

From Woundedness to Resilience



In 1938, Abraham Maslow conducted research among the Northern Blackfoot in Alberta, near Geichen and Cluny. As a budding psychologist, he was interested in certain cross-cultural issues: wealth, dominance and emotional security. He discovered that the Blackfoot idea of wealth was based not upon accumulation but upon generosity. He also discovered that some of his assumptions—that the drive to obtain power and to dominate were universal—was misguided. In his exploration of emotional security, he found, much to his amazement, that the Blackfoot were so emotionally secure “that about eighty to ninety percent of the population must be rated about as high in ego security as the most secure individuals in our [own] society, who compromise perhaps five to ten percent at most.”¹ In trying to discover why this might be so, Maslow investigated child-rearing practices. He concluded that an emphasis upon personal responsibility was the explanation: parents encouraged their children to do things for themselves and not to expect parents to cater to their every need. As well, the development of close and warm social relationships, particularly as part of large and extended families, led to the creation of very emotionally secure individuals. Maslow’s ideas about human beings and their development were changed as a result of his encounter. He went on to develop the hierarchy of needs, based somewhat upon what he learned from Blackfoot elders.

At the dawn of the 21st century, as we enter a new millennium, five centuries after Columbus, we are learning again the lessons from our cultural teachings and heritage. After a lengthy period of suppression, they are emerging as important understandings about how to live in the world. Many of us carry with us a sense of woundedness, as evidenced by the widespread healing movement that has emerged over the last decade. Coupled with the emergence of the therapeutic state, we are taught that we are somehow wounded and in need of healing. The emergence of a “post-colonial psychology” is contributing to our movement away from a period of great pain.

Part of the healing journey is to begin to see ourselves differently, to move from seeing ourselves as wounded to seeing ourselves as resilient. Resilience is the ability to spring back and successfully adapt to adversity. Seeing ourselves as resilient can be difficult. It is comforting to continue to see ourselves in the old way. There are many structures that help us to do that. Maslow, again, said that, “It would seem that every human being comes at birth into society not as a lump of clay to be molded by society, but rather as a structure which society may warp or suppress or build upon.”²

In a critical analysis of the terms “woundedness” and “resilience,” Lavallee and Clearsky, two Indigenous medical doctors, ask us to look behind these words and ensure that we do not continue the structures that “may warp or suppress” Aboriginal peoples. They remind us to be mindful of the colonial reality; that the use of the term “woundedness” continues the stereotype. They remind us that resilience may be seen as a polite expression of a Darwinian belief about the survival of the fittest.

Ted Reicken reports on the findings of the Traditional Pathways to Health project, a community health project in Victoria. The project used the development of health videos by Aboriginal high school students as the foundation for decolonizing practices that create a sense of agency as well as a sense of connection, not just to one another but to a broader community, culturally, geographically, and across time. Again, we find support for Maslow, and by implication, the Blackfoot notion of community and connection and doing things for oneself.

Yoshitaka Iwasaki and Judith Bartlett find similar results in their analysis of stress-coping among Aboriginal individuals living with diabetes in a Canadian city. Not only did they find that stress was a significant aspect of living with a health problem, they also found that stress originated from larger societal structures and dynamics. Significantly, the participants coped with the stress by drawing upon cultural teachings that emphasized collective strengths, spirituality and cultivation of cultural identity. A view of stress-coping was constructed within a specific cultural context.

Kim A. Critchley et al. and Douglas Durst et al. examine two very different populations. Critchley's study of physical health practices of Mi'kmaq children in Prince Edward Island demonstrates the need for children to be continually engaged in physical activities as a way to build confidence, self-esteem and feelings of success. Durst's study of urban First Nations People with disabilities indicates that those with physical disabilities are often isolated from community life, a life of connection that we have seen as important to developing resiliency.

Bonnie Jeffery et al. report on their work developing health indicators with three northern organizations, the Inuit Tapiriit Kanatami, the Prince Albert Grand Council and the Athabasca Health Authority. Jeffery et al. indicate the need to move beyond measurement of morbidity and illness to culturally sensitive and sustainable indicators that monitor the health and capacity of communities in order to improve health conditions and quality of life. While important, they also need to be able to provide comparable data that allows monitoring by both communities and their agencies and governments. The current system measures weakness and does not identify strength except in an indirect way as the opposite of weakness. The cultural impetus of the three groups is to view health in a broader way, and to try to develop ways and means of monitoring it. In this way, we begin to create structures and processes that can shape us in positive ways.

All these papers depict communities struggling to act upon their own notions of health, to find ways to create positive individual and collective identities. We are witnessing the emergence of what Duran and Duran call Native American Post-colonial Psychology.³ This emergence is a key element of what I call "post-colonial Indian consciousness," which consists of an awareness of the fact of colonization, knowledge of its effects, a desire to do something to mitigate the effects, and possession of the knowledge, skills and power to carry out one's desire for change. Those living in urban environments are often not seen as engaging in this struggle but as having given up. The narratives that we tell ourselves are important aspects of creating healthy communities and individuals. We may need to alter how we see our pasts as these narratives affect the present and the future.

Adaptable, innovative, healthy, strong, resilient are the words that we need to also add to our vocabulary when describing Aboriginal peoples. They provide an important dimension of health. If we continue to see ourselves only through the lens of woundedness, then we will fail to see what Maslow saw.

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ENDNOTES

1. Edward Hoffman, *The Right to be Human: A Biography of Abraham Maslow*, Edited by Jeremy P. Tarcher (Inc., 1988) p. 123.
2. Ibid.
3. Eduardo E. Duran and Bonnie Duran, *Native American Postcolonial Psychology* (Albany, N.Y.: State University of New York (SUNY) Press, 1995).