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Part 3

West Door: Contemporary Indigenous Trauma and Healing

Chapter Eight

Injury Where Blood Does Not Flow

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Trauma and how it is perceived in some of the traditional Native worldview has some fundamental differences. As the title of this chapter illustrates there is a different root metaphor to how injury where blood does not flow is understood and it is to some of those differences that the authors hope to expand upon. The intent of this discussion is to deal with the treatment of psychological trauma, soul wounding, spirit injury and heart sickness from a non-Euro-American centric understanding as much as language limitations allow. In this manner the authors hope to allow the reader to experience a different understanding of root metaphors and to some extent a different life-world. Short comparisons between Western and Indigenous approaches to understanding injuries where blood does not flow will serve as an avenue of comparison between the life-worlds.

It is important to understand that trauma can impact the personal as well as the collective relationship to the life-world; especially when the purpose of systemic trauma is designed to destroy that life-world. Effects of trauma as manifested in internalized violence/oppression symptoms will be analyzed from the historical perspective of the ‘Indian agent,’ who continues to be a psychological factor in the daily violence and internalized oppression of many Native communities. Warrior psychology will also receive a new yet ancient discussion because the authors believes that in order to truly understand the underlying psycho-spiritual factors that interact in historical trauma and effects we must go to the source of the trauma. The source of the trauma is the ceremony of war and because war is a ceremony we must adhere to ceremonial metaphor in the treatment of trauma. Dealing with ‘warrior injury where blood does not flow’ through a different cultural lens will hopefully facilitate further understanding on the part of the reader. Final thoughts on research and clinical methodology will be offered at the end of the discussion in order to bring awareness to principles of cultural competency.

Much of what we do in the field of psychotherapy is done from a very individualistic way of understanding the life-world. Not only is our work individualistic, it is also separated from the natural world thus allowing our psychology to objectify people and problems they present within the realm of psychotherapy. In a pre-Cartesian life-world this objectification of the life-world would not have been possible. In reality there are cultures in the world today that have yet to buy into the notion that there are dualities between themselves, and the life-world. It is this lack of epistemological duality that presents many Western researchers and clinicians with difficulty. The problems that face clinicians and researchers usually have an adverse effect on the person and/or community needing help in healing the effects of historical trauma.

Therefore, in order to deal with trauma from a culturally responsive perspective that is clearly different from a Western one it becomes necessary to discuss that approach by utilizing metaphoric language that can transcend our notions of how everyone may fit into a Western mindset. Unfortunately, our field has failed extensively in the area of understanding how cultures other than the Euro-American one perceives disease models and the treatment of different illnesses although progress has been made in the recent past. One major problem standing in the way of progress in the area of cultural competency/responsiveness is that most cultural competency has to be validated by a Western empiricist method that may be totally foreign to the people and community that we are attempting to address either through research or clinical practice. A fundamental question that can be asked is: are we trying to help people from different cultures or are we trying to acculturate and assimilate them into the Euro-American way of being in the life-world? Evidence from the research world offers more than a clue and it is unfortunate that acculturation and assimilation still play a role in clinical practice and research (Duran, 2006).

Comparison of Native and Western Approaches

It may be of some utility to make some comparison of cultural models. It is important to differentiate between therapies that are ceremonial and those which are not if we are to gain root understanding of competency required to work with cultural groups who do not subscribe to Western forms of thought. It must also be understood that all forms of healing can have commonality if the healer is open to searching for the root metaphor and in this manner become more effective regardless of their theoretical orientation.

Some of the work that has been done in the area of trauma treatment has Freudian theory as its fundamental lineage and emotional problems caused by trauma are the focus of treatment (Horowitz, et al., 1997). The idea that trauma causes fixation and that it may produce some sort of neurosis is well known and this theory has validity in present day treatment settings. Classic trauma theory can be useful in cross-cultural settings if the metaphor is shifted to one that makes sense to the community in which it is being used.

In Native American healing circles trauma theory is thought of in a way that has spiritual meaning. For example, the practitioner does not tell the patient that s/he is fixated in an Oedipal issue, and s/he needs to have several years of analysis to overcome the neurotic symptoms. Instead, the practitioner may say that there has been a spiritual intrusion at a certain point of the patient's life and the appropriate balancing ceremony needs to occur. There are many different ceremonies across the vast number of tribes in the United States. Ceremonies have Tribal specific interventions that make sense to the worldview of the patient. Currently in Indian country there are also pan-Indian ceremonies that incorporate different ceremonial metaphors from different tribes that have great utility in urban areas where most of the Native people in this country live. It is within this understanding of the cosmological universe that the patient is

transported across time in order to ‘resolve’ heal, exorcise and harmonize the injury that occurred where blood does not flow. A key difference between the tribal and psychoanalytic model is that of time and intensity. In classic psychoanalysis the journey may take years. On the other hand the journey within tribal ceremony takes less time and is more dependent on spiritual intensity within a ritualistic paradigm.

One of the most popular therapies utilized presently for trauma and almost every possible diagnostic category is cognitive behavioural therapy. This form of therapy has risen to the top of therapist’s armamentarium in large part because of the acceptance of the empirical science supporting the treatment model which in turn makes this model one which is paid for by American insurance companies. One of the key components of the theory is that difficulties are caused by thoughts that have become distorted and makes the person feel symptoms of anxiety, depression or anger (Beck, 1995). Cognitive behavioural therapy attempts to change cognitions that may be interfering with the person’s life and by changing the thoughts the symptoms are alleviated (Meichenbaum, 1977, 1997).

Interestingly enough, traditional Native healers also utilize changing of thoughts as an intervention. There is a traditional Native teaching that integrates thinking good thoughts and this is used as a general intervention in individuals and communities and can be categorized as an inoculation against the mind becoming stressed. If the person is thinking good thoughts then these will counter negative thoughts and emotions and replace them with positive ones. It is apparent that cognitive behavioural techniques are part of Native healing. One of the key differences between the Western based treatment and the Native method is that in the Native based approach the whole community participates and the technique is only a part of a larger life changing intervention that will be discussed later.

Another widely used Western method is eye movement desensitization reprocessing (EMDR). This method developed by Shapiro (1989) attempts to desensitized traumatic memories through eye movements. EMDR has been effective in the short term but therapeutic gains are not maintained over a six-month period (Deville, Spence & Rapee, 1998). In Native Traditional healing there are similar techniques that are used by healers. Patients are fanned with feathers from eagles or other birds considered sacred in patterns that may appear to be similar to EMDR. The rationale for the technique is different than the rationale for EMDR since it is theorized in the Native setting that spiritual energy is being harmonized in a manner that will neutralize the negative effects of trauma on the patient. The fanning along with the smoke that is used forms a therapeutic environment for the patient in which they are encompassed by a sacred container. Within this container the patient can experience the trauma and then be able to establish a different relationship with the different spirit energies that continue to give the patient symptoms as well as with the spirit of the trauma itself.

In the above comparative examples it is apparent that there are similarities in the techniques. The underlying theory or rationale for the techniques is different when comparing the Western and Native traditional approaches, and the differences emerge from long established cultural root metaphors. These cultural root metaphors guide and dictate how the life-world of the culture impacts all the cognitions, behaviours, and general life of the person in that particular culture. Therefore, just providing technique based interventions without the subjective understanding of the life-world of the patient and community will decrease the effectiveness of the intervention and at times cause more problems to the community because of the loss of faith in Western based empirically validated interventions (also known as best practices).

Implications of Historical Trauma

If we are to make significant gains in the area of cultural competency it is critical that we begin to embrace a philosophy of epistemological hybridity (Duran, Firehammer, & Gonzalez, 2008). The type of hybridity that is needed is one in which we as a discipline become empowered in a manner in which we are able to let go of paternalistic mindsets that keep us mired in out-dated paradigms and therapeutic fundamentalisms. An example of the paternalistic mindset is when we refuse to integrate any form of treatment that has not been approved by Western empirical methods rooted in logical positivism. Many of the present 'culturally approved' therapies fall within the positivistic paradigm and continue to alienate people in Native communities.

Two cultural metaphors that need to be explored in order to bring added cultural understanding and bridging are healing and curing. Within Native therapeutic theory there is the notion that suffering may be an important ingredient in the process of life development (Duran, et al., 2008). On the other hand, especially in the American cultural context, people are expected to attack their illnesses and be rid of them quickly without questioning what the illness or discomfort may be trying to teach them as far as their life's developmental journey. Western medical models are philosophically rooted in adverse reactions to presenting problems i.e. get rid of the illness, or problem facing the individual or community (cure the problem). In traditional Indigenous worldviews the person with the issues is taught to bring harmony through relationship to the problem or sickness.

This understanding of suffering includes traumatic events. Within Native traditional healing it is not enough to be rid of the symptoms that are present because of trauma. A key component to healing is a deep understanding of why the trauma may have occurred and what

type of life lesson is embedded in the suffering and the event itself. In Western therapeutic circles the task is to be rid of symptoms either by using some of the mentioned therapy methods, or medicate the symptoms away through pharmacological or illicit drug use. In such cases, there may be a therapy that has empirical validity as far as effectiveness but these interventions may fall short of bringing the balance and harmony to the life of a Native American person who is seeking existential understanding more than relief of symptoms.

Another root epistemological belief system is the Native philosophy that we do not exist separately. This belief system has direct implications to the understanding of trauma and the treatment aspect of trauma. Many of the tribes in the United States and in other parts of the world have a deep understanding of what is known as the collective soul wound and has recently become better known as intergenerational or historical trauma (Duran, 2006). In essence, historical trauma is a collective trauma that has been suffered by a group of people because of historical events that were destructive to the physical, spiritual and psychological life-world (Danieli, 1998). Some of the collective health problems in Indian country can be attributed directly to the collective traumatic historical events that led to the trauma (Duran, 2006).

Interestingly enough, researchers have collected empirical data that sheds new light on historical trauma. The research serves as a form of validation to a reality that the Native community has known for decades. This type of research can be very useful to Native communities because the research can start paving the way to bring in the type of help needed instead of systemic interventions based on medically diagnosed symptoms alone. The research indicates that a high prevalence of historical trauma is routinely manifested in ways that undermine the collective health of communities in Indian country (Whitbeck, Adams, Hoyt, & Chen, 2004).

Recently, Native communities have begun to deal with the effects of collective trauma by developing collective community healing ceremonies. Whole tribal communities are invited to these collective healings and the collective history is revisited. One of the profound results of these community therapeutic interventions is that individuals as well as the communities realize that the problems are not inherent to the culture. Instead, the problems facing the community have a socio-historical component that must become part of the therapeutic process if the community is to move forward in a healthy way. The community therapy involves the creation of a community genogram that follows the history of the tribe back to creation and all of the traumatic events are listed in the genogram. Therefore, the community becomes aware of the trauma that may have occurred 300 years ago and how this may be impacting the community and individuals at the present time.

After the community collective genogram becomes part of the community awareness, members of the community will stand in front of the community and bear witness to the trauma that they have specific knowledge about. This becomes especially intense if there are people in the 'community healing' event who may be descendants of the perpetrators of the trauma. As part of the process there is a ceremony of forgiveness and reconciliation, which is healing to both the injured and those who caused the historical injury. Ceremonies are being developed to deal with these situations across communities and tribes in order to have the healing needed from collective trauma.

Once the community healing ceremony is completed then there must be opportunity for individual healing addressing problems and symptoms associated with individual trauma. These therapies must be done with the mindset that socio-historical factors are crucial to the trauma as well as the healing. The individual needs to understand that some or all the individual trauma

may also be directly linked to the collective traumatic events. For example, there are instances where people seek help for violent behaviour. It is critical to take the patient through their history and explore where and how the violence was first experienced as a collective historical event. By taking the patient through this socio-historical journey the patient is able to objectify the violence and not identify with it. Much of the time in therapeutic circles Native patients are diagnosed as violent and left with the impression that this is who they are as defective Native people. Even though the therapy may have passed the test of evidence based treatment, it is obvious that the therapy can ironically serve to pathologize Native patients and ensure that Native patients continue to blame themselves and perpetuate a cycle of dysfunctional living and suffering (Duran, 2006).

There is a critical spiritual root metaphor that must be addressed in the actual defining of trauma from a non-Western cosmology. Most Western approaches view trauma as an event that harms the person physically and this carries over into the psychological realm. There are also instances where the trauma is purely psychological and proceeds to bring symptoms to the person who suffered the trauma. In Native psychology and cosmological life-world there is an additional component to the physical and psychological, namely the spiritual aspect of life. In addition to believing that there is a spiritual component, it is believed that no trauma or injury can occur without it having impact on the spiritual aspect of the personality. The fact that there is a spiritual injury in the trauma episode moves the discussion into the realm of spirits and sorcery. Spirits and sorcery are more than metaphors for most Native people who still live in a Traditional life-world. Spirits and sorcery are real entities or psychological energies/complexes that influence the lives and environment of all beings.

Sorcery is a word that does not get much attention in our discipline and this fact is one of

the challenges to working with Native People and other groups who subscribe to a more spiritual understanding of the world. By simply applying the language of psychology to a worldview that understands trauma from a different standpoint can only add to the trauma via the therapeutic intervention. If the therapist is not willing to shift his/her metaphoric view of the world towards that of the patient, then the therapy will not be as effective as it may be if the worldview of the patient is the center of the treatment process. Simple logic dictates that the trauma is compounded when the patient is not understood in their psychological life-world and the ability to heal is greatly impaired (Duran, 2006). Professionals who choose to not change their view of the world when working with Native people are part of ongoing neo-colonialism and their work has been characterized as clinical racism (Duran, 2006). This type of activity by professionals continues to add to the existing historical trauma that impacts the lives of Native people.

Even though the logic of perpetrating the trauma circle via therapeutic intervention is obvious it occurs on an ongoing basis in health settings in Indian country. Most therapists working in Native communities (which have belief systems that are not congruent with the Euro-American psychological community) get all of their training from institutions that are not cognizant of how the Native Psyche experiences psychological injuries where blood does not flow. If a person or community is experiencing several generations of historical trauma, then the lack of understanding from the treatment professional will only add to the historical trauma and solidify the feelings of alienation and lack of identity on the part of the patient. Alienation is part of the dynamics of not having a voice for your experience of the world and being told that what you believe is not valid—this is traumatic and causes injury where blood does not flow.

When the identity of the patient is attacked via the treatment process there is further depersonalization and therefore makes it that much more difficult to make a therapeutic alliance

which is the *sine que non* of the healing endeavour. If the personality of the patient is split by the violence and trauma imparted by the lack of understanding of the therapist the already split ego becomes even more fragile and the patient will more than likely drop out of treatment and seek self medication, searching for some form of relief. In reality this may bring about a demise of the person and traumatize the community with new hopelessness by reinforcing the belief that things can only continue with no relief in sight.

Oppression resulting from violence is a factor that impacts how a person and/or community reacts to trauma. Historical trauma is an ongoing process that manifests as internalized violence and oppression in Native and other communities as the effects of the trauma are internalized. The fact that people and communities live in an ongoing traumatic/oppressive life-world has brought on a process of desensitizing that allows the person to at times become unaware to smaller trauma and only reacts to the more dramatic and devastating traumatic events. Because of the process of desensitizing the community/individual, it becomes very difficult to develop strategies that would address the ongoing daily healing from historical and other cumulative traumas. Essentially the community/individual is in a situation in which most interventions are of a crises management nature.

The long-term effect of living in ‘crises mode’ is that it keeps us from being able to create a more meaningful life-world and quality of life. Many of the chronic symptoms experienced at such high levels in Indian country can be attributed to the ongoing trauma of oppression as well as the historical aspect of trauma (Duran, 2006). It is important to understand that oppression can have two sources—one is from the historical oppressor and the other source is the internalized oppression. Much of the oppression in Indian country is of the second type where Native people have taken on the values of the oppressor and the oppression is passed on to

individuals and communities in a cyclical fashion that perpetuates a destructive psychology in the life-world (Duran, 2006).

Archetypal and Spiritual Understanding of Trauma

After working with many patients who had been traumatized and soul wounded it became apparent that there are other factors or forces that need to be addressed in understanding trauma. Patients that we have seen had been involved in medical and/or psychotherapy, and in many cases patients continue to suffer from symptoms related to soul wounding. Most trauma treatment strategies focus on the physical and psychological processes and many of the patients that we have worked with do not get better.

When seeing that many patients were not getting better from the symptoms that cause so much suffering a simple question needed to be asked: could there be something else causing the ongoing symptoms? After some reflection and going over some of the teachings that were passed on to us from Elders we realized that there is a spiritual component in trauma that must be addressed if the patient is to find relief from their suffering. The following archetypal theory has emerged out of the teachings:

1. When a perpetrator of trauma has intent to do harm the intent has both a psychological and spiritual aspect to it. The actual violence is carried out on the body and/or mind as the perpetrator targets the victim.
2. The physical damage to the body is dealt with immediately by body mechanisms as they began the healing process through blood clotting, bruising and other biological processes. The psychological damage can be dealt with through psychotherapy.
3. As the violence is enacted the spirit of the perpetrator is literally projected into the victim in a manner that is best understood as a spiritual act or as sorcery. What led us to this

understanding is the fact that many people who are victims suffer from guilt. The guilt experienced by the victim is not rational and cultural understanding and analysis suggests that the guilt felt by the victim is the projected energy from the perpetrator. Victims and most humans have an aspect of their psychology that can be categorized as introverted or extraverted. Violent energy that has been introjected by the victim will eventually give symptoms that will manifest in a manner consistent with the psychology of the person.

4. Introverted people will internalize the violent energy that has been projected into them by the perpetrator. The violent energy/spirit of the perpetrator will begin to develop a life of its own in the unconscious of the person and will also begin to manifest through symptoms of depression, anxiety and other discomforts. These symptoms are to bring attention to the underlying psychological problem. These discomforts are messages to the person that healing needs to occur at a deep spiritual level. Unfortunately, most victims do not realize that the symptoms are an attempt to move them towards healing and instead they begin to make efforts to get rid of the internalized violent energy. The ego that does not understand the situation attempts to get rid of symptoms by getting rid of the perpetrator that mostly remains unconscious. Therefore, the introvert attempts to literally get rid of the projected perpetrator by unconsciously killing the perpetrator. Unfortunately attempts at killing the perpetrator are misdirected and instead the death of the victim is attempted through self destructive behaviours such as addiction, physical illness, suicide. All self destructive behaviours are a form of suicide which in reality is an unconscious effort at killing the spirit-energy of the perpetrator that has been projected into them. In treatment the person must be alerted to the reality that is occurring in their unconscious in

order for them to be able to address the situation in accordance to Native traditional teachings and healing processes.

5. Extroverted people also attempt to deal with the internalized perpetrator by projecting their symptoms. In this case the person may also resort to addictions and other maladaptive behaviours. The difference with extroverts is that in an attempt to kill the perpetrator their violence turns outward and they become perpetrators of violence towards their loved ones and other community members. When the extrovert commits violence, that violence is an attempt to destroy the internalized perpetrator as seen through the projection of the person's unconscious processes. In other words, killing a relative is the equivalent of killing the internalized perpetrator. The problem with both the introverted and extraverted attempts at killing the internalized perpetrator is that the original spirit energy projected into them continues to live and develop within their psyches/spirits.

Internalized Indian Agent

Many of our communities presently suffer from violence and oppression that is perpetrated by people who are in authority or in power in various governing, health, and tribal agencies. It has become apparent to these authors that many of the behaviours that continue to traumatize some of the people working in agencies designed to help and assist our communities have a pattern that can be recognized in history. It is well known that many of the tribes became wards of the government and were subjected to oppressive treatment at the hands of the man placed in charge of the tribe—the Indian agent.

The Indian agent (civilian appointed to take over the military's role in controlling Native people) literally controlled the day-to-day life-world of Native people and had at their right hand the army as an enforcer of policy. Control of the life-world was quickly gained by having

complete control over food and shelter. Violence was perpetrated on Native people when they were given rations of poor and rotten food with portions in keeping with a close to starvation diet. Shelter and the most basic needs for warmth such as blankets and fire were also acquired only at the mercy of the Indian agent. If some of the Native people's behaviour was not to the approval of the agent, there were consequences that threatened the existence of individuals as well as the community. Through controlling behaviour, the Indian agent was able to gain control of consciousness and began the process of changing Indigenous consciousness by brute force. The objective of the Indian agent was to destroy Native cultural forms, which represented what he perceived to be the 'Indian problem'. Therefore, the Indian agent exercised a malevolent influence, which became a model for those in placed in authority at that time.

Some of the members of the community who were forced to capitulate in order to preserve their lives became like the Indian agent and at times their actions were more brutal than the Indian agent. The psychology of internalizing violence and oppression is well understood within the theory of the Stockholm syndrome. The pattern became ingrained as communities struggled to survive and those patterns continue to express themselves until the present day. The internal Indian agent manifests in the form of bureaucratic violence that threatens their economic way of life.

Through the control of community economy and ways to make a living the modern Indian agent continues the violence and oppression that began over 100 years ago. Much of the violence that is experienced in workplaces and community settings is not direct physical violence. Instead, violence in tribal settings is experienced within harsh bureaucratic policies and oppressive work environments. Supervisors and other bureaucrats at times take it upon themselves to make life difficult for those who do not subscribe to their Western bureaucratic or

supervisory style. For example, the violence often manifests itself in threats against the economic survival of the community member who may be trying to do improve life conditions. When the economic survival of the individual is threatened or taken away then the violence becomes physical. This type of violence can be characterized as bureaucratic domestic violence and can be directly traced to the effects of historical trauma and internalized oppression as expressed by the original Indian agent.

An interesting aspect of the internalized Indian agent is manifested in tribal or work situations in which traditional structures are being upheld or revived by some of the bureaucracy. Just like in the original setting where the Indian agent was brought in to eradicate the Native life-world, the present internalized agent is also committed to eradicating the Native life-world. The ‘hang around the fort Indian’ psychology (term used for tribal people who were quick to side with the Indian agent as a way of survival term, and is used by Native people today to describe Natives who have been co-opted by the oppressor) is rewarded in these situations and the Native person who wants to adhere to traditional values is systematically abused. If they do not conform then they are subject to termination by the local bureaucratic entity and an ensuing bureaucratic domestic violence. When others in the community or agency workforce observe the consequences suffered by those who resist the modern Indian agent they usually react with fear and conform to the requirements of the modern Indian agent whose function is to eradicate any awareness or attachment to Native soul.

It is well known that many tribal programs realize that in order to be effective they need to be culturally relevant. Cultural relevance is usually kept at the lip service level with an obvious superficiality. Such efforts frequently serve as a foothold for maintaining the watchful eye of the Indian agent who has been put in a position of authority by those who have already

lost their identity and connection to traditional culture through the intergenerational bureaucratic violence that is part of the legacy of historical trauma.

As long as the Indian agent is maintained in power there is little hope for our communities because in order to succeed the members of the community have to emulate the Indian agent. Consciously or unconsciously, a choice is made since there is no way that one can emulate the Indian agent and maintain their identity and soul. In essence, the Indian agent has become a sorcerer vampire, a parasite whose livelihood depends on robbing Native people of their souls and identity, perpetrating bureaucratic violence that can easily hide in the pages of policies and procedures of *Robert's Rules of Order*. In this manner, the Indian agent can publicly absolve himself of any wrong doing and can violate the individual again by making them feel as if they are not performing adequately and that it is really their fault that the community cannot accomplish their goals.

Over time the Indian agent has become expert in the ongoing oppression. Native communities must become aware of this ongoing psychology and began to address it whenever they find it. Courage will be required in the healing endeavour and, by addressing historical trauma and its effects, communities can begin to deal with the issue of the Indian agent. Healing historical trauma will continue to provide the critical analysis needed to exorcise ourselves from these malevolent forces and in that way we will began a new narrative that is more in keeping with teachings about living a good life in the current life-world.

Warrior's Soul: Treatment Issues with Native Veterans

The authors feel that in order to bring awareness to some of the healing factors that need to be addressed in the healing of historical trauma we can do so by examining what happens in the ceremony of war. After all it was war that initiated historical trauma and we need to reflect

on some of the spiritual issues therein. In most ancient and modern tribal cultures there are methods in which warriors/veterans are readmitted into the society after having to go and commit acts that go against natural law. Many tribal cultures regard the act of war as being contra life and out of harmony with natural order. Therefore, there has to be a method whereby order and harmony is re-established after it has been insulted and disturbed (even though this section is derived from working with Native veterans the authors have found utility with veterans from other cultures).

It is important to analyze events and their effects and see what actually happens at the soul level when a warrior has to commit acts that go against the soul or psyche as is the case in war. Life is sacred. All cultures, religions and ideologies subscribe to some sort of idea regarding the sacredness of life. The warrior takes his/her life and places it against another life or lives in the path of doing their duty. From a Native perspective, in the point of contact between opposing warriors there is a spiritual understanding that is usually not in the realm of ego awareness. An energy or spirit of violence comes into play between the two people involved in the situation and the outcome usually requires one of the warriors to die or be injured. Regardless of how the situation is resolved, both warriors are wounded where blood does not flow. Recent news from the Iraq war attests to the fact that Posttraumatic Stress Disorder (PTSD) is rampant and warriors are returning with soul injuries as well as the physical traumas.

Presently, in the American culture there are no ceremonies performed before or after going to war except in some instances where the veteran is part of a tribal tradition that understands natural law and the balancing that needs to occur through ceremony. Therefore, most veterans are left to fend for themselves in a system that has no understanding of the spiritual aspect of what occurs in war. Tribal wisdom understands that war has a spirit and is a

living entity. It is this spiritual entity that needs to be balanced and restored in ceremony. War is in itself a ceremony and natural order requires that a healing ceremony be performed to restore balance.

These spiritual aspects are considered very serious and some tribes believe that the actual identity of the person is at stake as they go to war. For example, if you are part of such tribe and you are part of taking human life you stop existing as a member of that tribe, as you are swallowed by the *esprit de corp* of a military group and consumed by the spirit of war. When we realize that most tribal names actually translate into 'human being' then the warrior taking a life ceases to be a human being. This is a far cry from saying that you have PTSD, which is a reductive, sterile, clinical term that means very little to the soul of the warrior/veteran. Once the warrior ceases to be a human being there has to be a way to restore him/her back to being human, otherwise s/he will remain without identity and take on other identities such as the several diagnoses that most veterans are given.

There exists a relationship between the energy of lethal violence and human beings participating in this dance called war. When we look at some ancient traditions that understand what happens at the time of death it makes sense to think that the spirit that leaves the dying person's body may be a bit confused if the person is killed suddenly as is frequently the case in modern warfare. The disembodied spirit may not know it has died and serious confusion may result from sudden displacement. In this confusion the departing spirit may attach itself to the closest person or to the one that has been the cause of its departure. This phenomenon can be clearly understood if one is to ask most veterans what they are dreaming. Many report that they dream of the people that they have killed. In addition, the veteran also carries images of his/her friends who get killed since the spirits of the dead attach themselves to the closest person to them

in order to try to make sense of the death process. The images of the dead are a deep part of veteran dream life, and they cause a tremendous amount of suffering through symptoms. Most of the symptoms are clinically known as anxiety, depression, suicidal ideation, severe thought disorders, and PTSD.

Veteran dreams clearly indicate that there is a huge elephant in the middle of the therapist's couch, and no one pays attention to it. The images are not subtle, as most veterans know, yet for some reason these are not usually part of the 'best practice' model. For the Native veteran, unless the spiritual aspects of trauma are dealt with, the meaning and efficacy of treatment will suffer. Veterans then, find a way of self-medicating and other self-destructive behaviours are enacted to stop the dream world visitors that haunt them continuously.

The first task of the treatment is for therapist and veteran to gain awareness of the process as being described in this discussion. Veterans need to have a cathartic process that allows them to talk about their deeds and acknowledge that these were not wholesome actions. The awareness that there may be a spiritual implication is also part of the initial stage of restoring harmony and balance. Awareness of the suffering that has occurred to others as part of the veteran's participation in war is critical so as to humanize the enemy that is haunting the veteran.

The next step in the process is to make peace with the internalized enemy who keeps appearing in dreams, fantasies, and PTSD reactions. Again, tribal traditions teach that in order to restore harmony one must make amends to the offended individuals. Amends should be made through asking the images, and dreams of the dead for forgiveness. In addition, an offering must be made to restore relationships in the sacred realm. This offering could be tobacco or food offered in a ceremonial fashion to the souls of the dead. Many cultures have special days during the year where this is done. In the United States some cultures celebrate 'all souls day' as part of

reconnecting with the dead and keeping relationships in balance. This aspect of restoring the warrior's soul is critical if the warrior is to bring harmony back into his/her life-world.

Another activity that helps restore balance is by offering help on behalf of the communities that have been offended as part of the war that the veteran was involved in. There have been veterans who have gone back to the part of the world in which they committed the violation and have offered peace offerings to the Elders of the village, town or area. At times this is not possible and here is where intent can be useful; veterans can be assisted in therapy to offer help to someone with the intention and motivation that this help is on behalf of the suffering they have caused through proxy. There are tribal specific ceremonies that can be used as well as therapeutic ceremonies that can be invented spontaneously by the warrior and healer within a strong therapeutic alliance. The main issue is that the ceremony is one of reconciliation with the enemy and must be performed; otherwise the veteran will continue to be haunted. There are too many instances where in order to stop the haunting a warrior will commit suicide as a final offering to the spirit of war.

Veterans should be reminded that participation in war as warriors is an activity that is part of the present human condition and being a warrior has traditional positive qualities which have mostly nothing to do with taking the lives of others. The main purpose of a traditional Native warrior was the nurturing of the tribe and family chiefly through self-sacrifice. Traditional warriors main objective was 'that the people may live' which is metaphorically different than what is required of the modern warrior. Because of the nature of war, forces beyond our control are enacted and these create severe problems in the lives of our warriors. The problems usually make themselves conscious once there is distance from what occurred and the individual is out of the craziness of the war zone. Once the veteran is out of the war or even

before s/he enters that realm there should be instruction as to the effects of natural law on events such as the ceremony of war.

Once the veteran is out of the intensity of war the problems begin to manifest themselves, although at times this can start in the battle zone. Just because forces may be out of ego centered control does not mean that the veteran is helpless and at the mercy of the symptoms that plague the veteran once s/he is home. Therapists can guide veterans through a deep process as described in this section which will allow the veteran to become aware of the spiritual nature of war and to deal with the internalized entities who have lodged themselves where blood does not flow.

Hopefully, the discussion in this section has made the reader cognizant that there needs to be a different approach when working with Native and other populations who may not subscribe to the Western understanding of cosmology. It is a significant fact that Western approaches can further traumatize patients who are traumatized by invalidating the very identity of their patients. Resulting adverse reactions such as violence and suicide should be enough of a red flag to providers who are encapsulated by theoretical and clinical narcissism.

The situation is exacerbated when such providers hide behind the pseudoscience that provides us with ‘evidence based therapies’ that are supposed to be the answer to the patients’/community complaints. Practicing science in this manner invalidates the centuries of Traditional Native science and practice, which is at the core of healing in many Native communities. An example of invalidation of Native culture is when insurance companies hide behind ‘medical necessity’ without any consideration for the cultural needs of the patient. What is sad is that physicians are hired to do this harmful task in order to protect the insurance company from complaints. The doctors working in this capacity are paid to save the company

money and in so doing they traumatize the patient and community, creating a new phase of historical trauma in our society.

The trauma towards the community or individual has a dual prong approach when our profession insists on utilizing methods that are foreign to the culture. It invalidates the life-world of both the individual and community. This type of invalidation ensures that the people involved will not be able to make their way out of the generations of trauma because additional bureaucratic injury is absorbed by the community through the actions of individuals who are in charge of helping the community. After several of these failed interventions there is a loss of hope that occurs in the community towards any intervention because it is seen as 'more of the same'. Once the funding dries up the well intentioned researchers leave with further trauma by abandonment for the community.

Culture, Evidence Based Treatment and Research

Treatment that is based on empirically derived data is prone to be one sided and represents the interest of the researcher who is asking a question with a predisposed answer. Basing treatment in this manner can best be characterized a social conditioning process.

From a multicultural/social justice perspective, it is suggested that such an approach to counselling is largely designed to ensure that clients become productive and conforming member of society in ways that enhance the corporate structures that operate behind the scene. These structures represent supraordinate societal forces that significantly dictate what people in the general citizenry are conditioned to believe are appropriate ways of thinking and acting in the world...It is further asserted that this general psychological ideology influences both the empirically tested interventions counsellors are required to use, for

reimbursement by third-party payers, and the assumptions and beliefs that underlie the diagnoses counselors make of clients' mental health status...(Duran, et al., 2008, p. 293).

Presently, the method that predominates in the “therapeutic industry” and our profession is cognitive-behavioural theory driven clinical practice. When examined from a multicultural research perspective, there is merit in this clinical approach (MacDonald & Gonzalez, 2006; Renfrey, 1992; Trimble, 1992). Regardless of the background of the researcher or if the research is termed multicultural, it is critical that we examine if the actual methods are in themselves culturally competent and responsive. The reason for the additional critical approach to this type of research is that from a social justice perspective it should be emphasized that clinical work should not be implemented as “off the shelf” until cultural metaphor modification occurs, (Duran, et al., 2008).

Unless theory, practice and research are deeply rooted in the life-world metaphor of the culture, effectiveness will be limited at best and more trauma will occur at worst. This being the case, it is not worth the risk to continue doing our work in the same manner that we have for over a century. If we continue merely offering what is acceptable to third party payers with the approval of business executives and the whims of the American mainstream economy we are falling into the practice of promoting another generation of historical trauma dressed in a neo-colonial empirical mask. At the individual and community level it matters little as to how ethical and statistically significant our practice is because the impact will be harmful and extend the ongoing pain that has become part of intergenerational experiences in the life-world of the individual and community.

Are we doomed to ongoing failure? Is there a way out? These should be the questions that we ask if we are to take a critical review of our practice as clinicians and researchers. Fortunately there is hope. If research methods take into account ways of knowing the life-world of the community under study, the results should be more amenable to having results that will actually reflect the needs of the community, (Allen et al., 2006; Duran, et al., 2008; Fisher & Ball, 2002; Mohatt, et al., 2004).

In essence, we already have methods that can continue to evolve in a manner that will provide answers to the suffering that continues because of trauma suffered by individuals and communities. What is needed presently is a commitment by our profession that will not allow our practice to be dictated by business and administrative decisions made by people who have never and never will treat a victim of trauma, or have no sense of the cosmology of Native people. Our discipline must make commitments towards changing the way we treat our patients from diverse groups who do not necessarily subscribe to Western linearity. We must release our narcissism and be able to meet patients and community at least part of the way.

One of the key guiding principles to ethical and moral practice is to “first do no harm”. Imposing a foreign worldview via diagnosis, treatment and research to individuals and community violates this principle and we must stop this type of practice. It is difficult to recreate and reinvent ourselves once we have been doing things in a prescribed manner for many years. Many of our colleagues will continue on the same path and they will continue to reap rewards from a system that is geared towards business as usual. That said, it does not detract from some of us sitting idly on the sidelines watching and keeping silence. It is critical that we bear witness and call on our brothers and sisters to take a critical look at their practice and research results as well as methods.

In order to ensure that the future evolves in a manner that is conducive to healing trauma in communities who are disenfranchised from the academy we need to change the academy itself. The academy needs to become aware and responsive to the diverse world that we are a part of. Fixing the discipline of psychology will be a virtual ‘cake walk’ compared to changing the deeply rooted narcissism and clique in our academic settings. It is critical that we commit to these changes if we are to impact not only the current suffering from trauma but also not impose additional trauma through our antiquated clinical and research practices.

It is hoped that the above discussion will lead towards a self-critique within our discipline. In order for us to acquire the skills and abilities to help those who have been traumatized it becomes increasingly important that we heal from the traumas that have plagued us as a collective group of healers via the root metaphors that have been imposed on our practice through a variety of means. We must take back the responsibility for understanding and learning new and different ways of understanding our life-world. Merely continuing to perpetuate the status quo will ensure that we continue the process of wounding our patients, our communities, and ourselves where blood does not flow.

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