

Wounding Seeking Wounding: The Psychology of Internalized Oppression

“The most potent weapon in the hands of the oppressor is the mind of the oppressed” (Steven Biko, 1970).

I HAVE BEEN ASKED many times by people in the Native American community to write a “how-to” book that would complement the philosophical style of the book entitled *Native American Postcolonial Psychology* (Duran & Duran, 1995). The more theoretical approach of that work did not provide a hands-on approach to clinical practice. Presently, there is a great need for new methods of treating Native people for many life problems. This work was written with the hope that it will influence the practice of other therapists who are searching for a different way of doing psychotherapy. In this book, I present pragmatic methods, not theoretical constructs. The concept of postcolonial discourse as presented in the previous book has evolved in this one into the concept and practice of liberation discourse. Liberation discourse provides some of the practical knowledge needed to heal the wounded souls of our people and communities. Liberation discourse therapy is a process that uses Western as well as Traditional Native metaphor so that culturally competent processes may emerge.

LIBERATION PSYCHOLOGY THROUGH HYBRIDISM

This first chapter is an attempt to clarify some of the underlying issues that may be driving the symptoms of Native American patients seeking help. Trauma that is passed from generation to generation and the effects of the trauma on present health and wellness of the individual, family,

and community will be discussed. Internalized oppression as a natural by-product of such trauma or wounding also will be explored.

Hybrid is a term that has emerged out of postcolonial thinking and basically means that there can be two or more ways of knowing and this can be a harmonious process. The concept of ideas existing without hierarchy is key to the liberation and healing process. Decolonizing is a process of liberation. In other words, we are going beyond colonizing, because colonizing is a dehumanizing activity. It is important to mention that I believe we must transcend the notion of "cross-cultural," "cultural sensitivity," and other such ideas that have been in vogue for some time in our field. It is critical that we engage in epistemological hybridism (literal translation: being able to think or see the truth in more than one way). Epistemological hybridism takes the actual life-world of the person or group as the core truth that needs to be seen as valid just because it is. There should never be a need to validate this core epistemology or way of knowing by Western empiricism or any other validating tool. To do so is merely a form of neo-colonization that will only add to the problem.

Presently, our profession is moving toward objectifying healing under the guise of "empirically tested therapies." When the profession validates empirically tested therapies only from a Western logical positivistic paradigm, we engage in Western supremacy disguised as perceived scientific objectivity: a very subtle and clever neo-colonialism that will further alienate people and groups at a time when cultural understanding and compassion are greatly needed if we are to heal our society. By operating in a manner that liberates the individual and community, we humanize and restore human dignity just because it is a dignified thing to be human.

Through the creation of liberation discourse, we help the patient address the immediate problem and simultaneously set in motion the act of decolonizing. This culturally competent approach also can be categorized as "liberation psychology." This approach to healing is long overdue in our field. By decolonizing the patient, we also ensure that chronic problems will be prevented in the future. It is important to note that decolonizing does not apply only to Native People or other people of color who have been colonized. So-called mainstream Westerners also may want to decolonize from the collective consumer colonization process that has been imposed on them. Colonization processes affect human beings at a deep soul level, and the intent of this book is to begin a healing process for all of those who want to restore their humanity in a way that is harmonious with natural laws.

In Chapters 3 through 8, I attempt to guide the reader through a complex yet natural process of therapy that has developed from my work with Original People. Familiar ideas such as diagnoses are translated into ideas

that will be foreign to some readers. Other readers may think that the discussion is basic and ask why I even bother to present it.

The largest metaphorical leap undoubtedly will be the shift from psychologizing to spiritualizing. In order for the healing process to make sense to Native People, I have changed psychological (soul) metaphors into spiritual (soul) metaphors. *Soul* is in parentheses because I want to alert the reader that Western and Traditional Native root metaphors are not so far apart when viewed in a historical context. More will be said about this later.

Chapters 5 and 6 contain clinical case material that may help the reader to see how a different worldview deals with problems that fall in the category of psychopathology in a Western paradigm. In these chapters, the currently held concepts of mental or psychological disturbances are examined from an Indigenous theoretical and clinical methodology. The result is that the diagnosis and treatment processes move into a different process world through the re-interpretation of content that is used in most healing/therapeutic settings. Simply stated, pathologizing rhetoric is replaced with rhetoric that allows patients to form relationships with their life-world. This includes forming relationships with the source of their pain so that they can make existential sense of what is happening to them. Most Western therapists would call this a simple reframe, and if that helps to make sense of these methods, so be it.

INTERGENERATIONAL TRAUMA: THE SOUL WOUND

As the first task in my clinical career, I was required to perform a needs assessment for a Native American community in central California. I proceeded with the usual surveys and other techniques, which I had learned in a community psychology class. About 2 weeks after the surveys went out into the community, a community health worker returned them—and most of them were blank. When I inquired why they were not completed, I was told, “We thought that you had more manners than that when we hired you. We thought that your grandmother had taught you better than to go asking these kinds of questions.”

Completely devastated at this gross cultural incompetence, I proceeded to ask some of the elders what I should do. I was told that I should listen and not talk so much. One elderly woman took me under her wing. Once I was seen with her, people took time to talk to me. A curious description of the issues began to emerge out of the conversations. When asked about the problems in the community, people did not mention the expected symptom-oriented problems. They began to mention ideas such as “spiritual injury, soul sickness, soul wounding, and ancestral hurt.”

I proceeded to do the usual literature review, and nowhere in the literature could I find anything related to soul wounding. As a matter of fact, I could not find the word *soul* in connection to providing mental health services. Even as a beginning psychologist, I wondered if I hadn't gotten into the wrong field, since the field did not have a soul, or at least the literature did not express the knowing of a soul.

At this time, I decided to do a literature review via the oral tradition. I was able to locate some wise elders who were able to describe the soul-wounding process. They explained that the ancestral wounding that occurred in the community was being passed down through the generations. They gave accounts of how the genocide had occurred in their area. Between the years 1870 and 1900, at least 80% of the population had been systematically exterminated. In addition, they explained how the earth had been wounded and how, when the earth is wounded, the people who are caretakers of the earth also are wounded at a very deep soul level. Earth wounding speaks to the process whereby people become destructive to the natural environment and disturb the natural order. My thinking was deeply affected by the schism in my psyche between the Western system I was studying and the life-world presented within this oral tradition.

Almost immediately, it became apparent that the results of the needs assessment went against all of the collective wisdom and research of the mental health profession. Results expected of such an assessment would include issues such as high alcoholism rates, high suicide rates, family dysfunction, and hopelessness. Actual data revealed a concept that was foreign to me as a professional because that concept did not exist in the literature of that time—namely, the problem was perceived by the community as the “soul wound.”

At this time, I found some of the research literature emerging from Israeli studies on intergenerational post traumatic stress (Shoshan, 1989; Solomon, Kotter, & Mikulincer, 1988). This concept later became known as intergenerational trauma, historical trauma, and the Native American concept of soul wound. These concepts all present the idea that when trauma is not dealt with in previous generations, it has to be dealt with in subsequent generations. Initial research by the abovementioned Israeli studies indicated that not only is the trauma passed on intergenerationally, but it is cumulative. Therefore, there is a process whereby unresolved trauma becomes more severe each time it is passed on to a subsequent generation.

Intergenerational trauma is a concept, clinical issue, and fact that has been widely explored in recent literature (Brave Heart, 1999; Brave Heart-Yellowhorse, 2000, 2003; Danieli, 1998; Duran & Duran, 1995; Duran, Duran, Yellowhorse & Yellowhorse, 1998; Epstein, 1979). Although it is a relatively new idea in Indian country, the concept of intergenerational

trauma and the effects on present-day Aboriginal people are receiving greater attention by academics, health providers, and community members. Treatment programs are modifying clinical strategies, and funding sources are beginning to require knowledge of historical trauma in order for funding to be awarded. This new approach to some of the problems facing Aboriginal communities includes a fundamental paradigm shift.

An understanding of historical context must underlie the use of intervention strategies with Native People (Manson, 2004). Until recently, the concept of historical trauma has been known only as theory in Western systems, although historical trauma has been readily accepted as a reality of daily existence in Native communities. Preliminary empirical study regarding historical trauma in Indian country reveals results that have serious implications for present-day Native Americans, therapists, and healers. The empirical data provide further support for the development of new methods that will lead to a new way of addressing the issues facing Original People. Research examining historical trauma indicates:

- “Remarkable prevalence among the contemporary parent generation” of measured historical trauma.
- “Thoughts about historical losses appear to be associated with symptoms of emotional distress.” Symptomatic manifestations of the perception of historical loss include anger, anxiety, and depression.
- “The ‘holocaust’ is not over for many American Indian people. It continues to affect their perceptions on a daily basis and impinges on their psychological and physical health.” (Whitbeck, Adams, Hoyt, & Xiaojin, 2004, pp. 127–128)

Internalized Oppression: Bitten by the Vampire

Paradigm shifting is not an easy task, and the effort usually creates awareness that other areas of the paradigm are being influenced by the new way of thinking. One impact of the awareness of historical trauma is the notion of internalized oppression, or as it was known previously, identification with the aggressor (Freud, 1967). Identification with the aggressor is a phenomenon observed in clinical settings in which the patient presents with physical, psychological, epistemic, and cultural violence, and the victim identifies with the perpetrator in a variety of ways.

Michael Butz (1993) presents an interesting clinical study in which internalized oppression is understood through the mythology of the vampire. Early on, Butz discovered that the patient, who was a victim of physical violence, did not want to communicate verbally. (The violence in these

cases may be physical, sexual, spiritual, or emotional. It is important that the energy of violence receive the attention. The spirit of violence manifests in different symptoms, but the interventions are targeted at the cause, not merely at the symptoms.) Butz decided to go along with this and made nonverbal materials, including art supplies, available in the session. During the next session, the young boy drew a picture of a vampire. When Butz brought the picture to the case conference, it was not clear what the vampire image represented. A clinical decision was made to wait for more projective material to emerge in order to help amplify or interpret the image—to gain insight into what the psyche was trying to convey. At the next case conference, Butz presented additional projective material from the patient, who had created another vampire drawing, an indication that the image did not yet have an interpretation. The patient drew similar images a couple more times. At this point, Butz began researching vampires. Thematic study of vampire literature gave him the insight to amplify the patient's projective drawings of vampires.

Emerging themes revealed several traits of vampires. Vampires have a tendency to work at night and in darkness; they are part of a secret society; they can be eradicated only by special spiritual means. Further, when they bite a victim, the victim becomes infected and also will become a vampire. These insights assisted in understanding that the patient's psyche was calling for very specific help. One kind of help the patient wanted was treatment that would protect him from becoming a vampire himself (Butz, 1993).

Insights that automatically arise from the vampire image provided some of the material needed to address the immediacy of the clinical situation. Although the usual treatment methods were being used, Butz realized that a deeper therapeutic approach was needed to address the vampire image and the implications that this brought to the clinical situation. Butz engaged the patient in treatment that encompassed addressing spiritual issues within the family in addition to ongoing systemic family therapy, supportive therapy, and insight-oriented treatment.

Through a shifting in treatment paradigms, the patient is allowed to validate an injury that occurred at different levels. Injuries of this type occur at the physical, psychological, and spiritual aspects of the person. Patients quickly understand that the body can heal in a reasonable time, and psychological interventions can bring understanding and insight into the situation. Still, symptoms persist after psychological and medical treatment occurs. Once the notion of spiritual injury is introduced, patients usually shift their perspective and begin to search for deeper healing of the spirit. Butz's case example illustrates how the patient sought treatment to rid himself of the infection that the vampire injected into his soul. In essence, some of the vampire or perpetrator is already in the person after the person has been victimized.

It is important to note that the case above involved violence of a sexual nature. Regardless of the type of violence inflicted on the victim, there are similar psychological and spiritual aspects of the case that must be attended to. It is true that sexual violence has a deeper impact on the spirit and has to be dealt with in a delicate manner, as will be illustrated in the case study in Chapter 6. Other types of violence also have some of the spiritual implications found in sexual violence, as is the case in domestic violence between adults and violence toward children.

“Psychology” and “Soul Study”

I realize that the use of the terms *spirit* and *soul* may have some readers feeling uneasy because these terms are not part of the Western psychological terminology. However, the literal definition of our profession has deep roots that are enmeshed with spiritual metaphor. It is important to be cognizant that the word *psychology* literally translates into “study of soul.” When asked, many of our fellow professionals identify themselves as “psychotherapists.” Again, through a simple etymological regression, we find that this identity literally translates into “soul healer.” The task that our profession pursues via soul healing is eradication of “psychopathology,” which translates into “soul suffering.”

Most of the root metaphors required for the task at hand have existed in the psychological profession for millennia. A simple linear approach to this would yield the question, “What happened to cause us to lose the essential meaning of our root metaphor?” Through the process of the so-called enlightenment and the Cartesian splitting of the world, we literally have done just that. We have been split off from our world-soul. It follows that if the healer is split from her soul, she will not be able to facilitate the integration of soul in her patients. Is it possible that our profession also has been infected by the vampire’s bite imposed by the Cartesian objectification of the life-world? Objectification of the life-world into a subject-object relationship helps us to rationalize away the reality of the soul.

Western-trained therapists are trained to think within a prescribed paradigm that targets pathology. If this strategy does not work, then the patient may be further diagnosed with personality or characterological disorders, which, in the worldview of the *Diagnostic and Statistical Manual* used to diagnose mental disorders (American Psychiatric Association, 2000), are very difficult to treat. At this point, the patient may be left feeling frustrated and in many cases may choose to self-medicate with alcohol or illicit substances.

Cognitive therapies are the flavor of the decade at this point in time. From a philosophical standpoint, it is interesting that therapy focuses on cognition when the root of the word *psychology* is soul. Between the root

of the word *psychology* and the world of clinical practice there appears to be an inconsistency at best and, perhaps, dishonesty at worst. Most Native People believe that they are more than just the cognitions that flow endlessly through the realm of awareness, and it is in these “other” aspects of the personality where there may be a place in which therapy/healing needs to happen. If we inflict a system that is based only on cognitions, as in the logocentric Euro-American tradition, we are committing hegemony (imposing a different worldview on someone) on the patient who believes otherwise. This type of cultural incompetence illustrates how someone operating from innocent ignorance actually can practice a form of hegemony that goes against all of the principles of our profession.

THE PSYCHOLOGY OF THE HEALER

The purpose of this book is to discuss clinical strategies that emerge out of a psychology of historical trauma, while maintaining the principles of cultural competence. I present archetypal material in its most root metaphorical fashion in order to sidestep some of the ego’s defense mechanisms that are ready to diffuse spiritual phenomena via logical positivistic machinations of the mind. In order to discuss these issues, it is imperative also to delve into the psychology of the healer. Usually, discussions focus on the pathology or suffering of the patient, under the pretense that the patient’s suffering exists in a vacuum. This type of psychologizing perpetrates blaming-the-victim approaches. When therapists engage in blaming-the-victim, we are participating in a process that has close association to some of the dynamics mentioned above, including projections of our own repressed shadow—in other words, our blind spots get in the way of the therapeutic process.

In essence, we have all internalized much of the personal and collective wounding of our culture. Our culture has been affected by a long history of violence against other cultures, which continues to the present. The wounding that is sustained by the collective culture has an impact on the psyches of the individuals in the society. The fact that the soul has been eradicated from our healing circle is indicative of a collective wounding process that has never been grieved or healed. It is from this wounded inner self that we, in the mental health field, seek to wound others, through the secrecy and darkness of our practice, and we attempt to ward off our shadow through exhaustive ethical codes. Ethical codes cannot make a soul healer out of anyone. These codes are usually there to avoid the most obvious perpetrators; well-defended ones can continue on their iatrogenic practice well “under the radar” of the code of ethics.

THE RAPE OF TURTLE ISLAND

At this time the reader may recall the idea of the vampire metaphor discussed earlier. This metaphor can be used to describe some of the problems inherited by the Native People of "Turtle Island," as the Western hemisphere is known in Native cosmology. The colonial process experienced by these people can be described as a collective raping process of the psyche/soul of both the land and the people. It is the inclusive life-world that becomes the victim of such an assault. As mentioned before, abuse occurs at the physical, psychological, and spiritual levels. Therefore, the issue must be addressed at all of these levels. Healing of the body, mind, and spirit is further compounded by the fact that the trauma occurs at the personal, community, and collective levels.

Issues regarding clinical practice within a culturally competent model become more complex when we consider the psychology of identification with the aggressor and of internalized violence and oppression. At this point, we have a clinical picture that must be assessed and treated from all of these points of reference: Western clinical practice, internalized oppression, historical trauma, and Traditional Aboriginal theory. A task of this nature is a Herculean one at best (requiring great strength) and Sisyphean at worst (as frustrating as the task of rolling a stone up a hill only to have it roll back), and it's little wonder that ongoing systems of care have such difficulty with patients presenting with intergenerational trauma and internalized oppression.

It would be an understatement to assert that providers must be aware of cultural competence and methods of treatment in order to understand the clinical ideology I am describing. Frustrations incurred by providers who are not prepared to deal with these issues may be manifested through a dynamic of blaming-the-victim. Patients will be further traumatized. Needless to say, this becomes the dynamic that allows further vampire projections to occur, and the patient may worsen and/or drop out of treatment.

Internalized Oppression as a Collective Ailment

The death of Crazy Horse is a well-known part of history within Indian country and not so well known in other segments of our society because much of the history of Original People is excluded in most American classrooms. Therefore, I will recount the manner in which Crazy Horse died. Crazy Horse was being led to a specific house on the Fort Robinson Army camp. Right before he entered the little house, he was detained by some of the Native People present. One of the Native men came behind Crazy Horse and stabbed him in the back with a bayonet (Marshall, 2004).

The death and vision of Crazy Horse regarding his death give us a clear understanding that he already understood the process of how violence can be internalized by a group of people.

Crazy Horse had a dream early on in his life in which he clearly saw the dynamics of internalized oppression symbolized in the manner in which he died at the hands of his own relatives.

A lightning mark was painted across one side of his face. On his bare chest were blue hailstones. Behind them to the west as they galloped was a dark, rolling cloud rising higher and higher. From it came the deep rumble of thunder and flashes of lightning. The horse was strong and swift and it changed colors: red, yellow, black, white and blue. Bullets and arrows suddenly filled the air, flying at the horse and the rider, but they all passed without touching them. Close above them flew a red-tailed hawk, sending its shrill cry. People, his own kind suddenly rose up all around and grabbed the rider, pulling him down from behind. (Marshall, 2004, p. 72)

Once an individual or a collective society receives a soul wound of the magnitude that was perpetrated on Turtle Island, severe consequences manifest through the victims themselves. It is a historical fact that genocide has been perpetrated on the inhabitants of Turtle Island. Native Peoples suffered a holocaust of incredible magnitude, which can be understood clearly when history shows us how the population decreased as part of the holocaust perpetrated (Churchill, 1998; Thornton, 1987).

Atrocities committed by the onrush of colonial mania are part of the hidden transcripts of American history. Such atrocities must be mentioned in order to honor those who gave their lives. They include Sand Creek massacre, Wounded Knee massacre, the Long Walk of the Navajo, the Trail of Tears, the Long Walk of the Maidu People, and the burning of hundreds of Original People at James Town, which later became the celebration of Thanksgiving in our society. There are many other instances of genocide that contributed to the soul wound of the Original Peoples of Turtle Island. Our mythological, physical, and spiritual life-world was raped by an undifferentiated masculine mythology. In essence, the vampire bit the life-world known as Turtle Island, and the infection of the poison injected by the vampire has not been eradicated.

Why should this be of concern? Why even bring it up? I believe that this is one of the most important hurdles for Aboriginal People to overcome. Manifestation of the internalized soul wound is found in many facets of life, such as domestic violence, suicide, family dysfunction, community dysfunction and violence, institutional violence and dysfunction, tribal/political infighting and violence, spiritual abuse and violence, and epis-

temic violence. I realize that these are sensitive areas that have remained as the last sacred cows in our communities, but the time has arrived to face the reality of history and of the present moment. These diagnoses are not made without a context or point of reference. I have been working with communities, individuals, and institutions in Indian country for over 2 decades. During this time, clinical and ethnographic reports have led to the formulation of these diagnostic areas of concern.

Although there are diverse manifestations of internalized oppression, there is a common thread that weaves all of them together. The pain and learned helplessness of internalized oppression continue to plague our relatives despite massive amounts of interventions that have been provided to treat the symptoms of individuals. Eventually, what is needed is a preventive intervention that addresses these issues at the source. Initially, what is required is awareness of the problem. Interventions then can be developed.

Internalized oppression is a wound that, like the vampire bite, becomes embedded as the individual or group is undergoing the abuse or trauma. Unless the victim is able to consciously explore the dynamics of the abuse and find meaning in the situation, that individual is doomed to repeat the abuse on someone or something else. Clear and insightful examples of this are given in the extraordinary insight provided by Victor Frankl (1959). Frankl relates how one of his fellow Holocaust survivors could not wait to get blood on his hands as he entertained fantasies of revenge. It is interesting that this survivor was expressing these fantasies just hours after liberation. One can see that the survivor had been bitten by the vampire of aggression. He was already infected with the same anger and vengeance as was carried by those who had committed atrocities against him and his fellow human beings.

Domestic Violence

Inflicting pain on loved ones is one of the most obvious manifestations of the internalized vampire's infection that pervades our communities. This type of violence can be understood as the projection of the internalized oppressor onto a related person. Internalized self-hate finds an object upon which to cathect (cleanse) or release the internalized pain. The individual directs the narcissistic injury onto someone who can represent him. The victim then carries the injury for him. Violence toward individuals close to the injured person thus results in some immediate relief, followed by remorse and another dose of internalized shame and guilt. According to Curry (1972),

The explicit and conscious act of killing involves the affirmation of life, which is nourished by that which is killed. . . . Death belongs to life, perhaps not as specifically as the phrase "destructive love" suggests. But they are nevertheless related. The patient has not actually committed murder; he is, we may quickly conclude, only killing an image of himself. (p. 103)

If we juxtapose the psychological picture painted by Curry on the internalized oppression caused by historical trauma, we can begin to understand why the level of violence is so high in our communities.

Cycles of internalized shame and pain are only too well known, and our clinics abound with families forced into treatment or seeking treatment as a last resort. Unfortunately, some recent violence treatment models are pathologizing and result in additional guilt that the perpetrator is expected to absorb. Of course, having the perpetrator absorb more guilt and shame will only ensure that there is more shame to cathect (cleanse) at a later time. Thus, the treatment intended to heal actually contributes to further violence. Most treatment approaches do not remotely reflect the ideas in this book. Treatment efforts are directed toward ameliorating the symptoms of the victims. The so-called perpetrator usually is left to legal interventions: attempts to control the social world of the perpetrator, including incarceration, so that the opportunities for acting out are minimized. Interventions such as behavioral and psychodynamic strategies serve as a pretense to healing the perpetrator who is suffering from an internalized soul wound and the causes of the soul wound. The perpetrator is left feeling as if he is a "defective Indian," with little hope of choosing his identity from a wider spectrum of narratives.

If instead such violence is understood within an accurate historical context, the family will be able to step into a more objective treatment paradigm (such as the treatment approaches discussed later in this book). Instead of feeling like a dysfunctional and defective system, the family will be able to understand the choices allowed it by history that brought it to the point of having defective behaviors. These behaviors can be rewritten into the family's "new" story, which then can have a new ending. This is not to excuse the family from present responsibility for its own history. Instead, the family will be able to empower itself through the creation of a new myth for the family system that will include the overcoming of overwhelming historical intrusions. In effect, the family can feel powerful because it has been able to endure and to heal from the brutal history of its family, clan, and tribe. The narrative then shifts from a pathological one to one in which the family is healing. Further, the family is providing the historical context for subsequent generations to reinvent themselves as necessary to continue life in a more balanced life-world.

Institutional Violence

Institutional violence is part of a similar dynamic. Wherever I travel in Indian country, I encounter narratives about how some agency or institution has been the tool of violence for someone within that community. Many of our institutional leaders are themselves inheritors of the soul-wounding process. Within the past 25 years, the sobriety movement has focused on healthier communities and has helped many of our community and agency leaders to attain sobriety. Unfortunately, many leaders have attained sobriety without insight regarding the soul-wounding process that led them to use alcohol to help them anesthetize their pain.

Internalized pain continues to manifest itself through the same process described earlier. Trauma and soul wounding internalized personally or collectively through the inheritance of historical trauma continue to haunt some of the people leading our communities. Internalized oppression by some leaders is expressed in community and work environments in which administrative subordinates or community members are systematically abused. Violence manifested in an administrative or bureaucratic setting can be described as colonial bureaucratic violence. This type of violence, perpetrated by the people who are supposed to be caretakers of the community, is a violation that further alienates people from the collective family and isolates them in the society where they can be victimized by the oppressive forces in the culture.

A few years ago, I was invited to provide training in historical trauma for a band of tribes. While I was waiting to go up to the podium to present, an elderly woman approached me. After we greeted each other, she pointed to the podium where many officials were sitting. She said, "That is where most of the problem in our community is." The elderly woman was talking about institutional oppression, violence, and bureaucratic inertia represented by her community leaders. She observed that the leaders in her community had forgotten their charge of caring for the people. Instead, she observed that the leaders had become selfish and were working for themselves. Selfishness was evidenced by policy implementation in which leaders' family members gained financially from policy decisions. This is not to say this is the case in every community, but it does occur in some instances.

Pain is inflicted not only by leaders within Native communities but also through a more subtle institutionalization of dysfunction in our mental health institutions. Dysfunction in healing institutions is perpetuated by hiring and retaining staff who are not culturally competent and through the implementation of strictly Western medical models of treatment, which maintain the process of colonization. By operating

health institutions in this manner, we ensure that people seeking help will continue to suffer from the illnesses that brought them there in the first place.

The power held by these colonized mental health administrators and tribal leaders of Indian country takes on a shadow (negative) quality if the administrator or leader has not become aware and healed from his personal and collective soul wound. One method by which these “mini-emperors” retain power is through support systems within the bureaucracy whose sole purpose is to maintain the power structure. Another method is the hiring and retaining of incompetent administrators and providers who will not question the power base of the system.

Data indicating a lack of community improvement, regardless of the amount of programmatic resources, attest to the fact that these programs have done little to ameliorate social problems in the community. Instead, many programs merely have become employment opportunities for those who agree with the ongoing colonial process. Due to this type of institutional and systemic violence, many gifted Native people prefer not to work within their communities and find work elsewhere. This leads to a “brain drain” in the community and maintains a dysfunctional and ineffective system.

In my work experience, I have observed many examples of institutional violence in our communities. There are many instances in which Native leaders prefer to have non-Native People working for them because they have internalized the belief that Native People are not as competent or capable. Abuse of Native staff by White supervisors is condoned in many settings because it is believed that the supervisors must be right. This belief in White authority is a legacy inherited from the boarding school era. One of the most widespread examples of institutional violence rooted in internalized oppression is the mistreatment of Traditional Healers by clinical personnel across Indian country.

The extent of colonization in our institutions has allowed hegemony, epistemic violence, and oppression of cultural norms to flourish. Agencies and institutions prefer models of service delivery that are entrenched in Western ideology, and Aboriginal models often are regarded as subservient and invalid. In the past, funding mechanisms encouraged these behaviors, but that is not as widespread now due to the cultural competency requirements of many funding sources. Currently, many of our institutions and agencies have been colonized into a psychology of “lactification” as defined by Franz Fanon (1963). This psychology lends itself to placing a higher value on European and Western values than on Original Peoples’ epistemology.