Our Own History Book:

Exploring culturally acceptable responses to Australian Aboriginal women who have experience of feelings of shame and are seeking counselling for problems with alcohol

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**Our own History Book**

Aunty Suzanne Nelson is known for her rich metaphors, her storytelling and for her use of The Tree of Life, not only in counselling, but also in her work in schools where she talks about racism, culture, alcohol and other drugs.

*I always tell people, whether they are my clients or students in the schools I visit ‘You are what you are because of your history book, but you do have control of your destination.*

(Aunty Suzanne Nelson, personal communication, 2016).

**Introduction: Background to the study**

In presenting this paper I will be drawing upon my doctoral research, for my thesis, entitled:

*Healing in the Yarn: Exploring culturally acceptable responses to Australian Aboriginal women who have experience of feelings of shame and are seeking counselling for problems with alcohol*

Many Australian Aboriginal women continue to experience significant trauma as a result of settler - colonisation and its practices. Such historical trauma has been identified as a significant risk factor in the development of alcohol and other drug (AOD) problems (Brave Heart, 2005; HREOC, 1997; Wilson et al.,2010).

The Human Rights and Equal Opportunity Commission (1997) have found that feelings of shame, low self - esteem and poor self image are frequently experienced by Aboriginal people and that such feelings can be directly linked to trans - generational trauma experienced as a result of the Australian genocid : loss of land, language and culture, the forced removal of children from their families (Brady 2005; Brave Heart, 2005; Carvajal & Young, 2009; Dudgeon et al; 2012).

Friere (1970) said that in order for a colonial power to succeed with invasion and subsequent oppression of the invaded population, racial discourse is absolutely essential. Wherever colonisation has occurred, racial discourse has served the cultural interests of the colonisers as it has been constructed in order to ensure that those who are being colonised are convinced of their own intrinsic inferiority, and of the cultural superiority of the colonisers. Often, due to the historical and social conditions created by invasion, the invaded may internalise violence, and express sorrow through drinking (Brave Heart, 2005).

The use of alcohol to seek relief from pain, whether physical or emotional has been widely documented (Carvajal & Young, 2009; Fanon,1961; Friere, 1970; Mate, 2008) and it has been established that many of the problems that some Australian Aboriginal women have with alcohol (and other drugs) can be directly linked to trans - generational trauma (Atkinson, 2008; Atkinson, Nelson & Atkinson, 2012).

Most addiction research has been undertaken on men, whose needs are described, as being less complex than those of women. Women seeking help for AOD issues, across the community, are more likely than men to have a history of physical, sexual or emotional abuse (Briggs& Pepperell, 2010). In addition, women seeking help for AOD problems are described as often having lower self-esteem, higher rates of depression, guilt and shame. There is also the added stigma faced by women around addictive behaviours.

It has also been reported that women experience high levels of shame, a self conscious emotion in response to some of the dominant cultural narratives about gender. Shame is also understood to be socially constructed. It generally arises from our concerns about what others think of us. For women of colour living in a white society this type of oppression is multi-dimensional and multi-layered

(Briggs& Pepperell, 2010; Dearing, Stuewig & Tangney, 2005; Potter-Efron, 2002)

**The aim of the study**

As previously indicated the aim of my research has been to explore what types of approaches represent a culturally resonant, engaging therapeutic response to Australian Aboriginal women who have experiences of shame and are seeking support for problems with alcohol. This study has also been exploring the issues of social identity for Aboriginal women. Specifically, the research project revolved around the extent to which shame, which has been cited as both frequently inseparable from problems with substance use and a common barrier to treatment should be considered when offering alcohol (or any other drug) counselling to Aboriginal women (Bradshaw, 1988; Dearing, Stuewig & Tangney, 2005; Fossum & Mason, 1986; Kennedy & Goren, 2007; McKenzie, 1997; Potter-Efron, 2002; Tracey, Robins & Tangney, 2007).

The decision to follow this topic of investigation arises from my experience of having worked as a counsellor in diverse settings in Melbourne. My roles have included working in agencies specialising in mental health, AOD and community health. As a clinical supervisor, I have also worked with counsellors who work in Aboriginal organisations.

Working with Australian Aboriginal women, I would commonly hear stories of courage, strength and resilience in the face of unimaginable pain. Most of the Aboriginal women whom I have known, whether client, colleague or personal acquaintance have experienced significant losses in their lives. Some have reported having been taken from their mothers, as were their mothers and grandmothers, and others have described the experiences of their own children being taken away by authorities. In addition to the enormous trauma associated with such loss, Aboriginal women frequently reported daily injustice and brutal experiences of racism.

Alongside these stories of injustice (Denborough, 2011; Waldegrave, 2012) and oppression, many of these women spoke of experiencing an associated shame, which appeared to be strongly related to dominant stories of indigenous deficit (Sue & Sue, 2008); that is, the stories these women had been told about themselves by others (Towney, 2005).

**What I have been told about shame, identity and alcohol**

Every woman who has participated in the interviews for this study identified shame as a problem and most of the women, and all of the counsellors who worked with them saw it as arising from experiences of racism (Yancy, 2014).

One Aboriginal counsellor told me of her experiences as a child, feeling that black was ugly, and she told me that her sister used to talk about wishing that she was white. Apparently this is not an uncommon experience for Indigenous women. One of my Maori friends, born in the 1950’s, speaks about sitting in church as a child and hearing that Jesus was going to wash away everyone’s sin, leaving them as white as snow. She tried hard be good and also to scrub away her brown colour - for she wanted to be stain - free and white as snow, like in the sermon.

One of the counsellors whom I interviewed, Uncle Lance James, who works at Rumbalara in Shepparton explained it this way:

*The thing is, that the women would look upon themselves knowing that people look at us as if we are not worthy, as Aboriginal people, for a start. They see themselves as not worthy. And an important thing with healing is lifting them up in order to get rid of that shame. So the more they talk and tell you, the more you listen to their story, the less shame they feel****…***

*Amongst the stolen generations everybody has been traumatized. They want to tell their story. No one wants to listen. But listening is the secret to good counselling, it is good therapy, and it can lead to recovery. That's what the secret to healing is, it* ***is*** *the secret to people getting better - people telling their story, and feeling listened to. The problem is all those things that have been sitting there. (points to his heart). And then – when I am listening to them – counselling – we might go with one particular thing. And we'll go over it and talk about it many, many times. But then it goes away. But it's just helping them basically tell their story. That's what I think is real.*

Shame can come from a feeling that you are seen to be of low status in society - our social identities are, after all, constructed through our group affiliations and memberships and how these are seen by others (Tafjel & Turner, 1979).

In Uncle Lance’s view, in terms of social status, in Australia, Aboriginal women occupy the bottom most rung of the ladder. He told me that shame, can not survive in the presence of compassion and that the healing occurs from feeling heard.

**So what have I learned from this study?**

According to what I was told by the informants, an important role that alcohol has played was that of helping to numb feelings of shame, sadness and loss. Every Aboriginal woman whom I spoke to who had experienced alcohol as a problem had started drinking as a way of dealing with emotional pain and trauma.

I was also told that the most serious drinking episodes were occuring in women’s homes and not as part of a social activity. This appears to be significant for it seems to suggest a difference, again, in drinking patterns. Alcohol’s role in this context was, according to one informant, *looking for oblivion*.

Many of the women I spoke to talked about not wanting to leave the house and some said that they did not really feel comfortable being out in public. Staying at home, they thought, was easier and safer. A number of the women described the effects of feeling that white people were looking at them in a judgmental or even hostile manner.

As for being seen drinking alcohol in public, one informant said that this was “the worst” because “people just think we blackfellas are drunk all the time anyway”.

This statement seems to sum up one aspect of white privilege; the freedom to drink alcohol in public without it reflecting upon other people of your *race* (McIntosh, 1998). Apart from a range of possible negative outcomes such as experiencing verbal and physical violence, or being arrested by Police some of my Aboriginal informants also said that to be drunk in public reflects poorly on Aboriginal people as a group. I would, therefore, argue that, when performed in full public view, alcohol consumption by non - Aboriginal people is less visible than that of Aboriginal people.

**What kinds of counselling helped?**

Every one of my informants, the Aboriginal counsellors and the women with whom they had worked spoke again and again of the importance of listening and of placing the alcohol problem in a social and historical context. Identifying injustice stories was also seen to be helpful (Waldegrave,2005).

A number of the counsellors whom I interviewed referred specifically to the use of narrative therapy (White, 1997), and to narrative approaches and the value of storytelling (Hume, 2002).

Each woman spoke of feeling much better when she could tell her stories in ways that made her stronger (Wingard & Lester, 2001).

One informant, Ruby, spoke about the overwhelming relief that she felt when she realised that her drinking problem *was not all her fault* but was part of a much bigger picture. Whilst acknowledging that she was the only one that could change her relationship to alcohol, through the conversations that she had with her counsellor, she had recognised how her own history book had affected her. Ruby saw that losing her mother at an early age, having to live in 32 foster homes, experiencing abuse, becoming homeless and getting hooked into alcohol were somehow related. She said that the alcohol, which at first seemed to help had later, *nearly destroyed* her.

Ruby also said that after having counselling that she no longer judged herself or others as harshly as she used to and saw the use of alcohol by Aboriginal women in a different light. Ruby also said that drinking heavily in response to emotional pain makes things worse, but that she now sees that feeling *like shit* and *trying to drink yourself into oblivion* are a part of a bigger problem that needs to be addressed.

The narrative approaches to therapy that were referred to by a number of informants, although generally credited to White and Epston (1990), are acknowledged as having been profoundly influenced by the ongoing collaborative work undertaken between Aboriginal and non - Aboriginal practitioners. Due to its engagement with power, language and context social justice, such approaches have been come to be described in the literature as culturally acceptable to Australian Aboriginal people. Not only do narrative ways of working intersect with existing indigenous healing practices, but they support the de - construction of dominant social discourses that serve to oppress Aboriginal people (Bacon, 2007; DHA, 2007; Denborough, 2011; Towney, 2005; White, 1992; Wingard & Lester, 2001).

Essentially regarded as a postmodern (Corey, 2005) or post-structuralist therapy (Akinyela, 2002), narrative practices avoid the use of language that may be seen to contribute to the problem story through the attribution of deficits to the individual (Denborough, 2011).

When the language of counselling changes and pathologising terms such as *alcoholic* are avoided a shift may occur in how problems are both thought about and responded to and new possibilities emerge - that clients need not define themselves by their problems (Mc Kenzie, 1997; Winslade & Smith, 1997). Stories which provide exceptions to the problem narrative are also uncovered in order to demonstrate to the client that the problem is not always dominant (White & Epston, 1990).

In Australian Aboriginal cultures, the role of the storyteller and the place of the narrative is not only central it is all pervasive (Hume, 2002). For human beings, story is essential for context, for identity and for culture. In a culture that has suffered the effects of genocidal policies for decades (Foley, 2008), the role of the story is of particular significance, for as long as there have been survivors to pass on the story to, Aboriginal history and culture cannot be extinguished.

I asked a number of Aboriginal counsellors what they would like to say to workers in mainstream AOD services, many of whom work with Aboriginal women. I will leave you with some of the messages that they have sent you.

The women’s stories must be listened to, again and again if necessary. The injustices must be witnessed and acknowledged. The woman is not the problem, so separate the problem from the person. Understand her history book, and look at your own history book. Recognise the affects of trans - generational trauma, offer her empathy and acceptance, be real. You can help to heal shame through listening, not judging and showing her compassion (Bacon, 2007; Brown, 2012; Wingard & Lester, 2001).

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