



Voice, Choice, and Power

HEALING INTERGENERATIONAL TRAUMA WITH DR. RUBY GIBSON

Dr. Ruby Gibson (Lakota, Ojibway, Mestiza), co-founder and executive director of Freedom Lodge, a nonprofit organization in Rapid City, South Dakota that provides historical and intergenerational trauma healing to Native American communities, shares her work on Somatic Archaeology® and its healing potential. She is the author of *My Body, My Earth: The Practice of Somatic Archaeology*.

Cultural Survival: What is Somatic Archaeology® and how can it improve the health of Indigenous Peoples through healing?

Ruby Gibson: Somatic Archaeology® is a recovery modality focused on the potential to excavate history in our body through body sensation, breathwork, and balancing the four worlds. We are a walking library and our body, much like the Earth, is full of information. In Somatic Archaeology® we say we're digging within, excavating the source of our ailments. The five steps of Somatic Archaeology® are: I Notice; I Sense; I Feel; I Interpret; I Reconcile. We begin with noticing and follow body sensation through a bottom-up neurophysiological process until we reach step five, identifying the cause and effect of our symptoms—we call that reconciliation. Reconciliation reflects who am I when I'm free, or who am I when I'm liberated to live my life like I want, when I'm not carrying emotional burdens. That's when transformation or healing happens. I have observed that the body follows the same five steps regardless of the elements or story one is carrying. Stories are typically based on the epigenetic memory patterns of our mothers, grandmothers, grandfathers, and parents.

In Lakota traditional ways, we generally use a medicine wheel as a way of understanding life and mapping out our experiences. If I can take a method and put it on the medicine wheel and it holds water, then I know it works, there is medicine to it. In our communities, we have 500-plus years of colonization, suffering, death, ethnocide, and disease to process, but when you use Somatic Archaeology®, it simplifies

the process. Our biological and neurophysiological engagement allows us to start at the source and make our way to interpretation, as opposed to a westernized psychotherapeutic model that starts with analysis and then attempts to enforce what we believe on the body. We give the body a voice. Our primary model is "Voice, Choice, and Power." Helping someone reclaim their power by giving their body a voice helps clients recognize they have choice.

CS: How has intergenerational trauma in Native communities affected health and well being?

RG: When we map our influences and look 7 generations behind us and 7 generations ahead of us, we find that we're at the apex of 14 generations. If we choose, we can influence our actions and how our behaviors are going to affect the next seven generations. This position gives us a lot of power because our choices can impact our ancestors and lighten the load for our offspring. When you remain conscious about that, what you're taking in, what you're managing, and how you're transforming it, you can utilize Somatic Archaeology® to transform your story—and then you actually become part of the solution in the human world and in all the four worlds (plant, mineral, animal, and human). We utilize the power from each of those four directions of life in order to put ourselves in the center of the circle. We become a point of transformation, and when we make that choice, there are so many possibilities—and life opens up in new ways.

CS: You have also coined the phrase, The Future of Native Wellness.™ What does that mean?

RG: I've spent a good portion of my life doing trauma recovery work, and sometimes it gets overwhelming and can be soul crushing. I reached a point of compassion fatigue, which I think is a crisis that every healer goes through at some point in their profession. I decided then that wellness was really the key. Black Elk, one of our Lakota elders who has crossed over, had a prophecy: "After seven generations pass, it's the fulfillment

of the prophecy and there's a new prophecy." It's been seven generations, so what's next? Wellness is really an extension of the eighth generation. People need hope, and they need to be able to find their way out of the cultural identity that associates us with suffering. Unless we change our perspective, we stay in this state of mind that has been carved out by non-Indigenous cultures. It's time to get our power back. When we start looking at it from a place of power rather than a place of loss, that's when we shift our focus to The Future of Native Wellness™.

CS: Tell us about the Freedom Lodge and the work it does.

RG: Freedom Lodge was originally co-founded by me and a colleague of mine, Tulley Spotted Eagle Boy, a Canadian MicMac elder, after the government of Canada apologized to Indigenous Peoples. With government funding, Tulley established the Mother Earth Lodge and asked me to create a sister lodge in the United States, so I created Freedom Lodge. I started working with our youth, teaching Somatic Archaeology® to other therapists, and soon Freedom Lodge became an educational center. Five years ago I applied for a job with a nonprofit foundation as a program coordinator. The job was to positively impact Indigenous women and girls from Alaska to Mexico. They did not hire me for the position, but instead decided to fund me. This funding allowed Freedom Lodge to take Somatic Archaeology® out into the communities to support professional counselors and therapists. We provide our services free of charge to Tribal members. We've also developed the Historical Trauma Master Class™, and in each class we train about 30 professional counselors and therapists from various tribes and teach Somatic Archaeology®. Graduates of this program who want to become trainers are taught to go out into their communities and start training people.

CS: What is your Healing the Sacred Womb Project?

RG: We have a high suicide rate amongst our youth, and I've spent time in many K-12 Tribal schools helping with suicide prevention. Suicide prevention often entails addressing the issue of sexual abuse. Many children were sexually assaulted in the boarding schools during the 1950's-'70s and their children inherited the toxic imprints of the traumas. These schools were government funded and run by the churches with a specific goal of "killing the Indian in the child." Murdered and missing Indigenous women are part of this legacy. Feeling like you don't have value, or feeling that you only have value sexually, you begin to minimize your own life and your purpose. It's one of the worst woundings for a child. We believe there's a sacred law that says "no harm may come to the children." Traditionally and historically, sexual abuse was never a problem in Native culture until European influence and invasion.

The Sacred Womb Project helps mothers and grandmothers to recover their own sacredness and innocence in their body, and consequently impacts their children and grandchildren. We work with shame; we work with honoring our bodies. We look at it this way: a woman is born with all the eggs she will ever have. Imagine you were an egg in your mother's womb when she was in her mother's womb. Our grandmother's womb becomes our first experience of biological life. We're all

incubated in our maternal grandmother's womb. If you were a seed in your mother's womb when she was in her mother, then your daughter's life began there also. We look at four generations of epigenetic inheritance through this model. This is how we remember how to protect ourselves, how we pass along knowledge, how we help to carry stories about who we are and our own traditions, and also the dangers that exist for us.

CS: What does the future of Indigenous health look like in your community?

RG: One component is ceremonial life, because it's at the spiritual foundation of who we are. The second is language—being able to hear your ancestors and speak in your language allows the ancestors to make contact and defines the culture. Lakota is a present tense language. It's about what's happening now, not what happened in the past or what's going to happen in the future. It's very central to the moment. Traditional artwork, star blankets, bead work, all these components of a very rich culture and being able to reclaim those symbols and find beauty in traditions is part of wellness. If we are suffering so much that we end up drinking or getting high, we get distracted and forget who we are. Then those traditional things get lost.

Many factors lead to wellness and physical health, but comfort in your body is number one. The feeling of belonging to your culture and to your community, feeling like you have worth, that you hold an important place in family, all helps you feel connected. You can't go back to the way you were, but you can replenish and remember. Your body has an amazing ability to not only recall traumatic events, but to recall positive events and historical knowledge that is layered inside of you. I learned an important moral through a dream—to always let the grandmothers drive. It was the most significant dream in my life because it helped me recognize that I wasn't in charge. I also recognized a higher feminine power and I refer to them as the grandmothers. They guide my work and keep me humble. They keep bringing me gifts, they speak to me and tell me which way to go. I never travel alone and they've been at the core of the development of Somatic Archaeology®. This is an important part of my Wellness.

CS: Can these models be adapted to Indigenous communities around the world?

RG: That's the dream. I'm a cultural healer. For me, healing trauma is fairly simple. It takes time, commitment, and courage to be willing to remember. What are we able to remember? A woman in one of my trainings had a visual impairment and had been unable to resolve it. After one session, that impairment went away and never came back. It's because her body was willing and she trusted me. By being able to train a handful of people in a community to do individual work, people start feeling themselves transform in many ways. It changes the culture and the community. My heart beats strong with the thought of bringing our healing techniques into every Indigenous community in the world. It is financially viable, it's fairly simple, and individuals can do the steps on their own. There is so much potential. When we take this work out into the world, it can reach every single person who it's meant to reach. And that is in the hands of the grandmothers.

SOVEREIGNTY IS ESSENTIAL FOR OUR FUTURES



Kera Sherwood-O'Regan advocating for Indigenous people with disabilities' rights at COP25 in Madrid, Spain. Photo courtesy of Kera Sherwood-O'Regan.

Kera Sherwood-O'Regan (Māori) is from Te Waipounamu, the South Island of Aotearoa (New Zealand). She is the communications and engagement director at Activate Agency, a social impact creative agency that she co-runs with her partner. She works with nonprofits, community organizations, and activists, helping to center voices and stories of structurally oppressed peoples for social change. Her work focuses on bridging Indigenous Peoples' rights, the rights of people with disabilities, and climate change and health. While in medical school, she grew passionate about issues of inequity in Indigenous health and how Indigenous communities around the world are affected by health inequities and climate change. Shaldon Ferris (Khoisan), Cultural Survival Indigenous Rights Radio producer, recently interviewed Sherwood-O'Regan.

Cultural Survival: What does the healthcare system look like for Indigenous Peoples in Aotearoa, and for Indigenous Peoples with disabilities?

Kera Sherwood-O'Regan: We see that there are pretty huge disparities in care that Indigenous people get. Indigenous Peoples suffer from higher rates of lung cancer, diabetes, and cardiovascular issues. Our people also have a distrust of the health system. If you go to a general practitioner and are sharing some of your experience in just 15 minutes, you cannot build a very good relationship. Maybe there are dynamics that keep you from being open. Oftentimes there is active discrimination. There's quite a bit of research that shows that general practitioners on average spend less time with their patients who are Māori or Pacific. They also tend to explain things less because there is this inherent assumption that Indigenous people don't really have good health literacy, which, while it has some truth to it, is because our people have been left out intentionally by a lot of these systems. A lot of doctors will just assume that you don't know what's happening and they won't bother trying to explain things to you, which obviously makes it very difficult to have informed consent in options that you might be provided with. For people with disabilities,

medical ableism goes on. New Zealand in particular doesn't have a very good understanding of ableism and how that operates.

Many Indigenous people also look to different healthcare providers to have more continuity of care. The general practitioner who diagnosed me with my fibromyalgia, a chronic pain condition, was really good. She was Māori. She referred to rheumatologists and specialists, and was also supportive with me taking an herbal remedy to ease stress, anxiety, or sleep issues, and trying things like acupuncture and physio. In Māori culture, we have *mirimiri*, a type of healing massage that was really helpful for me. There are many general practitioners who just don't have any understanding of the different dynamics for our people and are really dismissive of a lot about *rongoā*, or other sorts of traditional and herbal medicines. On the whole, traditional medicine in New Zealand is not very well integrated.

CS: What impact is climate change having on health in your community?

KSO: When we're talking about direct effects of climate change on health, we're often thinking about things like a climate disaster. If there are floods, fires, or coastal erosion and people are injured, disabled people are left behind in those sorts of disaster responses—whether they're not being rescued, whether the government plans and responses are accessible for disabled people and for Indigenous people, or whether those communities are even getting essential information. If that's not occurring in a language that you're comfortable with, or over communications that you're comfortable with; if you're d/Deaf and you can't hear sirens or warnings, or if you're blind or have low vision and you're not getting all of that same input that's prioritized towards people who are visual receivers of information, that can leave a lot of people behind.

As the temperature rises, obviously that has some direct effects in terms of people's health. Heat stroke is a really big thing, particularly for a lot of our elders, and it can also contribute to other health conditions, like my fibromyalgia

migraines. We also have direct effects that come from pathogens like viruses and bacteria that cause disease, and sometimes longer term disabilities, as well as the vectors that carry them. Those vectors might be things like ticks or mosquitoes. As the climate is changing, the patterns of those pathogens and vectors are moving.

A big thing for Indigenous communities is also thinking about a lot of the indirect effects of climate change, like eco-anxiety. It affects a lot of people, but particularly Indigenous communities. We are losing our homes, but we are also losing sites that are very spiritually or culturally significant, like our *urupā*, or cemeteries. That is a huge amount of trauma that our people have to experience. Many island communities are also threatened with rising sea levels, and having to go to different countries and leave your cultural, historical, and traditional home is a hugely traumatic process.

CS: What are some successes you have seen in the context of Indigenous and disability rights?

KSO: One of the things that's been really important is the solidarity between Indigenous and disabled groups at the United Nations climate negotiations. I've been involved in an organization that my partner founded called SustainedAbility, which is a network of disabled people advocating for disability rights in the context of climate change. One of our core asks at the United Nations Framework Convention on Climate Change is to establish a constituency for disabled people, because that's currently not in existence. The Indigenous Peoples Caucus and International Indigenous Peoples Forum on Climate Change have been hugely supportive of the calls to action for disabled people to have some space in those negotiations as well. They have also echoed a lot of our calls for language that respects disability rights as well as Indigenous rights, and have supported our disabled Indigenous members to have a voice in these spaces. That shows the strength of our community and the strength of the Indigenous and the disabled rights movements—how we're actually the voices who most need to be in the room, and we're the ones giving space and ensuring everyone who needs to be in the room is right there alongside us.

CS: What does the future of Indigenous health look like in your community?

KSO: I used to put a lot of emphasis on changing the system from within. I bought into that vision of being a Māori doctor, that at some point I would have some power to effect change. I've come to realize how that system is set up to protect itself. There are so many barriers that make it difficult for people who have different experiences, whether that's being disabled or Indigenous or queer or from the global south or having English as a second language. There are so many different ways that that system is set up to continue to privilege cis heterosexual able bodied white men, essentially.

I think that buying into that idea of system change having to happen from within actually harmed me a lot as a disabled and as an Indigenous person in medical school. I experienced a lot of trauma. Nowadays I'm thinking much more around how I can change the system from the outside. I take my hat off to my colleagues from medical school who are active and find ways to deal with institutionalized racism, ableism, and

oppression. Often these systems are set up to replicate themselves. If we can get outside of these systems and be active and try to challenge and change the underlying roots of those issues, then that's really powerful.

The future for the health of our communities is recognizing that we don't always have to buy into these systems that harm us. We can have our own thing. So I think the future of Indigenous health is tied inherently to our sovereignty: sovereignty in terms of our land, our stories and narratives, our bodies. As an Indigenous woman and also as a disabled person, I'm constantly taught that my body isn't right. The whole health system is about "fixing" our bodies and legitimizing other people dictating how our bodies should be, or how they should change, or how they should perform. That's trying to justify essentially acts of violence on our bodies. So I think sovereignty in all forms is essential for our future health and well being.

If our *hapu*, *iwi*, *whānau*, or our tribes and families, were able to uphold their sovereignty as they were meant to be under the Te Tiriti o Waitangi, one of our founding documents, that would make all the difference in terms of our health. Because instead of trying to change the system that's fundamentally not made for us, we could actually start to imagine something completely different. I don't envision that would be a health system that's separate from an education system or a justice system or from anything else. I see that when our sovereignty is recognized, we can focus on our whole communities and we can change those structures so that well being is embedded across it all. Something I found really valuable as a resource is the Matike Mai Report, which was about constitutional transformation. It suggests what governance and real partnership and power sharing could look like in New Zealand. That's a really exciting model that I think can assure us of our sovereignty, and that could have a huge effect on our well being.

CS: How has the Indigenous community in Aotearoa been responding to COVID-19? How are disability rights being addressed?

KSO: Indigenous leaders in disabled communities have been doing a lot of work. I've mostly been engaging with other disabled groups. A number of *iwi* and *hapū* are taking this moment to exercise their sovereignty by setting up roadblocks. We're seeing that a lot of privileged people are thinking that lockdown is a great time to go to rural communities, to beaches, or holiday homes where they are increasing the risk for our rural Indigenous communities. Our Indigenous people are setting up roadblocks and turning cars away and making sure that people can't get through, which I think is a really powerful way for them to assert their sovereignty and role in protecting our people. Communities are also organizing and checking in with those most at risk. My tribe, Kāi Tahu, have been calling our elders, making sure that people have what they need. In our disabled community as well, people are sharing food parcels to make sure those who are high risk for COVID-19 like myself, don't need to go out shopping and put ourselves at risk. I see that happening in the Indigenous and disabled communities the most, that there is this real vibe of collective care and that we're going to make sure that we all get through.