

Seven Phases to Integrating Loss and Grief



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It's a long road we have come and it's a long road we can go. We have to walk together and talk together. If you never listen to me, I will never listen to you. I will not follow you. Walk side by side and let's get there.

Conrad Rataru, at a handing back ancestral lands to Aboriginal people ceremony

OVERVIEW

This chapter describes an innovative and unique loss and grief model—the ‘Seven Phases to Integrating Loss and Grief’—to ‘work with’ major challenges impacting on the social and emotional wellbeing and mental health in Aboriginal communities. Incorporating 25 years of personal and professional experiences, the Seven Phases model comprises a comprehensive process addressing many of the contemporary major social and emotional and health challenges being experienced within Aboriginal communities in the 21st century. As a process, the Seven Phases has two major applications: as a counselling model and a teaching tool, both of which have been evaluated as culturally appropriate and sensitive to the needs of Aboriginal people.

INTRODUCTION

Mental health problems and distress are prevalent and of concern among Aboriginal and Torres Strait Islander peoples. A study by McKendrick et al., reported that over 50 per cent of 112 randomly selected Aboriginal participants could be described as having a mental disorder, with a further 16 per cent reporting at least 10 non-specific psychiatric symptoms, including depression and harmful substance use.¹ Within the sample, 49 per cent had been separated from both parents by the age of 14 years and a further 19 per cent from one parent. Those who grew up in their Aboriginal families learned their Aboriginal identity early in life and regularly visited their traditional country. These people were significantly less distressed.

Similarly, in Clayer's study, based on a sample of 530 Aboriginal people in South Australia (SA), 31 per cent had been separated from parents before age 14.² The absence of a father and of traditional Aboriginal teachings was found to be significantly linked with attempted suicide and mental disorder. Hunter also found that childhood separation from parents was strongly correlated with subsequent problems, including high levels of depression in Aboriginal people seeking primary health services.³ Hunter comments particularly on the effects on males, whose histories are influenced by the loss of fathers. In these cases, models for, and initiations into, mature manhood are often lacking.³

Raphael and Swan argued that high levels of loss, traumatic and premature mortality and family break-up contribute to the present high levels of stress experienced in Aboriginal and Torres Strait Islander populations.⁴ The extended family structures of Aboriginal peoples mean that individuals have more exposure to bereavements, trauma and loss than other people. It has

been argued that these experiences are likely to lead to higher levels of mental health problems, in particular depression and symptoms of post-traumatic stress disorder.⁴ Recent work has focused on both intergenerational and chronic personal experiences of traumatisation that may cause anxiety disorders.⁵ Problems include a wide range of general psychological and somatic symptoms, impact on personality and identity, vulnerability to self-harm, suicide, revictimisation and further abuse.⁴ Given findings such as these, it is not surprising that Indigenous Australians experience high levels of mental illness. In this respect, Sansbury noted that 25 per cent of Aboriginal people living in the inner city or in large towns have mental health problems associated with stressful life situations; that Aboriginal males are 80 per cent more likely to commit suicide than non-Aboriginal males; and that more than 63 per cent of Aboriginal people presenting to Aboriginal medical services have a significant level of distress, principally depression.⁶ However, although there are many medical centres focussing on the physical body, we also need to heal our spirit from all of our past pains, traumas and tragedies. We have to look at healing in a holistic manner.

BACKGROUND TO THE SEVEN PHASES HEALING MODEL

The program of healing was designed in response to my personal acknowledgement of my own loss and grief and the impact it was having on my life. The program has been implemented and developing over the past 20 years in response to my own life experiences as a person of the Stolen Generation.

The Seven Phases application as a holistic and constructive grieving process will be demonstrated. The ultimate purpose to grieving for ancestral and contemporary losses is to evolve spiritually in the physical world and to realign our Seven Humanities.

The Seven Humanities

The humanities comprise:

Mental	The ability to have and process beliefs, concepts and understandings using our five senses—see, feel, hear, touch and taste;
Emotional	Have the ability to feel sadness, anger, guilt, love and compassion;
Physical	Body moves into action or becomes debilitated;
Spiritual	Intuition;
Sexual	Procreation;
Social	Survival; and
Cultural	Identity.

These Seven Humanities must be maintained and aligned. How individuals maintain their Seven Humanities is to participate in the Seven Phases to Integrating Loss and Grief. Once the losses and unresolved grief have been integrated, the individual has a higher probability to transcend into their intuitive intelligence to retrieve their unique and innovative life's purpose!

DEFINITIONS AND SCOPE OF LOSS AND GRIEF

What is Loss?

Losses are a prerequisite for being a human being. Planet Earth gives and takes life, creating space for the next phenomenon. People can experience the different types of loss many times throughout their life. Loss can be categorised as:

- Recognised loss i.e. loss that is evident (can be seen) and tangible;
- Unrecognised loss i.e. loss that is not evident (cannot be seen) and not tangible yet may be perceived/felt by an individual;
- Ancestral loss;
- Contemporary loss;
- Anticipatory/expected loss (such as when you are aware someone has an illness and may pass away soon; a child is leaving home);
- Sudden/unexpected loss (i.e. when someone dies suddenly).

What is Grief?

Grief and grieving is a prerequisite to being a human being and it is also a basic human right to honour, respect and express it according to an individual's needs and cultural needs. The depth of grief is determined by the category of loss or losses.

Grief is 'Live Energy'

Grief is 'live energy' needing expression to get it out of the physical body.

If 'live energy' is **suppressed long term**, it stimulates the physical body to become pressurised and if there's no outlet for this 'live energy'—like a pressure cooker with its spout sealed up—the cooker will eventually explode. Suppressed long term, it is then conceivable to imagine the physical body under such extreme pressure that it can begin to weaken and destroy healthy body cells, making the body susceptible to diseases as well as experience major social and emotional and other health challenges.

Categories of Grief

There are two categories of grief:

- **healthy grief** expression is when someone is reasonably conscious as to why one must express grief and participate;
- **toxic grief** is when an individual is unreasonably unconscious as to why one must express grief and they can't, don't or won't participate.

Grief is experienced firstly as a shock reaction (immediate reaction to the loss/es), and then in mourning (journey towards processing grief or emptying the grief energy out of the physical body.)

Experiencing Grief Through Storytelling

Not all stories told by adults to their children promote a state of wellbeing. Grief is seen, felt and heard by the next generation usually through storytelling. Many parents tell stories to their children about their experiences which can be shaped by toxic grief; in this way ancestral grief stories are told across and then down the generations, eventually compounding and complicating their contemporary descendants' grief.

Eight Common Grief Emotions⁷

Shock	Disbelief, denial, numbness;
Anger	Conflict in relationships, ill health, sudden violence;
Panic	May have panic attacks;
Apathy	<i>'I don't care anymore...'</i> ;
Depression	Suicidal thoughts are common;
Guilt	<i>'If only ...'</i> stage;
Physical Illnesses	Grieving people often neglect themselves nutritionally
Crying/Wailing	Suppressing tears can cause ill-health

THE CHARACTERISTICS OF THE SEVEN PHASES

Plato conceptualised that 'grieving is a weakness' and 'therefore, the well-educated need not grieve'. Such a concept is a myth—it seems to have become intergenerational worldwide. Such a myth needs '*bulldozing*' and rebuilt with contemporary beliefs, concepts, understandings and practices.⁸

The System of The Seven Phases

- The Seven Phases reveal that there is much more to loss and grief than death and dying;
- Loss and grief within the system of the Seven Phases addresses many social and emotional and health challenges experienced within many Aboriginal communities;
- It is holistic in its approaches as it realigns all seven humanities, solidifying the reconnection to intuitive intelligence for long term health and wellbeing, creating inter-generational wellbeing;
- It does not shame or blame but rather assists in accountability and responsibility for self-healing;
- It acknowledges that loss and grief is a human experience, therefore it does not discriminate;
- It does not seek 'closure' as this gives the impression that one's loss and grief cannot, or won't, be seen, felt or heard of ever again. Woven into 'closure' is fear of real grieving resulting in weakness; therefore 'closure' seeks to really avoid the deeper and more meaningful grieving process;
- The Seven Phases seeks to integrate all ancestral and contemporary losses to 'locate' suppressed and unresolved grief.

Table 28.1 describes how many belief systems within western culture still operate on the assumption that the only way to 'heal' people is to dissect them in life as in death. For example:

Column 1 demonstrates the alignment of the Seven Humanities, as a 'well balanced' human being who could be someone living in traditional Aboriginal culture before the 'arrival' in 1788 or a 'well balanced' individual in the 21st century; or an ancestral individual human being and their descendent who now lives with a highly evolved Intuitive Intelligence creating a healthy lifestyle!

- Column 2** demonstrates someone whose Seven Humanities have fractured showing them to now be out of alignment with each other. Since the ‘arrival’ in 1788, this person’s Seven Humanities are fractured disconnecting them from their Intuitive Intelligence!
- Column 3** demonstrates the categories of western systems studied in universities, set up to work in isolation of each other—maintaining ‘silos’. This has led to each ‘silo’ believing they are experts in their field and are above the other modalities.
- Column 4** outlines the study of each modality set up in western universities.

Table 28.1: Dissecting the ‘Living’ Human Being

Western Culture Dissects the ‘Living’ Human Being			
1. Seven Humanities	2. Grief Stricken Fear	3. Western Systems	4. Study of Systems
Mental	Mental	Psychiatry	The study of medicine which deals with the diagnosis and treatment of mental disorders
Emotional	Emotional	Medicine	The study of diseases and ways of maintaining and restoring health
Physical	Physical	Psychology	The branch of science which studies consciousness and behaviours
Spiritual	Spiritual	Theology	The study of divinity or religious doctrines, such as the characteristics of a god or gods in relation to man the universe
Sexual	Sexual	Psychiatry Psychology Medicine	As above
Cultural	Cultural	Anthropology	The study of origins and developments of mankind
Social	Social	Sociology	The study of social behaviour especially in relation to the development or changing of societies and social institutions
Seven Humanities aligned	Seven Humanities out of alignment	Western systems designed as ‘silos’	

SEVEN PHASES TO INTEGRATING LOSS AND GRIEF MODEL

The Seven Phases system of grief recovery was developed from my personal lived experiences.

In 1994, I completed a loss and grief personal development course that enabled me to finally put a name to all my confusing emotions.⁷ It was loss and suppressed unresolved grief. My grieving processes saw me grow out of being a childish frightened adult victim, to an accountable and responsible adult. The course awakened my consciousness to seeing, feeling and hearing that there is so much more to loss and grief than death and dying. It was several months before I began conceptualising that the model needed an extensive overhaul to include the loss of one’s culture and spirituality and much more.

In order to validate the Seven Phases holistic approach, I draw on my own personal experiences. While it is important to see the Seven Phases as my own personal and intimate experience—real, uncomfortable and confronting—it is also a compelling loss and grief system with processes that can ‘work with’ intergenerational suppressed unresolved grief. Similarly, it can also ‘work with’ contemporary suppressed unresolved grief which has become compounded and complicated for individuals and their families and communities, a race of people, a nation and their continents.

The *Seven Phases to Integrating Loss and Grief* emphasises the Past, Present and Future. When reflecting on, and considering, each of the phases, I asked myself the following questions which compelled me to research each phase, enabling me to move on to the next phase.

Table 28.2: Seven Phases to Integrating Loss and Grief

Parts	Phases
The Past	Phase Five: Identifying ancient Aboriginal and European grieving ceremonies/activities creating and maintaining Intuitive Intelligence in the highest degree. (What they had!)
	Phase Four: Identifying ancient Aboriginal and European grieving ceremonies/activities using the physical body for its expression. (What they lost!)
	Phase Three: Ancestral losses and suppressed unresolved grief being ‘converted’ into intergenerational suppressed unresolved grief
	Phase Two: Identifying childhood and adolescent multiple losses and suppressed unresolved grief
The Present	Phase One: Contemporary adult major grief reaction
The Future	Phase Six: Recreating Aboriginal grieving ceremonies/activities using the physical body for its expression
	Phase Seven: Maintaining Aboriginal grieving ceremonies/activities to maintain Intuitive Intelligence in the highest degree

PHASE ONE: CONTEMPORARY ADULT MAJOR GRIEF REACTION

My Personal Reflection

“ It all began in 1987 when I had my contemporary adult major grief reaction, commonly referred to as a nervous breakdown by the medical profession.

I ended up in a women’s shelter, ‘pretty busted up, yet again’—it was not a new experience but the women’s shelter was. I was at ‘rock bottom’ and needed to climb up and out to confront the numerous and really difficult questions. I needed to investigate where I came from, in the hope it could explain why I was so angry and sometimes full of rage and at times volatile. At this time I also experienced deep sadness and occasional suicidal thoughts.

Similarly, I needed to know how I became an adult victim of domestic violence. I remembered being a child victim of family violence. I questioned whether there some sort of ‘kinship’ relationship between the both? Likewise in the women’s shelter, I had a shocking realisation, that I might perpetrate varying degrees of domestic violence in some way and if so, where did that come from? How is it that I could be both a victim and a perpetrator of domestic violence? ”

Continued . . .

“ While still in the shelter I had a major spiritually-based experience. I recall lacking an enormous amount of faith and trust in myself and my abilities, in fact this was what I felt my whole life, where did this come from? I found myself intuitively drifting toward an only mirror in the small and dingy room at about 3 a.m. in the morning.

Tears streaming down my face, I looked into the mirror and heard myself say:

‘How the hell did I end up a victim of family violence, again?’

I recall, I was not horrified when an old traditional Aboriginal woman’s face superimposed herself over mine and it is here she ‘instilled’ into me faith and trust in myself and others. Once I left the women’s shelter, unbeknown to me, my ‘Intuitive Intelligence’ switched on and it has never switched off.

I am a wife, a mother, a woman, a daughter, a colleague and yet on leaving the women’s shelter, I am so traumatised because I realise I do not even know who the hell I really am and where I am going in life!

While I knew intellectually that I was an Aboriginal woman, I didn’t feel Aboriginal. I realised then that my lack of Aboriginal identity had me experiencing my life with a lot of deep-seated shame. It took some months for me to realise that I could not find—or begin to understand—my future without looking into my past.

In retrospect this period was the most fearful experience I have ever had to endure in adulthood. The fear derived from being psychologically conditioned, certainly all my adult life, to

‘stay away from your past, what’s happened has happened, you can’t change it, so just move on!’

Assuming I was just going back into my childhood I ‘felt the fear and went back into it anyway’. ”

Phase One: A Victim of Family Violence

Question:

How the hell did I end up a victim of family violence, again?’

My Mental Thought Processes

Throughout this phase, my mental thought processes were seemingly out of control:

- What happened? Where did it happen? When did it happen? How did it happen? Why did it happen? Who did it?

My Grief Emotions

In and out of:

- anger and rage, sadness, depression;
- suicidal thoughts.

Summary of Phase 1

As a health practitioner/counsellor, or even other family member, it is worthwhile noting:

1. Individuals need to love, honour and respect and also need a strong set of rules, boundaries and limitations so as not to encourage them to 'use and abuse' family, friends and professions.
2. The individual needs to reach what they consider to be their rock bottom and not yours.
3. They will feel disorientated and will have times when they are frantic.
4. When the timing is right for them and with the right support, they'll pose their own initial question that will be their motivating factor to begin healing their grief.
5. Once they begin they'll perceive what is the right support and assistance for them to 'unpack' their childhood/teenage loss experiences and where their grief has been suppressed when they revisit those years.

PHASE TWO: CONTEMPORARY CHILD/TEENAGE LOSSES

At the time I 'entered into' this second phase, neither I nor my family had any idea that I would be fluctuating between adulthood and childhood to recall experiences. I recall asking some questions only to be told: 'What are you worrying about that stuff for, get on with your life!'

Unpacking my significant major *Loss Experiences* are outlined in Table 28.3:

- Column 1** identifies the *major recognised loss experiences* in childhood/adolescent.
- Column 2** identifies which of the *seven humanities* have been abused in this particular loss experience.
- Column 3** names the *innate emotion or emotions* that I was born with but were being eroded in my childhood. Depending on the individual's life experiences, these innate emotions have the potential to become either affirmed or extinguished incrementally—these are losses that cannot be seen.
- Column 4** includes the *emotional legacies* which are cultivated as a direct consequence of experiencing columns 1 and 2; they are 'unrecognised' as they can't be seen as a loss. This column became crucial in the grieving process.
- Column 5** is the *age* when columns 1 and 2 occurred throughout childhood/adolescence. The age that these experiences occurred 'supported' my childhood grief reactions in an adult body.

Table 28.3: Childhood/Adolescent Loss of Innate Emotions Model

1. Major Recognised Loss	2. Form of Abuse	3. Innate Emotion (What I had)	4. Emotional Legacies (Unrecognised)	5. Age
Teacher told me and classmates that I was a dummy. I felt her wrath and public humiliation	Mental and emotional abuse	Sense of safety; Sense of trust for teacher My sense of intelligence was intact	Don't set myself up to trust people in authority; to feel safe I believe I'm a dummy	8
Witnessed my father physically abuse my mother	Mental, emotional and spiritual abuse	In the home safe and feeling trust; Trusting parents	Don't set myself up to truly love; to trust people I love	7
My mother died when I was ten years old. I was removed from family and taken into the welfare for two and a half years		Love for family; Love for mother and father Life in control; Dreams, hopes and expectations of parents/family will remain intact	Don't set myself up to truly love my children. Family equals death Don't set myself up to be controlled by marriage/relationships (sabotage)	10
First foster home—I experienced a beating with a copper stick naked below my waist	Physical, mental and emotional abuse	Went in with a degree of trust and safety	Don't set myself up to trust certain white people; similarly they aren't really safe to be around	11
Second foster home—teacher states that 'When Captain Cook landed Aboriginal people were savages'. I felt her wrath again	Mental, emotional, spiritual, cultural and social abuse	Sense of pride for Nunga identity but was waning by this time but still intact	Ashamed of my ancestors' Aboriginality and that of myself	12
Second foster home—I experienced sexual abuse	Mental, emotional and sexual abuse	Minimal sense of trust, safety and power was still waning but still intact	Don't set myself up to trust certain white people; similarly they aren't really safe to be around. Sexual abuse is a new experience. Saying no is worthless; compliments mean abuse will follow	12
The day I left the second foster home I witnessed the woman attempting to commit suicide in her kitchen by using their gas oven	Mental, emotional, and socially abused	Sense of trust, safety and was still waning but still intact	Don't set myself up to trust certain white people; similarly they aren't really safe to be around	12.5
A non-Aboriginal woman pulls a pair of scissors out on me in a shop	Mental and emotional abuse	Safe and trusting shop keeper on entering her shop	Don't set myself up to trust certain white people; similarly they aren't really safe to be around	16

Understanding and Theorising My Reality

The collection of my individual children and adolescent loss and grief experiences became my 'children's' memories frozen in time according to my age; hence why I call them multiple 'inner children'.

As a child and adolescent, my physical body grew into adulthood, but my multiple children remained 'stunted' at the ages that grief events occurred as outlined in Table 28.3. This is because these multiple 'stunted' children in me had suppressed and unresolved childhood grief as a direct consequence of experiencing multiple recognised and unrecognised losses.

In my adulthood, these 'children' frequently had their immature childish major grief reactions when they sensed they could, or would, be exposed to similar recognised and/or unrecognised loss experiences that resembled what had happened to them in their childhood and adolescent years. These childish major grief reactions inadvertently continued to affirm the emotional legacies and the beliefs, concepts, understandings and practices that accompanied them. Finally, they facilitated equally numerous misinterpretations of some adult experiences that should have been experienced as adult-to-adult but, instead, they became an adult/child relationship.

So, from 18 to 38 years of age, these multiple suppressed and unresolved experiences constantly reminded me, the now adult Rosemary, of what happened to all of 'us' (stunted children) in our childhood/adolescent years.

The Second Phase

Question:

Who had the right to take me away from my family?

My Mental Thought Processes

Throughout this phase, my mental thought processes continued to be out of control (couldn't shut them up):

- Still in a state of questioning significant memories, day or night; or questioning why do I do or say what I do or say?
- What happened? Where did it happen? When did it happen? How did it happen? Why did it happen? Who did it?

My Grief Emotions

In and out of:

- anger and rage, sadness, depression;
- suicidal thoughts.

Summary of Phase 2

As a health practitioner/counsellor, or even other family member, be aware that:

1. For an adult individual to begin and maintain their grieving processes, it's imperative that society supports them with encouragement.
2. Once the grieving individual understands the impact of losses and suppressed unresolved grief in childhood/adolescence, and they still have numerous grieving inner children, they can participate in healing their grief rather than rejecting them. In so doing, this person has a greater potential to reach adult maturity.
3. It takes the adult person to really heal all their inner children's suppressed unresolved grief emotions that collectively develop into grief emotions and grief fears in adulthood.
4. The purpose for processing suppressed unresolved grief is to reclaim back some or all innate emotions that were intact before the losses.

PHASE THREE: INVASIONS/COLONISATIONS

We know we cannot live in the past but the past lives with us.

Charles Perkins

What Happened to Aboriginal Ancestors after the 1788 'Arrival'?

The arrival of the first fleet was not a 'settlement' but an invasion. Aboriginal people were subjected to systematic genocide using the following three warfares:

- **Outright warfare:** To kill as many people as quickly as possible using weaponry;
- **Germ warfare:** Sexually transmitted diseases, smallpox, measles, contagious germs put into blankets, waterholes poisoned;
- **Psychological warfare:** Survivors had come under written policies, practices and procedures. For example, Aboriginal people were forcibly removed into missions and reserves away from non-Aboriginal people; Assimilation Policy; Exemption Certificates; etc.

These 'genocide' policies, practices and procedures could not be documented as all other formal policies. The arrival of European migrants maintained the racially motivated comments and behaviours.

Summary of Phase 3

As a health practitioner/counsellor, or even other family member, be aware of the following:

1. **Racism:** Historical and contemporary racism is the basis of grief, fear of personal and ancestral loss. People who engage in racism harbour a strong sense of obligation to their ancestors to maintain racism. Just as suppressing grief is learned behaviour, racism is learned behaviour and is passed down from generation to generation.
2. **Victims into Perpetrators:** Suppressed unresolved grief in victims of historical and contemporary recognised and unrecognised losses are more likely to convert their grief into behaviours associated with anger, rage and violence thereby becoming perpetrators in their own right as an individual, a family, a community, and as a race or a nation.
3. **Intergenerational:** A perpetrator's suppressed unresolved grief is learned behaviour based on their childhood environment. They are therefore more likely to pass this unresolved grief on to their own children by telling them stories embroiled in grief-related emotions—such as anger, rage, violence; sadness or depression—about what happened during and after 1788.
4. The English could **commit invasions called colonisations** because of their personal intergenerational suppressed unresolved grief emotion called grief anger, escalating to rage, escalating to violence. Ultimately they are disconnected from their Intuitive Intelligence.
5. **Migrant groups:** Migrants arrived with a deep seated emotion called 'gratefulness' for Australia and would do all they could to avoid being seen as ungrateful if they supported Aboriginal peoples and their cause. Migrant racism is also delivered with a strong sense of obligation to their ancestors—both types of racism are learned behaviours.
6. **Both groups:** The deep seated grief in English and migrant groups enables them to 'shame and blame' the victim for their social and emotional predicament.
7. My research found that Aboriginal people did not do anything erroneous—the invasion was extremely disproportionate to what our ancestors 'didn't do' to the first fleet and thereafter.

One of the previous questions catapulted me even further into my past to research the following question:

If my ancestors weren't the 'savages' what sort of people were they?

PHASES FOUR AND FIVE: TRADITIONAL CULTURE

Throughout my research I found that traditional Aboriginal culture had developed and implemented their own governing systems, guiding them through life and in death. These systems had been developed and maintained for over 60,000 years.

Traditional Aboriginal Culture

Musicians	Health	Social order
Law and justice	Trade/commerce	Funerals
Spiritual Lore	Geography	Grieving
Aquaculture	Governing system	Births/deaths/marriage
Science	Women's/Men's business	Parenting
Education	Technology	Astrology
Sport	Food hunting/gathering	Geology
		Art (rock painting)

A Spiritual Journey – Being Found by our Ancestors

I was fortunate to have a very spiritual experience to demonstrate that traditional Aboriginal Dreaming totems can and will find us, not by us going out and finding them—we have to experience them to know the difference.

Our ancestors will see, feel and hear our commitment to healing our intergenerational unresolved grief that has been compounded and complicated by contemporary unresolved grief in the 21st century. Not being afraid to reclaim our totem when it arrives is a cultural belief, concept, understanding and practice of traditional culture that has contributed to maintaining strong kinship relationships to all living things.

Before, during and after this experience and within this phase, I began the grieving processes of returning the intense shame of my Aboriginality back to my teacher who, unbeknown to her, took it from me publicly and viciously.

I gave the shame back by first of all giving myself permission to express my deep-seated grief anger and rage towards her, even though she might be dead. I carried shame not just for my cultural identity, but for my ancestors as well. I recall feeling intense anger for them because they did not fight for their rights to keep their culture. It took researching phase four and five to learn that my ancestors were not warlike, therefore not an out-of-control violent race of people.

It was not until I unpacked this part of my history and had such a powerful experience that I reclaimed my Nunga (South Australian Aboriginal word for Aboriginal people) identity without any more shame or blame. I reclaimed my ancestors' love, honour and respect for me and, equally, for what I had for them!

Throughout researching this phase, I discovered many things about traditional culture that I have never lived or studied. My research understanding is abstract, other than what I personally experienced spiritually.

When I moved back to Adelaide I met grandfather Crow and my mother, and the concept of setting up a centre that could help Aboriginal women experiencing family/domestic violence was conceived. The 'Sacred Site within Healing Centre' was established in December 1993.

The Fourth Phase exploration

Traditional 'Aboriginal' and 'English' cultures had structured practical grieving ceremonies and activities.

The Fifth Phase exploration

Traditional 'Aboriginal' and 'English' cultures had structured grieving ceremonies and activities that heightened their Intuitive Intelligence.

My Mental Thought Processes

Throughout this phase, my mental thought processes became calmer although still questioning:

- What was traditional culture?
- What happened? Where did it happen? When did it happen? How did it happen? Why did it happen? Who did it?

My Emotions

In and out of:

- happy, inspired, proud;
- identity solid.

Summary of Phases 4 and 5

As a health practitioner/counsellor, or even other family member, be aware that:

1. Expressing grief using a healthy model left me with the choice of forgiving contemporary and ancestral losses and consequently forgiving my ancestors for not fighting back to maintain their traditional ways.
2. The choice to forgive derives from fully understanding their circumstances. My ancestors surrendered to warlike strategies centuries ago; they were not warlike because they knew how dangerous it was for them all. Also, they did not have the numbers, let alone resources, to keep our culture intact.
3. Aboriginal Australians were spiritually evolved in the highest order.
4. Many contemporary Aboriginal Australians can reclaim the ability to become spiritually evolved again using contemporary grieving activities/ceremonies.
5. Aboriginal Australians had developed social networks and strategies that were structured to maintain relationships with each other, animals and Mother Earth.

PHASES SIX AND SEVEN: THE FUTURE

Phases Six and Seven are about the future. The Healing Centre evolved into the Australian Institute (2005) where I implement the Seven Phases to Integrating Loss and Grief as a counselling model and training program. Coming to the realisation that loss and grief is a human experience, the counselling is designed to 'work with' *all* people; and the training programs are for Aboriginal and non-Aboriginal people who work with Aboriginal people.

As an example, my counselling client case study ‘John’ and I found one of his ‘inner children’ (‘Inner children’, are discussed in Phase Two).

Case Study John

Background

First session was August 2012; last session January 2013—sessions totalled 29 hours. John presented as a 59 year-old Caucasian male. He was one of three siblings of a migrant family. Originally John was looking for a Men’s Group. He eventually spoke to a male who heard John’s ‘loss and grief’ and referred him to the Australian Institute. John perused the Institute on the Internet and contacted me. After a discussion, I informed John that, though I was Aboriginal, I worked with all peoples and had a non-academic background. We were both satisfied that I had the potential to help him. John’s requirements were to be helped to identify and ‘unpack’ his adult losses and unresolved suppressed grief from an eight year relationship breakdown.

When John presented he was on anti-depressant medication due to preoccupation with suicidal ideation—on the Internet seeking out weaponry as preferred method. John’s eight-year relationship unexpectedly dissolved fairly rapidly due to him raising his voice for the first and only time in the relationship at her ‘injustice’ of not supporting him and his adult child to take a fun interstate trip.

Throughout the sessions, John seemed unhealthily besotted by his now ex-partner—she was placed very high on a pedestal where her faults were unattainable. According to him ‘the break up was his entire fault’. This enabled him to acquire ‘false’ readings of their relationship unravelling sooner rather than later.

Knowing the ‘inner children’ concept, and unbeknown to John, it was about the third session that I was able to identify John’s 10 year-old often ‘speaking up’ in the session. He had a high level of responsibility before and after school for a very sick mother who later died ‘in his care’. His father had no concept of caring for his 10 year-old son, and so John experienced childhood suppressed unresolved grief for the next 50 years. As a consequence, he accumulated his teenage and adult losses and his ominous grief remained unresolved.

With time, understanding and compassion, he embraces his 10 year-old. My approach is to help 59 year-old John determine on a day-to-day basis who is having the conversation when it relates to seeking out medium- to long-term female relationships. Is it 10 year-old John seeking out a women who does not know how to discriminate against any of her flaws, because he ‘just’ needs someone that reminds him of his dead mother to, in effect, make up for not keeping her alive. Fifty-nine year-old John becomes the ‘medium’ to make it happen because 10 year-old John’s urge ‘to make it up to his mother’ is like an addiction that must be quenched. Ten year-old John’s suppressed unresolved grief has inadvertently facilitated 59 year-old John to develop a pattern of feeling a deep sense of responsibility for his ‘partners’ happiness at the risk of minimising his own.

This long term approach encouraged 59 year-old John to embrace his 10 year-old and help him grieve for his mother and subsequently reconcile the shame and blame for not ‘saving’ his mother by showing forgiveness and acceptance—he was just a child! The pathway to this reconciliation was to apply suitable grief activities, namely: talking grief through (counselling); working it through (walking); writing it through without any censoring (writing to his ex-partner and forwarding it on to me). The approach also helped him grieve for a father who was not taught anything about loss and grief. The father could not help his 10 year-old son process grief emotions at the loss of his mother and so help prevent the son from maintaining his childlike interpretation of the death of this mother that lead to being controlled and manipulated into adult practices that contributed to precarious intimate relationships.

Client Feedback

On 18 March 2013, 'John' wrote:

Life is still a struggle but I'm trying to adapt to my new situation. As you know I sought help from many avenues but only you truly understood who I was, what I have lost and where I am at for which I am really grateful. I hope to keep striving to return to a peaceful and more happy existence. No problem using my inner children example provided I remain anonymous as you have suggested. If these stories somehow help others understand the impact of traumas in their lives and allow them a means of resolution, then that would be great.

EVALUATION OF WORKSHOPS

More recently participants have been evaluating the training program. The table below indicates overall ratings of the one, two, three and five day workshops. We acknowledge the evaluation did not rate responses to each question, so we allocated responses to a rating from 1 to 5, the highest rating being 5. Information has been collated from a total of 369 responses.

Table 28.4: Workshops Evaluation

Course		Rating					Total
		1 – Poor	2 – Fair	3 – Good	4 – Excellent	5 – Outstanding	
1 Day Course	No.	0	2	3	15	32	52
	%	0.0	3.8	5.8	28.8	61.5	100.0
1 Day Course (2)	No.	0	0	3	22	11	36
	%	0.0	0.0	8.3	61.1	30.6	100.0
2 Day Course	No.	0	0	8	28	104	140
	%	0.0	0.0	5.7	20.0	74.3	100.0
3 Day Course	No.	0	0	10	13	44	67
	%	0.0	0.0	14.9	19.4	65.7	100.0
5 Day Course	No.	0	0	1	1	6	8
	%	0.0	0.0	12.5	12.5	75.0	100.0
5 Day Course (2)	No.	0	2	5	21	38	66
	%	0.0	3.0	7.6	31.8	57.6	100.0
Total	No.	0	4	30	100	235	369
	%	0.0	1.1	8.1	27.1	63.7	100.0

The table shows that the highest number of participants attended the two day workshop, the rating for which was higher over the 'Excellent/Outstanding' categories than for the other workshops.

In addition to demographic information, we obtained qualitative responses from participants regarding whether they:

- had learnt about past and contemporary issues facing Aboriginal people today that they were not aware of prior to attending the workshop;
- think some aspect/s of their current work practices could change as a result of what they had gained from this workshop and, if so, briefly what could that be?

The following are some of the participant's responses:

“ Absolutely, we have a lot of Aboriginal clients and staff on/in our program. I hope I can be more sensitive but also more encouraging to get to know each other without fear of getting it wrong all the time? Also never assume. ”

“ Indeed too easy to make assumption of self and others. This workshop enabled me to look beyond and understand not only the spiritual connection to land but also the grief of not having connection to land, causing a sense of loss of identity. ”

“ Making an effort to physically connect to the Aboriginal community and letting them know we have training that is culturally appropriate. We have not done this to date. ”

“ Absolutely, more people need to be educated to better work with Aboriginal people, to get a better understanding of their situation. ”

“ Absolutely, this training is accessible to non-Aboriginal staff in a non-blaming but deeply effective way. ”

CONCLUSION

This chapter has discussed the importance of recognising and acknowledging the transgenerational and pervasive effects of individual and collective loss and grief, and the extent to which this has impacted at so many levels on individual, family and community mental health and social and emotional wellbeing. The chapter aims to inspire practitioners, service providers and students to consider that, by participating in the seven phases of healing process, there is potential to address major social and emotional and mental health challenges facing Aboriginal and Torres Strait Islander peoples.

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