboriginals live in urban areas (Statistics Canada). The Metro Vancouver Aboriginal Executive Council (MVAEC) estimates that there are 40,000 Aboriginals residing in the Greater Vancouver Regional District (GVRD), representing more than 100 Aboriginal communities across Canada.

Inter-generational trauma is something that is both uniquely individual and inextricably collective. Passed along and picked up throughout the ages by the sensitivity and compassion of the human spirit, inter-generational trauma is internalized differently by each who is willing to reach out and be scorched, to co-carry the burden and wisdom of trauma. For me, focusing-oriented approaches provide expansive and culturally sensitive models for the interpretation and treatment of trauma. The witnessing of trauma can be as powerful as being directly hurt. This is also true for inter-generational trauma. As my mother has written, she, as a child, swallowed a great deal of both her father's rage and her mother's depression. If she had not taken on a compassionate role, life for her family may have been much worse. And yet resolved trauma can be traumatic for those who do not understand its origin or possibilities for resolution. This is a lesson I have worked out through my own experiences with inter-generational trauma.

There is a high degree of vicarious and intergenerational trauma present in Aboriginal families involved in the Aboriginal Child Welfare system. In British Columbia, and elsewhere across Canada, Aboriginal children in foster care continue to receive less funding, experience more instances of abuse and neglect, and are at

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significantly higher risk of substance abuse, mental ill-health, suicide and incarceration than their non-Aboriginal counterparts (Blackstock, **date TBA**). The overwhelming majority of Aboriginal children in foster care continue to be placed in non-Aboriginal homes, without (or with limited) access to their biological families, ancestral communities, and culturally relevant practice. Despite the statistics on Aboriginal populations in Canada, Cindy Blackstock has noted that the Department of Indian Affairs and Northern Development supplies 22% less funding per child to the Aboriginal branch of foster care than the average province provides for non-Aboriginal children in foster care (Blackstock, **date TBA**).

Turcotte explains that recognizing vicarious or intergenerational trauma (VIT) in others requires deep attuning to the emotive states. Emotions that seem too big for one person to hold alone or sensations that don't seem to 'fit' the person are indicators of the potential presence of VIT. You may also find many things occurring at once for a person. This is often evident through language of being flooded or overwhelmed (Turcotte **date**). As members of the Aboriginal community it is critical to be aware of these forms of trauma.

III. Lived and Intergenerational Experience: Telling Our Story for Healing and Knowledge

My mother, Shirley Turcotte R.C.C., a Métis counselor/knowledge keeper and healer in her own right, is perhaps best known for her appearance in the National Film Board (NFB) of Canada's *To a Safer Place* (1986). I have fond memories of an afternoon at a café on Amsterdam Ave in New York with Beverly Shaffer, who directed the film. As Shaffer recounted to me, the NFB at the time was conducting a documentary series on women who had stepped outside of traditional gender roles. Turcotte was identified as a possible candidate for the series because of her work as telecommunications technician with the Bell Canada telephone company in Toronto, Ontario. As Turcotte began to share the story of how she had gotten from small farm in rural Manitoba to eventually Engineering Manager, it became evident that there was much more to her than meets the eye. For Turcotte, telling her story was the beginning of a process of healing not only for herself, but for the patients and communities that continue to benefit from the knowledge of her lived experiences. She was not interested in doing a film on technology and women, but passionate about the welfare of children.

Some of my earliest memories are of my first home, around the age of two, during the production of *To A Safer Place*. The production and aftermath of the film was perhaps one of the most transformative events for us as a family. I can only imagine the flood of memory and feeling that surfaced for Turcotte during the making of the film. This dynamic undoubtedly had influence upon me, as my mother revisited the personal trauma of her past because of her personal and professional commitment and interest in addressing child sexual abuse in Canada that is also a serious issue amongst and affecting Aboriginal children, families, communities, and nations.

Because the documentary *To A Safer Place* was the first film of its kind, our lives were filled with the 'fallout' of going public on our Nation's secret epidemic of Child

Sexual Abuse. Our phones and our mailbox were constantly filled with both positive request and angry recriminations. The little film had become an international success. *To a Safer Place* somehow remains timely, and continues to be used in curriculum and training for trauma work in numerous languages. The film will forever speak traumatic truths in intimate ways. Where there was praise of *To a Safe Place* there was also opposition, resentment and denial. Turcotte had to leave her career in Telecommunications Engineering; family members were stalked; and we were a family 'under siege' for about five years. It impacted our economy, our sense of safety and our family time. As Turcotte often reminds her students, the knowledge she derived from her own lived experiences of complex trauma directly contributed to her understanding of what is required to work with complex trauma.

Turcotte is also quick to say that sharing our story was to teach and share, and not to spill our private details. For example, details about her Aboriginal ancestry were not disclosed. She did not share these details because she did not cherish her ancestry, but because the mentioning of it would have made child sexual abuse in Canada an 'Indian problem,' rather than a problem that we all share across peoples and nations. Clearly, child sexual abuse is a larger social problem, affecting Canadians in general, not just Aboriginal peoples and communities.

The experience of making *To A Safer Place* directly impacted the development of Turcotte's understanding of and approach to trauma. In the years that followed, my mother began a private practice in our second home. I can recall her asking me to be courteous and quiet upon my return from school, and I often remember hearing her clients in session. Although her office was on the lower floor, when her clients were emotionally loud their voices would travel through the heating vents. I could never understand exactly what they were saying, though their message felt clear on some non-linguistic level. Our home was always filled with social activism and the pulling of survivors out of treacherous waters. If people were not working out their personal trauma, they were working on other healing efforts for trauma in our precious home. People would be working on writing projects, designing training programs, practicing workshop ideas, being clinically supervised, and on and on it went.

There was every type of person moving through our home, be it homeless people, Indian Chiefs, lawyers, single moms, feminists, rich people, poor people, professors and plumbers- representing a broad range of cultures, classes, genders and sexual orientations. There were male survivors, female survivors and children too; sometimes whole families. I am sure I got a lot on me, so to speak. I could feel their wounds and their wisdom in my own body and carried them with me emotionally and vicariously for many years- learning from them and hurting some too.

I have participated in many of Turcotte's workshops on complex trauma. On several occasions I have offered my story as a live example to her students. Feedback from numerous that my participation had been greatly helpful to them is what has prompted me to share some of *my* story. It is my hope that the descriptions of my and my family's experiences in this chapter will be of use to: 1) clinicians seeking to gain further

understanding of focusing-oriented approaches to complex trauma; 2) those who have experienced complex trauma- either in their personal lives, or inter-generationally, and who seek to use Focusing Oriented Therapy (FOT) as a process for resolution; 3) and, last but not least, for those who conduct research, work with or live with people who have experienced significant trauma.

It was not until my second year of post secondary education at Lanagara College, during a non-fiction writing course, that I began to wonder about the impacts of my family history upon my person. The course required that students write non-fiction essays on their personal lives and experiences, and I began to reflect on my childhood and family. Though in a department of English, this was my first academic experience in higher education that drew on autobiography as a source of legitimate knowledge. It was also this course that prompted me to watch *To a Safer Place* for the first time. I remember being incredibly moved by the film, an experience common to most who view it. The biggest difference for me, I imagine, is that *I am in* the film. Not long after my first viewing, I became much more curious about AFOT as a means to identify and explore my own experience with vicarious and inter-generational trauma, as well as to better understand my family history (both maternal and paternal).

More recently, FOT has become a lens I may take up to explore various aspects of trauma within the lives of my family, myself, and those with whom I work and/or conduct ethnographic research. It is my hope that my own personal explorations may communicate the effectiveness of AFOT as a methodology for healing that culturally relevant, historically sensitive and politically timely for Aboriginal peoples in Canada.

Turcotte invited me to attend one of her certifying programs in Aboriginal Focusing Oriented Therapy. It was in this program that I met Shaun Phillips, certainly one of the most skilled and gifted FOT therapists who I have had the pleasure and benefit of working with. I have been led in FOT by Phillips a great deal throughout the years. I can recall one of our sessions in which he used a technique that Turcotte refers to as ‘the paper exercise’. I had been sitting in that deep bodily centered place for which focusers strive. I was connecting with various felt senses of despair, deep grief and anxiety.

There was a quality to my focusing and internal experience that day that felt as it was in me, but not of me. It seemed too big and too overwhelming to be of my life somehow. Although my own life had its struggles, our home was genuinely a respectful and happy home. I had not had such serious traumatic experiences that would relate to the largeness of what I was feeling in my body. I had somehow picked this up along the way and it was very painful and debilitating to be holding it- though I did not realize this at the time.

There was a lot of confusion there in that place, those feelings which I found in myself during that session. There was a lot of anxiety, uncertainty, and unknowing. Phillips handed me a piece of paper. And without breaking the implicit connection unique to focusing, he asked, “Can you take this piece of paper? Can you hold it and then just check in for a moment? How much of that feeling there is yours?”

He asked me to tear the paper into parts and to connect with the part that felt was genuinely of me and not in me.

After a few deep breaths, my eyes more or less closed, I tore the piece of paper. Down there, in that deep internal place, there was the knowledge that less than one-fifth of those feelings were actually mine. It was a tremendous relief, and then a tremendous bodily shift and release. It was as if with the realization and recognition of this knowing, my body vented years of feelings that I had tanked for so many people healing in my mother's office. The simple knowledge that the felt sense bodily feelings weren't mine was all that I had needed to let them go. In an act of compassion I held and shared the pain of my mother's clients for many years. It was time to let go. I describe this focusing experience because those of us who struggle with trauma often experience the trauma of others, vicariously, and not only emotionally, but physically. I am convinced that one positive aspect of AFOT is the potential healing value of it for trauma workers. In Aboriginal communities, all of us are impacted by historical and intergenerational trauma and thusly, we are made vulnerable to vicarious trauma from the experiences of those we work with and serve and need methods to protect ourselves and heal from the impacts of secondary trauma.

Turcotte explained that experiencing and taking on the trauma of the other is an act of implicit compassion and the one of the most important ways in which people help carry each other through the world. She explains that compassionate human beings are designed to help others, absorb and carry their traumas and relieve them of the traumatic burden when it is too large and thusly to nurture community and family. It is what she describes as a sacred communion of sorts. It helps to improve our awareness of when and why we are looping and absorbing others and to set the vicarious down when the time is right. It is a natural human bonding process and is essential to long-term survival of humanity to at times be an emotional helper.

In 2007, Turcotte invited me to participate in a workshop in Manhattan for the Focusing Institute of New York. She suggested that I sit in as a living example to demonstrate some of the complexities of inter-generational trauma. In considering how I might demonstrate the impacts of such trauma in my life, I came to several realizations concerning the social nature of trauma, and its role and impact in person, family, and society. My mother had done the vast majority of her healing before I came into her life. Yet as a child, as I pieced things together- a conversation here, a film there, a book there- my own internalization and interpretation of the client traumas present in our home took on a personalized shape and meaning for me.

While riding the New York subway with my mother, from my two room shoe-boxed apartment near Columbia University to midtown, I had an experience that I later used as an example for the Focusing Institute workshop. While engaged in conversation about inter-generational trauma, my mother made the simple action of placing her hand on my thigh. It was a loving gesture. It was a simple movement that might naturally occur between any mother and her son. Yet I felt a growing sensation within me.

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Insert something on Mirror neurons here?

I had already been in a deep place and was focusing to think about how inter-generational trauma had affected my life. Quite quickly I became overwhelmed with a kind of sexualized anxiety, and felt small and helpless for just a moment, before taking a breath and realizing what had happened. I have never been sexually abused, yet I was somehow experiencing or sampling the terror feeling that comes with the anticipation of such an acts. I was somehow experiencing a piece of what my mother must have felt over and over again as a child, and then as flashbacks in her later years. I was experiencing her earlier world first hand. It was as if that experience/knowledge was coming forward at just the right time to inform me for my next day's presentation; a little unnerving, although it may have been. This experience is just one example of how the trauma of my mother's past has touched me. This sort of transference can take some work to overcome and identify

I should say that while this chapter has focused on the impacts of my mother's trauma upon my life, there have certainly been additional influences in my positionality. I have tried to use examples from my relationship with my mother, as her story is well known, and I believed they would well demonstrate the transference of emotion and knowledge inherent in inter-generational trauma. Clearly these are enormous positive aspects of my mother, Turcotte's influence on me and some of this positive derives from her overcoming her own trauma and the effects of trauma in her life to the point where she developed a commitment and a process to help heal other survivors of trauma. I reserve the discussion of my father for another time. I would simply like to acknowledge his part in my path to healing and success. While the story does not appear on the pages here, it is certainly not forgotten in both a cognitive and a bodily way.

Despite the difficulties that emerged for me around this awareness, there was also a deep sense of knowing. With inter-generational trauma, with the knowing of what a child and a family are capable of, comes a deep acknowledgement and appreciation for family wisdom and knowing, as well as social action and movements that is born from this wisdom and knowledge. Trauma and inter-generational trauma directly moved my family to social action and compassion. It has shaped how we think, how we feel and what choices we make in how we live our lives. This certainly extends beyond family and into community, as trauma has been a central aspect of the history of so many peoples and nations.

IV. Aboriginal Focusing-Orientated Therapy (AFOT) and Vicarious and Intergenerational Trauma

The knowledge that we absorb as children is not often directly noticed by us. For me, this is where Focusing-Orientated Therapy (FOT) becomes particularly useful. Focusing-Orientated Therapy provides a conscious means by which we may revisit these thoughts, feelings, body knowing and information, interpreting our own life histories and person, and recovering knowledge from our ancestors, our communities, our families and our personal experiences. By being an observer we can sense inward and wade through the mire to discover our 'self' in relation.

Turcotte's work combines Gendlin's Focusing with indigenous healing perspectives, challenging and enriching our understandings of complex trauma. Through Turcotte's persistence, both nationally and internationally, this synthesis (Aboriginal Focusing Orientated Therapy) has proven particularly effective in resolving post-traumatic stress response, residential school syndrome, suicidal intent, and a host of other issues facing communities across Canada, the United States, and elsewhere in the world. Initially, when developing her particular method of Focusing-Orientated Therapy, Turcotte embraced the brilliant works and teachings of Eugene Gendlin, who captured the implicit movements of people 'righting themselves' and 'finding their way home' from complex inner suffering (Gendlin, **date**).

Gendlin's methodology of teaching this inner process provides psychotherapists and other clinicians with powerful and expedient tools for helping clients reach their own inner resources to resolve inner conflict and pain. By incorporating his teachings along with her deep understanding of complex trauma, Turcotte was able to make huge strides in helping people move through trauma with dignity and elegance. Being of mixed ancestry (Métis) allows her to move between cultures with relative grace and ease, living in two worlds at one time- while being acutely aware of a third world, with many native inhabitants existing somewhere in between First Nation and non-First Nation culture.

Turcotte's approach of Aboriginal-oriented Focusing Oriented Therapy (AFOT) is particularly illuminating in regards to vicarious and intergenerational trauma (VIT)- and complex trauma, more generally. Turcotte points out that managing vicarious and intergenerational trauma on a daily basis in your community requires identifying vicarious and intergenerational trauma. It seems a simple statement, but there is little training available in Aboriginal communities to build awareness of such trauma. Once identified, VIT must be demarcated. That is to say, the amount of a person's experienced trauma that is their own, and the amount that is vicarious or intergenerational must be clearly demarcated. Finally the vicarious and/or intergenerational pieces must be set down so that the person, family, community or nation may move forward. Setting it down, Turcotte explains, is a process that must be client centred and therapist driven (such a AFOT), and helps the client to recognize the role they played:

- "what does that say about you as a person?"
- continue to attend to the implicit
- "Where can you place that?"
- notice the shift in the client
- "Is there more?"
- Heal the relationship- "What happens there now?"
- Symptoms will slowly lift as the client integrates that experience
- Understanding context- past, present, and future
- Ritual can be very helpful

(Turcottes AFOT Course, The Justice Institute of British Columbia).

When practicing Aboriginal FOT, the clinician is guiding the client through self-ceremony. Many of us can also lead ourselves through self-ceremony this way. In broader social settings, ceremony provides the same ancestral grounding for a group of

people that focusing does for an individual or dyad.

I think we are coming to a place where psychology, philosophy, neuroscience, and anthropology converge in striking ways around the notion of trauma, as an aspect of social intelligence/knowing- or at least this is my hope. In this view, trauma and inter-generational trauma can be seen as a diverse and adaptive dimension of human ecology, experienced, carried, and passed between people and across generations. Post Traumatic stress can therefore be balanced, by Post Traumatic Growth.

After my time studying the technical “ins and outs” of AFOT, I became interested in other psychological and therapeutic methods. For personal development and exploration, I have explored and experienced several of these forms, ranging from Cognitive and Behavioural based therapies to Indigenous healing practices, such as smudging and the sweat lodge. Each has their strengths and weaknesses in accordance with personal context and objective. Yet for me, the most powerful and awe-inspiring processes for dealing with the complexities of trauma is Focusing Oriented Therapy along with Indigenous healing practices. **(To be expanded: AFOT as self ceremony).**

Indigenous healing practices tend to be land-based; greenspace and wellness; skills from AFOT in broader daily practice; Diverse approaches for diverse peoples- we need a variety of techniques.

While I understand the feeling and practice of Focusing well, I must confess that I still have many questions about exactly what goes on during the process. It would be fascinating to see the results of a study on Focusing with MRIs. And yet the mind can no longer be thought of as a uniquely personal space, but must be recognized as continually engaged in a variety of social relations. In this statement I echo the work of the late psychological anthropologist Gregory Bateson, who argued for an ecological understanding of mind, emotion, and person (1972, 1979).

For Bateson, while people are physically separate and distinct, their thoughts, emotions, and very consciousness are the product of relationships with humans, non-humans, environment, technology, ideas, language, and signs. In *Steps to an Ecology of Mind* (1972), Bateson challenged dominant notions in anthropology and psychology, calling for attention not to people, but to the relationships within and between them.

Bateson’s notion of the *ecology of mind* has striking parallels with emerging discourses on social intelligence. Discoveries such as the mirror neuron increasingly bridge the gap between the “hard” and “social” sciences. I would argue that such discoveries tend to reveal the futility of the nature-nurture debate. Mirror neurons reveal that it is not simply nature *or* nurture, but rather nature *and* nurture. I am reminded here of what Turcotte often refers to as the Indigenous notion of “and-and.” (Brief endnote describing and-and) Focusing Orientated Therapy does not privilege cognitive knowledge *or* bodily knowledge, but rather recognizes the importance of both: and-and.

I have come to see FOT in a similar way: as a sort of check up into our own

person, which is itself inseparable from the world around us. Focusing Orientated Therapy allows for readjustment in our personal, socio-cultural, and ecological relations. It allows us to visit, consider and process the information that we accumulate daily, as well as to learn from and reconcile with difficult issues such as trauma.

With the recent discovery of mirror neurons and the growing understanding of social intelligence, trauma is revealed as a fluid and dynamic social reality, which stretches across the ages. Healing, then, becomes more than a personal journey between client and clinician. It stretches into the realm of family and community, challenging current strategies for reconciling histories of colonization and trauma.

One of the wisest things that I have heard Turcotte repeat at her many workshops and programs is that it is okay not to have had parents, if that is how it went. You can't change what was. It is doable, she explains, because each and every one of us could have been raised by a single blade of grass, if that is what was required. This statement, as with all metaphors, is open to a variety of interpretations.

V. Culturally Relevant Land-Based Practice as a Pathway to Healing and Knowledge

Interaction with gardens and natural spaces offers a variety of mental, physical, emotional, spiritual and social benefits for humans, ranging from stress reduction, quicker healing, and mitigation of Attention Deficit Disorder in children to decreasing crime and air pollution. Frances Kuo (**date**), at the University of Illinois, conducted a study of 28 identical high-rise public housing projects. She found a significant difference between those in the projects living near green spaces and those who did not. Among the former, these differences included: (1) a stronger sense of community; (2) better coping with everyday stress and hardship; (3) less aggression and violence; (4) better performance on tests of concentration; and (4) management of problems more effectively

A series of studies by researchers over the past decade has revealed that human interaction with green space significantly impacts the following: Stress & violence reduction; Improved concentration; Enhanced Health; More rapid healing; Improved environmental conditions; Crime reduction; Increased workplace productivity; Safer driving; Economic stimulation; Positive effects on children. *Last Child in the Woods* (Richard Louv) popularized the “No Child Left Inside” movement. Louv’s book speaks to the countless benefits natural spaces have on child development. One national study of 450 children with Attention-Deficit/Hyperactivity Disorder determined that exposure to natural environments alleviated symptoms of the condition. Another study revealed that views of trees from the home improves self-discipline among inner city girls, including enhanced concentration, inhibition of impulsive behavior, and delay of gratification. After creative play in verdant settings, children overall demonstrate increased ability to concentrate, complete tasks, and follow directions.

Research by Dr. Lee Brown, Director of UBC’s Institute for Aboriginal Health, suggests that culturally relevant practice in IAH’s Teaching and Research Garden builds both Emotional and Cultural Competence in Aboriginal Youth. These competencies

nurture pride in Aboriginal ancestry through connection to the ancestors- addressing intergenerational trauma, and other impacts of colonization. Research continues to demonstrate that the teenage years are critical for cognitive, emotional, physical and spiritual development (The Nature of Things, *The Teenage Brain*). Culturally relevant land-based practice during these formative years provides youth with ancestral knowledge in contemporary ways, fostering innovation that honours our diversity rather than privileging postcolonial forms of language, epistemology, practice and relationship.

Culturally relevant practices of AFOT and ceremony connect us to the landscape and ecology around us, fostering the conceptualization of ancestral knowledge in contemporary ways and settings, communicating an understanding of territory for wellness. Territory is more than land, it is a conceptualization and set of practiced relationships to environment, ecology and people. Our relationship to territory relies in adaptive ancestral knowledge, affects continuity and change in language, and provides tools and settings for healing and wellness.

Conclusion

Turcotte's Focusing Oriented Therapy (AFOT) as a methodology for healing that culturally relevant, historically sensitive and politically timely for Aboriginal peoples in Canada. For Aboriginal youth, both AFOT and ceremony provide methods to communicate territory, and to place the youth in self-directed relationship to territory in culturally relevant ways. These are perhaps the most powerful tool for the restoration of wellness and sovereignty for Aboriginal children, families, communities and nations in Canada. Focusing, ceremony and culturally relevant land-based practice also provide meaningful tools for communicating across cultures towards honouring our diversity. It is through connection to territory that we can begin to see each other as one family tree- each family a leaf upon a branch representing a unique culture of humanity- as sacred, adaptive and resilient as the next.

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