

# MEDICINE WHEEL, MANDALA, AND JUNG

EDUARDO DURAN

“Ask the beasts and they will teach you, and the birds of the air, and they will tell you; or speak to the earth and it will teach you, and the fish of the sea will explain to you.” *Job 12: 7-9*

## INTRODUCTION

**M**uch has been written regarding the thinking, theory, and praxis that encompass Jung’s contribution to humanity. Unfortunately there has been very little written regarding Indigenous Native American thought, theory, or practice in the area of Native psychology that is not reductionist in nature. Much of what is written in this area is from a Western empirical framework that attempts to make sense of a worldview that is fundamentally different than the worldview of the Western mind-set.<sup>1</sup> A fundamental difference that may separate the two cosmologies is that Jung’s system is influenced largely by Hegelian dialectics,<sup>2</sup> while Native psychology does

Eduardo Duran, Ph.D., has worked as a clinical psychologist for over two decades. He has served as a professor of psychology in several graduate settings and continues to teach and lecture in community settings all over the world. Presently, he is in private practice and consulting where he can bring all that he has learned into the consulting or therapeutic endeavor.

not reflect an antagonistic relationship between the conscious psyche and the unconscious/spirit world.

Dialectic consciousness predisposes the medical model to be one of antagonism where the doctor is to battle the illness and thus eradicate it. Native American cosmology is one in which the doctor forms a relationship with the whole life-world, including sickness, which is understood as a loss of harmony in the person, family, and tribe. It makes intuitive sense as to why these two profound systems of healing and relating to the psyche, spirit, and world are seen as being different, yet I believe there are sufficient similarities that eventually will allow both systems to evolve into a comprehensive therapeutic system that will enhance healing of psyche and body. This is all the more so when Jungian theory plays an integral part in the picture. In this paper I will illustrate some of the distinct differences between the two systems that lead to similar ends by re-visiting and analyzing some of Jung's major theoretical contributions from a Native perspective that is based on several decades of my clinical work with the Native psyche.

It is critical to note that there is no single essential Native perspective due to the fact that there are several hundred distinct tribal communities in North America. When I refer to Native psychology or epistemology I am speaking to ideas and insights that have been amalgamating for several decades. These ideas, constructs, and ways of being in the life-world have constellated in my psyche after working therapeutically with Native people from at least one hundred tribal groups. A sample of 100 out of 550 is a significant sample in most empirically driven research. In psychological research inferences often are made with much smaller samples, and such inferences often lead to policy statements as well as treatment regimens.

I became keenly aware early on in my clinical work with Native people that much of the psychotherapeutic approaches in use at the time were not being received very well, and at times the therapy was being rejected outright by the communities I was working with. As I attempted to use behavioral and cognitive therapies with my patients, they insisted on talking about their dreams. I realized that dreams had importance, and the dreams that I had in my life had a deep impact on me; but I was not aware of the "how-to of dreams" in a therapeutic context. What is profoundly interesting is the fact that by simply

listening to the dreams of my patients, they began to heal from serious symptoms that afflicted them.

Shortly after I decided to ask all my patients for dreams, I was asked to see an elder from the community. The visit to the elder proved to be my entry into the world of archetypes, complexes, spirits, and soul. This elder, without saying so, became my root teacher in this new world of soul (details of this teaching are found in my book *Buddha in Redface*).<sup>3</sup> Unknown to me at the time, Tarrence, my “Buddha in Redface,” had asked to see me for two reasons: 1) to see if I was teachable; 2) to ensure that I was not using dreams as a way of hurting the psyche of the community as he was keenly aware of how the principle of evil (shadow) becomes constellated in the healing process and must be balanced during the therapeutic/healing ceremony that patients and I were involved in. During the first meeting with him, I literally almost lost consciousness and my ego wanted to have nothing to do with him. Later I realized that my ego was not developed sufficiently to understand the transmission being imparted by this holy man and for this reason reacted by trying to lose consciousness in the presence of overwhelming insight that I had no frame of reference or context for assimilating. Somehow I persisted and his teachings became the seeds of much of the work I do, write about, and teach.

The three years that I spent as his pupil (although at the time I had no idea I was his pupil) were very frustrating because he would talk about things that appeared completely irrational and made no sense to my ego. In retrospect I can categorize these three years as one long Koan that took me to the brink of soul and loss of soul. Once Tarrence left for the spirit world I realized that he was indeed a holy man and had been teaching me about soul and healing of soul in a manner that was painful and frightening and felt like it posed a risk to my soul. Tarrence did not refer to Jung, yet Jung’s work seems to refer to Tarrence (in spirit if not in letter) in a manner that is very intimate and knowing.

A critical difference in the way that Native people approach dreams and understanding psyche is the manner of approach. Jungian analysis understands manifestations of the psyche as emanating from the unconscious, and these manifestations mostly are seen as projections. The fact that they are seen as projections leads me to believe that these projections must exist within the psyche and therefore search for the

“hook” that the projection can hook onto. Most of the patients that I have seen do not look at psyche and spirit in the same manner. The belief system of many Native people is that we are part of a spiritually oriented cosmology that manifests phenomena in a spiritual manner and these need to be approached and understood in a way that is congruent to spiritual relationships in this plane of existence.

Thus, dreams, visions, and active imagination, from a Native perspective, are gifts from the spirit world and proper etiquette is required when relating to these energies that have an awareness and consciousness within themselves and do not require our ego to make them conscious. Because they are a gift from the “Mystery”<sup>4</sup> it is proper to relate to them by giving an offering in order to maintain the relationship to the sacred. In Jungian psychology the approach to the unconscious has been termed by Jung and his followers as “a confrontation with the unconscious”.<sup>5</sup> The notion of confrontation and antagonism with these powerful energies is foreign to most of the Native people I have worked with. Instead a relationship is sought with the “visitor from the spirit world” who has come to assist us in finding a relationship to the Sacred. For example, if a person is being afflicted by a psychological problem, the task is not to confront, get rid of, or have any type of adversarial relationship. Instead, the task is to get to know the spirit of the entity bringing the neurosis that in reality is motivating the person towards a closer relationship to the sacred. In the case of anxiety, which most people are eager to banish, the question would be what information—or even what gifts—the anxiety might be bringing and what is it asking of the individual. It could be alerting one to a danger; it could be forcing attention to some kind of creative or spiritual encounter that challenges the ego’s existing rigid view of its own needs. In Native way it might come in the form of an animal symbol in a dream—a muskrat, a badger, or bear, for example—in which case the dreamer would be called upon to explore the actual and symbolic characteristics of the muskrat, badger or bear.

#### JUNG, JUNGIANs, SHAMANS, AND MEDICINE PEOPLE

It is important to note that Jung himself was very different from Jungians in a fundamental way. Donald Sandner makes a brilliant distinction between the different healing traditions as they are found all over the world.<sup>6</sup> Sandner’s research has shown that there are at least

three distinct types of healing traditions that can be related to Jung and analysts:

1. The shaman enacts and transforms the symbolism in his own person through periods of ecstatic trance.
2. The medicine man draws upon a vast body of traditional symbolism, but he does not live it out. Medicine men/women are initiated by a body of healers, who are already practicing through a body of knowledge that is passed on from one generation to the next. A key difference between the shaman and medicine man/woman is that the shaman is initiated directly by the sacred so that being initiated by existing practitioners is not necessary.
3. The psychotherapist does not have ecstatic journeys, nor dancing, singing, or sandpainting. There is no given large body of symbolism for the psychotherapist to draw upon for the benefit of the patient.

Jung himself was initiated via the shamanic tradition. His journey through the desert and underworld, as described in his *Red Book*, are classic to shamanic initiations the world over.<sup>7</sup> In *The Red Book*<sup>8</sup> and in *Memories, Dreams, Reflections*,<sup>9</sup> Jung describes how his psyche was dismembered, much in the manner that shamans are dismembered, and came back from the underworld with his new song, as is the requirement of the newly initiated shaman who survives the ordeal. In Native American healing circles when a person is going through the type of neurosis or psychosis that is part of the call to becoming a shaman, the community understands this illness as “Indian sickness.” In order for the person to be restored to health, the person must sing their new song. Jung’s new song is his *Collected Works*, *The Red Book*, and other publications.

From the very start of the initiation process we see remarkable similarities between the shamanic call and Jung’s own process of acquiring and singing his song. A problem (as I see it) for Jung in his process is that he did not have a tribal tradition that would allow him to make complete sense of his initiation. Instead, he spent a large portion of his life trying to understand his vision via the rules of logical positivism as is reflected in his attempts to “scientize” his experience.

Jungians, on the other hand, (for the most part) take the song that Jung sang and try to make sense of it in their own lives and work by undergoing a training process that has been prescribed by their Jungian elders, thus removing themselves from the direct shamanic experience that Jung went through. The Sandner model illustrates that the modern analyst is more in line with the medicine man tradition rather than the shamanic one because the analytic process does not allow for the analyst to “live out the myth in the session,” i.e. the analyst does not take in the illness/neurosis of the patient and transform it from within the analyst. The Jungian analyst’s initiation requires that they go through their own analysis by someone who is initiated as well as through a long course of training where they draw from a vast body of Jungian symbolism, writings, and knowledge. As far as having a new song, the new analyst may have to write a dissertation that is based largely on the writing of the original shaman/medicine man, Jung himself. One of the main differences in the analyst/medicine man tradition is that these individuals do not necessarily have to go through the Indian sickness and their calling may emerge from ego/personal needs for more knowledge and possibly for power.<sup>10</sup> Therefore, we have a parallel between Jungian analysts and the Navajo medicine man tradition, as Sander illustrates, and this parallel speaks to similarities that may exist between the two worlds.

However, despite similarities in the initiatory process of Jungian analysts and medicine men, there are profound differences in the fundamental, underlying archetype that drives the process. Jung comes from a patriarchal tradition where science rules the worldview, and Jung in his *Collected Works* makes no secret that he is first and foremost a man of science (in Jung’s *Red Book*, on the other hand, he rants and raves against rationalism and suggests that—at the time of writing *The Red Book* at least—he preferred the irrational to the rational). That said, Jung comes from a patriarchal Western tradition of healing where rationalism, empiricism, and the scientific method form the altar upon which all knowing is based. Native Healers, on the contrary, have a tradition that is rooted in a female mythology, and it is direct experience of the world, spirit, and psyche that the Native healer utilizes as part of the healing work they do within a specified traditional/tribal context.

The fact that Jung came from a masculine/scientific mythos sheds light on his intrigue with “primitive” peoples. By using Jung’s own concepts of anima and animus we can make some logical assumptions as to what was pulling Grandpa Jung to be with so-called primitives. Is it possible that Jung was projecting his collective Western anima onto the collective psyche of a more female, matrilineal group of people? Was he even trying in some way to heal the collective split in the Western psyche that occurred when patriarchy became supreme? Why else was he so driven to the Taos people, and why did he persist for so long in trying to find out the workings of the psyche of the Taos people?<sup>11</sup> Perhaps Jung was searching for balance within himself between patriarchal anima and matrilineal anima as well as for balance in the collective, which is part of the shaman’s task, i.e. the shaman learns his new song in the underworld during his initiatory process and then brings this new song, or medicine, back for the community.

One of the cornerstones of Jungian and Native healing is the process of transference (much has been written on this topic, so I will limit this discussion to fundamental parallel processes.). Having been the most prominent disciple of Freud, it stands to reason that Jung’s foundational notions about transference were influenced by Freudian ideas on transference. Native healers’ awareness of transference also has similarities to Freudian ideas, although these Native ideas on the topic emerged independent of Freud and have been acknowledged and taken into account in Native healing for hundreds of years.

Native healers are aware of the pitfalls and the issues that can cloud the therapeutic process by the mind wandering into places that are not part of the therapeutic ceremony. Perhaps the most common kind of transference that is found in both the Jungian/Freudian and Native healing ceremony is when sexual energy is transferred to and from the healer. Native healers who have learned the meaning of this type of transference know that this sexual energy emerges from the depths of our bodies, being part of earth, and that earth’s regenerative principle is manifested in this type of transference in an attempt to restore harmony between masculine and female energies. Native healers openly talk about masculine/feminine air, water, fire, and earth as integral energies that act as forces that bring the patients’ air, water, fire, and earth into balance. So in Native way we speak of male rain and female rain, male lightning and female lightning, etc. Native healers realize

that these energies can only be balanced if there is a complete union between masculine and feminine, much in the manner that Jung discusses in his ideas borrowed from the alchemical *Rosarium Philosophorum*.<sup>12</sup>



Figure 1: Medicine wheel.

#### MEDICINE WHEEL, TYPOLOGY, AND TRANSFERENCE

There are similarities between Jung's typology and Native thinking. A fundamental similarity is that both systems of being in the life-world have emerged with a medicine wheel or mandala as part of the understanding of the human psyche. In both systems we find that there are six distinct points within the personality, which correspond to the cardinal directions. Those cardinal points are the four directions—North, South, East, and West, as well as above and below. There is another level that Freudian thought did not address that I believe Jung completely understood, and this idea is also very well known in both Native shamanic and medicine traditions. The medicine wheel symbolizes what Jung refers to as “individuation” that in many Native tribes is experienced as the struggle for attaining wholeness, harmony, and psychic balance. The medicine wheel is a circle that is in movement.



At each of the cardinal points there are spirit “grandfathers and grandmothers” that take the supplication/prayer of the person and take these prayers directly to the Great Mystery. By doing so the supplicant places him/herself at the center of the cardinal points that is known as the seventh sacred direction. At this point the supplicant is in harmony and balance with the spirit world as well as with the physical world. Natural law<sup>13</sup> moves towards harmony and this movement of energy towards harmony moves to the center of the medicine wheel/mandala which the patient and healer are part of during the ceremony of analysis or traditional ritual. A main difference in Jung’s mandala and the Native medicine wheel is that the medicine wheel is not static and therefore in actuality it is a swastika. Jung’s typology can be seen through a graphic representation of a mandala as in Figure 2.

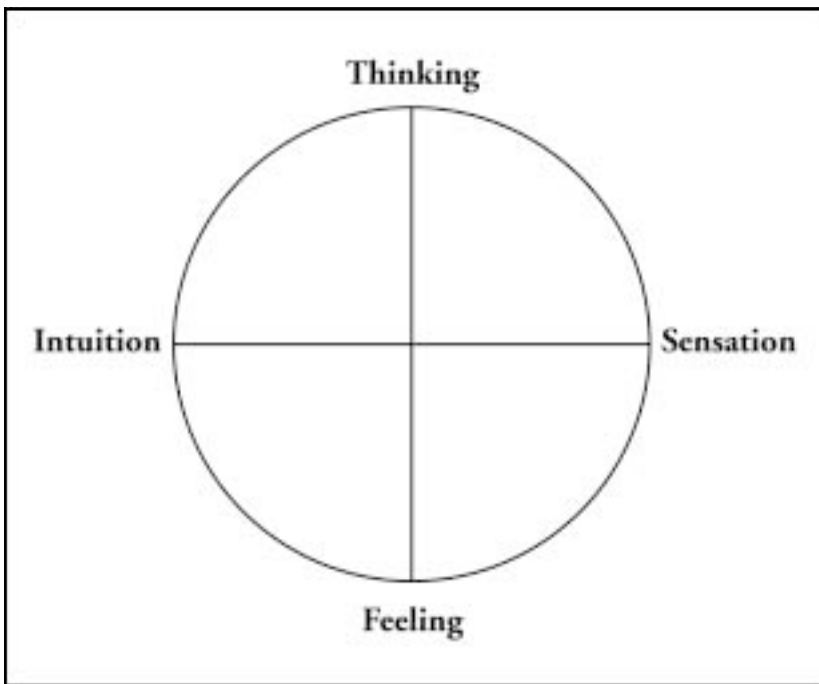


Figure 2: This figure illustrates a Mandala that is static. The types are fixed in opposition to one another, and this typology is part of Jung’s interpretation of how these parts of the psyche interact with one another as the person moves toward individuation.

Through their training, the healer/analyst either consciously or unconsciously provides the empty space for the transference of the energies mentioned earlier (male/female, air, earth, water, fire). Ideally, if the healer were in perfect balance with these energies, the transference would be instantly resolved by the energy in question being united with its opposite and balancing out. This ideal situation where all energies are balanced does not exist in real life and as a result, the energy that is attracted may be transferred from the analysand/patient to the healer. Most Native shaman/healers are aware of this type of transference and understand it as a direct transfer of the illness/sickness/spirit of the patient to them. The healer/shaman either transforms the illness within themselves or sends the energy to an external source. When this occurs Native healers have ceremonial cleansing ceremonies for themselves to balance out the energy that has been transferred to them. This cleansing usually entails giving the “sickness” back to the earth with the intent that the earth will transform this energy into healing energy for all beings. The duality of “sickness and healing” as being part of the same energetic process, is fully realized, and most Native healers know that all healing ceremonies carry a shadow potential which must be addressed and in order to restore balance within the energy that is being dealt with.

Jung understood the idea of the transfer of energy as a real event much in the same way that Native healers understand it. Although Jung struggled to be a Western scientist, he did have his slips which allow us to see his deeper understanding of the transference. An example of how Jung’s thinking on transference parallels those of Native healers can be seen in the following quote:

Many projections can ultimately be integrated back into the individual once he has recognized their subjective origin; others resist integration, and although they may be detached from their original objects, they thereupon transfer themselves to the doctor...In other words, the neurotic maladjustment of the patient is now transferred to him...It is inevitable that the doctor should be influenced to a certain extent and even that his nervous health should suffer.<sup>14</sup>

Most Native healers would completely agree with this interpretation of transference. Later on, Jung clarifies his ideas on transference by making stronger statements. For example, he says:

The doctor, by voluntarily and consciously taking over the psychic sufferings of the patient, exposes himself to the overpowering contents of the unconscious and hence also to their inductive action... Yet this lack of insight is an ill counselor, for the unconscious infection brings with it the therapeutic possibility—which should not be underestimated—of the illness being transferred to the doctor.<sup>15</sup>

The similarities in the understanding of transference between the Native view and Jung are truly remarkable. Jung utilizes Western concepts such as the word “unconscious”, which can easily be substituted by the word “spirit” in the Native understanding. If we do that, we then have an exact copy of understanding between the two worlds of the phenomenon of transference. Because these energies emerge out of natural law, it makes sense that both systems of healing would have a parallel understanding of the energies that underlie the kind of relationship that brings harmony and *coniunctio* to the healing process. Even though there is a difference in the mythological makeup of Western and Native American people, the same underlying principles of balance and harmony are operative in both. Regarding the psyche and natural law, Jung explains, “...if only because, together with life itself, it is the only natural factor capable of converting statistical organizations which are subject to natural law into higher or unnatural states, in opposition to the rule of entropy that runs throughout the inorganic realm”.<sup>16</sup> In essence, as we move closer to the archetypes and the place where archetypes are born, we are moving to a place in which natural law pervades. The fact that natural law governs the birth of Jung’s archetypes as well as Native spirit gives us a place where both healing systems are exactly the same.<sup>17</sup>

“Ah my brother, you will never know the happiness of thinking nothing and doing nothing. This is the most delightful thing there is next to sleep. So we were before birth: and so shall be after death”.<sup>18</sup> These were the words spoken to Jung by Taos Native, Ochwiay Bianco, when Jung visited Taos in 1925. On the surface it appears as if Ochwiay Bianco is content with not knowing and might perhaps become the object of stereotypes that are directed at Native People. In reality, he is deconstructing Jung’s typology without ever having heard of Jung’s typology. In essence, he is talking about a transcendent dimension where there is no thinking function as a dominant function and about

a totally different form of consciousness. In no way is the Taos person talking about remaining unconscious in the Jungian sense, and this is manifested in the tremendous amount of energy that is expended by Native people in ceremony with the sole purpose of becoming aware of awareness itself.

Native psychology differs in its understanding of psyche, at least as it relates to Jung's typology as described in his classic text on this topic. Where Jung has Intuition opposite of Sensation on the horizontal axis, it would make more sense from the Native perspective to have intuition/sensation on the same point of the horizontal axis. This would leave the right side of the horizontal axis empty if this were a static model. The Native understanding of the psyche as not separate from the rest of cosmology allows for sensation and intuition to be the same as part of earth's awareness, i.e. psyche. Therefore, by having these functions rotating around the center or the 7<sup>th</sup> Sacred direction it is possible for earth awareness to become aware of itself in the human

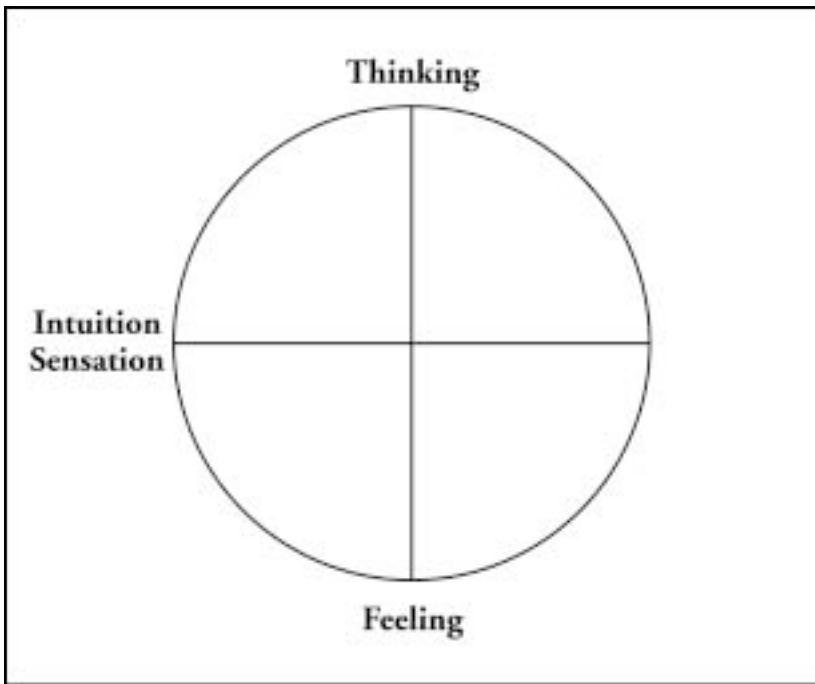


Figure 3: Earth's Awareness.

psyche as the source of all forms that give all meaning to our lives. It is in this dynamic relationship of earth and matter where earth's intuition becomes known to the individual as the knower of awareness that becomes aware of consciousness.

It is interesting that the Sanskrit origin of the word Swastika means "that which is associated with well-being." Because energy seeks to balance itself, it moves in the direction of an open space—it's more mercurial and directionless, but in order to make the point I use a vector image here.

Intuition, understood from a Native cosmology, is that instant awareness that emerges out of earth contact, i.e. the sensation function to the Jungian theoretician. Jung came close to the Native understanding of intuition as grounded in earth contact when he said in his Zarathustra seminars: "You probably noticed that peculiar expression, the four square body. The body is of course very much the earth, and it speaketh of the meaning of the earth means that inasmuch as the

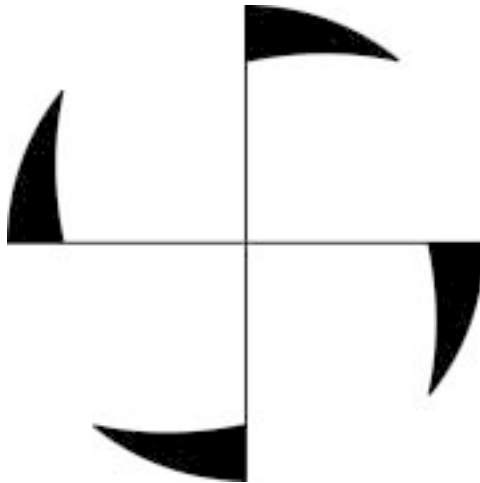


Figure 4: This figure illustrates a Medicine Wheel that is in movement. The types are not static and are in constant movement around the center. Earth awareness develops as intuition/sensation rotate together around the center or the Seventh Sacred Direction in an act of the ongoing dream dreaming itself and in so doing creation of awareness that becomes aware of consciousness develops.

body has produced consciousness, it produces the meaning of the earth... This shows that if one remains persistent in the hidden, unspoken purpose, then the very nature of the earth, the hidden lines in the earth will lead you".<sup>19</sup> Earth intuition can be understood through the medicine wheel teaching of the seventh sacred direction (the center of the six cardinal points). The center is where the spatiotemporal reality becomes united with the transcendental and becomes the *axis mundi* within our realm of existence. Within the center it is possible to be at one with the earth's knowing, which is manifested as intuition in the human psyche. Most Native healers that deal with this type of understanding would have said what Jung said in the above statement in precisely the same manner, if not the same words. The fact that the earth (which is what our human body is comprised of) produces consciousness illustrates to me that sensation, or contact with the earth, becomes knowing or awareness of the earth herself. Therefore, all that we know is "earth awareness" and is experienced when the human psyche is at the seventh direction. This "earth awareness" must be brought into balance by the ego through a balancing of typology as taught by Jung. Typology from the Native understanding leaves an open space on the horizontal plane where "intuition" is placed in Jung's schema. (See Figure 3) Once the individual has become aware/ conscious of earth via the thinking and feeling function, the opportunity arises for a more transcendent understanding. The person could be content to sit at the center of the cardinal points and be at the seventh sacred direction, which by all explanations could be an ideal form of balance and harmony within the personality. (See Figure 1) However, typology from a Native perspective takes balance and harmony to another level through a purposeful disruption of the achieved balance. While it is believed that one can sit at the seventh sacred direction at the moment of death, once all the functions and awareness are in balance, this balance and nirvana state unfortunately is not allowed while in the earth body because the earth continues to evolve towards higher consciousness. This notion of the evolution of earth awareness—of psyche—is very consistent with Jung's theory of individuation. Underlying this we again find that there is natural law (Jung's unconscious, via the archetype of the Self) driving the process.

One possibility of the open space in Native typology (the open space in the intuition side of Jung's typology) could be understood as

the archetype of the Self. In the Jungian view,

... the Self is a quantity that is superordinate to the conscious ego. [See Figure 3] It embraces not only the conscious but also the unconscious psyche, and is therefore, so to speak, a personality which we also are... But it transcends our powers of imagination to form a clear picture of what we are as a self, for in this operation the part would have to comprehend the whole. There is little hope of our ever being able to reach even approximate consciousness of the self.<sup>20</sup>

Therefore it seems that the empty space in the typology construct indicates to both the Native and to Jung that there is a part of the personality that remains part of the Mystery, yet is driven by natural law to continue its quest towards awareness/consciousness. If the person has integrated many of the complexes, including parts of the shadow, ego, and portions of archetypes which would create chaos in the individual if left undifferentiated, then the ego complex can actually sit at the seventh sacred direction and be aware of the journey that is required by the opening of the quadrant of the Self/Mystery archetype. This describes what Jungians refer to as “Ego-Self dialogue.”

Fundamental differences between the Western and Native worlds can be seen in the manifestation of ritual or ceremony. The ritual of Jungian analysis takes place in an office container and has its roots in the alchemical hermetic vessel. This vessel is left up to the imagination of the analyst and the analysand within the transference for the most part and much of the actual work is done via dreams (similar to Native healing) and active imagination.

In Native therapy, active imagination also is part of the healing/analysis. However, instead of the container being a hermetic vessel (mandala) in the form of the analyst’s consulting room, the container becomes a ceremonial earth place in the form of the medicine wheel—literally or intrapsychically—and thus comprises the ceremonial sacred space. Healing and awareness are made possible through an attempt at dissolution of ego in a very real and excruciating process. Once the ego complex is relegated to a position minimally available or subordinate to the Self, then it is possible to allow the unconscious to emerge with contents that need to be integrated into the personality in order for

individuation to occur. In Native ceremony, the six directions<sup>21</sup> are constantly acknowledged through prayer and communication with spirit beings so as to allow for an integration of the different aspects and meanings from the cardinal points to be integrated into the personality. The “therapy ceremony” in the Native context is in movement usually in a clockwise direction, while the analytic ceremony is moving psychologically but not physically. The resultant image in the Native movement of the medicine wheel then becomes a swastika which we see depicted in much of the older Native arts such as Navajo weavings, Pueblo pottery, etc. (See Figure 4)

There are instances in which the medicine wheel can turn counter-clockwise in Native traditional ceremony. For this to happen a special individual is needed: namely a “contrary,” “trickster,” “clown,” “heyoka,” etc. These figures, generally referenced as “the contrary” have a relationship with earth awareness that allows them to move freely in and out of shadow without contaminating the healing that is taking place in the ceremony. In this manner the contrary removes most of the transference from the shaman/healer/therapist and takes this transference of the shadow upon him/herself. The contrary/trickster is known in the community, and when they emerge everyone has an understanding that other worldliness has been transcended even beyond what the shaman proper has been involved in. As far as I know, Jungian psychology is aware of the trickster and much has been written about this figure, but the trickster does not come into intentional play in the analytic process. From what I’ve observed in many analysts and their patients is that the analytic process is a very serious and somber process, perhaps with roots going back to the blank slate of the psychoanalytic therapies. However, the seriousness of the healing ceremony must be balanced, and it takes someone who is willing to intentionally move into the shadow in order to bring about balance. One method that the analyst may utilize to allow the process to move within the shadow is to allow him/herself to become irrational through the use of irrational statements that are confusing and make no sense to the ego. For example, I have suggested to patients who may be stuck in a thinking function and need to move towards feeling to utilize Coyote’s howl. This is a literal intervention where I ask the patient to howl and is an irrational request that provokes feelings and makes no sense to the thinking function. In this manner the patient can experience feeling



in a safe environment that moves them into their inferior function, which is where shadow has a tendency to hide.

Dynamically, movement of the Swastika is critical in order to avoid shadow/evil/witchcraft elements from intruding into the process. If the process is static, it opens up to malevolent forces, which can bring an end to the healing/individuation ceremony or introduce an aspect of sorcery into the process. In my experience and from what I hear from others, sometimes the analytic process becomes stuck, complacent, or shies away from difficult encounters. This notion of movement should be revisited by analytical psychology as the ceremony hopefully continues to evolve out of the static and into a more dynamic process that depicts movement. I believe that it is the static quality of analysis that leads Jung to admonish practitioners in a most harsh manner in the *Red Book* and makes a strong case that we must not follow others, including Jung or the analyst, but find our own path, much in the manner that he did. Jung was keenly aware of the pitfalls of standing still and becoming an easy target for shadow elements to creep into the process. If the hermetic vessel is sealed and not in movement, this makes for a situation that can only end in chaos and perhaps become destructive.

#### DREAM MEDICINE AND CONTACT WITH ENTITIES/ACTIVE IMAGINATION

Most Native American traditional healing as well as Jungian therapies have as their cornerstone a pathway into the spirit world—the unconscious or black world as it is represented in many Native Emergence myths. This pathway into the unconscious is accessible by natural law in the form of dreams. Based upon my experience, a key difference between the Native view and Jungian work is that in scientifically-based Jungian work the dream is considered as an energy that lives in the psyche, whereas in Native cosmology the psyche is merely a part of the dream. Dreams for Native people are alive, and possess consciousness/awareness; the dream knows the dreamer.

Because the dream is a live entity, the relationship to dreams and to dreaming is different in Native work than in Jungian analysis. In Jungian analysis the patient records dreams and brings them into the session, and the dreams are amplified in a prescribed manner with good efficacy. In Native traditional work it is imperative that the dreamer

have an active relationship to the dream world and demonstrates this through the exchange of gifts with the dream. For instance, I let my patients know that it is correct etiquette to give a gift to a spiritual entity when that entity has been made known to you in a dream. Therefore, when a patient has dreams it is imperative that they give an actual offering to the dream in order for the relationship to be reciprocal. A gift that the patient should make to the dream is acknowledgement and an offering of tobacco, food, water (the actual object is not as important as the intent).

An offering that is made by most Native people is an offering of Tobacco. Tobacco is a plant that has been given to human beings in order to be able to commune with the sacred and with entities that do not manifest themselves physically. All of the thoughts and prayers are given to the Tobacco and when the Tobacco is placed on the earth or smoked ceremonially, the prayers and thoughts are transmitted directly to the entity or the Great Mystery. The offering can also be food, water, minerals, or anything of value that has the intent of being an offering. The important factor here is the intent from the heart/mind of the individual.

In shamanic work the dream may be amplified in similar fashion as it is in Jungian work. However, the shaman, unlike an analyst, is expected to also have a direct path into the dream world and to possess information about the patient's dream that may have eluded the dreamer in the amplification process. (I have worked with shamans who can actually tell the dreamer his or her dream without having the dreamer tell the dream. This takes the process far beyond anything that Jung or his disciples have done and speaks to the fact that the dream is not simply a projection but an integral part of the natural world that is accessible to anyone who has that relationship with the world). Therefore, the shaman is expected to interpret the dream, if the patient cannot do so themselves. As mentioned earlier, this takes the transference to another level of expectation and will require some sort of balance as part of the protective mechanism for the shaman. The patient is usually required to help in this protective process by bringing an offering of an arrowhead, bullet, or some other similar symbolic object of war that will thwart shadow intrusions in the healing ceremony. As far as I know, the Jungian analyst only requires payment in order to conduct the session and, if the patient were to bring the analyst a

bullet, I'm not certain what the analyst would do with the offering!

Healing in both traditions (Jungian and Native) requires that direct contact be made with complexes and entities. One difference, however, is that Native healing approaches do incorporate "natural or spirit entities" within nature by name. These may be lightning, wind, a dog, an eagle, or any other representation of nature. These representations are considered to be spirit guides, "spokes-entities," between the natural world and the human dimension of the natural world. There is very little difference in the manner that Jung approached entities (complexes) and the way Native healers approach them.

Jung believed that these complexes are dynamic and impact inner and outer reality.<sup>22</sup> For example, when working with Native patients it is important that the ailment is identified as an entity (instead of telling the patient they are alcoholic, it is better understood if the patient is told that the spirit of alcohol is visiting and possessing them) and not simply a medical diagnosis.<sup>23</sup> It is my view that Jung also saw these as entities that he described as complexes only to meet the scientific rigor that he was imposing on himself in his publications. *The Red Book* tells a completely different story as to how Jung approached his own psyche and the entities that he encountered there. Often these entities require direct contact to mediate and transform their energy and he personally lived this aspect of his relationship with the spirit world in his own life. In order to maintain his scientist stance he developed the method of active imagination so that his followers could have a formula in which they could both explore these complexes and at the same time be protected. In other words, he basically made the offering of the arrowhead on behalf of his followers. Jung's personal offering in this regard is dramatically depicted in the recording of his personal journey in his *Red Book*. With the publication of *The Red Book*, Jung's extraordinary journey was transformed symbolically into an arrowhead on behalf of his followers.

Active imagination is done in session and interpretation/amplification may or may not be necessary to explore the meaning of the complexes that are activated. In this context the equivalence of the arrow head protector is represented in the analytic container—a defined container (the consulting room), with definite boundaries (appointed hour when the process begins and is ended), and the analyst as a

monitor of when the process is going well and when it needs to be guided, modified or ended.

In Native healing, what Jungians would call active imagination begins instantly as soon as the presenting problem is made known. As part of the diagnostic process the healer/shaman tracks as closely to the source as possible the entity<sup>24</sup> that is bringing the symptom. Through prayer, chant, and ritual, the sickness or in Native thought, the entity, is brought into awareness and introductions are made between the entities' father, mother, grandparents, etc. and the lineage of the patient. Awareness of this lineage gives the entities a very real presence in the life-world of the patient, and this idea of providing a space where the patient can develop a relationship with and come into presence with the entity at issue is very similar to the manner in which Jung approached the psyche. One can imagine Jung asking a dream symbol of wind what message it brings.

As mentioned before, the difference between Native and analytic healing is in the manner of relationship with and etiquette between the patient and the diagnosed entity. (The diagnosis could be a violation between the spirit of an animal or some other dimension of the natural world and an individual, disrespect in dealing with a person or place, or disrespect between people.) In Native healing a bargain is made with the entity early on so as to give the patient breathing room to deal with the situation. The deal I refer to is in the form of an offering which is made by the patient to the entity in lieu of the entity causing more suffering to the patient. If more suffering is required of the patient by the entity, then the patient's offering becomes a plea to the entity for insight into the situation involving suffering.<sup>25</sup> It is also important to note that diagnosis or naming of the entity creating the problem is different between the Native and analytic approaches. In Native cosmology it is the entity (not the patient) that is named diagnostically in a naming ceremony. The patient is consciously not given a diagnosis, or name (depression, anxiety, addiction, etc.), because in Native tradition it is recognized that giving the patient a diagnostic name creates a *living* diagnosis in the patient that predisposes the patient to act in the manner prescribed by their new diagnostic name.<sup>26</sup> In most Native traditions "thought" is considered a form of mental power and can create its own reality. To talk about something, particularly to name it, is to empower it.

In many tribes people have what has become known as a “Christian” name and a spiritual name. Native people do not use their spiritual name except in ceremonial situations or when it becomes necessary to identify themselves to spiritual beings. This tradition speaks to the fact that Native people realize that we live in a natural world that has a spiritual world as a parallel to the physical plane of existence. Spiritual names are therefore used to let spirits know who they are relating to and in this manner establishing a relationship between human psyche and spirit. Because of this particular belief system, the diagnosis by a healer can have profound impact on the person being named. In Native healing, “diagnosis” is seldom given without a prescription for the psychological and spiritual repair called for. In the case of Native diagnosis, the diagnosis is of the illness, not of the person.

In my work it has become necessary to undo or redo the diagnostic manner in which we approach clinical work. Instead of diagnosing patients with the usual nosology, I shift the metaphor of the diagnosis to one that resonates with the Native life-world. In addition to changing the metaphor, I also make the process more fluid versus static in order to give the patient the space they need in their healing process. For example, if the patient is presenting with symptoms that can be defined by a depression paradigm, I tell the patient that s/he is having a visit by the spirit of sadness. By calling it a visit and naming the energy the patient can then make a relation with the energy versus wanting to get rid of “the depression” as is customary in Western therapies. In essence, this method transforms what could ordinarily be seen as part of the patient’s pathology into one in which the spirit entity of sadness is trying to teach him what he may need to know as part of his “individuation” journey.

Once the entity/diagnosis is named in this manner it opens the door for a more creative form of active imagination. The patient can then present the entity with an offering (a physical versus imaginary offering) and can begin a dialogue with the spirit of sadness. It never fails that the spirit of sadness or other entity visiting will respond either directly or shortly after in dreams or through synchronistic events. I have worked with patients who have been suffering symptoms for many years and seen many therapists to no avail. When presented with this new approach, which is more in keeping with their cosmological reality

of the universe, the patient is helped twice. I say twice because the patient is dealing directly with the entity, not simply a projection, and he is also regaining a sense of identity that is part of his ancestral makeup. The sense of identity is something that has been systematically removed from many Native people via the colonizing process that at times involved genocidal tactics by the colonizer.

The cultural and physical genocide endured by the Native people of Turtle Island<sup>27</sup> has been well documented in historical textbooks. More recently, researchers, therapists, and traditional healers in most Native communities are uncovering spiritual, psychological, and soul wounding effects. Evidence indicates that trauma suffered by ancestors is passed on to descendants unless the trauma is healed at some point in ongoing trans-generational process. This inheritance of trauma has been called historical trauma, and there is abundant literature on the subject.<sup>28</sup> Jung was aware of the importance of ancestral inheritance on many levels although he did not develop this idea fully in his writings.<sup>29</sup>

#### JUNG, JOB, ABRAXAS, QUETZALCOATL, AND TETZCATLIPOCA

Gnostic cosmology had a profound influence on Jung and on his psychology. Although Jung may not have been a literal follower of any of the ancient Gnostic teachers, he, like the ancient Gnostics, believed in transformation and individuation that is not based on faith but on natural inner experience of the soul which is the source of Gnosis.<sup>30</sup> The colorful threads of Gnostic belief are woven throughout the writing and thinking of Jung, and these ideas led him closer to an understanding of Native cosmology, dreams, the relationship to the Sacred as well as a comprehensive understanding of the Native psyche as a whole. Jung's identification with Gnosticism is made apparent by the one sacred object that he kept on his person; the ring with the image of Abraxas—the transcendent image in Gnosticism.

A full treatment of Jung and his Gnostic roots cannot be given in this discussion simply because of space limitations and plenty has been written elsewhere on the topic. What has not been touched upon (to my knowledge) is how Jung's deep knowing of cosmology à la Gnosticism is related to Native cosmology, especially as it pertains to the Aztec and Mayan idea of the way in which the Gods functioned paralleled those of human beings. The reason that the Aztec and Mayan

understanding is of consequence is that their ideas can be traced via the manuscripts that survived, as well as first-hand accounts by the early Spanish scholar priests.<sup>31</sup>

Abraxas is an image that represents a union of heaven and earth. It is a dynamic that unites all opposites. Typically it is represented by a



Figure 5: Abraxas Image.

figure with a rooster's head, a man's torso, and serpent legs.

In Mayan/Aztec symbology the fact that the rooster and serpent are united in such a manner can be also clearly seen in the image of Quetzalcoatl (the only difference is that the upper part of the image in one tradition is a Rooster and in the other it is a Quetzal bird). Although roosters are limited in their flying abilities, they are still winged creatures, and it is important to note that they are masculine, while the Quetzal can fly and in the Mayan myths we can assume that they were either male or female.<sup>32</sup> Abraxas is called "the activity of the whole" in the Fourth Sermon of the *Septem Sermones*. According to Hoeller "Abraxas exists for the perpetuating or enhancement of life, by which we must understand the life of the psyche, although physical life may not be excluded."<sup>33</sup>

Quetzalcoatl is the primordial God of creation who with his opposite Tezcatlipoca created the universe. In one of the accounts of creation, Quetzalcoatl went into the underworld where he gathered the bones of the dead. He then sprinkled his blood on the bones and in this manner the bones came to life and became humans for the new era. The parallel idea between Abraxas and Quetzalcoatl is that the mother or giver of all forms and archetypes must have a common origin in the birthplace of archetypes.

Therefore, within this divine image we have a divinity that is complete, and Jung must have appreciated this. That is because he felt strongly that in Christianity the dark side of the God image was absent so that God left humanity with an incomplete divinity, and for this reason the Christian myth was not complete as a trinity. The dark side or shadow of the God system is there not only to make the Godhead whole; it is also there as a balance and literal mirror for God.

In the Native American myth, Tetzcatlipoca tricks Quetzalcoatl by getting him drunk and showing him a mirror that actually reflected Tetzcatlipoca's cruel face instead of the face of Quetzalcoatl (Tetzcatlipoca translated from the Nahuatl/Aztec language is "smoking mirror"). Believing he was seeing his own cruel face, Quetzalcoatl threw himself into a funeral pyre and his heart ascended into heaven and became Venus, the morning and evening star. In this myth we find the God being manipulated into having insight about the nature of life/psyche by seeing his shadow and in order to become whole a sacrifice is required by a one-sided God. Jung's insights into God's shadow are



well known. In his *Answer to Job* Jung delineates how God's shadow, Satan, holds a mirror in the face of God through his tempting/tricking God into tormenting Job. As in the Meso-American Native myth, God also was able to see his own cruel face in the smoking mirror and because of that he decided to also sacrifice Himself in order to transform and attain unity within the Godhead.

It is important to note these two parallel mythologies to gain insight into the deeper essence of the energy that gives birth to Jung's notion of archetypes. Jung understood that these came from a deep place that cannot be named, although he struggled to make the connection with matter and psyche in much of what he described.<sup>34</sup> Jung's Gnostic spirit led him into the world of Alchemy where he pursued the connection between spirit and matter. I believe that Jung knew that this connection to matter did not go far enough in understanding the psyche. It is clear from reading his First Sermon to the Dead that Jung understood that the birth of archetypes and psyche came from a place that did not adhere to the essentialism of matter. If the psyche is purely matter, it would be more predictable; Jung understood, especially in his work with dreams, that the psyche is unpredictable. It does not operate on the basis of universal "laws." Where does Jung's notion of psyche originate?

Jung gives us his answer in the first few lines of the First Sermon to the Dead:

Hear Ye: I begin with nothing. Nothing is the same as fullness. In the endless state fullness is the same as emptiness. The Nothing is both empty and full. . . that which is endless and eternal has no qualities, because it has all qualities. . . The Nothing, or fullness, is called by us the Pleroma. In it thinking and being cease, because the eternal is without qualities.<sup>35</sup>

Jung is not being nihilistic in his understanding of the Nothing (Nothing). Instead, he realizes that all emerges out of emptiness in the sense that there is no essentiality to what we perceive as reality.

In the Native American view of cosmology there is at least one documented parallel to the First Sermon to the Dead as illustrated by the idea of Changing Woman in the Dine' (Navajo) cosmological system. Changing Woman parallels closely what Jung calls Pleroma in that she also has no qualities because she has all qualities.<sup>36,37</sup> Interesting to note

that in the Native myth the story is carried by a female image, although no image of Changing Woman exists because it would be impossible to have an image that represents all qualities while at the same time<sup>38</sup> having no essential form. In addition, I need to mention here that the female-oriented Native psyche chooses a female idea for the ego to make sense of the myth, while most of Western cosmology remains masculine; especially within the Judeo/Christian tradition.

Western cosmology being logo-centric provides us with the notion that creation took place out of the word of God. If we understand Changing Woman, it is not possible to have creation while talking is going on because talking has a direct connection to thinking. Instead, in Native cosmology, coming into being takes place in the empty spaces that occur in between words/thoughts. Again, that Jung understood this can be seen in his First Sermon to the Dead and this is clearly understood by the Changing Woman myth of how the universe is in constant creation and is not a static process in which matter is static. Therefore, psyche is in a constant creative process where the birth of archetypes, dreams, and reality are in constant flux as in the image of the moving medicine wheel-swastika/mandala.

#### CONCLUDING THOUGHTS

It is important to note that the ideas contained in this paper deal only with a circumscribed psyche as understood by Jung and Native People. There are many permutations that need to be visited as in how anima and animus interact with typology in both systems of understanding. The work must continue as insights continue to emerge as psyche becomes more aware of itself.

There are striking similarities and differences in theory, practice, and understanding of the psyche in both Native and Jungian worlds. At the level of natural law, where archetypes and all forms of thought are born, all is similar in that all is empty and all worlds are possible. A plausible metaphor is that of the number zero as understood by Western and Mayan cosmology. In Western understanding zero is "nothing" while in Mayan cosmology it is infinite possibilities.<sup>39</sup>

I believe that much of the differences between the two systems in understanding the psyche may very well be a product of language, which has a huge influence in our being and understanding/conceptualizing of the life-world. Most European

languages must have nouns in order to convey meaning, and this leads to objectifying the world and thus the world is viewed as static. This type of languaging also has a way of separating the individual from their world a la the Cartesian paradigm. Jung was trapped by this language system and even though I truly believe he had direct experience of the numinous, he did not have a method of conveying that to those outside himself because of language barriers.

Most Native American languages are based on verbs as the main way of conveying meaning. Verbing has a way of making the world dynamic and conveys movement; the life-world is not frozen in any point of space-time. As we know from quantum physics, the universe is not static but is rather in constant movement, and star systems move in patterns that convey the image of what we know as swastikas. Our psyches are an integral part of the universe, and therefore it makes sense that all that underlies psyche can be depicted through the image of the medicine wheel. Therefore the differences in understanding of the psyche can be bridged by taking our understanding beyond language constraints and allowing our psyches to move within the cosmic dance that is the dream dreaming itself in every moment as it emerges out of an empty luminescent awareness of the dream.

### NOTES

1. Eduardo Duran, *Healing the Soul Wound: Counseling American Indians and Other Native Peoples* (New York: Teacher's College, Columbia University, 2006).

2. Violet Staub De Laszlo, *The Basic Writings of C.G. Jung* (New York: The Modern Library Press, 1993), p. 558.

3. Eduardo Duran, *Buddha in Redface* (Lincoln, NE: IUniverse Press, 2000).

4. This term might be understood as "The Source" of all life. Vine Deloria, Jr. uses the term "the Great Mysterious." There are many terms that are used by different Native cultures. The important factor is to avoid the term "God" which invokes Western concepts of deity and which are based in patriarchal duality and power dynamics. In Jungian terms it can be seen as an allusion to the Self.

5. Murray Stein, *Jung's Map of the Soul* (Chicago: Open Court, 1998), p. 58, p. 189.

6. Donald Sandner, *Navajo Symbols of Healing* (Rochester, VT: Healing Arts Press, 1991).

7. Mircea Eliade, *Shamanism: Archaic Techniques of Ecstasy* (Princeton: Bollingen Press, 2004).

8. Carl Jung, *The Red Book*, ed. Sonu Shamdasani. trans. Mark Kyburz, John Peck, and Sonu Shamdasani (New York: W.W. Norton, 2009).

9. Carl Jung, *Memories, Dream, Reflections* (London: Oxford City Press, 2010).

10. Adolf Guggenbuhl-Craig, *Power in the Helping Professions* (Zurich: Spring Publications, 2009).

11. Vine Deloria Jr., *C.G. Jung and the Sioux Traditions* (New Orleans: Spring Journal Books, 2009).

12. De Laszio, *Basic Writings*, p. 558.

13. "Natural law" refers to "laws" that derive from Nature and not from the mind of Man.

14. De Laszio, *Basic Writings*, p. 498-499.

15. De Laszio, *Basic Writings*, pp. 504-505.

16. De Laszio, *Basic Writings*, p. 180.

17. Deloria, *C.G. Jung*, p. 57.

18. De Laszio, *Basic Writings*, p. 325.

19. Carl Jung, *Nietzsche's Zarathustra* (Princeton: Bollingen Press, 1988), p. 356.

20. De Laszio, *Basic Writings*, p. 187.

21. The four cardinal directions—East, South, West and North, plus Above and Below.

22. De Laszio, *Basic Writings*, pp. xvi-xvii.

23. Duran, *Buddha*, p. 79-80.

24. "An "entity" can be viewed in many ways. It can be the sickness itself (e.g. what Western practitioners would call depression, for example. An entity could also be the intervening dynamic that violated or felt violated, such as a lightning strike, an animal killed for non-acceptable reasons, it can be spirit beings in myriad forms such as wind, animals (eagle, bear, salmon, hawk, snake., rocks, etc.), and it could be spirits of the ancestors which are called upon to communicate and

give guidance to the patient or in some cases being called because the patient has violated their spirit in some way and amends must be made.

25. Duran, *Buddha*, pp. 60-78.

26. *Ibid.*, p., 31.

27. Native people refer to what is known as the Western Hemisphere as Turtle Island.

28. Duran, *Buddha*, p. 15.

29. Stein, *Jung's Map*, p. 47.

30. Stephan Hoeller, *The Gnostic Jung and the Seven Sermons to the Dead* (Wheaton, IL: Quest Books, 1982), p. 21.

31. Miguel Leon-Portilla, *The Broken Spears: The Aztec Account of the Conquest of Mexico* (Boston: Beacon Press, 1962), pp. vi-xxx.

32. The fact that Roosters are male is important in light of Jung's vision of psyche emerging out of a masculine Western mythology, which influenced the way he approached the life-world. The manner of approach to the life-world in most Native American communities was matrilineal. It is easy to make assumptions as to how these different ways of being in the world allowed for a different course of differentiation of consciousness and psyche. Also, it makes sense that Jung was fascinated by Tribal/Primitive People who came from a female earth- connected psychology as I have tried to make the case for in parts of this paper.

33. Hoeller, *Gnostic Jung*, 98.

34. Deloria, *C.G. Jung*, 185.

35. Jung, *Red Book*, Section 3.

36. In *The Main Stalk A Synthesis of Navajo Philosophy*, John R. Farella observes that "...[she has] constancy of contact...with the earth-surface dwellers [humans]. For the Navajo, she is shim'ˆ. In fact, she is the essential shim'ˆ. She is the nurturer, the giver, the provider. One feels primarily warmth, trust, and safety in her presence, and the earth-surface dweller is always in her presence." John R. Farella. *The Main Stalk: A Synthesis of Navajo Philosophy* (Tucson & London: University of Arizona Press, 1996), p. 63.

37. Farella, *The Main Stalk*.

38. There are descriptions of Changing Woman's role in Navajo cosmology, but no descriptions of her as an individual being.

39. A. Blume, "Maya Concepts of Zero," *Proceedings of the American Philosophical Society* 155 (March 2011): 84.

**Part 3**

**West Door: Contemporary Indigenous Trauma and Healing**

## **Chapter Eight**

### **Injury Where Blood Does Not Flow**

Eduardo Duran  
Judith Firehammer

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 extroverted. 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.

## References

- Allen, J., Mohatt, G.V., Rasmus, S.M., Hazel, K. L., Thomas, L., & Lindley, S. (2006). The tools to understand: Community as co-researcher on culture-specific protective factors for Alaska Native. *Journal of Prevention and Intervention in the Community*, 32, 41-59.
- Beck, J.S. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford.
- Danieli, Y. (1998). *International handbook of multigenerational legacies of trauma*. New York: Plenum Press.
- Devilly, G.J., Spence, S.H., & Rapee, R.M. (1998). Statistical and reliable change with eye movement desensitization and reprocessing: Treating trauma with a veteran population. *Behavior Therapy*, 29, 435-455.
- Duran, E. (2006). *Healing the Soul Wound: Counseling with American Indians and other*

*Native Peoples*. New York: Teachers College Press.

Duran, E., Firehammer, J., & Gonzalez, J., (2008). Liberation psychology as the path toward healing cultural soul wounds. *Journal of Counseling and Development*, 86, 3, 288-295.

Fisher, P.A., & Ball, T.J. (2002). The Indian Family Wellness project: An application of the tribal participatory research model. *Prevention Science*, 3, 235-240.

Horowitz, M.J., Marmar, C., Krupnick, J., Wilner, N., Kaltreider, N., & Wallerstein, R. (1997). *Personality styles and brief psychotherapy* (2<sup>nd</sup> ed.). New York: Basic Books.

MacDonald, J.D., & Gonzalez, J. (2006). Cognitive-behavior therapy with American Indians. In P.A. Hays & G.Y. Iwamasa (Eds.), *Culturally responsive cognitive-behavioral therapy: Assessment, practice, and supervision* (pp. 23-46). Washington, DC: American Psychological Association.

Meichenbaum, D. (1977). Dr. Ellis, please stand up. *Counseling Psychologist*, 7 (1), 43-44.

Meichenbaum, D. (1997). *Treating post-traumatic stress disorder*. Chichester, England: Wiley.

Mohatt, G.V., Hazel, K.L., Allen, J.R., Stachelrodt, M., Hensel, C., & Fath, R. (2004). Unheard Alaska: Culturally anchored participatory action research on sobriety with Alaska Natives. *American Journal of Community Psychology*, 33, 263-273.

Renfrey, G.S. (1992). Cognitive-behavior therapy and the Native American client. *Behavior Therapy*, 23, 321-340.

Shapiro, F. (1989). Eye movement desensitization: A new treatment for post-traumatic stress disorder. *Journal of Behavioral Experimental Psychiatry*, 20, 211-217.

Trimble, J.E. (1992). A cognitive-behavioral approach to drug abuse prevention and intervention with American Indian youth. In L.A. Vargas & J.D. Koss (Eds.), *Working with culture: Psychotherapeutic interventions with ethnic minority children and adolescents* (pp. 246-275). San Francisco: Josse-Bass.

Whitbeck, L.B., Adams, G.W., Hoyt, D.R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology*, 33, 119-130.