heretohelp
Mental health and substance use information you can trust

BC'S MENTAL HEALTH AND SUBSTANCE USE JOURNAL | Vol. 18 No. 2 2023

visions

intergenerational trauma

tools to understand trauma's ripple effects

healing happens in community

visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental health or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and substance use issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Substance Use Information and funded by BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority.

subscriptions and advertising

Subscriptions to Visions are free to anyone in British Columbia, Canada. For those outside BC, subscriptions are $25 (CAD) per year. Visions electronic subscriptions and back issues are available for free at www.heretohelp.bc.ca/visions. Advertising rates and deadlines are also online.

bc partners and heretohelp

HeretoHelp is a project of the BC Partners for Mental Health and Substance Use Information. The BC Partners are a group of non-profit agencies working together to help people improve their quality of life by providing good-quality information on mental health, mental illness and substance use. We represent Anxiety Canada, BC Schizophrenia Society, Canadian Mental Health Association's BC Division, Canadian Institute for Substance Use Research, FamilySmart, Jessie's Legacy eating disorders prevention and awareness (a Family Services of the North Shore program), and the Mood Disorders Association of BC (a branch of Lookout Housing and Health Society). BC Partners work is funded by BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority. Visit us at **www.heretohelp.bc.ca**.

We would like to acknowledge that the coordination and production of this issue of Visions Journal took place on traditional, ancestral, unceded xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish) and Səl̓ílwətaɬ? (Tsleil-Waututh) territories.

Cover art: design by Justyna Krol, image by wacomka for ©iStockphoto.com.

Pg 3 artwork credits, clockwise from top left: Basir Bita | photo by Dylaina Gollub Photography, Prostock-Studio for ©iStockphoto.com, Clare Ziemann | photo by Jessica Johnson, Aimee Chalifoux, Kym A. Hines, Mandeep Kaur Mucina | photo by Andrea Walker Collins, Untitled, 2022 by Lenae Silva.

footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/visions.

photography disclaimer

Photographs used for Visions are stock photographs only unless indicated otherwise.

we want your feedback!

If you have a comment about something you've read in *Visions* that you'd like to share, please email us at **visions@heretohelp.bc.ca**, or you can mail or fax us at the address to the right. Letters should be no longer than 200 words and may be edited for length and/or clarity. Please include your name and city of residence. All letters are read. Your likelihood of being published will depend on the number of submissions we receive. For full guidelines, please visit www.heretohelp.bc.ca/visions

heretohelp

contact us

mail	c/o 905 - 1130 West Pender Street, Vancouver, BC V6E 4A4
phone	1-800-661-2121 or 604-669-7600
fax	604-688-3236
email	bcpartners@heretohelp.bc.ca
twitter	@heretohelpbc

visions


Artist: Lenae Silva

the big picture

stories + strategies

looking ahead: the many faces of neurodiversity

resources

poetry

Yours, mine, ours

Mother comes from want,
missing out,
not knowing where she comes from.
An object of desire,
a beauty queen.

Father comes from hands
laid on skin,
lessons learned turned to real pain.
A hard worker,
a strong king.

Together they met,
rough seas and roads lay ahead.
First came two brothers
from another mother.
Then me,
then another.

Chaos touched our lives.
But throughout there was
love
healing
family dinners
play
love.

Each of us still holds the others' pain,
but we will forever be a family of
love.

— Lenae Silva

Lenae is an artist, opiate user, activist, and mover and shaker. She lives on Vancouver Island with her partner and two cats. Lenae works hard to provide outreach and advocacy to people with diverse lived and living experience of mental health challenges, poverty and substance use. She also seeks to enact policy change and education among service providers. Lenae is co-founder of Open Heart Collaborative (openheartcollaborative.com). Lenae's art is on page 3 of Visions (Untitled, 2022)

editor's message

Normal is relative. Groups of people define it, and the first group most of us are attached to is the family. That's why how we grow up initially feels normal. It's all we know.

I didn't realize that intergenerational trauma affected my own family until I was almost an adult. It turns out my great grandfather was imprisoned and then exiled to India from Afghanistan by the British. He was placed under house arrest. My grandparents and their children ended up born and raised in India as stateless citizens, with the Muslim kids going to schools run by nuns. When my family finally returned to Kabul in the 1970s, it wasn't long before they had to flee again as refugees when Russia invaded—my brother and I in tow. My dad, uncle and aunties weren't tortured or abused. But the trauma of forced moves (not once but twice), of war, of being denied your land and the ability to practice your religion and language freely in community—all of that was traumatic. As I grew up, I saw it in my family as anxiety: worry about money or not fitting in, a reluctance to move or change or take any risks, a desire to follow rules, a fear of throwing anything away. They don't think behaviours like this could be trauma-related but my kids and I notice. The trauma started long ago in the 1890s but it still persists in little ways in everything—in bodies, hearts, minds and actions. The changes defined "normal" and "safe." I have deep respect for all they endured.

Watch this space. You will see some new names on this page in the issues to come from different members of the group behind Visions called the BC Partners. I've returned for one issue after our terrific Kamal Arora left CMHA. The next issue is being coordinated by a colleague from the Canadian Institute for Substance Use Research, followed by our new Leader of Health Promotion at CMHA and then by a colleague from Anxiety Canada. I hope the new voices this year excite you. If you would like to add your voice, join our Editorial Board and/or participate in our Visions reader survey or theme poll. See the ads ahead to find out all the ways you can get involved.

Take care. Trauma features in every Visions but this issue has a bigger dose. The articles are full of inspiration and hope but, still, do take breaks and take care of yourself as you read these powerful stories.

Sarah Hamid-Balma

Sarah is Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division

Intergenerational Memories from One Generation to the Next

MANDEEP KAUR MUCINA, MSW, PHD

My father was born in 1947, the year India became independent from the 300-year British occupation. It was a time of great upheaval and violence. While he did not often speak of his early life, I felt my father's ghosts emerge when he would drink alcohol or get angry, violent, sad or anxious. Oddly, I felt the pain he carried. But what was this deep-seated sorrow I felt? Was it possible I could feel the trauma my family carried in my father's body?

Mandeep Kaur Mucina | Photo credit: Andrea Walker Collins

Mandeep is a second-generation immigrant currently working and raising her children on the territories of the lək̓ʷəŋən and W̱SÁNEĆ peoples. She is an associate professor in the School of Child and Youth Care at the University of Victoria. Mandeep's research focuses on immigration, racism and family violence. She is humbled to work with racialized and Indigenous communities across Turtle Island

As a second-generation Punjabi immigrant (born in Canada to immigrant parents), I grew up watching my family navigate Canada's settler systems as perpetual strangers, even as they longed for the familiarity of their homeland of India. I witnessed my father struggle with addictions and mental health challenges, leading to his last two years of illness and eventual passing last year. Often I ask: what do we inherit from our families that lives on in our memories and blood?

I have worked as a community-engaged researcher and practitioner in the social service field for over 25 years. My work reflects a desire to understand these questions and survival stories in my family and in the Punjabi community. Below, I share some insights about intergenerational trauma that I have gained through my work.

Historical tragedy leads to new questions

In 2004 I came across the writings of South Asian feminists who had gathered the stories of women who survived the 1947 partition of India.[1] I felt my deep-seated sorrow resurface as I read these books.

Before the British left India, the country was divided into two nations. Muslims were forced towards what is now known as Pakistan, and anyone who was not Muslim was forced towards India. My grandparents and father were part of the convoy of people who left possessions and community in what is now Lahore, Pakistan, to walk across the border to Himachal Pradesh, India. Growing up, I knew only that my grandma and father carried a lot of grief about this time.

But as I read those narratives of survivors of the partition, I understood the silence surrounding my family's experiences: thousands of people were displaced and murdered, and women and children were kidnapped and sexually assaulted (see sidebar, next page). My father was only a few months' old when my grandmother made the journey towards India; my grandfather was displaced for over a year trying to find a way back to his family.

One of the few stories my grandmother shared was how she had thought my grandfather must have died during the migration until he appeared one day, haunted by what he had witnessed. He lived just five more years, leaving my grandmother alone to raise three children. A trail of trauma followed my father and grandmother as they migrated to Canada.

Those feminist writings led me to undertake a research project in which I talked to other second-generation Punjabi women who had a similar desire to make sense of the past. These women connected their parents' and grandparents' stories of the partition to current impacts like addictions, mental health issues, family violence and honour-related violence.[2] They also talked about the profound resilience and resistance they observed in their family. The women said they carried this resilience in the present as they struggled with racism in Canada and patriarchal expectations among family and community.

Researchers have found that historical trauma has unique impacts. This form of trauma refers to harm an individual, community or generation experiences from a traumatic historical event. Studies show survivors must live with painful memories and work to make meaning of incomprehensible violence.[3] This happens over time, bringing lasting impacts on how traumatic memories are transmitted to subsequent generations. Giving meaning to traumatic memories can also lead to healing.

Children and grandchildren of survivors also seek meaning in historical traumas that took place before they were born. However, they often face a cloud of silence. Sitting with survivors and hearing their stories is one way to penetrate this silence. Another means is through witnessing. Witnessing work involves survivors sharing their stories in a private, public or group setting in whatever way makes sense to them—without judgement or questions from the listener. Often survivors find relief in indirect, artistic expression, like in murals, plays or fiction. In the process, survivors witness their own strength and resilience, while also feeling seen and heard.

The women in my study recognized both the pain and tremendous resilience in their families, and how that strength had been passed on. This was a powerful outcome and fuelled my desire to continue similar research work. I could see the power of witnessing intergenerational stories of what Anishinaabe theorist Gerald Vizenor calls *survivance*—his term for what happens when people go beyond survival to embody resistance.[4]

Nearly two decades into my work, I continue to ask research questions that dig deep into family violence and concepts like "honour" and "shame" as they show up in the Punjabi community.

Intergenerational blood memories

The Indigenous author N. Scott Momaday describes blood memory as "the capacity to remember things beyond our corporeal existence."[5] This concept gives children and grandchildren of survivors of violence, trauma and genocide the language to name how intergenerational trauma can be felt deep within one's blood. I recently completed a study with Indigenous youth who had aged out of the child welfare system, looking at how these youth were connected to their Indigenous culture while in that system.[6]

I learned that the youth had felt a deep memory emerge and a profound sense of grief and loss when the remains of 215 Indigenous children were found in unmarked graves on residential school grounds in Kamloops in 2021.[7] Indigenous youth who had aged out of care felt a connection to the children's unmarked graves. One youth said, "My spirit recognizes them."

As we expand our understanding of intergenerational trauma, it is essential

for footnotes go to www.heretohelp.bc.ca/visions

to give space for children, grandchildren and even great-grandchildren to be a part of the healing and grieving process, while recognizing intergenerational memories that shape today's lived experiences.

Inheriting colonial memories and ongoing violence

How do we acknowledge the intergenerational impact of colonialism? This question also continues to show up in my research projects. Many immigrant and migrant racialized communities arrive in Canada with experiences of state violence in countries that endured colonial oppression. I explore how they go on to experience systemic racism in Canada and how they demonstrate resistance.

When I begin tackling some of the everyday issues that Black, Indigenous and racialized immigrant communities experience in the West, including mental health, addictions, poverty and family violence, I keep in mind the inherited colonial memories that live in the blood and bones of these communities. I keep in mind the colonialism, racism and oppression that are baked into the fabric of our society and the importance of decolonizing these systems.

What emotions or trauma do we inherit from our families that live on in our memories and blood? I circle back to the question as I think about what I have learned from my research. I now see my family as warriors who have passed down more than just intergenerational trauma to their children or grandchildren. They've also given us the strength and resilience to survive and continue to fight. V

related resources

In August 2022 we marked the seventy-fifth anniversary of the end of British colonialism in India and the violence of the partition. On a collective level, South Asians are starting to talk about that trauma and its intergenerational impacts on generations of survivors. The following articles are recent examples of this collective conversation:

- **Confronting intergenerational trauma: From partition to present**, by Safiya Bashir, published at SHADO.com. shado-mag.com/all/from-partition-to-present-confronting-intergenerational-trauma
- **How the 1947 partition of India affected future generations**, by Arman Kahn, published at Vice.com. vice.com/en/article/z34my4/1947-india-pakistan-partition-stories-from-younger-generations
- **Enduring trauma: The legacy of partition**, by Kavita Puri, published by HistoryExtra.com. historyextra.com/period/20th-century/legacy-of-partition-british-india-trauma

Here are some key resources to learn more about partition:

- **"Muslims and Hindus, men and woman: Communal stereotypes and the partition of India,"** by Urvashi Butalia, part of the edited collection *Women and the Hindu right: A collection of essays*, published by Kali for Women (T. Sarkar & U. Butalia eds.), 1995.
- **The other side of violence: Voices from the partition of India,** by Urvashi Butalia, published by Penguin Books, 1998.
- **"A necessary journey: A story of friendship and reconciliation,"** by Urvashi Butalia, published in the journal *Alternatives: Global, Local, Political, 27*(20), 147–164, 2002.

glossary

By Visions staff

Colonialism
Displacing people from their land, culture, identity, and power to benefit an outside force seeking control. Colonialism includes the beliefs, philosophies, and politics that one group uses to claim their superiority over another group. Learn more in this brief chapter from BC writers on colonialism and colonization: **opentextbc.ca/indigenizationfoundations/chapter/43**.

Decolonization
The ongoing process of recognizing, challenging, and removing colonial powers, systems, and processes. For more on decolonization, watch A Beginner's Guide to Decolonization by Kevin Lamoureux at TedXSurrey at **youtube.com/watch?v=GFUwnMHN_T8**.

Oppression
Devaluation, differential treatment, and discriminating against one group to benefit a group holding power. For more on oppression, see Systems of Oppression by the Anti-Oppression Network at **theantioppressionnetwork.com/resources/terminologies-of-oppression**.

Is there Hope in Healing Intergenerational Trauma?

CLARE ZIEMANN, RN

As an Indigenous registered nurse working in Vancouver's Downtown Eastside (DTES) and a healing practitioner,[1] I know intimately well the experience and impact of "intergenerational trauma"—also known as colonization. Like many other Indigenous folks, I inherited the unhealed trauma of my parents, in addition to experiencing my own complex trauma: neglected, abused, pathologized and pushed to the edges of society. I have survived and found healing from those experiences. Now, in my work, I share that story of hope.

Clare is an Indigenous registered nurse and healing practitioner with Mohawk ancestry. Experienced in the field of mental health, trauma and gendered violence, she is a longstanding advocate and activist seeking improvements in the mental health system, addictions treatment and government care

Clare Ziemann | Photo credit: Jessica Johnson

The truth is, the trauma of colonization has impacted everyone, generation after generation, family after family. Indigenous peoples are more visibly impacted by more health disparities and inequities, as we see in the DTES community. But our interconnectedness as a species (physical, spiritual and mental) means none of us is truly separate from the harms done by colonization. I believe that our hope for freedom lies in each of us playing our individual and collective roles in healing from colonization.

Rethinking trauma in health care

I have learned there are pitfalls in popularizing terms like *trauma* in the health care system. To me, trauma is what happens inside of you as a result of overwhelming experiences and lack of resources to cope. This feeling carries over as a lens through which we experience our lives, our thinking and our ability to regulate emotions. Because mind and body are interconnected, this experience of overwhelm translates into the medical and mental health problems that show up in our clinics and hospitals.

for footnotes go to www.heretohelp.bc.ca/visions

So yes, today, we name trauma experiences in health care, but we don't often treat the causes and effects. The term trauma exists more as a descriptor or clinical box to tick, without carrying weight in terms of action. In treating trauma clinically, it's routine to put the onus on individual people who are traumatized. Attention often gets diverted from the root of the problem to the effects of injustices. For example, we target visible signs of addiction, mental illness, poverty and homelessness without addressing the causes, such as social injustice and structural violence.

People do need help. And so we ration out money to try and change those who were harmed and "help" those showing the impacts of that harm, like people using substances to relieve the pain of oppression, or who feel depressed because they're just surviving and can't pay rent. The systems that created those harms don't get fixed. When the traumatized individual can't navigate a health care structure that uses many of the same tactics as colonialism, they are blamed and rejected. For example, a person living with addiction is judged on their willpower and labelled "treatment resistant," while their past trauma isn't addressed and they continue to experience traumatic environments.

Focusing only on clinical treatments of trauma has caused us to steer away from what is truly needed to heal; it makes us forget the collective responsibility for rebalancing harms caused by large institutionalized systems. I've experienced this working in many different areas of the mental health system, where misunderstandings of trauma and addictions have stopped us from seeing that you can't heal in isolation or within systems of care that carry the legacy of colonialism.[2]

Rebuilding systems to avoid trauma

In my work, I have been intentional about existing in a place of hope. I'm interested in cocreating a world where being trauma-informed starts with making safe, accountable, empowering and loving environments. I want braver conversations around healing that are neither lofty or symbolic, nor another excuse to do nothing (like "it's too expensive").

I want to strive for solutions that are by nature multi-faceted, holistic and sustainable. This comes from the bottom up, where the health of each person is an act of sustainability because they are included in a community of wellness, not a society of isolation and individualism. I want to hear more conversations about the root causes of intergenerational trauma and the lived experience of healing from it. We need to reach an understanding that true health and wellness come from abundance and investment, not capitalistic greed.

As I have begun to truly heal from my trauma, I've realized there never has been anything wrong with me. And in my practice, I believe strongly in aiming to support those I work with, not fixing them. In my view, each person's personal sovereignty is the foundation for health and quality of life. I've turned away from fighting and fixing the systems that were benefiting from my harms, and towards creating the new system(s) I want to be part of.

I have spent a lot of time in my work and personally with people who have experienced intergenerational trauma. I have a strong vision of a better way. For me, it looks like supportive and ethical services that are built on knowledge of the mechanisms of trauma, including racism and colonization. A better way includes viewing people's opportunities for growth, connection to culture and basic needs as human rights.

A better health care system will deliver accountable, innovative care. Health systems must be connected to the goal of rebalancing injustices. This can be done by emphasizing self-empowerment and new opportunities. For example, if we want to help women heal from trauma and violence, they first need safe, affordable housing, child care and healthy food. When they are safe, women can change the lens of their experience.

As more of us detach from colonial, capitalistic culture and programming and embrace community, collective ethics and sustainability, we are coming to the light and beginning to heal from intergenerational trauma! The systems in place to support those who are on this most challenging of healing journeys do not yet reflect this shift. They will need to if we are ever to make a true impact on problems facing Indigenous (and settler) communities today.

When we heal, others heal. Life is cyclical like that, and we cannot move forward without breaking old patterns. Why not now? V

Science and the Psychological Treatment of Trauma

KYLE BURNS, MD

When something terrible happens to a person, it can have deep and lasting effects. People tend to be resilient and recover, but many find the effects of a trauma to be lasting and debilitating. They often turn for help to a psychiatrist, like me, or to a range of other helping professionals. Most of us recognize the role trauma can play in a person's suffering. We are also aware of effective treatments that can help.

Dr. Kyle Burns is a psychiatrist and Co-Director of VanPsych, a centre that provides care for people with complex mental health problems. He has served on the board of Anxiety Canada since 2016. Kyle teaches cognitive-behavioural therapy and dialectical behaviour therapy to psychiatry residents at UBC

Photo credit: Courtney Hale at ©iStockphoto.com

To help frame the discussion of trauma treatments, I think it is worth retracing the history of how these came about and outlining some current challenges we face applying these today.

Evolution of trauma treatment

Neurologist Sigmund Freud's first theory was that the psychological problems he saw in his patients were the result of childhood abuse. He later abandoned this explanation and, instead, embraced a model of the human mind where psychological problems come from internal conflicts; in this view, mental illness is only indirectly related to events of daily life.

Freud—and the generations of psychoanalysts who followed him—went on to dominate the treatment of anxiety-related conditions in the first half of the twentieth century. As a result, psychotherapy focused on people's internal world. It would be decades before trauma was addressed directly in therapy.[1]

Following World War II, the psychiatrist Joseph Wolpe worked with soldiers in military hospitals. These

for footnotes go to www.heretohelp.bc.ca/visions

soldiers suffered from *war neurosis*, a term that covered a range of psychological conditions. Wolpe disagreed with Freud. He believed soldiers' anxiety was related not to their inner worlds, but directly to the trauma of war. He adapted a technique called *desensitization* from a colleague, the psychologist Mary Cover Jones. Desensitization involved helping people confront their fears by gradually introducing whatever triggered their fear and helping them learn to respond without the usual fear response.

Wolpe called his new version of this technique reciprocal inhibition, which eventually became the foundation of modern behavioural treatments for anxiety and post-traumatic stress disorder (PTSD).

Indeed, even though that diagnosis didn't yet exist, reciprocal inhibition (also known as systematic desensitization) was designed to treat a broad range of the symptoms we now associate with PTSD.[2]

It was only in 1980 that the American Psychiatric Association's third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM III)* included a diagnosis for PTSD. The disorder was defined as being caused by an event or situation that would "be markedly stressing to almost anyone."[3] The response could happen months after the event and included three sets of symptoms:

- intrusive recollections of the trauma
- avoidance of the recollection by avoiding thoughts, people or reminders
- a state of tension, hypervigilance or hyperarousal (i.e., being overly alert)

Helping a person with trauma is not a simple task. It demands a combination of flexibility, compassion and skill. Unfortunately, in a mental health system that sees itself as overwhelmed and under-resourced, this is not the type of therapy that is promoted.

The DSM also gave a coherent description of trauma and how it can affect some people. This gave professionals new tools to make more consistent diagnoses. More importantly, it allowed for research and development of effective treatments.

Since then, many organizations have adopted *trauma-informed approaches* that consider the effects of trauma in order to provide more equitable and accessible services. Trauma-informed approaches are broad principles that guide people and organizations, though they do not address the direct, individual effects of trauma. Any organization that provides health care should provide access to effective treatments for a range of problems associated with trauma if it would consider itself trauma informed.

Treatment options for PTSD

At least seven types of psychotherapies have since been shown to be effective for PTSD (see sidebar, next page). While these might seem like a lot of options to choose from, these treatments are not as different as you might think. In all of them, the goal is for people to confront their fears in a safe therapeutic environment. Whether the fears are memories, emotions or behaviours, the therapist's task is to help the person approach them without the usual, often overwhelming fear response. All of them have a foundation similar to the therapy developed by Wolpe in the 1950s. Their differences lie in how each therapy approaches the task, which fears they address and how they help people manage this incredibly difficult work.

It would be reasonable for a potential client to ask which is the best treatment (or at least, which is the best for them) or whether medications would be a better option. Unfortunately, the science is not helpful here. There are no clear winners when we compare different treatments. Medications are certainly not better than psychotherapies. Generally, the psychological therapies see larger improvements than we see in medication studies,[4] but these are not direct comparisons, so it is hard to tell if this is a real difference.

Challenges in treating trauma

The reality is that most people don't have the luxury of asking which therapy is best. Most people with a history of trauma need to know which (if any) therapy is available. Unfortunately, effective treatments for

related resources

The American Psychological Association's treatment guidelines[8] show that the following treatments are effective and scientifically supported for PTSD:

- **cognitive-behavioural therapy (CBT)** – addresses thinking patterns and behaviours that can lead to ongoing trauma-related difficulties
- **cognitive processing therapy** – helps people seek meaning in traumas, leading to emotional healing
- **cognitive therapy** – changes underlying beliefs about traumas by restructuring thinking patterns
- **prolonged exposure** – supports people to confront and overcome traumatic memories through gradual exposure to triggering memories or situations

The following treatments are also likely to be effective for trauma, though the volume of evidence supporting these is not large:

- **brief eclectic psychotherapy** – uses elements of different therapies to change emotions connected to traumas
- **eye movement desensitization** – asks people to focus on traumatic memories while using specific eye movements to process traumas
- **narrative exposure therapy** – often group-based, helps people re-understand stories of themselves

PTSD are often inaccessible due to the cost of treatment. A psychologist will typically charge over $200 per session, which adds up when a therapy can last months. The public system (i.e., the government-funded system), while trying to implement trauma-informed care, seldom has the skills or resources to provide psychotherapy that is specific to trauma.

Publicly-funded mental health programs often look for treatments that fit into a manufacturing model, where people receive rigid and inflexible treatment, with little consideration for the person delivering the service. This leads to ineffective help that wastes resources and further overwhelms the system. Effective treatments are often much more difficult to deliver than abstract policies that pay lip service to well-intentioned principles.

Providing effective treatments ultimately means investing in effective therapists. Helping a person with trauma is not a simple task. It demands a combination of flexibility, compassion and skill. Unfortunately, in a mental health system that sees itself as overwhelmed and under-resourced, this is not the type of therapy that is promoted.

Another challenge in treating PTSD is that the disorder seldom happens in isolation. Trauma can lead to a host of other problems—depression, social anxiety and substance use problems are incredibly common.[5] Therapists often navigate intersecting issues that complicate treatment plans. When a person has experienced multiple traumas, especially at a young age, treatment becomes even more complicated. Often called *complex posttraumatic stress disorder* (C-PTSD), the disorder, related to earlier and more pervasive traumas, involves wide-ranging problems in managing emotions, self-perception and consciousness. C-PTSD often needs longer and adapted treatments.[6]

Research shows that choosing the right therapy is less important than choosing the right therapist.[7] Helping people with trauma means having therapists who can establish a strong relationship by understanding and responding to the needs of the person they are treating. To truly provide trauma-informed care, we ought to be investing in therapists who are resources, and who have the ability to help. V

for footnotes go to www.heretohelp.bc.ca/visions

Understanding and Tackling Trauma

ALYSON QUINN, MSW

Trauma is a word used a lot these days, but exactly how does it impact our mood, how we feel about ourselves and our lives overall?

Photo credit: Courtney Hale at ©iStockphoto.com

I like to use a metaphor to explain trauma's impact. Imagine you are in a canoe trying to get to a calmer, more pleasant place along a river. This place represents some meaningful change in your life; there, you can pursue your dreams and feel more stable and confident. However, past trauma creates currents so strong you keep getting pushed back up the river. Over time, your efforts can feel hopeless and futile.

The currents might be a barrage of negative thinking and beliefs about yourself that keep sabotaging your progress, like "I am not enough," "There's something wrong with me" or "No one really cares about me." These core beliefs, formed in a time of trauma, can lead us to fall out of the canoe or land in places along the river that feel stuck, unsafe and scary.

Trauma can also increase our desire to numb our feelings. Numbing can lead to behaviours such as addictions, procrastination, perfectionism or obsessive-compulsive rituals, so it is tough to make progress. These behaviours can last for decades, and we can be unaware of what is giving them power and allowing them to repeatedly push our canoe back up the river.

Trauma gets under the skin

Another way trauma impacts our metaphorical canoe is by affecting our bodies. A traumatic event that happened decades ago can leave emotions stuck in the body. These are called *embodied* emotions. We can sense them in tension and sensations, but they are hard to release without awareness and mind/body techniques.

Alyson is a clinical counsellor and past adjunct professor at UBC. She has authored five books, as well as a scholarly chapter. She founded and now directs the Trauma Informed Practice Institute. Alyson's new self-help book, Heal Trauma: How to Feel It, Unlock Patterns and Release It, *was published in February 2023 and can be purchased at a reduced price from her website: alysonquinnwrites.com*

Photo credit: dragana991 at ©iStockphoto.com

Sometimes we have a big reaction to a relatively small event and wonder why. When this happens, feelings from long ago resurface so that we relive them again and again. It can take a long time to restabilize after a trigger.

These emotions can dramatically effect how we feel, our thought processes and our core beliefs about ourselves. The emotions might be, for example, feelings of hopelessness and despair from tough times in childhood, when our parents argued constantly. Embodied feelings might send repeated messages to the unconscious mind like, "What's the point in trying?"

Trauma can also cause a wide range of physical problems over time, including irritable bowel syndrome, chronic pain, fibromyalgia and chronic fatigue; others have pointed to a connection to chronic diseases like type 2 diabetes, heart disease and rheumatoid arthitis.[1]

Trauma in our body also relates to feeling triggered. Sometimes we have a big reaction to a relatively small event and wonder why. When this happens, feelings from long ago resurface so that we relive them again and again. It can take a long time to restabilize after a trigger.

Psychological consequences of trauma are also diverse, including loss of memory and concentration, mood swings, disorientation, confusion, nightmares, intrusive images and social isolation.[2] In my own counselling practice, I have noted these reactions, alongside overwhelming fear and/or hypervigilance (constant alertness), emotional numbing, panic attacks, intense anger, shame and guilt, to name a few.

The science of trauma

The field of neuroscience has helped us understand the nervous system and how our brain works, which helps our overall understanding of our behaviour, emotions and cognitive processes. Neuroscience also highlights that our body needs to be included in the process of healing and helps to explain why, as I often say, we can't talk the trauma away.

While many counselling models use talking about distress as a core purpose in the counselling process, neuroscientist Bessel van de Kolk argues that some of the best therapy is primarily non-verbal.[3] He reinforces that a therapist's job is to help clients connect with their feelings and notice what is going on within themselves. Training for what is called trauma-informed practice includes helping counsellors and other professionals understand what is helpful in working with trauma and to be aware of avoiding details of traumatic events so that clients are not re-triggered. Often the client's challenge is to be willing to feel feelings and share them openly in a society that, at times, reinforces that you shouldn't feel the way you do.

We now know there are many types of traumas, including complex trauma, post-traumatic stress disorder (PTSD), race-based trauma, collective trauma, historical trauma and intergenerational trauma, to name a few. Collective trauma refers to "the psychological reactions to a traumatic event that effect an entire society,"[4] while intergenerational trauma occurs "when trauma is ignored and there is no support for dealing with it" and "the trauma [is] passed from one generation to the next."[5]

To connect with and release traumatic memories, trauma-informed practice

for footnotes go to www.heretohelp.bc.ca/visions

highlights key principles, techniques and models that help facilitate healing. These include:

- **embodied memory:** images from the past often resurface in dreams, sights, sounds and physical sensations. Trauma-informed practice focuses on these and on the body's felt sense of what it remembers.
- **breath work:** when we focus on embodied memory, doing some breathing can help us become aware of bodily sensation—for example, that the throat is constricted. Through continued breath work, there may be a feeling of sadness stuck in your throat; when you reflect on your sadness, a memory may emerge that helps you understand your sadness.
- **tapping:** this is a mind/body technique that proponents believe makes it possible to clear emotion from the body; derived from concepts in traditional Chinese medicine, the idea is to tap areas of the body in order to release blocks and increase healthy flows of energy.[6]
- **art-focused techniques, visualizations and metaphors:** these can also help people explore traumatic memories.
- **mindfulness:** helps the body stay within its capacity to process memories and calm the body overall. Both the counsellor and client attune to what is surfacing in the body and what may be helpful in releasing what's called activation, meaning emotions and physical symptoms associated with trauma.
- **calming:** there are a variety of other models, some newer and innovative, some longer standing, that assist with calming the body and helping to release embodied emotion, including movement, acupuncture, cranial sacral massage, EMDR (eye movement desensitization and reprocessing), Indigenous focusing-oriented therapy, EFT (emotional freedom technique) and TRE (tension and trauma-releasing exercises).
- **Experiential unity model[7]:** building on principles of neuroscience, this is my own model, which I developed and have used for over 14 years. It begins with a "right-brain," creative orientation, using metaphors and images to process trauma. My model has been used in group and individual therapeutic settings to treat depression, anxiety, addictions, grief and other concerns.

Trauma-informed practice is also applicable in a wide variety of organizational settings, like schools and the legal system. Organizations can develop protocols to pay attention to, for example, what information they require from clients, and ensure that their intake processes are not triggering. Staff can be trained in noting hypo- and hyperarousal symptoms so they are alerted when trauma is activated and they can put supportive procedures in place to help.

Trauma-informed practice is a collaborative process. It's about increasing, overall, our compassion and understanding of those who are experiencing the long shadow of trauma and walking alongside them in their healing. V

The Shadow Stealer

AIMEE CHALIFOUX

This is the story of a girl who lost her shadow.*

Aimee is the Indigenous Literacy Coordinator at Literacy Central Vancouver Island and an outreach worker for 710 Club Society. She spent years in foster care and on the streets. She is of Cree, Saulteaux and Metis heritage. Now a mother to four and grandmother to two, she advocates for access to literacy for all, harm reduction and access to culture and medicine. Aimee would also like to thank her kids Ken, Kiera and Justice for teaching her patience and forgiveness and becoming such amazing people even though they had to overcome trauma together

Aimee Chalifoux

She would spend most of her life searching for this shadow. She lost it as a small child while she was asleep. As she slept, the shadow stealer crept into her room and wrenched her shadow from her. Startled, the girl grabbed her shadow and hung on tight. He dragged her and her shadow out of bed, across the floor. They went in circles. He even dragged her up the walls, across the ceiling. The little girl was not strong enough though, and the shadow stealer flew off into the night. He glimpsed back at her through the moonlight, and she saw he had no face.

After that, her life became grim. She eventually forgot the shadow, but the feeling of deep loss never left her. It drove her to run from the ones who loved her, for she sensed that she was not complete enough to love them back. As she grew a bit older, this loss drove her to seek out dark places, not understanding why. She felt drawn to places most thought evil. She kept evil as her companion, feeling it had something she was missing. The girl fell apart and all that was good was chased away from her. Her family drifted from her, as they could not watch what she was doing to herself. She was giving away her soul in the hopes that her emptiness would be filled.

After she had children, she saw this evil pass on to them. That's when she could not take any more. The evil had a hold on her life, even her children. She fell to her knees, and with tears of frustration and confusion she screamed into the night, "What do you want with my children? Your business is with me!" She heard a giggle from behind her. She turned around to see an old woman on her couch.

for footnotes go to www.heretohelp.bc.ca/visions

"Nici, nici, nîcimos. Are you really that slow, girl? The way I remember it, Kohtawiy only dropped you on your head once. Aye aye aye, I tried telling you so many times you were looking in all the wrong places. I whispered in your ear while you were so drunk you could not lift your head. I guided you when you had your children. And whose idea do you think it was for you to go back to school? But no, you insisted on going to all of them parties, drowning your sorrows in liquor. I'm sorry, but did you honestly think what you were looking for was in those dark places you wouldn't stay away from?" said the woman.

The girl was confused and somewhat embarrassed. "Kokum. What do you mean? I don't even know what I've been searching for."

"My girl," said Kokum. "You need to face your shadow stealer. Take what is yours. Enough of this silly bantering. Go back to that night he took your shadow and you tell him I sent you. Then you will be good, my girl." She gave the girl a leather pouch of tobacco, sage and a braid of sweetgrass. Before she left, she told the girl one last thing: "Remember, he's not in any beds; he's not in any bars. He's not at the bottom of that bottle or even in that wacky tobaccy you been smoking. He's in the only place you've never looked…your heart. Then go back to your education and show your children what you are made of and they will follow your example. And don't worry if they make the same dumb...oops…I'm sorry…normal mistakes you made."

With that said, the girl returned to her childhood on the night she lost her shadow. Only, this time, the shadow stealer had a face. He was the face of dysfunction. He carried this face from generation to generation, infecting families. He knew her parents, her grandparents and now he knew her. He loved her toxically and conditionally. In fact, he was so scared of losing her that, by bombarding her with men who hurt her, he made sure she never felt good enough about herself to free herself of him; they raped her and pillaged her until she had no identity anymore. He then made sure she discovered a way to numb that pain with substances.

She found him and offered him the tobacco and told him she forgave him. When he came closer to take the tobacco, she saw her shadow poking out of his backpack. She shoved him down and stole her shadow back. He screamed, but her love for her shadow grew bright like a star and drove him deep into the earth's core forever.

In her arms was the shadow, shaking. The girl embraced it with all her energy until they became one. Her shadow returned; she was now whole. She could go back to her children and teach them to protect themselves and how to remain whole. She could continue her education, and she could now love with an energy that would radiate.

This is the end of my story of the shadow stealer, but the story of the girl still continues…e'kosi kinana skomotin.

**Note on the text: This story was originally about an assault Aimee experienced as a young girl, but while writing it, she realized that losing her "shadow" was universal for all trauma experienced. When she reads it aloud, it is tailored to the group she is addressing so that a safe dialogue can be had afterwards. (Originally written for FNAT 380 class at Vancouver Island University, June 2005.)*

glossary

Kokum – grandmother

Kohtawiy – your father

nîcimos – sweetheart

e'kosi kinana skomotin – that is all, thank you

Fancey's Feud—The Series

DAKOTA FANCEY

When I was 14, my mother told me she hoped I would one day write about our relationship. She said it would be helpful to others for me to share what it was like living with a single mother with borderline personality disorder. I will be 29 this year and I can say with confidence that, to do this story justice, I would need to write an entire series of books—minimum, one per generation of my family.

Dakota holds a master's degree in behaviour analysis practice and works as a behaviour consultant for children with diverse needs. Dakota spreads their light through part-time work at a local emergency homeless shelter. This July 1 will mark Dakota's first wedding anniversary and fifth year living in Nelson, BC. Dakota enjoys taking mindful walks with their Havapoo-Eskapoo dog, Una

Photo credit: Hero Images at ©iStockphoto.com

Book I: My grandparents

The story would start with my Nan and Grampie. After Nan's mother (my great grandmother) remarried a physically abusive man, Nan was sent to live at an aunt's house, where she wasn't provided so much as a toothbrush. I know my grandmother later felt unworthy of love and struggled with low self-esteem. My Grampie also came from a broken home and ventured out on his own at a young age.

Nan and Grampie married young and had a child, then lost their second baby—a daughter named Shelly—to sudden infant death syndrome. That shared, traumatic event lit the fuse for Nan and Grampie's toxic relationship: Grampie processed his grief with alcohol, physical aggression and infidelity, and Nan would compartmentalize or displace her feelings.

They had three more daughters, including my mother, who grew up witnessing their emotionally stunted parents engaging in violent domestic disputes. This left an imprint on my mom. Eventually, Nan took my mother and her younger sister and left.

Later, Grampie turned himself around and became the person I know and love today. However, I can still detect in him a shadow of shame and guilt

for footnotes go to www.heretohelp.bc.ca/visions

about the environment his children were raised in.

Book II: My mother

According to my Nan, my mother was a hypersensitive child who struggled with big emotions. She would self-injure when she couldn't articulate how she felt—choking herself or pulling her hair while clenching her jaw. She was 12 when Nan and Grampie finally divorced, and by 14 she had her first boyfriend. I've since found out this boyfriend verbally abused her and would threaten to break up if she didn't "put out." This abuse was normal to my mother, as it had been modelled by her parents. She submitted to this boy because she felt wanted.

At 19, my mother met my father, six years her senior. From the start, he was sweet and committed to her. She got pregnant with me just a few months into their relationship. I've been told my father was over the moon—ready to build a life with her. This type of commitment was foreign to my mother. All she'd ever wanted was to feel worthy, but she was still a teenager and broke things off out of impulsiveness and fear. She later told me that Grampie didn't speak to her for months, saying she had thrown away a "good life"—for herself and me. He couldn't see that, paradoxically, self-sabotage was my mother's attempt to protect herself.

I was born one month shy of her twentieth birthday. The next few years provided my mother with some joyful distraction, though she tells me I hated everything that typical babies enjoy. I was difficult and cried bloodcurdling shrills, screaming when I was held for too long or undressed in my "birthday suit." I wonder now if these instances were signs of trauma transference.

When I was two, my mother went to nursing school a few hours away from our hometown in Nova Scotia, and I stayed back with an aunt and her family. I have good memories of that time, though it was also my first experience of parental abandonment. A couple years later, Nan and I relocated to Alberta, and my mother followed months later. Nan was always like a second parent to me, and I was lucky to have a secure attachment with her.

Book III: Calgary

The majority of my childhood traumas can be traced to our relocation to Calgary. There, my mother became dependent on crack cocaine and exhibited explosive rages, usually directed towards me. Afterwards, she would self-harm out of guilt and cling to me like a teddy bear. I still have flashbacks of these confusing and perilous episodes.

At some point my mother saw the movie *Girl, Interrupted*, based on the memoirs of a woman with borderline personality disorder (BPD). This film spoke to her and not long afterwards she sought to confirm her own BPD diagnosis. Our family doctor threw prescription opioids into the mix to manage her endometriosis pain, and these became her drug of choice.

The year I turned six, my mother's then-boyfriend played Easter Bunny for me because my mother was hospitalized for her first suicide attempt. Everyone said she had pneumonia, but I was an intellectual child, already reading at a Grade 9 level; I could definitely read the "Mental Ward" hospital signs. She attempted suicide again when I was 10, and my emotional flashbacks to that moment remain crystal clear. Much like my Nan, Grampie and aunts, I learned to compartmentalize and suppress my emotions—only, I did it to make space for my mother's.

By the time I was a teenager, we had moved close to 30 times. I became extremely adaptable and embraced the moving process. I remained self-disciplined through academics and competitive gymnastics, which kept me out of the house and taught me independence and determination.

At home, I was hypervigilant, watching my mother's every move. I walked on eggshells knowing that, with one wrong word, she might erupt into verbal, emotional and sometimes physical acts of abuse. In my Grade 11 student photo ID I donned a black eye, which I told others was from a Frisbee accident. This lie was me exhibiting the trauma bond I had with my mom.

My mom's functional substance use became less functional, and when I brought up her "glassy eyes" she would gaslight me. I still have a habit of distrusting my intuition and reality. When I was starting Grade 12, her mental health and opioid use led to us losing our home, and we were forced to stay with family for a time.

I graduated from high school at 17 and, after a gap year, took the first university acceptance letter I got. Living in residence at the University of Calgary was my first taste of freedom. As a psychology undergrad, I started

processing my mother's behaviour. She treated me as her closest confidant because she knew that I, her daughter, could never truly abandon her.

She eventually got sober and was clean the year I graduated. Tragically, in treatment, she had started a toxic friendship with another woman. They used harder drugs, drank and triggered each other's darkest behaviours. My mother became homeless in 2016 and has been on the streets of Calgary ever since.

Book IV: Who am I?

After a toxic relationship of my own, I met my husband in 2017. He showed me what loyalty and trust looked like in a relationship. I was terrified of his devotion and of being vulnerable. Initially, I tried to push him away by exposing my hardships, but he never wavered. He was by my side as I grieved and navigated Nan's death due to brain cancer.

During the pandemic, however, my partner and I faced difficulties with communication. My years of repressed anger and hurt spilled over during disagreements. Two instances of pulling my own hair in the heat of an argument led me to seek professional help. I always feared that I would become just like my mother.

I met with a psychiatrist who helped me to accept a diagnosis for complex post-traumatic stress disorder (C-PTSD). I endured symptoms such as a high startle response, night terrors, dissociation and depression, to name a few. I found a counsellor I jived with, used my zest for knowledge to complete workbooks for adult children of individuals with BPD, attended online inner child healing workshops, practised mindful breathing and started microdosing psilocybin (the active ingredient in "magic mushrooms").

Through couples counselling, my partner and I learned that in adult relationships people often mimic the emotional and behavioural patterns they observed during childhood. We also learned how to connect through understanding.

I still can't say how many volumes my Fancey's Feud series would comprise, but I hope to keep its pages as safe spaces for my experiences. Then I can put those experiences up on a literal bookshelf.

for footnotes go to www.heretohelp.bc.ca/visions

A Look at Intergenerational Trauma

TOOLS TO UNDERSTAND TRAUMA'S RIPPLE EFFECTS

THOKO MOYO, MC, RCC

Trauma describes the multitude of negative events that can happen to an individual, a group of people, an entire community or a society. The way we respond to the traumatic event—or ongoing traumatic events—can vary among people and over time. To make things more complex, an individual's response to trauma can have ripple effects on others around them, adding layers to trauma's impact.

Photo credit: Prostock-Studio at ©iStockphoto.com

Thoko is an uninvited immigrant settler living on unceded, traditional Coast Salish lands, including of the Tsleil-Waututh (səl̓ilw̓ətaʔɪ), Kwikwetlem (kʷikʷəƛ̓əm), Squamish (Sḵwx̱wú7mesh) and Musqueam (xʷməθkʷəy̓əm) nations. A registered clinical counsellor with the BC Association of Clinical Counsellors, Thoko's practice centres on anti-oppression and intersectionality

The Centre for Addiction and Mental Health defines trauma as "the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships."[1] Intergenerational trauma results when the impact of a group traumatic experience is passed down to the next generation in compounding ways.

The psychological effects of trauma are diverse, complex and compounding, with many different symptoms and responses. The following is just a short list of some things people might experience:

- shock, denial, disbelief
- anxiety, anger, sadness, grief
- disassociation, depression, numbness, negative self-concept
- isolation
- insomnia, nightmares
- flashbacks
- conflict and fighting with friends and family, family violence
- substance misuse

You might notice that the list includes both the difficult feelings a person might have, and behavioural responses

to having those difficult feelings. For example, the feeling of sadness is an emotional response to a traumatic event, and this might then lead to a behaviour of isolating from family and friends. Our feelings and emotions significantly influence the ways we behave, and our behaviours have impacts not only on ourselves, but on the people in our lives.

I want to introduce three tools that can help build awareness of concepts surrounding trauma and how trauma may be impacting you. These are useful, introductory tools that can lead to greater self-understanding and change.

1. Explore your family and community profile

The first tool of building awareness is developing an introductory level of understanding of what trauma is, and what type of trauma you and the people close to you might be experiencing. Learning your family, community and societal history can be a good place to start. This will allow you to explore how you might be impacted by intergenerational trauma. It can also help you situate yourself and understand how your lived experience has been shaped by lived experiences of the previous generations in your family. Maybe you know that your grandparent was a residential school survivor, or that your grandparents and parents had to flee their home country due to war and moved as refugees to where you live now.

Learning about the trauma experienced by previous generations in your family, and understanding that those experiences bring a negative behavioural response (that can impact future generations) can provide insight into the potential adverse emotions and behaviours that might have rippled through the generations—all the way to you. If we recall that intergenerational trauma is complex and diverse, starting with your own family's profile can be a useful tool.

2. Explore your emotions

The second tool is building your own self-awareness. This has two components. One component is becoming more aware of yourself and your emotions by asking questions like:

- what emotions do I experience more than other emotions?
- are there any emotions that affect how I interact with the people in my life?

The other component is trying to understand how your feelings influence how you behave. Think back:

- is there an example of a person in your life who experienced sadness because of a traumatic experience?
- can you picture how they isolated themselves from family and friends?

That's because the emotion of sadness influenced their behaviour. This tends to bring a direct impact on others—for example, the person's partner, who is left to parent children without the emotional availability of their spouse. Maybe one of the children developed anxiety and repressed their feelings because their parent was unable to engage with them emotionally.

Intergenerational trauma creates a ripple effect of vulnerability in generations of people to come and can be a factor that impacts people's mental wellness throughout their life.[2] Building awareness about what emotions you might be experiencing can lessen the ripple effect of difficult emotions and behaviours in everyone involved.

Learning to make this connection between your emotions and their influence on your behaviour takes time and practice. Ask yourself:

- are you unable to start or complete daily tasks because the symptoms get in the way?
- does your behaviour response negatively impact a close relationship in your life?

This type of introspection can be an integral step in learning how to work through trauma.

3. Scan your body

The third tool is a body scan. A body scan is a grounding and awareness building technique to check in with your body and what it is feeling. To do a body scan:

1. Sit down and take a deep breath.
2. Breathe in deeply through your nose and out through your mouth for three breaths.
3. Return to regular breathing.
4. With your eyes closed, or staring down at one spot, scan your body.
5. Start at your head and scan down to your toes; notice what you feel in the parts of your body.

CONTINUED ON PAGE 25

Circles of Love and Confusion

MY SON'S INHERITANCE FROM ME, MY FATHER AND MY GREAT GRANDFATHER

BASIR BITA

On a chilly spring day in Vancouver, my six-year-old son, Barbod, woke up half sweating. I tapped his shoulder, then pressed him against my chest. "Wake up, son!" His own chest heaving, Barbod sighed, "Daddy," then started weeping. "I saw two men with swords chasing me. They were going to catch me…" He took a deep breath. "But you woke me up." Barbod rubbed his head on my chest. "Thank you, Daddy! You saved my life."

Basir Bita | Photo credit: Dylaina Gollub Photography

Basir, who came to Canada more than a year ago, is of the Hazara ethnicity. Two thirds of his ancestors were wiped out 140 years ago, and he is still under persecution for this identity. Currently, he is studying clinical mental health counselling at Marquette University and volunteers for VAST Vancouver, a refugee mental health organization

It was not the first time since we arrived in Canada in 2021 that Barbod had dreamed of swordsmen chasing him—it's happened probably a dozen times. I've spent days thinking about it because I've had similar dreams, though mine usually end with me falling off a mountain when men hunt me down. After that particular night, with Barbod so upset, I was bewildered: was it possible that trauma might be transmitted to the next generation?

I reached out to my mother, who is in Afghanistan—the original homeland of the Hazara people is in that country's central highlands. When I brought up the series of dreams with her, she laughed, saying, "You're reminding me of your boyhood days when you woke up in the middle of the night sweating, while a line of spit flowed down from the corner of your lip, and you screamed, 'I just fell off a cliff!' after horsemen tried to get you." Her words startled me, making me even more interested to learn about where these dreams were coming from: Barbod's nightmares were leading me back to my own dream life. My mom suggested that I call

History had repeated itself in a similar pattern, but along different routes. My great grandfather's dreams, my father's and my son's are like beads strung together, linking us across time.

another day and talk to my father. He had some interesting stories about his childhood, too.

On a freezing day in Vancouver, just before the 2023 new year, I called my father back by WhatsApp. We chatted, but our call froze not long afterwards because internet connections are poor in Afghanistan; people usually have electricity for just one or two hours a day.

Later, I had a nightmare. This time, I jotted down every detail I could remember: I was riding my bike, heading home from the office, just like on a routine day when I lived in Kabul. Out of the blue, a bomb went off—everyone screaming and rushing around. I was trying to escape the scene when two members of the Taliban (a terrorist group now in power in Afghanistan) stopped me, pointing their guns. "Get off your bike!" I had to get off, otherwise they'd shoot at me.

The shorter guy with a long beard said, "You set off the blast. You come with us." What? I asked myself. I'm just trying to save my life. I did nothing wrong. "But I am alive. I did not blow myself up," I said courageously. The taller Taliban threatened to beat me with the butt of his Kalashnikov. "You're a Hazara. You should come with us." We headed to the police station because I was accused of the blast.

Along the way we reached a curbside where a super-narrow, but apparently deep stream ran. I did not even think for one second before I made up my mind: as the two gunmen were crossing the stream, I slid into the water and found myself flying downwards into the deep. As I slid, the two gunmen bent down and stretched their hands outwards to grab me. That's then that I woke up out of fear.

Later, I reconnected with my father by WhatsApp. He told me that his great grandfather was forced to leave his ancestral lands in Kandahar (a big city in the south of Afghanistan) before relocating to my family's current farmlands. I had already known that a king killed two thirds of the Hazaras 140 years ago, and that the remaining Hazaras immigrated to other parts of the country. In fact, I was bored as my father explained all this, telling myself, *I know what you're talking about, Daddy. I just need to know the root cause of all these dreams.* Then my father reached a shocking point that caught me off guard.

He said: "My great grandfather was a literate guy; basically, a person who is able to read and write." There was pride in his voice as he went on, "He was unmarried when his parents had to immigrate to Wardak City. They had no choice: resisting the king meant certain death, while immigrating was a chance at survival. He had a very hard time helping his whole family—seven members—to pack and carry things with donkeys or on shoulders and head to Wardak City."

Come on, Daddy! I said to myself, *Gimme a break and get to the point.* My father went on, "When my grandfather was born, his father noticed that his son had problems sleeping. So my great grandfather took him to an Imam[1] to write a talisman[2] so that the demon might come out of his son's flesh so he could sleep well. But no demon came out for as long as he was alive, because there was no demon."

He sighed and added, "When I was a kid, old enough to remember, my grandfather took me to an Imam to do the same ritual, but it did not work. It has not worked yet, and I have dreams of being murdered after I walk a very long distance with my parents. I never have any idea where I am heading or why. I just remember being murdered with thirsty lips and an empty stomach."

I was astounded: these bad dreams were so similar across generations in my family. It made me think about how my father's great grandfather was forced to immigrate to save his life, and how that story impacted my father's decision to immigrate to Iran when the Soviets invaded Afghanistan in 1979. I was born as a refugee in Iran. I later returned to Afghanistan, where I faced discrimination imposed by the central government, which was dominated by the same Pashtun ethnic group as the king who once persecuted my ancestors. Like my

for footnotes go to www.heretohelp.bc.ca/visions

father and my great grandfather before me, I too decided to immigrate to save my life and those of my loved ones—this time, to Canada.

History had repeated itself in a similar pattern, but along different routes. The Taliban still persecutes Hazaras for their ethnicity, and my son, Barbod, as a member of the Hazaras, carries memories of his ancestors with him, even in Canada, where he is safe. He has no idea about his ancestors, and I do not talk about it with him at all. My great grandfather's dreams, my father's and my son's are like beads strung together, linking us across time.

Barbod has inherited a dark history of persecution and immigration, without any say in his nightmares or any choice about whether he wants to carry those memories with him. For me, discovering how closely we are linked by our dreams has helped clear the clouds from my eyes.

This story is one of millions untold and buried in our hearts. It gives only a clue about the atrocities the Hazara people have suffered—and yet, the world is silent about it. However, I'm now thinking of writing about the Hazara people. Maybe I will pursue a PhD to explore intergenerational trauma from different angles, and how it manifests in the collective and personal identities of the Hazara people. This way, I can add new beads to our string of dreams.

A LOOK AT INTERGENERATIONAL TRAUMA —CONTINUED FROM PAGE 22

6. Without judgement, try and notice what your body is feeling.

As you do this, information will emerge. Maybe you will notice tightness in your chest, or tense shoulders. Maybe you will notice numbness in your knees or toes. Simply noticing what you feel in your body is a helpful tool for building awareness.

Together, these three tools can help you start to learn about trauma and how it can affect folks individually and interpersonally. If you are experiencing extreme and ongoing symptoms of trauma, please seek professional mental health support.

A Perspective on Fostering Transgenerational Resilience

INTERRUPTING CYCLES OF TRAUMA DURING PREGNANCY, BIRTH AND POSTPARTUM

VIANN N. NGUYEN-FENG, PHD, LP
EMILY LAPOLICE, LICSW, TCTSY-F
LEILA JOHNSON, TCTSY-F

We are three people, three bodies, three explorers connected across three time zones by a belief in mind-body trauma care. The world of trauma-sensitive yoga is currently small enough that the three of us were e-introduced several years ago. We hope to expand that world as we work together to find ways to interrupt cycles of intergenerational trauma, especially during the key moments of pregnancy, birth and postpartum. Below, we share more about our own journeys on this path and how they intersect and enrich our shared hope of fostering transgenerational resilience.

Viann (vee-anne win-fang; she/her) is a counselling psychologist, registered yoga teacher and an assistant professor in the Department of Psychology at the University of Minnesota, Duluth. She serves as core faculty in the clinical counselling master's program and directs the Mind-Body Trauma Care Lab

Emily (she/her) is a clinical social worker, a Trauma Center Trauma-Sensitive Yoga (TCTSY) facilitator, author, educator and mother. She is faculty at the Center for Trauma and Embodiment at the Justice Resource Institute in Massachusetts and has practised psychotherapy for nearly two decades, specializing in complex trauma, perinatal mental health and embodiment practices

Leila (she/her) is an entrepreneur, editorial board member of the journal Voices Against Torture[1] and co-founder of We the Mindful, a Vancouver-based non-profit (twocedars.com) that operates in partnership with community leaders, teachers and artists to support income projects for women and trauma-informed initiatives

Reprinted with consent from the authors' recent, collaborative pilot project based in the Mideast centred around women who identify as refugees and Arabic speaking, empowering these women to help facilitate Prenatal-TCTSY within their communities. Photo taken at the United Nations Alda Refugee Camp/Youth Camp, West Bank, Palestine | Photo credit: Rasha Ahmad Abdul Rahman Darwish and Rusaila Ibrahim Lutfi Jawaresh

Viann's story

I never had the opportunity to meet any of my grandparents before they passed away. It seems unfathomable that I coexisted with my maternal grandmother and my mother in one shared space, one womb.[2-4] But I did. Epigenetics literature suggests that when my grandmother was about five months' pregnant with my mother, the precursor cells of the egg from which I developed were already present.

In Vietnam, my grandparents endured the Anti-French Resistance War (1946–1954) and, along with my parents, the American War (1955–1975, known in the US and Canada as the Vietnam War). Their trauma is intrinsically my trauma. And their resilience is also intrinsically mine.

for footnotes go to www.heretohelp.bc.ca/visions

My mother and father did not know each other during the war and each arrived on their own as refugees to (the land that settlers call) the United States, with no family members alongside. The dynamics of the families my parents were forced to leave behind, the nightly ambushes and atrocities my father experienced as a wartime Navy officer and many other details of that dark period were undisclosed to me growing up.

Yet, even without words, those dark experiences were ever-present in my upbringing. I felt them not through typical sight or sound, but through felt sensations that reverberated throughout the household and within my body as captive tensions. I inherited the tensions that my parents tried to hide in their bodies and their minds. And, importantly, I was also the recipient of the tenacity and drive that allowed them to arrive and survive in the US.

That tenacity and drive cultivated a sense of curiosity within me, which motivated me to found the Mind-Body Trauma Care Lab. The lab bridges the disconnection between bodies and minds, particularly in the context of trauma-informed mental health care. Transgenerational trauma is stored in the body. Likewise, resilience and all its untapped potential lives in the body. Therefore, to heal trauma and promote resilience, we cannot ignore the body and all bodies that came before us.

In community with Emily Lapolice and Leila Johnson I am honoured to be a part of this work. We envision a world in which transgenerational trauma is intercepted—body first—during pregnancy and childbirth.

Our aim is to increase perinatal mental health and trauma awareness through offering accessible, evidence- and culture-based trauma treatments that are centred in the body. Trauma Center Trauma-Sensitive Yoga (TCTSY) is one such treatment. In this approach to yoga, power and choice are given back to participants, inviting individuals to be agents of their own bodies and healing journeys. Along with our core collaborators,[5] we continue to develop research and explore further opportunities for, and approaches to, mind-body transgenerational healing. For more information, feel free to contact me at MindBodyTrauma.Care.

Emily's story

We live within continual cycles of creation, destruction, transformation and rebirth. And there is no other physical experience quite as transformational as creating another body in, with and from our own. At no other point in a womxn's[6] life will so much about them change in such a brief period of time, and with such far-reaching implications for her (and her child's) physical and psychological health.[7]

When my son was born in 2015, it was the responsibility I felt for these very implications that propelled an overwhelming sense of fear and self-doubt, resulting in significant postpartum anxiety (PPA) and postpartum depression (PPD). The anxiety felt forceful, and I felt powerless in its wake. In some of the darkest moments, I feared for my own survival—and the fear only increased knowing that my son's survival depended on my own.

Soon my sense of self started to fracture and erode away, as I began questioning: *Who am I? Where did I go? Will I ever come back?* alongside an increasing fear that I was already "gone." This experience of internal destruction and loss of self was inherently traumatic, even against the backdrop of this beautiful new creation before me.

Pregnancy, birth and postpartum (known as the "perinatal period") can be filled with feelings of joy and possibility, but also chaos and disorganization. This period of vulnerability and rapid change offers fertile ground for other experiences of trauma (personal, relational, intergenerational and systemic) to intersect and impact this already disorienting time.

For me, the residue of past traumas (including the "unseen" wounds of intergenerational trauma) were present. Periods in my life when I had lost my sense of agency, when choices were forced upon me or I was overwhelmed and paralyzed by them, were familiar feelings my body had already built hard-wired responses to. As the pressures of my new role brushed up against some of these old wounds, fear and uncertainty pulled me farther and farther from myself.

One day, I was crying on the floor, talking with my sister, as my infant son played nearby. He was old enough to sit up on his own and had discovered a ball for the first time. I remember the exact moment. The room. The specific ball. He picked it up, dropped it and watched it bounce on the floor. Instantly, he started laughing—a new laugh I had not yet heard, one filled with profound joy, wonder and possibility. It was probably one of the first times he realized

that he had caused something to happen.

To see him acting in his own environment shifted something for me. I remember actually feeling the shift. It was small, but it felt like I had just a little more space to breathe, and that my body and my experiences were separate from his. The ability to notice and be in my own body in the present moment, with a sense of tenderness, was not something I had been able to do for quite some time.

This is when the balance slowly began to tip, and I remembered one of the biggest tools I had at my fingertips: yoga.

I had been studying and facilitating Trauma Center Trauma-Sensitive Yoga (TCTSY) for many years. TCTSY is a specific approach to yoga that invites a present-moment experience with one's own body and centres on choice-making, agency and empowerment. I had never quite experienced the personal healing it could offer me until this moment. Witnessing my son's emerging agency let me reconnect with and witness my own. It was a small step in starting to take back my power and reconnect with my "Emily-ness." As I did so, I found I had much more to give.

It was during those moments of being with my son—together, but separate (a term I've started to call "paralleled agency")—each of us an agent of our own experience, that my healing process truly began.

The journey of pregnancy, birth and postpartum is a multilayered tapestry that holds many intermingling stories and lived experiences. The threads of this tapestry are varied for each of us, with a myriad of conditions and forces influencing its texture. But at its core, a *becoming* is taking place, even as a new parent's sense of self may become uprooted or lost. In this tender time we are invited to witness life not as it was, or could be, but as it is *becoming*. Although some threads may be tattered, new ones are constantly surfacing; something is transforming, even in the darkness. Embodiment practices like TCTSY provide space for this tapestry to unfold and for deep healing to take root.

I have uprooted, re-rooted and re-birthed myself many times since this tender period of my life. The ripples from this healing experience continue to unfold for myself, for my sons and hopefully for generations to come.

Leila looks ahead

If trauma influences the uterine environment and creates a genetic imprint in the offspring during the third trimester,[8] how can transgenerational resilience also start in utero?

An increase of research points to the body as an essential tool for recovery. The hope is that through a body-based, body-first approach during pregnancy, birth and the period after birth we can reduce traces of trauma for the next generations. Befriending the body helps people to, "hear my body more," as one prenatal-TCTSY participant in Palestine put it. Research shows us that when we are free to make choices based on how we feel in the present moment, we can help heal the disconnected brain-body experience.[9]

When we learn to notice the signals from within, we are free to move based on that noticing. We can create new narratives and new imprints. Participants have described TCTSY as a "liberation practice." In the absence of directive language and specific instruction on how to move and be in one's own body, space opens up along with an invitation—an invitation to move, to choose, to notice, to change, and to be.

Therefore, two of the most powerful questions we can ask ourselves in a trauma-informed, body-based practice are:

- What am I noticing in my body?
- And what do I want to do with that?

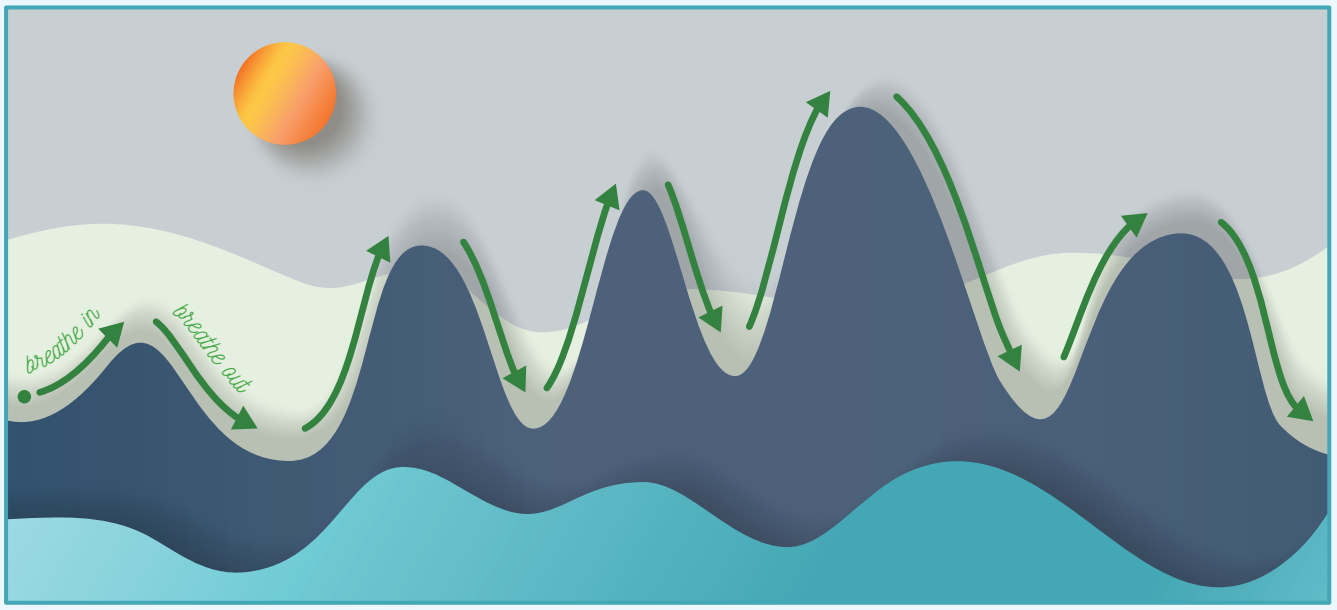
The choice is yours. V

for footnotes go to www.heretohelp.bc.ca/visions

when you feel overwhelmed

Visions staff

These activities can help calm and ground you when you feel overwhelmed.



Place your finger on the green dot. Follow the arrow up and down, breathing in as you move up and down and you move down. See how slowly you can move through each wave. You can also visualize yourself moving up and down over each wave.

Draw a place that makes you safe and happy. It can be real or imaginary. Focus on adding little details to make your place perfect for you. You can also take a few minutes to visualize your space, adding in lots of finishing touches.

Look around you for items that match each circle. You can write or draw your items, or just name them in your mind.

Pain, Hope, Love, but the Greatest of These is Love

PHIL K.

Pain. That's what keeps us shackled to the vicious cycle of intergenerational trauma. In this cycle, ghosts and demons from the past haunt us as we face the present and the future. My experiences may be unique, but my story is no different.

Phil is a survivor of intergenerational trauma who now embraces hope and love

Photo credit: itsskin at ©iStockphoto.com

It started with my grandparents on both sides of my family, went down to my parents and eventually reached me. I only heard stories from my parents while growing up, but they were so vividly described that I felt as if I had been there. My grandparents and parents were all deeply impacted by, and were the product of, the civil war in China between the Nationalists and Communists in the early to mid-1900s. War led them to be forcibly removed from their homeland to the island of Taiwan, where they stayed for about two decades.

At the time, Taiwan was severely impoverished. While my parents came from good material circumstances, life was still challenging for them, from youth to adulthood. It was difficult to be dislocated from their homes, and to live in constant fear that the war would spill over from the mainland onto the island. They decided to immigrate to Canada in search of a better life—indeed, any life at all. So, our dysfunctional family relationships were rooted in pain, sorrow and suffering, at least for the span of two generations.

My parents each expressed their often tumultuous and disturbing feelings differently. My mother severely abused me physically and emotionally as a child, while my father distanced himself physically and emotionally from our family in an attempt to cope. That left my older brother and I to fend

for footnotes go to www.heretohelp.bc.ca/visions

for ourselves whenever issues came up that went beyond our material needs.

My family also experienced discrimination, both in China and once they migrated to Canada. On the mainland, they had faced prejudices simply because they were wealthy, well-educated and held a more liberal-democratic political orientation; in Canada, they experienced bigotry because of their cultural heritage.

My father and mother were victims of racism and a war-torn past, whereas my brother and I were victims of their victimization. As the older of two sons, my brother was expected to excel in all his endeavours, which typified a traditional Chinese family. I bore the brunt of all the little things that went wrong.

I began to dabble in illicit drugs and alcohol in my late twenties. I also lived with a plethora of symptoms, but wasn't aware that I had a condition. It was only after a doctor evaluated my mental health status in this period that it became obvious that I suffered from a disease of the mind, and I was diagnosed with schizophrenia.

When the symptoms of my schizophrenia became more pronounced, my mental health declined. As I lived with these concurrent disorders, I became the target of stigma from people in society, and from my own immediate family. There wasn't just pain; the pain was heightened from being ostracized by those I most needed in my corner. It was pain—or, as the Bible quotes Jesus as having said, "not seven times, but seventy-seven times" the pain.

Hope. That's what keeps us alive and moving forward. In the thick of it, my situation seemed hopeless and marred with despair: I battled daily with schizophrenia, and my substance abuse was clearly out of hand. Initially, I was reluctant—even vehemently opposed—to getting help.

It was only when my father passed away, in the spring of 2019, that I experienced a moment of clarity that would change my life forever.

My parents distrusted the communists while in China, and their distrust and suspicious tendencies were carried over to the foreign land that Canada was to them. They had been abandoned by their own people. Likewise, I found it difficult to trust or confide in others. I only went to treatment facilities to appease my family and friends and stop their relentless vilification of my choice to use.

I lived this way well into my middle age. It was only when my father passed away, in the spring of 2019, that I experienced a moment of clarity that would change my life forever. The epiphany hit me when I finally realized that everything my father had done for me—raised and nurtured me, supported me, loved me—would mean nothing if I didn't change my harmful and destructive ways. I knew I had to clean up and focus on my concurrent disorders. I needed to arrest the juggernaut of pain begetting pain, and trauma begetting trauma.

So I made a commitment. With a lot of hard work and devoted effort, coupled with the gift of help from others, I made changes. As Mahatma Gandhi so eloquently put it, "As a man changes his own nature, so does the attitude of the world change towards him."[1] My thinking and behaviour began to alter, from being completely self-centred to caring about life and people. I stopped using and began to take my health more seriously. Finally, I started to actively listen to the wisdom and advice of others. With these changes, life became more manageable and tolerable, even pleasant and enjoyable.

I finally began to see a light at the end of the usually dark tunnel called *Life*. All the assistance and empathy I received from my peers and professionals working in the recovery community began to have a positive impact. I was tangibly healing, and not just physically or emotionally, but spiritually as well. Pain was disrupted by a different experience altogether—hope. And that was something I hadn't expected.

Love. That's when you know you're home at last, and the pain of intergenerational trauma subsides. That's when you realize it isn't about being hurt by this type of trauma or that type of trauma; it's about living life "fearlessly" as yourself (as cancer survivor Anita Moorjani puts it[2]), in whatever situation you may face, moving forward. That's when

CONTINUED ON PAGE 34

Addressing Trauma through an Intergenerational, Systems Lens

GARY THANDI, MSW, RSW, EDD (PENDING)

In my 20-plus years in the social services sector, I have tried to support people with trauma from many angles—as a probation officer, counsellor, hospital social worker, qualitative researcher, program manager and clinical supervisor.

Gary is founder and Executive Director of Moving Forward Family Services, a non-profit providing low-barrier counselling across BC. Over the past 20 years he has been a probation officer, counsellor, hospital social worker, program manager, researcher and clinical supervisor. A widowed father of two boys, Gary identifies as a wounded healer

Photo credit: Charday Penn at ©iStockphoto.com

But in all my previous careers, despite all the amazing social workers and counsellors I met and who do incredibly impactful work, the needs continued to outstrip resources. Far too many vulnerable people fell through significant gaps in services. All too often, the services we provided only addressed the specific behaviours that often brought them to the attention of criminal justice and health care systems, rather than root causes of these behaviours.

A major cause of the suffering among people I worked with was intergenerational trauma, which impacted them, their family members, extended families and communities. Yet our interventions failed to address this trauma. Our programs tended to be individualized and focused on a single client's poor physical health, substance use or harmful and risky behaviours—often symptoms of intergenerational trauma.

This is why I started my own non-profit agency, Moving Forward Family Services,[1] which I now lead. I wanted to ensure there was a way to look past the symptoms to support clients' deeper needs.

Intergenerational trauma in the South Asian community

I believe my experiences working with one population in particular

for footnotes go to www.heretohelp.bc.ca/visions

exemplifies the challenges brought by intergenerational trauma: immigrant South Asian Canadians, of which a large number have migrated from the Punjab Region of India to BC, including the Abbotsford area.

Back in the early 2000s, in my time as a probation officer, I was the only one who could communicate with these clients without an interpreter, as I could speak to them in their first language, Punjabi. I worked with South Asian immigrant men who had been placed on court-ordered probation for violence towards their partners. Many also struggled with substances, such as alcohol. Initially these men were hesitant to engage—understandably, as they were concerned any disclosures could lead to more entanglements with the justice system (or impact their residency status, if they were not yet citizens).

Over time, however, some would open up to me about their day-to-day struggles with substance use and relationships. Their partners, South Asian immigrant women, also reached out to me frequently, as they too wanted support for their own stressors, and to help their spouse in recovery. Often, these women found little to meet their cultural and linguistic needs.

My training until then had mostly focused on providing brief, solution-focused interventions to manage the client load—basically "patch them up and move them out" so that I could go on to the next client. My work focused on supporting individual clients to learn new ways to manage anger, develop skills to improve relationships and reduce harmful behaviours like risky drinking. I learned, however, that the substance use and relationship discord may also be symptoms of trauma, including intergenerational trauma.

Entire families are impacted by intergenerational trauma, yet our systems individualize them. An adult may act out physically, ending up in the criminal justice system, while the victim goes through victim support and children go through school or Ministry of Children and Family Development. Unfortunately, these important tools for support keep people apart and lack resources.

We know that, over time, traumatic events can bring about a vast range of issues, including feelings of guilt or shame, self-blame, feeling unsafe or physiologically unwell, detachment from emotions or numbing, physical unwellness, worsening mental illnesses and increases in substance use to cope with overwhelming emotional and physical states. Why weren't services making the link for this community?

Learning the history to understand the pain

My interest grew in helping this group. In 2010 I undertook qualitative research on intimate partner violence in South Asian communities. In that process, I uncovered subject areas I had not considered before: intergenerational traumas that many South Asian families had experienced.

I was familiar with major events like the 1947 Partition (the division, by colonial Britain, of South Asia into India and Pakistan) and the 1984 Sikh Genocide (organized murders of thousands of Sikhs in India). But I had not realized how impactful those events continued to be, not just those who directly lived through them, but for the generations that followed.

Many lives were lost during these events. Someone who lost their spouse may have been overcome with grief and been less able to engage with their children. Later, these adult children in turn may have struggled to develop strong attachment bonds with their own kids. Many who witnessed the bloodshed or were tortured may have turned to substances to cope with their traumas; their children and grandchildren, who may not have had similar experiences, nonetheless may have "learned" this method of coping.

These insights led to my professional move from the criminal justice sector to social work and counselling. Once I established a therapeutic relationship with members of this community, immigrant men and women were able to talk more openly about their history, like their childhood in India, and about acculturation stressors when they migrated to Canada,

meaning stresses specific to adjusting to another cultural context.

While grateful for the welcoming nature of most Canadians, most also shared experiences of racism and discrimination in Canada. When I have worked with the children or grandchildren of immigrants (who often come to me due to school or workplace stress, family conflict or substance struggles), they are familiar with many family and world events, but often do not realize how these impacted their ancestors, grandparents, parents or their own lives.

Applying a systems lens to get to the root of trauma

Entire families are impacted by intergenerational trauma, yet our systems individualize them. An adult may act out physically, ending up in the criminal justice system, while the victim goes through victim support and children go through school or Ministry of Children and Family Development. Unfortunately, these important tools for support keep people apart and lack resources. As a result, many who are referred to them will not receive any support whatsoever. Opportunities are missed to address the trauma, and thus heal at a family or community level.

While South Asian families are impacted by trauma and intergenerational trauma, so, too, are many other families who call Canada home. They all need services that can address trauma. When I established my agency, Moving Forward Family Services (MFFS), I wanted to offer both individual supports and low-barrier, timely, culturally responsive supports for the whole web of relationships linking people together.

For South Asian and other communities, MFFS offers trauma-informed counselling and support for individuals, families and extended families at any age, anywhere in Canada and for any presenting issues. We provide services in nearly 20 different languages, in person and online, with minimal waits. We also do outreach to connect with underserved communities by going where there are, to community centres and places of worship. And there is still so much more to do.

I realize these are lofty undertakings. Yet I am emboldened and inspired by many other like-minded counsellors and social workers who share a similar vision. I look forward to connecting with more. V

PAIN, HOPE, LOVE — CONTINUED FROM PAGE 31

your mental illness transforms into mental well-being. You are no longer afraid to express who you really are, without fear of retribution or judgment. You are alive again, embracing the beauty and splendour of life. And that's when you're ready to gratefully give back.

Though I would describe myself as more Buddhist than Christian, let me close by quoting the Bible's interpretation of love, since it resonates with my own view of what is urgently needed to address the future, for generations to come:

Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It does not dishonour others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres. Love never fails.[3]

And with that, I wish you well and many blessings in your own rich, exciting and fruitful journey, which is, as they say, only limited by your own imagination! V

for footnotes go to www.heretohelp.bc.ca/visions

Healing Happens in Community

KYM A. HINES

I became a community builder and it saved my life.

Kym A. Hines

Kym is a settler-Acadian whose family arrived on mi'kmaq territory in 1636. Kym is a transgendered survivor, community organizer, parent and anti-poverty activist who has fought many battles with his peers facing state oppression

I was born Acadian, in poverty. Poverty is painful. My mom rebelled as an intergenerational trauma survivor. I was raised by a single mom on welfare with my mixed-lineage siblings, including Métis, in a society that blamed and punished Mom and all of us. I was third-born of four, adding to the line. I had no idea who I was, where our ancestors were from or how we ended up in Winnipeg.

Growing up I saw working-poor people and many poor Indigenous people around me, suffering. Later, I learned that having been displaced on their own territory, many were forced to wander and seek. I also heard stories from neighbours who were survivors of two world wars. There were also other settlers whose lineage is predominantly known as "white."

White is not a race (which, itself, is a construct), it's a strange colonial system of power that has affected my life from its very beginnings to this very day, sitting here writing.

By age nine, I knew what to expect, what to watch out for and to try to get away. At that time, I had the fear of being beaten by my mother's then-husband, also an intergenerational trauma survivor. By age 13, in my teenaged mind, I lived in a world that offered me pain, sorrow, an ugly authoritarian state and inequity. This created such suffering and poverty that I had seen enough. I could not explain that the world seemed so messed up it made me want to kill myself. It seemed there was no way out. Living in poverty, it can feel like that a lot of the time.

> **No matter how messed up a person seems, they always do better in the community they choose.**

How would I ever have known at 13 that I would make it through suicidal ideation? I never believed I would get past being "a teenage runaway." I made it through child and young-adult sexual abuse...I figured I could survive running away. But to make it through the shame: would I survive that? By my early twenties, I had been a drug user for about six years. I almost died using an elephant tranquilizer (carfentanil), but ended up in detox instead.

There, I was offered shelter, treatment and weekly therapy for a year. It was free—and sensational. After one year of therapy, the counsellor asked me, "Do you think it's possible that your drug and alcohol use helped you get through the hard years and kept you from killing yourself?" I knew it was true as soon as she asked. That's what I would do: get so freaked out and down and out about the reality of the world—economics, wars, hunger, suffering, fear of being hurt even more—and I'd use and drink to bury those worries and drown them out until I could deal with a life-long heal.

Healing intergenerational trauma

How do I express how it is that I got here, close to retirement age? I am an example of how many of us heal through community care and grassroots, supportive agencies—not overbearing *soft incarceration*, a term many of my peers use for high-security shelters. I healed with other peers, all of us learning together.

Unfortunately, the "clean and sober" model is a set-up for most. I healed through learning about the past. What was before? Why did my life take this trajectory? We forget that there was a time when we did not have a police state dictating what or who is criminal. Since then, we've seen intergenerational trauma, generational abuse, child sexual abuse by strangers and family.

Intergenerational trauma is absolutely frustrating. It's frustrating because everything you go for in society is that much harder than it is for others. Community is where the most potential exists for healing. If you have proximity to your community and proximity to supportive services that don't dictate, but offer solutions, you can heal. No matter how messed up a person seems, they always do better in the community they choose.

In the 1980s I was part of a movement to "break the silence" about sex abuse. That strengthened me. In the 1990s I healed by sharing my story with other survivors and in public. Learning about systemic abuse and intergenerational trauma helped me, as a survivor, heal from abuse. Learning from and among peers, as well as learning from others from other lineages and cultures, I learned we have a common struggle. This made me feel a part of a larger whole, a struggle others were in, not just me.

Healing from intergenerational trauma is a lifelong commitment. The benefits are community—if you get supports needed to get through a crisis. Otherwise one crisis builds on another, and nobody can handle that. It just doesn't always look how most government-run agencies say it will. If we had a harm reduction treatment model available to everyone, we would see more success.

Breaking the cycle

This healing I speak of is not simply personal. It's about a complicated system that seems to bring many to their knees, generation after generation. We are born into a system of governing that was, and still is, hierarchal, patriarchal, white supremacist, racist and sexist. Why does intergenerational trauma exist? Unnecessary pain and suffering come from systemic oppression. That is at the root.

Breaking the cycles of trauma takes a lot of work. There is often no support for poor people, just punishment models and repeating cycles. Nothing is simple, including the laws that do the punishing. If anything, what has helped me heal was meetings with peers every day, building community. I also had weekly sessions with a counsellor who understood harm reduction. Detox on demand, treatment and community building have helped me and others live good, productive lives. V

for footnotes go to www.heretohelp.bc.ca/visions

“I Think This Might be You?”

ADHD AND THE CHALLENGES OF SEEKING MENTAL HEALTH CARE

JUSTYNA KROL

Recently, after decades of actively not thinking about the hardest period of my life—my adolescence—I decided to request my psychiatric hospitalization records from that time.

Justyna Krol

Justyna is a communications designer and writer who was born in Poland and lives in Vancouver on unceded territories of the Sḵwx̱wú7mesh (Squamish), xʷməθkʷəy̓əm (Musqueam) and Səl̓ilwətaʔ (Tsleil-Waututh) nations. Her published writing includes non-fiction and a poetry chapbook, You are Doing Excellent Work *(Frog Hollow Press, 2021). Justyna works as a communications coordinator for the Canadian Mental Health Association’s BC Division*

I’m not sure exactly what prompted this decision. Perhaps it’s that, as my mother has gotten older, I’ve spent more time talking to her about our early years in Canada (after we immigrated from Eastern Europe) and getting curious about the way our memories match or diverge. As hard as that time was, I didn’t want to lose touch with it and how it shaped me. I was worried I would forget.

Forgetting and losing things is what I’ve always done. Friends and family have been held up while I looked for my wallet, keys, umbrella, lipstick, mask and/or hand sanitizer. Well into my thirties, I spent more than my share of the budget replacing lost purses, hats, scarves and jewellery. I once left a whole stack of library books on the shelves of a Miracle Mart grocery store in London, Ontario.

I have mostly learned to live with this, but it’s taken its toll. When I met my spouse, he did his best to help me corral the mess that always seemed to follow in my wake. Then, eight years ago, he emailed me an article published by *Quartz* called “ADHD is Different for Women.”[1]

The subject line read, “I think this might be you?”

I read it. I cried. I googled. Then I made an appointment at the Adult Attention Deficit and Hyperactivity

Photo credit: Juanmonino at ©iStockphoto.com

Emotional regulation is a work in progress for most adolescents. Early symptoms of a problem can sometimes be dismissed as psychological growing pains. That's despite growing recognition of the difficulties in emotional regulation faced by those with ADHD.

Disorder (ADHD) Clinic at The HOpe Center in North Vancouver and received a diagnosis of ADHD. It's not an exaggeration to say that this changed my life. I finally had a name for the murky hole that had swallowed so much of my past—and medication to help me manage it. I was going to keep my new umbrella for longer than a month.

The relief was real, but so was the grief. As the clinical psychologist quoted in another article I read explained, "[an ADHD] diagnosis is a blessing and a curse: it's a great relief, but [diagnosed adults] wonder what could have been different if they had only known."[2]

And I did wonder. I wondered if I would have had fewer conflicts with my spouse and my family when I was younger; if the years I spent dealing with episodes of depression, which often followed periods of intense overwhelm, could have been mitigated and become something—anything—else. I wondered if I could have finished my MA faster, then followed that up with a PhD. Maybe I could have been the kind of adult who had—and met—long-term goals, instead of a person who needed every last bit of energy she had to survive the work week, just so she could eat, sleep and make her various payments.

Which leads me back to my early hospitalization and the records request.

Returning to the notes made by the doctors and nurses who treated me for a major depressive disorder in my teens was a revelation. The most common observations were that "the patient" was "unable to control her emotions," "refused to focus and contribute in group" and was "easily overwhelmed by questions or requests." Common consensus was that I was difficult. I could not sit still and kept bothering the nurses to find my doctor or let me out to walk the halls. These behaviours were called "manipulative." These behaviours are also all symptoms of ADHD.

A lot has changed in the last 30 years in how mental illnesses are treated and discussed. But it is only in the last half decade or so that we are starting to learn about interactions between types of neurodivergence, such as ADHD and autism, and mental health conditions, such as depression, anxiety, obsessive-compulsive disorder (OCD) and bipolar disorder, among others.[3] If these links had been recognized when I was younger, my own hospital notes might have sounded a lot different, with the ADHD acknowledged as something that affected both my mood and behaviour.

The challenge that remains is that, at the best of times, emotional regulation is a work in progress for most adolescents. Early symptoms of a problem can sometimes be dismissed as psychological growing pains. That's despite growing recognition of the difficulties in emotional regulation faced by those with ADHD.[4]

A friend who is a child and youth therapist recently sent me an article by Dr. Elisabeth Baerg Hall, the very psychiatrist who diagnosed my own ADHD. The article presents a series of challenges that can lead health care

for footnotes go to www.heretohelp.bc.ca/visions

National Child & Youth Mental Health Day

National Child & Youth Mental Health Day is about building caring connections between young people and the caring adults in their lives. We know having caring, connected conversations can have a big impact on the mental health of children and youth.

DATE: Thursday, May 4, 2023
TIME: 6:00pm - 8:00pm (PDT)
FREE BUT REGISTRATION REQUIRED: familysmart.ca/events

Join FamilySmart for an online presentation and Q & A with Dr. Ross Greene as he speaks about how Collaborative and Proactive Solutions can help us show our kids we care about them. Solving problems together creates connection and allows our children to be a part of finding solutions to what is causing their concerning behaviour. Dr. Greene's work reminds us that things go better for everyone, when we solve problems together and that kids do well if they can.

practitioners to miss making appropriate ADHD diagnoses. The article broke my heart a little. I see myself in so many of the lost opportunities Dr. Baerg Hall identifies. But it also gave me hope for young patients whose caregivers have access to this information.

Dr. Baerg Hall's concerns relate to:

- poor screening among family members, even though the disorder is hereditary
- lack of awareness about how ADHD looks in adults (e.g., relationship/workplace problems rather than hyperactivity)
- misconceptions that intelligent, successful people cannot have ADHD (the opposite is true)
- poor awareness of just how often ADHD co-occurs with other mental health conditions
- overconcern about people becoming addicted to stimulants when on ADHD medication; substance misuse is more likely when ADHD is not treated[5]

I recognize how lucky I was to get my diagnosis when I did. The HOpe Centre is the only public clinic in BC to specialize in adult ADHD. I contacted them when their program was just starting and they accepted adults of all ages (I was in my early 40s). Recently, a friend sent me an article that reported on how they have closed their wait-list until further notice.[6] This leaves a gap for people in my age group who need public help diagnosing their ADHD. I can only hope this gap closes in BC very soon.

Meanwhile, my hope for teens and young adults who suffer from undiagnosed ADHD alongside anxiety, depression or other conditions is that they can find someone who sees them for who they are and can provide them with the care they need.

As for me, these days, the list of the things I lose is much shorter. I have a hook by the door for my keys and purse, a lip balm in every bag and an automatic backup for my computer files. I work for a mental health organization, which means that in addition to doing work I enjoy, I also support others—however indirectly—who struggle with their mental health. I've been lucky. I do my best not to forget. V

resources

First Nations Health Authority: Residential Schools
fnha.ca/what-we-do/mental-wellness-and-substance-use/residential-schools
Services and resources for Residential School and intergenerational survivors, including counselling and cultural supports, 24-hour crisis lines, provincial and federal funding, and community wellness grants.

Vancouver Association for Survivors of Torture (VAST)
vastbc.ca
VAST offers individual and group counselling, assistance with refugee claims, and community connections for refugees and newcomers who have experienced torture, violence, or trauma. VAST also provides professional development workshops and training opportunities, the Research and Documentation Centre, and the journal VOICES Against Torture.

Zine on self-care
rewriting-the-rules.com/wp-content/uploads/2017/02/HellYeahSelfCare.pdf
Hell Yeah Self-Care by Meg-John Barker offers excellent strategies and tips to help you take care of yourself when self-care feels like the last thing you have time to tackle. Find self-care approaches that work for you (no bubble baths required). Visit **rewriting-the-rules.com** for more resources, including the free book *Trauma*.

Moving Forward Family Services
movingforward.help
Moving Forward Family Services offers free short-term counselling and affordable long-term counselling to people who are underserved by the current health care system. They aim to stop people from falling through the cracks by offering low-barrier help to everyone who needs it—without a long waitlist. Services are available in over 20 languages. Sessions are available by phone, online, or in-person at their Surrey location.

Aboriginal Peoples and Historic trauma: The processes of intergenerational transmission
ccnsa-nccah.ca/docs/context/RPT-HistoricTrauma-IntergenTransmission-Aguiar-Halseth-EN.pdf
This paper from William Aguiar and Regine Halseth of the National Collaborating Centre for Aboriginal Health explores trauma research and the transmission of trauma from one generation to the next. For more research from the National Collaborating Centre for Aboriginal Health, visit **ccnsa-nccah.ca**.

Training and webinars
- **San'yas Indigenous Cultural Safety Training Program:** Core and advanced training that teaches Indigenous cultural safety while dismantling anti-Indigenous racism. Visit **sanyas.ca**.
- **Trauma Informed Practice Institute** offers training to those who work with people with histories of trauma. Visit **traumainformedpracticeinstitute.com**.
- **Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families webinars:** Healing Families, Helping Systems is a guide from the Ministry of Children and Family Development. A short series of webinars covers core concepts and approaches. Visit **www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/trauma-informed-practice-resources**.

This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.

heretohelp
Mental health and substance use information you can trust

Suite 905, 1130 West Pender Street
Vancouver BC V6E 4V4 Canada