# HEARING OUR VOICES: A WABANAKI RESEARCH ON “DISABILITIES.”

### Sharing Insights - March 5, 2023

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## 1. Project background and description

No research had been done on Indigenous people with “disabilities'' in Wabanaki. This Wabanaki Research was the beginning of a 2-year project led by the Wabanaki Disability Network, and in collaboration with them, Women of First Light was looking to hear from Wabanaki women about the gaps in support, challenges in mental and physical health related to their experiences with “disabilities.” During the months of May and June 2022, three online Talking Circles with a total of 9 participants, were recorded, and notes were taken. From a decolonized approach to the research, participants’ time was respected by providing them with an honorarium. The Talking Circles were led by Miigam’agan, the Wabanaki/Mi’kmaw grandmother of the Lobster Clan from Esgenoôpetitj/Burnt Church, who in each circle introduced the project by sharing her vision:

> ***“Hearing Our Voices Circle is looking to provide a space and time for you to:***
> - ***Share stories of struggles you have faced or know.***
> - ***Reflect on things that are working and things that are not.***
> - ***Voice what you're dreaming about services that could most help.***
> - ***Contribute with recommendations after sharing your stories***
> - ***Explore how Wabanaki people understand and speak on terms referring to “disabilities.”***

After having the transcriptions of all three talking circles (c1, c2, c3), researchers ran four more circles reading sixty-four pages (p64), unpacking, coding, and embracing participants’ voices. The decision to approach the text and the participants’ words with such a level of depth caused a considerable delay in the delivery of these final insights. We are finally now submitting the Final Insights on what we have heard. The hope is that Hearing Our Voices will support policy changes.

## 2. Sharing Insights

### ∞ PEOPLE WITH “DISABILITIES” ARE PEOPLE WHO NEED OTHER PEOPLE

In the Indigenous worldview, it is a self-evident truth that people need other people. This perspective acknowledges not only the fact of human existence--being alive--but also the quality of that existence--the kind of life--is inextricably dependent on other human beings. As one participant stated, ***"our ancestors had societies (...) to draw on… every person in our community to lead any given situation, you know, … because everything is connected, right? In the dominant society, they compartmentalize everything and say they're separate from everything else. And yeah, that's not accurate or real" (c2p12)*****.**

In other words, the notion of a completely in-dependent person--one who does not need or rely on any other people--is ontologically (what exists) and epistemologically (how it is understood) incompatible with the Indigenous worldview.

In contrast, Western liberal ideology--the set of ideas that have shaped Western society--considers the autonomous, self-sufficient individual as the natural form of human existence. From this perspective, individuals are exclusively responsible for their own happiness. The primary subjects of this worldview, therefore, are able-bodied, neurotypical adults between the ages of 18 and 64 who produce and consume goods and services for capitalist society. This, of course, excludes children, the elderly and those with "disabilities." In other words, those people who need other people.

From the Indigenous perspective, needing or not needing other people is not what separates people into groups. As one of the participants stated, ***"as a people, we need people. (...) we think in a collective and know that if it exists, then there will be a success" (c2p14)***. But the western perspective sees those with "disabilities," or those who need people, as being non-contributing members of society--burdens to be tolerated with disdain, banished to the margins, out of sight and out of mind.

This is completely at odds with the Indigenous worldview, which does not consider anyone as a 'non-contributing' member of society. ***"It's how our original societies were developed," noted one participant, "in terms of everybody bringing something that matters, everyone contributing, and everyone listening to what those teachings are and what those capabilities are. (...) You know, a table can't support itself with only three legs...I mean, every little screw, every little thing does. It does its job" (c2p14).***

For Indigenous societies, then, since no one is 'non-contributing,' no one is 'disabled.' Thus, as multiple participants remarked, there is no equivalent word for 'disabled' in the Mi'kmaw language. As everyone is understood as bringing something to the table, one participant stated, ***"our people, before contact or colonization, would find… these are capabilities, what we're capable of, and what we could offer for each other, you know. Those interrelationships that helped each other" (c2p9).*** In other words, as another participant observed, ***"there was not any kind of negative … it's about acknowledging the gifts and celebrating life" (c3p4).***

Everyone is understood as simultaneously needing and being needed, both contributing to and benefiting from the contributions of others. This was illustrated by one participant as she imagined herself in the original society. She wondered, ***"What would I be able to do if there are not many physical things I could do, or I wouldn't be a good hunter, that's for sure? Or I don't think I'd be fighting any war parties. I mean, but I would probably still be engaging in a gathering ceremony" (c2p9).***

In other words, from the Indigenous perspective, there is a spectrum of contributions and a spectrum of needs. And there is a natural process of shifting along this spectrum of contributions and needs. As one participant observed, ***"Like challenges…as we get older, our… hearing, … all our physical abilities are shifting. So, it offers a community to shift to support the elders, you know, or anyone that needs support, maybe without speech, … we pay more different attention, and we become more present and observant and learn from the individual" (c3p4).***

In the Indigenous worldview, valuing a diverse spectrum of abilities among people is embedded in valuing all that is on the spectrum of creation, of which humans are only one part. This is the holistic principle of ***"ALL MY RELATIONS."*** When speaking about shifting human abilities, one participant noted, ***"actually, we get it, it's like, it's the same as, like how our ancestors honour other species that cross specie relations, we are able to communicate with the four-legged and with the natural world, understanding how the waters, the oceans, rivers all work, you know, this is our ancestral knowledge…[now] we're under patriarchy, colonial structures, and we've been educated outside of our cultural ways" (c3p4).***

The liberal western view, by design, separates even people--members of the same species, often from the same societies--from each other and sees them as disconnected. It, therefore, breeds fragmentation and disconnection. If there is such a fundamental and arrogant inability to see connections with each other, then certainly there is a profound blindness to the connections that extend beyond human beings--between humans and all the rest of what exists.

In essence, while the Western worldview is defined by separation, disconnection, compartmentalization and fragmentation--within and between people, between people and all of existence--the Indigenous worldview is its anti-thesis. The latter is a holistic perspective, as described by a participant, ***"everything is connected. And it's supposed to be, I think that's the confusion that we all live under" (c2p8).*** To understand "disabilities" from within the Indigenous worldview, therefore, requires an understanding of ***"all our relationships with not just nature and each other, but our relationship with the cause and effect of the outside in our inner world, in our outside world" (c2p9).***

## ∞ "DISABILITY" IS A SOCIAL PHENOMENON

## Discussion of the “disabilities” experienced

The dominant approach of Western medicine towards disability tends to see a disabling condition in isolation from the rest of the person, their history, their social world and their environment. One participant summarized this approach from the medical professionals as saying, “***you're very broken. And I'm going to teach you the name of that brokenness. But it's not my job to help you through it.”*** From their diagnoses alone, the women in these circles have been experiencing a wide range of physical, psychological, neurological, developmental, and physiological disabilities. These include autism spectrum disorder (often severe), fibromyalgia, PTSD, anxiety, Tourette’s, ADHD, OCD, cancers, addictions, visual impairments, diabetes, and heart disease.

However, viewing disabilities as simply a sterile list of diagnoses disconnected from all contexts is incompatible with the Indigenous worldview, which sees each person as necessarily embedded not just in an intricate social web with other people but also with the rest of the natural world. As one participant stated, ***“We know from all our ancestors that…thinking of our brothers and sisters, the plants and animals and the ancestors and all that is sacred. We're all a part of that. And so, everything is connected. And so, when we go into this compartmentalized society, it doesn't make sense. And it's not useful, and we're left to feel that our confusion is our problem.”***

She goes on to explain that even a physical ‘disability’ like vision loss cannot be understood in isolation, ***“They're the experts, so they know this is your vision loss and in this eye is not connected to anything else, except for your cholesterol, which they said is right in my case. That's the only thing it's connected to. And it's like, no, that's not real. Anyway, it's confusing. And so, they tried to send us to mental health because we're clearly not getting it” (c2p4).***

## Incompatibility Pathologized as Mental Illness

This participant’s experience with her physician illustrates two recurring themes in these women’s interface with the Western medical system as Indigenous women experiencing disability. First, there is a refusal on the part of the medical professionals to make any space for the holistic approach to health and disability that is characteristic of the Indigenous ethos, which is informing their patient’s understanding of their disability. Second, in sensing an incompatibility between their own Western medical approach and that of the Indigenous patients, these professionals tend to further pathologize their patients as being mentally ill. To these doctors, an unfamiliar approach to illness and disability is a symptom of madness.

Another participant described how anticipating this approach by mainstream doctors makes her feel. She said, ***"when you're not able to give knowledge about how to say that information because you think that they're going to look at you differently or you know. Like with him when I was trying to explain to one of the physicians… [my son] does this thing where he moves, and they say he cannot regulate himself. He says he goes to visit grandma moon. So, I tried to tell one of the physicians this, and they were like, so, do you think he's hallucinating? Noooo" (c1p4).*** This is the pathologization of a healthy coping mechanism by this child with disabilities--a coping mechanism accessible to him through the Indigenous worldview based on connectedness with the broader world of creation. Yet another mother decided against mentioning anything at all to her disabled child's physician about the essential role that Indigenous ceremony has played in her child's life, lest they consider her mentally ill. She said***, "I took him to the ceremony, and now he's like a newborn again. Because that's what happened when he was a baby, he was dying at two years old, and we took them to a sweat lodge ceremony, and he was reborn again. When I came home and took them to the doctors, the doctors were shocked and like, "what did you do? How did this kid just, like, turned around like that?... But I wasn't brave enough to say it was native ceremonies and then have them look at me like I had two heads! It's hard because a part of you wants to be, like, I want you to understand the cultural differences" (c1p3).***

These three stories mentioned above suggest that from the Indigenous worldview, the causes, management and potential treatment of disability are all interconnected with the whole of a person, their relationships with community and culture and with the natural world, which are all their relations.

## Disabilities as Socially Embedded

The experience of the diagnoses mentioned above must be understood in the full context of the person. The stories of the women of these circles consistently reiterate that there is a relationship between the inner and outer worlds of our beings, and that relationship is, in turn, embedded in the broader social whole. It is necessary, in other words, to consider the social relations of disability.

In describing their experiences with disability, these women speak of family relations, of grandmothers, mothers, brothers, sisters, husbands, sons and daughters, nephews and nieces, grandsons and granddaughters. Multiple women in the circle are mothers of severely autistic children with very high needs. They speak of ***"when you have a big family, and you have all these responsibilities that affect everything. At the drop of a hat, I have to go home, and I have to help my brother or give…him a break or take my mom to an appointment that my brother needs a break from.***" And ***"taking care of my Grammy, who is battling cancer and stuff like that."*** And ***"I have to get custody of my nephew and niece. There's always a crisis with any issue you have in your family."*** These are the experiences of caregivers experiencing the disabilities of multiple people within their family on top of experiencing their own disabilities. Just as the women speak of these connections in the same breath, this reflects how they are experienced and must be considered as deeply interconnected when speaking of disabilities.

In addition to the private world of disability relations, there is also the public world. The women speak of professional relations with doctors, dentists, therapists, principals, child protective services workers, respite workers, bosses, professors, and fellow students. These relations, many of which are supposed to be professional care providers, and offer support, are instead too often experienced as struggles marked with frustration, fear, suppression, anxiety, hopelessness and alienation. In a word, they are too often traumatic. One woman described it as ***"the white world of no"*** in which these women must ***"fight and fight and fight with everything"*** to get even the minimum necessary care for the family members in their care or for themselves. There are so many stories like this one: ***"we, me and my sons, had been falling through the cracks, just constantly. And I've been like I just fall through the cracks my whole life. I don't qualify for this, or I don't qualify for that. But I'm a little bit of this and a little bit, you know, like it just, it's hard, and even my disability isn't like I can't get disability help, like payments for myself."***

While a lot can be said about any one of these dynamics with professionals, there is one institution that stands out for the harm, fear, and trauma it has and continues to cause in Indigenous communities. Child protective services (CPS). The removal of Indigenous children from their families by this institution, even the threat of that removal, has profoundly destructive impacts on the material and psychological lives of everyone in the family. This is especially the case when CPS' involvement is based on assessments of how adequately a child with disabilities is being cared for. The whole process is made all the more traumatic given that the family members accused of being abusive by CPS are usually struggling with a variety of psychological and physical disabilities themselves. And instead of adequately exhausting any helpful forms of intervention and support for the family and children involved, CPS workers often rush to threats and processes of removal for the children.

In such situations, Indigenous parents who are struggling with their children's disabilities on top of their own are consumed by the fear that any appeals to professionals for support, for themselves or for their children, will result in horrifying interventions by CPS instead. Tragically, the mental health care system is a particularly slippery slope where asking for help might mean one's children are taken away from them. Just such a nightmare scenario was experienced and described by one woman in the circle who had already been having **"difficult times finding and trusting somebody…in the mental health system."** She recalls that in a desperate moment she had to call them once for her severely autistic son:

**"I made it once, and they ended up calling children's aid on me. And that was really, a really hard time in my life because instead of helping me, I had Children's Aid threatening to take my son away from me; I was pregnant with my youngest…They made me believe that I was a bad mother. That I couldn't do anything right. And I kept telling**

**Children's Aid workers “not to say anything in front of my son… He couldn't speak at the time, but he could understand, and he could hear you… He knew what you were saying”. And she didn't listen; she didn't respect anything…She threatened to take him away right in front of him. And she, like, literally blocked my car in the driveway as I was trying to get out to an appointment. She blocked the car and came out and threatened me with the court saying she was going to take my son from me and take my newborn as soon as the baby was born. And that was seven years ago. And my son still, to this day, has anxiety problems. He has separation issues. And he still is terrified that someone's going to break into our house and steal him.”**

Throughout the circles, women expressed fear of the mental health system where asking for support, or even accurately describing one’s own struggles, might mean getting taken away. When the mental health system becomes a pipeline for vulnerable children to be forcibly removed from their family, this should be alarming. It need not even be said how much CPS’ removal of Indigenous children from families deemed unsuitable for their care, embodies the legacy of residential schools.

## Seeing this Social Whole as Being Characterized by Multiple Dimensions of Trauma

When speaking of the diagnoses and the social relations they are embedded in, the women of these circles keep weaving in and returning to multiple experiences of trauma. Many women spoke about being granddaughters of residential school survivors. Of having sisters who are among the missing and murdered Indigenous women.

The following are snippets of the overwhelming accounts of trauma recounted by these women. Note that there is a repeated interweaving of experiences of disability, death, and loss.

***“My sister, both of them died from an overdose.”***

***“I have my first child, you know, the stuff that comes with that. And then, like, wow, my sister just died. And wow, my mom has forever changed because of her cancer. And, you know, she's gone; she’s never going to be who she was, this epic caregiver”.***

***“I lost my daughter; she was born in the middle of that pandemic. And my grandma died the day before I had her, so…I knew it was going to be a weird, a weird birth and week, you know, and I was like, history is repeating itself. I have my son, my sister died, my, all this happened. And then the same exact thing, my baby was born, my grandma died, and my mom got cancer again. It's been just this for me, like constant death. And it's just grief” (c1p10).***

Though the participants of these circles were women and spoke elaborately about the traumas relating to the women in their lives, they also spoke about experiences of disability and their relations to trauma of the men in their lives.

One woman spoke about her male clients who are experiencing disabilities in the form of addictions and mental illnesses and who have been violent to their families. These men ***“being brutalized as kids, usually by their dad, sometimes their mom. There seemed to be a whole other level of brokenness when the abuse came from Mom, and Dad was away working all the time. There's…a deeper level of brokenness for those men, I've learned. But our men because they come in with so many layers of stuff” (c2p2).***

This woman also illustrated the relationship between her own trauma and the secondary trauma from the men she works with. ***“One of my struggles right now is the grief for me losing my young grandson, watching my mother go through her journey of dementia, having listened to the men with all of their pain and angst and confusion about who and what they are.”***

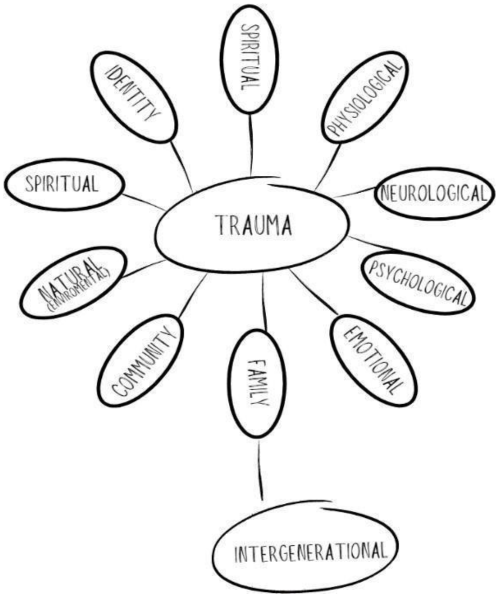
One woman summarized the exceptionality yet mundaneness of the trauma in their lives this way: ***“we're so used to trauma; we're so used to these deaths. It's just part of our everyday life, is normal in a sense to us, but at the same time, it's insane. If you were to think about one of the things that you experience, that's enough trauma to fill out years of therapy sessions.”***

From the Indigenous perspective, which considers the entirety of a person’s relations in the world of creation, a disability must be contextualized within this broader whole. As the accounts from the women in this circle have shown, trauma is a daily, throbbing reality of their whole. Then how could we possibly separate those illnesses, those disabilities from all the trauma in this context? In so many ways, for the women in these circles, the disabilities they are experiencing, whether themselves or through loved ones, are inextricably related to trauma. And in so many ways, this trauma has been and continues to be disabling.

## ∞ MULTIDIMENSIONAL UNDERSTANDING OF TRAUMA

Mainstream Western medicine has only recently begun to accept trauma as integrally connected to disabilities like addictions and mental illnesses. And even this is too often done in a piecemeal, fragmented fashion. From the Indigenous perspective, which characteristically considers the whole, it cannot just be addictions and mental illnesses that are granted their relations with trauma, but all disabilities.

The experiences of the women in this report demonstrate that it is necessary to adopt a **trauma-informed approach to disability**. This means understanding the symptoms, diagnosis, management and treatment of disabilities from a holistic perspective on trauma. Although there are some overlapping sources of trauma between Indigenous and non-Indigenous communities, due to the exceptional historical and ongoing conditions faced by Indigenous communities, there must be a holistic understanding of Indigenous communities' trauma, more specifically.



Here is a rough sketch of some features of trauma that could be considered as part of a trauma-informed approach to disability.

The diagram suggests that there is a relationship between the traumas that are typically understood as "within" a person--e.g., Physical trauma, psychological trauma, etc.--and those that are "beyond" the person--e.g. Family trauma, Community trauma, etc.

As this report has attempted to illustrate, the Indigenous perspective is able to seamlessly see the relations between these different facets of a person's existence, while the mainstream Western perspective typically does not.

## ∞ INDIGENOUS PEOPLE HAVE EXPERIENCED TRAUMA BY DESIGN

When considering the experiences of trauma in Indigenous communities, it is indispensable to acknowledge that Indigenous peoples have experienced trauma by design. The process of colonizing the land called Canada involved deliberate, meticulous, long-term policies of the dispossession and destruction of the peoples who had inhabited this land since time immemorial.

The women in the circles spoke of the multiple forms of violence of colonization, which has ***"created, for sure internal havoc in our communities. It's broken us apart."*** And ***"it was very intentionally designed."*** One woman explicitly described it as ***"the first line of disabling our nations and our own homelands(…)."***

The women spoke of the ongoing impacts of that historical violence and all that it destroyed. ***"So, the long-term results are the conditions today, from the loss of our language, culture, spirituality or worldview, the role of women is central in our nations.***

***So, we've always been a matriarch, woman-centred culture. And so now we're under a regime of patriarchy, colonial systems."***

The destruction of colonization was not limited to relations between Indigenous people themselves but also between them and the broader natural world. As one woman described it, ***"And it's created such an impact in relationships, you know, just the same as we have with nature, we're no longer in a relationship with a natural world of trees because now we're operating from a industrialized worldview, you know, and we're looking at nature as a commodity, you know, and so that kind of…colonial conditioning has been very damaging" (c2p11).***

One woman summarized the trauma of Indigenous communities as being a product of the violent destruction of their culture by saying: ***"I want to constantly remind people that because our communities are in this kind of conflict, and crisis is not the result of our culture. It's the absence of it."***

Tragically, even as these Indigenous women experiencing disabilities maintain the struggle to keep their culture intact against all odds, so many of their interactions with care professionals (as discussed above), at best, dismiss the significance of that culture and, at worst, consider it suspicious and pathological. This is nothing less than the ongoing colonial violence of cultural dispossession.

## ∞ ENVISIONING

This section is a collection of best practices, hopes and visions for creating spaces, and relations for Indigenous peoples experiencing disabilities.

### The Longhouse model of holistic mental healthcare

Throughout the three circles, there were frequent and impassioned critiques of the dominant mental health care system. It was described as being characterized primarily by fear: Indigenous people being afraid of accessing the services lest they or their children get taken away, and the mental health professionals being afraid of their Indigenous patients for the kinds of trauma they have been through and how that manifests in their lives.

- "We always heard about our social structures in the **Long House**, we had societies…like the clan systems or medicine people or people that have made a specific commitment in their own personal lives to focus on particular needs, or in their lives or the community. So everything was whole, holistic, grounded and founded in a holistic way. So for me, I would feel like a big part of a big loss, cultural or human loss, is being together as a community. And like peer counselling is the most effective counselling."

- "Some of the First Nations community have not experienced suicide. And I wonder why, you know, and then when we looked at that deeply in those communities, they had their traditional centers that longhouses, spiritual centers were up and running. And it was very open, and it was multipurpose."

- "I've noticed that the young men and the women too, when they're involved, like people my age, when they're involved in something, you could see that their faces light up"

- "Creating more of a peer to peer counselling. In the organic healing system, you invite a *Mazouz* or traditional healer, they go in the community, and people come, and then… it's holistic… This is a woman's way or a communal way of being there for each other."

- "There needs to be a place that people can go to, during times like this, where you can safely have your kids with you. And you can talk to people who will understand you or sit with you and pray with you and not to judge you and try to shove pills down your throat, you know, and maybe even tell you why"
- "I'm sure some ceremonies are out there that we have known that we have done to help you stay here. I've been smudging, and I've done all that, but I feel like there has to be some other. There have to be more teachings, and I need them at this time because the world is a scary place right now…And I just want to be able to have some tools."
- "I feel like I'm struggling with addictions; I feel like I should have been offered. Or maybe I should have gone out and Asked to be mentored or an elder to help me engage. And like, I don't know why I'm using the words, but a lifelong ceremony of like, you know, consistently doing daily ceremony with myself, and then maybe weekly, or monthly ceremony with others, you know, to connect to, like, you know, like talking circles, or full moon ceremonies, or no moon, or summer solstice is, you know, those things kind of, you know, there's those from the smallest to the biggest of connections, you know, like I said, daily, small ceremony with myself, because you need to focus on yourself. And then, you know, coming back to, like, once a week, or once a month, engaging with our people to like our, you know, our grandmothers or our knowledge keepers, like, like I said, once a month, full moon ceremony or something, you know, that's a huge thing, no significant connection."

- “Moments like this conversation…really fuel my spirit to want to kind of help uplift other people, you know, because…kind of [gives] me a sense of purpose… I know, with my voice and my mind that I can, I can somewhat offer a little bit more insight now that we've had these conversations, you know, you kind of got some little rusty gears and dusted off a few cobwebs.

- “People would do stuff for her, she would sit at the table, and they would, you know, they would tell her where to move her hands and stuff. But, you know, those things should be taught to somebody before, or after they're gone, they've gone blind. And I feel like, your doctor should be doing that, but they don't, you know, maybe our people should be doing that for our people, you know, taking care of each other within our communities”

- “So in our communities, there's not a whole lot for the LGBTQ plus, especially in mental health services. Like there are no counselling services, for example.”

- “Another thing is, in cancer care, there's like the whole cancer continuum; there’s not a lot about mental health services for people that get diagnosed with cancer.”

## Best practices of Indigenous-led trauma-informed care

The following set of quotes builds on the ones above to offer some specific ways that an alternative, collective, trauma-informed mental health support can be practiced.

- “I recognize that what I do in my work is start building communities of people who care about each other. And…it's a conscious, intentional thing, we care about each other and support each other. And I think that's the most powerful thing that women do. That nurturing that we provide. And, and the caring, safety and community that brings because everybody wants to work together, and, and make a difference and, and the ripple effects from that, for every guy we help. His whole world gets helped because they're now safer to share their thoughts, express their feelings, and be who and what they are.”

- “Because we don't go in there as experts. We go in there as people who are one choice away from being in their seats, right. And so, really, they are teaching us what they need, who they are, and where they are. And we're following their lead.”

- “Crisis team services. So they trained, like, I think it was, like 11 people in our community of, like, all different ages. My brother was included in this. So like, they train them in emergency-like responses. So like, we're about 30 to 40 minutes away from a hospital if something happened, like seriously, like, you know, 30 or 40 minutes could mean…life or death for anyone. So, we have this emergency response, like mental health team, which is, like, fabulous, I think that's like, so awesome. But when it comes to… mental health support…there's a lot of people I believe in my community that could benefit from some type of mental health services. That isn't like western… it’s more cultural.”

## Accommodations for people with physical disabilities

- “In my own community, I've seen from this perspective, like, some of like, labels, some of the signs and stuff like that they're not really accessible for people that have visual impairments. So I feel like that should be kind of like a standard is for communities to be accessible for people with visual impairment as well as like other disabilities. So, I love still learning, like, our crafts and things like that. So, it's very frustrating for me because I can't really do much because of my visual impairment. So, I get discouraged, but I would love to see, I would love to see the trainings that we have, and communities be more accessible to people that are visually impaired as well. And like the teachings, like we're oral people, so like, for like the past, like, seven years that I've been like living with this, I've been able to like, I think become like a better listener. And so for me, I think …having…an option for like audio, like some type of audio… but not everything needs to be read.”

- “It’s a culturally safe cancer plan. So one of the priorities is that the regional health authorities are responsible for having culturally safe training, or have cultural sensitivity training, stuff like that because I'd like to systematic racism and stuff. So why don't all the mainstream systems have this culturally safe training in the education systems? In the hospital systems? In the government systems? Like they should all have it? Especially where they're dealing with the First Nations communities? Daily, right?”

## Recommendations for making safe spaces for children with disabilities

- “You want somebody who understands a meltdown and who knows how to handle their emotions and be understanding. Still, it takes time for somebody to learn about it when they are professional or studying. There's a difference between just learning hands-on experience and understanding that not all the children under that spectrum are alike.”

## Trauma-informed approach to parent-school relations

- “A few years back in high school, …they would have a Parent Teacher Day. And so they just quickly labeled the parents in Burnt Church, that they were not interested in their children's education because the parents won't show, and so not thinking that these parents have been traumatized in those schools as well. And so because of racial, you know, communities are racist, racist remarks, and so on…[We were talking about] we go into people's home where…they have their support networks and, you know, they're most comfortable in their own homes and… we invited those at the school for the teachers to come to our community and sit there for a day, from certain hours to invite the parents in a circle, and the teachers come and sit in a circle with the parents with the community, and share about what they're doing. And if there are any questions that they would ask the high school teachers and when the principal at the time was like, you know, thought [it] was a very good idea.”

Sadly, this great idea of trust-building was shot-down, which demonstrates the need for building the vision for this among the dominant institutions like the teachers’ unions:

- “And we were setting up a time to do this. And then we got a call that a lot of the teachers over there were calling their union rep, that, that this was out of their responsibility, this is not in their job title, and that they felt threatened to come to the reserve, you know, so.”

Although the recommendations above are vibrant and hopeful, they suggest the need for a space dedicated to fully giving them room to breath. That is to say, this round of circles with the women was not enough to delve into the full range of capacities required to do a thorough visioning process. Such a space would be a natural next-step for this process to unfold.

## ∞ BARRIERS TO IMPLEMENTING VISIONS

In operating from a holistic, trauma-informed perspective, it cannot be denied that trauma does not just disable capacities and possibilities in individual people but also between people and within communities. Thus, for Indigenous communities, part of the tragedy of dealing with the multiple layers of trauma, its impact, and its reproduction is that it can hinder, even prevent, people from coming together. Thus, addressing trauma is often both a prerequisite for and an outcome of collective healing.

In that spirit, it is important to mention some difficult but brave sentiments expressed by some women in the circle about the prospects of working together with others in their community. One woman captured this sentiment while also expressing her hesitance, saying:

> ***"I don't like saying this, but there's like, a lot of trauma to like, so like, some people might not show up to things or might not support things because someone who traumatizes them might be, you know, facilitating it, or, or is a part of it, you know, like, I know, for me, like, there are things that have happened to me in my community that like, you know, if I see an event going on, or something's going on for the community, I choose not to show up because, like, I know, someone's going to be there that, you know, maybe I don't want to be triggered. So, for me, like, I'm really sensitive anyway. But, like, that's where I'm coming from" (c3p7).***

Addressing the issues raised by this comment as well as the emotions expressed therein and creating the space--as these circles did--for such difficult conversations to be had is the embodiment of a holistic approach to trauma.

## ∞ A WORLDVIEW OF CONNECTEDNESS--INDIGENOUS AND NON-INDIGENOUS

In mainstream Western society, the experience of disability--as the experience of so much of human existence--is characterized by fragmentation and disconnection. In the private sphere of the home and family, the burdens of care (and of navigating hostile care systems) fall on burnt-out caregivers, often women, whom themselves suffer from isolation and lack of social connections and support. In the public sphere of care professionals, disability benefits and accessibility policies, there is a patchwork of services and resources, characterized more by the cracks in between them than by the connections.

These care relations of the public sphere are mostly mediated by the market--i.e.; someone has to be paid something, directly or indirectly, to perform a tightly delineated service during a tightly delineated amount of time. In other words, we live in a society in which there is a commodification of care. From the Indigenous perspective, this is a contradiction in terms because, in the Indigenous worldview, care is a reciprocal relation embedded in the social whole.

While the social whole that existed in Indigenous communities' pre-contact has been the target of destruction by the institutions of colonialism, it was destroyed by other means in what are now Western societies. That is to say, the fragmentation and disconnection that characterizes Western society is not working and is, in fact, actively harmful to non-Indigenous peoples as well. This generous perspective of seeing the commonalities of what is plaguing both Indigenous and non-Indigenous peoples was repeatedly and articulately expressed by multiple women in the circles. As one woman noted***, "what's lacking in not just indigenous communities, but I think all of humanity because we need to, we've been misled, we've***

***been misrepresented, and (...) we've become strangers. And so, we're afraid (...) to love, or we're afraid of each other, or there's a deep fear and what is that about, you know, that's been programmed in us. To touch is the most powerful healing, and you know, in North America, you don't see that anymore, but in other countries, you still see a lot of that, yeah" (c2p13).***

In taking this truly holistic perspective of all my relations, these women suggested that the path forward involves Indigenous and non-Indigenous peoples working together because, as one woman said***, "we're all spiritual beings, and we all have such a powerful contribution to, you know, in co-creating our futures, and what works for us" (c2p13).*** In building a social whole characterized by connection, it is worth considering that ***"what helps everyone helps the whole society because the society is stronger that way" (c2p14).***