

RECLAIMING CULTURE

A CEREMONIAL APPROACH TO WELLNESS

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Addiction treatment dates back to 1784. At that time, it meant a short stint to “detox” in a quasi-medical setting.

In 1844, “sober houses” were created to provide a safe living environment for those struggling with alcohol. Over the years, our understanding of addictions shifted from a moral weakness to that of a medical illness; the disease model was further strengthened with the reputation of Alcoholics Anonymous.

Today, AA remains the foundational framework of most treatment centres. AA offers many strengths, for example, a social support network, therapeutic model of healing, and shared language of healing; however, it has limitations, especially when applied across cultures. This is particularly relevant as research into Indigenous healing consistently finds that “culture” is the most important factor.

Initiated by the Ktunaxa Nation and funded by the First Nations Health Authority, the Seven Nations Soaring Eagles Wellness Centre has developed programming based on post-colonial philosophy and Indigenous culture. According to Debbie Whitehead, the Social Investment Director of the Ktunaxa Nation, “This is about culture doing what it has always done for healing. It is the strength and wisdom of Indigenous people.”

This approach is a radical and intentional shift away from the bio-medical and Minnesota (AA) models; however, it is in keeping with a trauma-informed approach. For this program, trauma is understood as,

“Injury where blood doesn’t flow,”¹ and a “disconnect from self and the present.”² The common source of disconnect for Aboriginal people in Canada is the impact of colonial violation, including the intentional theft of culture, lands, identity, families, communities, and nations — a biopsychosocial trauma.

A post-colonial understanding of substance-related problems is that they result from an attempt to medicate the traumatic wound of colonization. Rather than a sign of spiritual or biological weakness (a view which supports the colonial intention of pathologizing those impacted by oppression), they are a solution to the

intergenerational and ongoing impacts of colonization on territory, culture, community, family, and person, albeit a solution with tragic consequences. Even with these acts of violence, Indigenous people are resilient and are taking back their healing with program models, such as this one. Healing is holistic and is being approached by revitalizing cultures, reclaiming identities and meaning, reconciling families, communities, and nations, and re-establishing wholeness.

Culturally, the program uses a ceremonial framework and is an initiation process that offers the opportunity for life transition rather than repair. Rather than focus on problems, with an emphasis on psychoeducation and “relapse prevention,” the focus is on how to live a life of wellness, one with a sense of purpose guided by culture and spiritual wisdom. Individuals are understood as an element in an intertwined network of relationships, where their wellness is indivisible from that of their relations (family, community, bioregions, including flora, fauna, water, earth). Participants may come thinking they are addicts, but through a ceremonial

process, they will leave “walking the Elder’s path” as contributors to the healing and wellness that their families and communities need.

CEREMONIAL FRAMEWORK

Traditionally, ceremonies of initiation or life transition facilitated or marked significant phases or life change — moving from one life stage to another or from one role to another, with an accompanying change in strength, vision, connectedness, and identity. This process is made up of seven steps, common to many Indigenous initiation/ life transition ceremonies:

- 1) **Preparation:** Support to safely withdraw and develop emotional regulation and commitment to the process.
 - 2) **Separation:** Separating their identity from the problems with which they have been struggling.
 - 3) **Death:** Releasing and learning from their previous wounds.
 - 4) **Rebirth:** Envisioning a life of wellness and developing a wise and purposeful identity.
 - 5) **Teachings:** Gathering the knowledge and skills to support a life of wellness.
- 6) **Ordeal:** Confronting shame and fear with a new strength-based identity supported by cultural and psychological teachings.
- 7) **Return:** Preparing to go back as a force of wellness with their relations and maintaining their wellness on the Elder’s path.

HEALING VISION

Participants experience their healing as relational and their challenges within a wholistic interconnected biological-psychological-sociocultural-historical-ecological-spiritual perspective.

- › **Anti-Colonial:** Participants shift from seeing themselves as a problem with some deficiency, moral weakness, pathology, or bad luck, to seeing their dependency as rooted in a history of colonization that is still alive and contributing to their problems.
- › **Strength-Based:** Participants gain a different perspective of themselves, seeing their past choices and substance use as a solution to pain and suffering and as an outcome of trauma and colonization. This perspective liberates them from shame, empowering them to move forward in life.

CLIENT OUTCOMES

WELLNESS VISION: Participants have the opportunity to live in wellness by practising and visioning how to live on their return home. They serve purposeful roles within the wellness community and enhance their cultural/spiritual wisdom.

VALUES: Participants are encouraged to identify values that guide their actions and behave in accordance with their personal/cultural values.

BALANCE: Participants have the opportunity to discover and practise balance, as guided by traditional values, so they can live in wellness within themselves and with relational connections.

HOLISTIC AND RELATIONAL VIEW OF WELLNESS: Participants have the opportunity to develop a greater capacity for and deeper experience of relational connections, their community, and the natural world.

WORTHWHILE LIFE: Participants have the opportunity to rise above their colonial/victim identity and dependency-related behaviour to find their unique strengths so they can claim empowerment as a contributor to healing and wellness in themselves and their relational connections. They will release the colonial shame that wounded them in order to live a life of wisdom (i.e., in a manner congruent with becoming an Elder) and purpose (i.e., in a manner that contributes to their relations as a protector, provider, and teacher).

› **Self-Determination:** Participants liberate themselves from the victim identity and claim responsibility for their life choices. There is no “fixing” or “doing for,” which steals empowerment and, ultimately, decreases chances of healing. Instead, participants feel respected and encouraged to take the lead on a self-determined healing path.

› **Trauma-Informed:** Participants experience a safe, supportive environment based on the knowledge of the staff and their sensitivity to trauma impacts and vulnerabilities. Behaviour is understood through the lens of trauma reactivity and relation patterns. Participants are active in co-creating their healing journey.

› **Safer Use:** Participants gain a compassionate perspective of substance misuse: not as bad or morally wrong but as serving purposes for individuals. Participants are encouraged to develop a beneficial relationship with substances with control and safety woven in.

› **Intergenerational Healing:** Participants come to understand the connection between their ancestors’ wounds and the need for healing now. They recognize that wellness will break the cycle of colonization and contribute to healing their family, community, and relations.

› **We are All Healers:** Participants feel a human connection with staff and fellow participants that transcends roles and credentials. They honour the strengths and struggles within themselves and others and actively contribute to healing those around them.

› **Four Paths of Healing:** Participants experience activities that offer the opportunity to travel the four paths of healing and grieving: growth, cleansing, transcendence, and transformation.

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› **Culture is Medicine:** Participants embrace culture as they understand it. They use teachings they carry or receive in order to live a life guided by cultural and spiritual wisdom.

› **Traditional Way of Life:** Participants are encouraged to live an active lifestyle guided by traditional ways of life. They embrace the gifts that living a physically healthy life gave their ancestors: the capacity to thrive as physical beings.

› **Indigenous Knowledge Complemented by Western Approaches:**

Participants benefit from the wisdom in Indigenous teachings as well as western psychology and medicine and experience the strengths both visions offer.

› **Experiential:** Participants are active agents in creating their transformational experience. Participants benefit from cultural and therapeutic activities and healing community processes, which are then integrated into their wellness vision.

› **Crises and Trigger Responses are Seen as Healing Opportunities:**

Participants no longer live in fear of triggers. Triggers are viewed as short-term visitors that offer opportunities to heal. Participants develop their confidence and ability to regulate themselves to work towards micro healing moments in which they build resiliency and liberate themselves from trauma.

› **Balance Compassion and Responsibility:** Participants feel pride

in that any healing and progress was a result of their choices and efforts. They have confidence that they can take the steps to achieve their own wellness.

MOVING FORWARD

The program described expands the parameters of current substance-related therapeutic approaches to embrace culture and socio-historic realities. While designed for Indigenous participants, many of these values and approaches are applicable to wellness across cultures. Psychotherapy has been described as a form of ceremony and originally emerged to take the role from clergy. Because this was part of the movement to the medical model, the cultural foundation of the practice of psychotherapy has been lost. We hope this article can contribute to the conversation about the cultural relevance of our practice. ■

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REFERENCES

- 1 Duran, E. & Firehammer, J. (2016). Injury Where Blood Does Not Flow. *Indigenous Cultures and Mental Health Counselling: Four Directions for Integration With Counselling Psychology*. Ed: Stewart S., Moodley R., Hyatt A. Rutledge Press. 108-124.
- 2 Gabor Mate, 2017.