

# Living in Shadows, Healing in the Law: An Aboriginal Experience of Recovery Using Psychotherapy and Aboriginal Spiritual Practice

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**ABSTRACT** *This paper presents an Aboriginal experience of recovery from the effects of the violence of sexual, emotional, cultural and spiritual abuse which caused the author to develop dissociative identity disorder and complex post-traumatic stress disorder, from which she recovered utilizing psychotherapy combined with Ngungkari medicine from traditional Aboriginal healers. The paper discusses aspects of these different traditions and the clinical, social and political necessity of understanding and accepting the use of traditional medicine in the process of recovery. Copyright © 2012 John Wiley & Sons, Ltd.*

**Key words:** Aboriginal experience; recovery; dissociative identity disorder; post-traumatic stress disorder; Ngungkari medicine; traditional healing; well-being

## INTRODUCTION

In this article I present and discuss my recovery from physical, sexual, emotional and spiritual abuse through traditional Western psychotherapy with a psychiatrist who specialized in dissociative identity disorder (DID), combined with healing from Ngungkari, traditional Aboriginal healers. These different “psycho-therapists” or “soul healers”, from their different traditions, enabled the integration of my personalities and recovery of heart, soul and spirit. Through understanding, learning, and practicing Aboriginal Law/Lore I was able to develop values and attitudes that created positive and healthy esteem for others, and myself, within the context of my culture. My engagement with Aboriginal art, music, performance, dance and ceremony also assisted the process of healing and recovery.

This experience of recovery emerged from my determination to be well in a holistic sense in order to participate in the world as a fully functioning adult, without the co-dependence, addictions, shame and dysfunctions caused by my abuse, as well as the generational acculturation, addictions, violence and racist shaming through colonization, which I, as an individual, and

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my family and communities, have suffered. By “acculturation” I mean a process whereby Aboriginal – and other indigenous – people adapt to survive a dominant, colonizing culture. Kritsberg (1988) described the mental and emotional diseases caused by sexual abuse, violence and other imposed dysfunctions from Western culture due to colonization as “chronic shock trauma” (p. 67), which has affected many Aboriginal people through at least eight generations since 1770. In response, we need to support Aboriginal people through a process of re-acculturation, i.e. a recovery and healing that is informed by and rooted in traditional, Aboriginal medicine and Law/Lore.

I have presented and written this paper in order to enable Aboriginal peoples, medical professionals and other health practitioners who work with Aboriginal peoples to understand that it is possible for us to recover fully from sexual, physical, emotional and cultural violence and the traumas of generational acculturation, and to achieve health and well-being. Understanding how to utilize both Western psychotherapy and traditional, Aboriginal medicine enables us to integrate both traditions in the service of recovery and well-being.

### **MY STORY: ABUSE AND THE DEVELOPMENT OF DISSOCIATIVE IDENTITY DISORDER**

My family was Aboriginal on my mother’s side. She and her family had suffered in the years of wholesale removal from traditional lands to reserves, the stealing of children, the shaming of being black, the murders and killings of Aboriginal people in Queensland through the Second World War and the subsequent economic boom after that. When my parents married in the late 1940s they made a decision that all their children would be educated in private Catholic schools and they would work to ensure that we had the best education and life they could give us. Despite the sexual abuse, I remember my childhood with my family being relatively happy, except for brothers who liked to lock me in cupboards, and many hospitalizations with various ailments such as urinary tract infections which no one questioned. My mother often took me to visit Dr Tom in Longreach, where we lived, as I had various health issues including being given antidepressants because of a sleeping problem I had. No health professional at the time seemed to notice that I was being subjected to sexual abuse despite the obvious signs that we would not miss now. As my mother said many years later, at the time they did not understand or know about these things. My parents did their best for all of us; I knew that my mother was devoted to us and wanted us to have a better life than she did. She made our lives a wonder and protected us from most of the racism in our world. There were times though that I was treated differently from my siblings. I had a sleeping problem: from about three years of age, I would sing loudly and make groaning noises in my sleep, and so I often slept in the laundry on the camp bed with the dogs; this was quite traumatic and scary as it was dark and the door to the house was locked. I would often sit on the stairs, banging on the door and crying to be let in – to no avail. I don’t know how often this happened but it was done in order for my father to get his sleep. When I was 10 years old I was allowed to sleep in a room with my sister when she came home from boarding school but, when she was away, my father would come in and hit me to try to stop me from singing and groaning in my sleep. Eventually my parents decided that I would take sleeping pills – which I did until I was about 15, and this continued while I was at boarding school. Although now I remember all of this, it was actually one of my personalities that held those memories

and, for a long time, I had access to them only when I regressed, which, as an adult, I often did without knowing.

I knew my Aboriginal family was very different from other Aboriginal families as we had money; we dressed well; we went to church and school; and we felt that we could have anything we wanted to if we worked hard. This was my family's ethic. My mother's Aboriginality was also very important as it was all around me and I loved it. She sang Aboriginal songs that I also loved. While we were treated differently at school and in town because people were racist, our family always felt that, if we achieved as well as others, we would be respected – and, generally, we were.

It was white men and white nuns who abused me, never any of my Aboriginal relatives. I loved all my Aboriginal uncles and family members although I didn't see them often, as my mother refused to have them stay at our house. This was a consequence of her childhood: always having to share her bed with some relative who stayed in their very full house. I understand that there was a lot of drinking and violence around her as a child and she preferred to stay with her grandfather, who was a full blood traditional man who lived and upheld the cultural practices and laws. It was from him that she learned language, culture, and the songs that she passed on to me early in my life. The dysfunction in our home began much later when I was a teenager, when I would come home from boarding school to my parents arguing constantly with each other, although none of it was directed at us. The four of us who were left at home would stay in our mother's bedroom and console each other.

When I was five a Catholic priest in Longreach began to abuse me sexually. From then, until I went to boarding school aged 12, I was subjected to sexual abuse by white male adults, and to ritualistic abuse by adults in Longreach who included members of the Catholic Church. These other people included the swimming coach at the local swimming club where I was training to be a champion swimmer, and at other places in Brisbane where I often travelled to in order to participate in Queensland State swimming competitions. It only stopped after one of the priests, Father Wright, tried to have sex with me one night. I then left the school. I was 18 years old. I went to Brisbane to attend teachers' college; however, by then, I was drinking heavily and it interfered with my studies, so I left and found a job.

Most of this time was a haze to me. I had begun drinking altar wine when I was about seven years old as the priest who abused me gave it to me. I drank it regularly until I was 15 years old, and then began to drink Scotch whisky with some Catholic priests at the bishop's house, where I went at night to do typing for the Aboriginal and Islander Catholic Council. It was during this time that I met the other priests who sexually abused me until the age of 18.

## **THE ROAD TO RECOVERY THROUGH A COMMUNITY PROCESS**

My job was as a research assistant in the University of Queensland Medical Hearing Team in the North Queensland Aboriginal reserves. It was during a trip to Palm Island, where one of my aunties was living, that Auntie Beryl took me aside and talked to me about healing this abuse and my drinking. She talked to me about the Three Laws of Respect: Respect and Honour Yourself; Respect and Honour Others; and Respect and Honour Ngungynateea, the Land, our Country – and then asked me about the abuse. The first Law was the most important in that it means that you understand that you are a sacred being, that you have to take care of yourself, and you have to do that first in order to follow the other laws. It requires

that you do not hurt or shame yourself. My auntie then went on to teach me the other laws. Later, when I went to Kowanyama, Edward River, and Aurukun communities, I learned more.

In my early twenties, I met Uncle Bob and his family, and since then, for more than 30 years, I have been connected and learning the Tjurkurpa and the business of healing and Ngungkari medicine. When I was 21, I undertook my first ceremonial journey with those who would later become my traditional adoptive Aboriginal family with me. They would continue with me on the journey of my cultural life and learning of medicine and wellness. They are Anangu peoples of the Central Desert, from near Uluru; I began to visit them and that country from about 1985 onwards. When they returned to live there full time, I began to travel to Uluru, and I still go regularly to visit my uncle, my grandmother and my extended family, as this place is very healing for my spirit, and to learn the practice of Kanyini, that is, living in harmony and unconditional love, a practice that heals my soul.

Some seven years later, when I began my recovery process, the laws that Auntie Beryl had taught me, together with the other powerful cultural healing practices and laws I learned from my Elder teachers, became the healing laws and practices that I understood to use for my own emotional recovery.

In late 1989 I was employed to design and implement a project for the state-wide community-based agency, the New South Wales (NSW) Aboriginal Education Consultative Group (AECG), on the effects of physical, emotional and sexual violence and substance abuse on the education of young Aboriginal women, which is documented in the report "Worringar: The effects of addiction, abuse and violence on the education of young Aboriginal women; (Parbury & Burney, 1991). At the time I was one year sober from my alcohol dependency and committed to a process of recovery. This project was a great way to combine my recovery with knowledge of family systems, abuse and dependency. The project was a community-based education and consultative program designed to allow communities and people to share experiences and to design ways to implement recovery and preventative programs in NSW schools; and some of the recommendations of the report were implemented in the NSW education system. During some of the project's community workshops there was a strong level of denial of sexual abuse, but a willingness to address the issue of domestic violence and addictions. Of course, many people in the workshops did not know that violence and addictions are inextricably linked with sexual abuse or that the shaming of racism and acculturation produces the same feelings that underpin violence and addiction. Many were aware that violence and addictions were increasing in our communities, but did not know how to address these issues. In some communities the trauma was evident amongst workers, families and children, and people felt hopeless and helpless. During this decade I really noticed the mental and emotional problems that we, as Aboriginal people, had; the anger, shame, powerlessness, and depression was growing, and many of us did not understand why we were so unwell.

When people are in pain and sorrow and they experience violence and abuse all around them, denial is a powerful barrier to awareness and the acceptance of help. When Linda Burney, the President of the AECG, and I presented the outcomes of this work at the first NSW Aboriginal Women's Conference, there was a strong sense and, indeed, an outcry of denial amongst those women still suffering from abuse. After the conference, however, a group of elderly Aboriginal woman quietly thanked me for speaking openly about these experiences which had happened to them and about which they had kept secret for many years.

Together with my conviction that our communities need to break open the secrets that have trapped us in denial, it was their words that gave me the courage to continue and that somewhere in all this chaos and confusion recovery, change and wellness could occur. This showed me that I needed to address my own fear and desire for acceptance, as usually people shoot the messenger (as I have experienced this). It is only now, 23 years later, that Aboriginal people are talking openly about the levels of addiction, abuse and violence, partly because they know that it has become an epidemic. I was told it would not change until they were ready to change, and that the situation needed to get very bad before people would be able to break out of secrecy and denial. Getting sober and clean in the Aboriginal community in which you may have done most of your using or drinking is often difficult because of the peer pressure to continue.

During my work at the AECG, one particular Aboriginal man left a profound impression on me when, at a workshop on the Central coast he said that he wanted to use his traditional Law and knowledge to get well. He did not tell me how he would do that, as he told me he had been removed from his family and community; nevertheless, he had this strong feeling that using his traditional Law would support his recovery wellness. He told that me his problems with drinking and violence were because he had lost his culture, and been abused by “migloos” in the institutions to which he was sent. He knew that, when he got his culture back, he would be able to stop drinking and being violent to his partner. In what he said I heard the deep loss he felt; his grief and shame at what had happened to him; and that this had made him drink and become violent – from his point of view, not that he was choosing it, but that it had occurred because of what was done to him. I listened quietly to this story and acknowledged what was true and real for him. Later, on reflection, I realized that I was sceptical that simply getting his culture “back” and practicing “traditional Law” would assist him to recover when he kept denying that his drinking or drug use contributed to his violent behaviour. Notwithstanding my scepticism, I felt that I was being told something important: that this man was telling me how he and the other men at the gathering felt the loss of their culture and tradition deeply, and that their removal as children, their forced acculturation to “migloo” culture; and institutional abuse all were connected to their drinking and drug use, which in turn led to certain behaviour, which increased violence and shame, and so on, into the next generation. I was reminded of this encounter when I began studying with John Bradshaw, and as I learned about generational shame, abandonment, trauma and dependency as part of a cycle pattern which is passed on generationally.

Since then I have learned that it is important to have both when working in both Aboriginal and “migloo” cultures. In my experience western treatment is most useful when coupled with a cultural and spiritual recovery based in our own traditions. It never ceases to amaze me that the dominant “migloo” culture thinks it knows what is right for us – and that we continue to allow it to do that. Until the mentality of the victim and of dependence is challenged and changed, we will stay forever under the yoke of the dominant culture. We have to make “migloos” in government and other agencies listen to our needs as we need them as partners in our recovery.

“Migloos” continue to be dominant as a culture that perpetuates the idea that they know what is best for us. This is an arrogant and often racist attitude. The dominant culture continues to keep us oppressed, emotionally and mentally, by perpetrating this idea that we cannot do it for ourselves, that we need their help to get well, because we are so unwell.

“Migloos” cannot and will not fix it for us. Aboriginal people have learned to be dependent – and co-dependent – over generations. We expect that “migloos” will take care of us, because that is what their policies of protection, assimilation, integration, and self-management over the generations since invasion have been designed to do. We learned to adapt in order to survive, and this has now become an ingrained dysfunction. However, this adaptation and acculturation have entailed abandoning our culture, traditions, and language; and this, in turn, has contributed to the grief of such loss and resultant addictions and violence. John Bradshaw, one of my American teachers, and a well-known and successful author in the field of family generational recovery, gave me the knowledge and courage to choose to face my denial and to develop a way of treating Indigenous people with both Western and traditional knowledge in a process of spiritual recovery.

It is one of the enduring traditions in the Aboriginal community that, as we grow older, we contribute to our community by sharing the wisdom and knowledge we have come to learn in a humble way, with our elders, our peers, and our young people. I feel compelled by my recovery through the sharing of wisdom that we need to share the strengths and wisdom that have enabled us to learn to survive with those in our families and communities.

## **GENERATIONAL ACCULTURATION AND DYSFUNCTIONS**

As a therapist, and during research I conducted for my Master’s degree into family systems and recovery from dysfunction (Goreng Goreng, 2003), I began to recognize how the wider dominant cultural systems had created this dysfunctionality in my family and within our communities, through generations of trauma as a result of invasion; war; attempted genocide; murder; the violent abuse of women, children and men; the stealing of our children; starvation; poverty; policies of paternalism, dependency, and the assimilation of what was viewed as a dying race. I felt I was carrying my own trauma, sorrow and grief – and my mother’s, my grandmothers’, my grandfathers’, and that of all those other Aboriginal people who were my direct ancestral line: I felt their terrible life stories of suffering, of forced acculturation, of war and abuse, to be in me. I knew that I needed to heal this in order for this generational cycle to be broken. We all carry this, and it is evident in our behaviours toward each other, to the dominant culture, and in our cultural depression, that this manifests in many ways.

We filled up our loss of culture, spirituality, community and land with their religions; their grog and other chemical addictions; their dysfunctional societal behaviour; and their way of life, denying our own selves in order to survive. We adapted to survive; and, in order to not lose ourselves, we hid our cultural traditions, our ceremonies, and our songs, so that we could hold on to them. Thus eight generations of Aboriginal people have been traumatized; moreover, the toxic shaming of our essential identities as human and spiritual beings has compounded over these generations, which has also led us to take on some of the dysfunctional behaviours that are exhibited in “migloo” culture. We took on the worst of white culture, including their seriously dysfunctional society that was transported here in 1788. We now see the results, which I have referred to as chronic cultural shock trauma (Goreng Goreng, 2003), that have produced high levels of chemical addictions i.e. alcohol and other drugs, process addiction, i.e. gambling, co-dependence and violence, i.e. physical, sexual, mental, emotional and relational violence). These “dysfunctions” were brought into our land and culture by white colonization, but have become ours and how we are seen. As a young

child and teenager I suffered all of these dysfunctions. Writing of her family therapy work with Indigenous Canadians, Middleton-Moz (1986) has suggested that: “when a culture is stigmatised, it is categorised and separated, making the people in it more stereotypical than individual” (pp. 117). This is supported by the racism that views Aboriginal and other Indigenous people as less than human. In the case of Australia, the notion of terra nullius produced in us a sense of belonging to nothing and nowhere. As the innate human desire to belong was denied us in our own country, this, too, has fostered alienation from the land and generational psychological trauma.

My exposure to national and international Indigenous politics during my early adulthood contributed to my understanding of the oppression of our culture, spiritual rights and religious freedom, and a forgetting of who we are and what our Law is. Furthermore, as a result of our acculturation over these past five or six generations, we have been seduced to move into the structures of Australian “migloo” politics, systems and society. This is the nature of imperialism, and colonization by invasion and foreign cultures.

As a group of people we chose to survive, as there is a powerful and unique force beyond us that supports and sustains us. However, now we have to face the danger of total destruction because we have reached the place of internalizing our pain to such a degree that we are destroying each other by turning our grief, sorrow, addictions and especially violence on ourselves. I have described how the imposition of foreign, non-Indigenous spirituality, value systems and systems of law, politics and government have contributed to that destruction. Our oral history tells us how we resisted in some areas for long periods of time; in other areas people negotiated agreements, which were not honoured by the British; and in other areas people avoided all contact for fear of annihilation. We regard oral history as truth precisely because people lived it and passed on the stories. This is an ancient tradition by which we pass on our knowledge orally and through song and dance. These stories have only begun to be told in the past 20–30 years. When you listen to or read the stories of people’s experiences over generations, the trauma of colonization, separation, forced acculturation and severe apartheid oppression is evident: in the disproportionately high Indigenous prison population, mortality and morbidity rates, and rates of mental illness; in the sickness of our children, and the rebellion and internalization of shame in our teenagers; and in the increasing perpetration of violence and abuse on each other – and the internalization of shame that sees us destroying each other.

In addition to my own experience of visiting relatives at Woorabinda in the 1960s and 1970s, when, in 1977, I travelled and worked in those Aboriginal reserves in Queensland as part of the University Medical Hearing Research Team, I saw first hand the apartheid of the Queensland government of the time (under Premier Joh Bjelke-Petersen), and the destruction of our cultural traditions (Wells, 1979). The extent of poverty, denial and the control of people’s everyday lives by government authorities was harrowing to see, and I was genuinely saddened and depressed by this. I thought that there could be no way out and yet I didn’t even have to live there all the time. That level of intimidation and oppression caused huge amounts of emotional and mental trauma. I began to understand the true extent of the total loss of control of one’s life that most people suffered: the houses had holes in them; there was extreme poverty; children wandered aimlessly around when they weren’t in school; there were no medical clinics or any self-determination. It helps me understand the level of abuse we now see in the Cape York communities. Those years of forced oppression and terrorizing

of the population by the authorities would have produced generations of post-traumatic stress disorder (PTSD) in our families and communities.

In my late twenties I began travelling overseas to India, Europe and Mexico. I lived and worked in a number of countries, doing workshops about generational dysfunction and trauma with people of other cultures. I witnessed the same generational issues that I saw in Australia, an effect of the global colonization of the British and other European nations. I began to read voraciously in order to understand their history and who they are as a culture. I saw their heritage and traditions first hand. I investigated their religions and travelled to their places of history, art and culture. I wanted to understand what made them come to our country; what drove them to invade us and not to acknowledge us; and what psychology was occurring systemically and culturally that made these people oppressive and cruel. I questioned where slavery came from; and the values and history of the slave traders. This continuing education enabled me to understand what had happened to us. It was important for me to know in order to understand. In my youth I was given to protest and anger because I felt the shame and hurt of my life and the lives of others; as I got older I needed to use my intellect to deal with my own trauma: to process it, and to let it go. My travelling and studying enabled me to see the bigger picture; to acknowledge my own generational sorrow and pain; and to see the generational trauma occurring in the behaviour of this generation. Stepping back and seeing the broader world history enabled me to have enough knowledge and detachment to use this understanding in my own recovery and in the development of my training and recovery work with others.

I know now that recovering my identity and sense of self is empty without my own Aboriginal spiritual way of “being”. I am not and cannot be a “migloo”, although the process of 200 years of acculturation has tried to make me so. I am a Murri woman whose spirituality is the spirituality of my Ancestors; and, when I operate from that core of that “being”, I can do anything. I can recover from the dysfunction of the culture that was imposed upon generations of my family, myself, and my brothers and sisters of other clans. But “being” Murri is not just about expressing my identity and connecting myself to my history and culture; it is about operating from the “core” of my “being”, from my spirituality, which is based on the “soul/spirit”, being pure, as were our Wandjina Ancestors. It is also a path of humanness: our Law allows us to live in harmony with all other creatures and our world, and to be spiritual beings in human form with each other until we die and return to the Other World.

## **PSYCHOTHERAPY**

Psychotherapy is an accepted form of therapy for many disorders and conditions, including recovery from sexual abuse through, with regard to DID, the integration of dissociated personalities or “alters”. During the seven years of weekly psychotherapy sessions I had with a psychiatrist, I also visited a Ngungkari regularly, spoke to my Ancestors and Elders, and followed their advice, and learned about laws which could enable emotional and spiritual wellness when practiced in daily life: all to enable full integration and recovery.

I came to undertake psychotherapy with Dr Warwick Middleton when I found out that he treated people who had suffered childhood sexual abuse. When I first attended his office I undertook some tests, which confirmed what I had known: that I had a high level of dissociation.



I also began to study the work of North American authors: John Bradshaw (2006) on healing shame; Claudia Black (2001) writing about the adult children of alcoholism; Janet Wotitiz (1990) on the struggle for intimacy; and Janet Middleton-Moz (1986) on her family therapy work with Indigenous Canadians. I needed to understand what had occurred to us over time, as I knew from my family that our cultural traditions were very functional and organized and we were governed very strongly by laws of practice and behaviour. I also needed the practical guidance and application of a spiritual life to help me transform my behaviour and to return to the purpose given me when I was a young woman by my Elder teachers. During this time, my teachers and Ancestors returned me to the knowledge of our Ancestors by guiding me on the true cultural spiritual path: my Songline healing journey within the Water Tjurkurpa, that is, sacred business, Law and ceremony.

In 1993 I went to the John Bradshaw Clinic at Rosemead Hospital in Los Angeles and subsequently toured some centres in America with Mr Bradshaw, learning and practicing his work with the public. Upon my return to Australia, I began practicing with those methods I had learned at the clinic and attended to my own family of origin therapy, as suggested to us in training. The methodology was called “non-shaming therapy”, in which the focus was on “reducing toxic shame” in the individual. I myself undertook this therapy and later worked with clients alongside Mr Bradshaw and Mr Kip Flock, director of the clinic.

During late 1994 I began to suffer emotionally from the memories of my childhood abuse; in 1996, while working with the police to convict the perpetrator of my sexual abuse, I made a decision to return to Queensland to enter psychotherapy and get well. At the time I couldn't work owing to the severity of my emotional and mental state and so, in desperation, I needed to address it. I had an experience with my Elders during this time that showed me that healing from my childhood experiences of physical, sexual and emotional violence was possible if I was willing to do what they asked of me. I needed to be more functional. I was eight years sober and clean from my drug and alcohol dependencies, and I'd had the practical experience that it was possible to recover if you were willing to work at it. At the time I did not know how deep that willingness would be tested in subsequent years. I had become very introverted, stopped socializing or having intimate relationships, and became moody and depressed. I did feel that I was “living in another Tjurkurpa”, which therapists refer to as a fugue state. However, due to my resilience and recovery of some nine years from chemical and process addictions, I had a great deal of insight into my mental emotional health and state of mind. I attended recovery groups on a daily basis, as they were essential to my stability, and I worked on my physical health, but I was not emotionally or mentally well.

In 1995 I recorded my experiences of my early abuse with the police in NSW; subsequently, Father Leo Wright was convicted of the sexual abuse of myself and three other young people and sentenced to 12 years in jail. After a year of waiting for the Catholic Church to contact me, I left my high-level public service position to go home to Queensland to meet with the Archbishop of Brisbane to tell him about the abuse, and to find out if they intended to do anything about it. I had met with every possible bishop I could find in NSW up to that point to tell them about what happened; and had a particularly poignant experience with Bishop Geoffrey Robinson, who was put in charge of dealing with these issues within the Catholic Church, during which he encouraged me to go and speak to the archbishop. As a result of those meetings and, following further meetings with Bishop John Gerry, I eventually came to a legal settlement with the Church (the terms of which I cannot reveal).

It was during this time in early 1997 that I sought out a psychiatrist who specialized in recovery from sexual abuse. A school friend of mine who was a psychiatric nurse and a social worker had worked with Dr Warwick Middleton at Belmont Private Hospital and I obtained a referral to see him. My dissociation manifested in a number of ways. I remember one day turning up in his office dressed completely differently from my usual attire and acting completely differently, and he asked me: “Who are you today?” As I was used to hiding myself and showing only my manageable controlled alter, which enabled me to work and be highly functional in the world, it surprised me that he recognized something completely different. I felt completely normal, but I knew I wasn’t. From childhood I had often changed myself from day to day, dressing and acting differently, but ensuring that I could put on the mask of manageability to ensure no one questioned that I was “normal”. Although, as a teenager, I often did things like overdosing and trying to kill myself, I still managed to get through high school and to go to teachers’ college, although my academic work definitely suffered. I was often in and out of hospital; my mother didn’t understand what was wrong with me. I stole her pills (Valium and Serepax), and drank whisky with the priests who abused me, but then I would go to school, dress well, and achieve high marks in all my classes. Although I was emotionally and mentally unwell, I maintained a highly functioning persona who could do what was necessary to look OK to the world. I recall that, for a certain period, I would change my clothes constantly; and, when I travelled, I could never decide what clothes to take with me as I would never know from one day to the next what I wanted to wear because I was never sure who I was. People around me would often put my constant changing of clothes down to having eclectic tastes – and a large wardrobe! I began what was to be a seven-year journey of weekly psychotherapy in which I talked about my life and every part of it. For many years I hid a lot from Dr Middleton as it took me a long time to establish trust. During one of our sessions I told him about my grandfather, who had been with me in spirit since I was a child, and shared with Dr Middleton that my grandfather had come to every one of our sessions. Dr Middleton asked me if he could speak directly to my grandfather. I checked this out with my grandfather and so they began their conversation: Dr Middleton asked questions; I conveyed these to my grandfather, and would report back his answers. Dr Middleton said later that he believed it was my grandfather, as I could not have answered those questions. I was very wary of telling any therapist about my grandfather being with me, as they would normally assume I was hearing voices. Of course, my grandfather’s voice is very different from my own or anyone else’s, so I can distinguish it clearly. Being able to have this level of trust with a professional really catapulted my recovery, though it was a long and harrowing journey. I was often suicidal, and I would find myself somewhere in Brisbane late at night and would have to ring Dr Middleton because I was feeling lost and couldn’t find a safe space that enabled me to feel I was OK. He would always answer the phone and talk me back to the present. I would regress regularly and, during this time, it was very difficult to stay in the world but, now, I’m grateful for the experience as it made me both very resilient and understanding of dissociation. Aboriginal people would say, to use the language of the Ngungkari, that I was in “another Tjurrkurpa”, meaning that my spirit or soul was in another spiritual place; and so they would respond to me quite normally as being in that other place/space. Dr Middleton did the same and it was this bridge that enabled me to understand the similarities in both forms of medicine for the mind. Ngungkari accept you unconditionally, just as you are, wherever you are, as do most good psychotherapists, and it was this that was

healing for me. I came to understand that I was not insane and that this therapeutic process would heal the past trauma and assist my recovery.

One day Dr Middleton had a medical student in attendance and he asked my permission to have the student sit in on our session. By that time I was getting quite well and capable of engaging with others. I agreed. The student sat in and Dr Middleton began to introduce me by describing me as one of the most intelligent, capable and smart people that he knew. He continued with such adjectives, and I remember being so surprised that this clever, intelligent doctor believed that I was “normal”, and that he saw all these amazing qualities in me. It was this that enabled me to see that his process of psychotherapy was the same as our “Kanyini”, which heals a person’s heart and soul, and particularly affects self-esteem and self-confidence. Kanyini is unconditional acceptance, positive regard, or love – which therapists are also trained to embody in their practice (Rogers, 1957). Kanyini is a Law we live alongside every living thing so that we are constantly in harmony with our place in the world and with all those around us. This complete acceptance of a person’s beauty and uniqueness heals the mind; in fact it is the energy of Ngungkari medicine: complete and unconditional love.

Owing to the incidence of early childhood trauma in my life I developed DID very early. During my therapy, I had to put my life in Dr Middleton’s hands and trust that the process we went through would heal me. I often asked him if I would heal, and he would nod his head. I needed to hear it from him and believe him; but my Ancestors had also told me that I would heal.

Psychotherapy on a regular basis ended after I had received three sessions of medicine from a traditional healer. It was after this that my mind and body became more capable of being in the world, and I felt as though I could return to work. Although I was still dissociative, I was functional enough to go to an office each day and be productive. Over the years since, I have occasionally been back to Dr Middleton and, particularly, after a couple of traumatic events in my working life between 2007 and 2010, but also more recently, I have not needed to see him. I feel that I will always be open to using psychotherapy but as a health practice in order to be well and functioning in the world rather than a remedial necessity.

As a result of this long experiential journey, I suggest that we cannot recover from these traumas unless we utilize both Western forms of healing, such as psychotherapy, coupled with our own methods of medicine, ceremony and practice of the Law in our daily lives in order to develop healthy functional relationships which remove all the vestiges of “migloo” cultural conditioning which does not support our recovery and wellness. The following sections look at psychotherapy and the use of Aboriginal medicine and Law for individual, family and community recovery.

## **HEALING IN THE LAW**

In our culture we would say that a person with mental or emotional ill health is living in “another Tjurkurpa” (see above). Those who suffer high levels of dissociation as a direct result of sexual abuse as young children can often develop DID, complex PTSD or other disorders that interfere with their functioning as adults. In my time as a mental health worker and a psychotherapist, I treated many Aboriginal people of all ages from teenagers, and young men and women, to older men and women who had been subjected to sexual abuse as children and later developed dissociative and personality disorders. While visiting a remote

Anangu community where my relatives live in the Central desert, I witnessed the distress of dependency, dysfunction and mental and emotional ill-health, and yet also a powerful resonance of cultural traditions which are often ignored by those who need them most.

It was in these places “on country” with “wise people” that I found what I needed to be between both worlds, and to be well while holding strongly to my path as an Aboriginal woman descended from a strong line of Ngungkari and men and women of the Law. During that time, in a ceremony I was given my purpose and I am determined to not lose sight of that.

Many people do not believe that you can recover from such abuse and trauma. My experience and utilization of both systems – “migloo” psychotherapy and Aboriginal Law – however, has proved that it is possible for me no longer to live in shadows. For me, the “bottom line” comes down to the need to work within the cultural, spiritual and individual parameters of a person – that is, holistically at all levels – and that it is this that enables their recovery at all levels. “Migloo” medicine, science and psychology do not understand the fundamental knowledge which exists in our ancient culture, which is that healing and recovery always begin and end at the spirit level.

For recovery we must utilize our own Ngungkari medicine, our own Ancient knowledge, our Tjurkurpa, ceremony and living the Law. When working with an Aboriginal person, each time I have utilized a traditional medicine healer within the mental health system, that person has become well. I know it is because the spiritual medicine, which is imparted, heals the spirit, and that Western medicine alone cannot do that. Utilizing the experience and knowledge of a Ngungkari enables access to another dimension of knowledge and skill that is not available to Western health practitioners. It is also a form of “magic” in that the healer utilizes the Tjurkurpa and that person’s spirit connection to it.

We are sick because our land is sick; and we are sick because we do not have access to our land or our self-determining rights as people. The trauma of spirit through shame and virtual genocide can only be healed by spiritual means. Engaging in ceremony in which you are transported and transformed by the energy of the Tjurkurpa is not something available in Western medicine or psychotherapy, which only measures input and output in particular “scientific” ways.

The dominant culture’s unwillingness to understand and step aside while we utilize our own knowledge for wellness, recovery and healing, and its lack of understanding and insight into our cultural world, blinds it from fully understanding our process of recovery and healing.

## **THE POLITICS OF RECOVERY**

There are a number of excellent recovery programs which Aboriginal people develop themselves but which often never get funded, or have to wait for years to be assessed; those agencies that do exist often have to provide statistical evidence in order to receive small amounts of funding – while government programs fail people and waste money. In Australia, as Aboriginal people we are not allowed to be in control of our own lives, our own recovery, our own policy development and our own communities, as there is a generational need for “migloos” to feel good because they (think they) can “fix us”. Their paternalism interferes with our own ways and journeys of health and wellness. Guilt and shame about their colonial history underlie much government development as well as policies and programs that simply don’t work. The politics of recovery are that we are not allowed to be self-determined. We are

controlled by their policies and only get to “advise” on them. In many programs aimed at recovery, a disproportionately large percentage of the funding goes on government and service administration; only a small percentage actually reaches the community organizations themselves. There is now a very large industry dedicated to “Indigenous Affairs”, and it constantly interferes with us being able to achieve anything on the ground.

## **WELLNESS**

In my continuing recovery, I have used every available tool at my disposal to gain insight, to understand, to accept and to heal from the traumas that caused me to have DID. For many years I stayed away from therapists and the mental health system as I did not want to be labelled, boxed up, medicated and treated as “less than” by the dominant-culture mental health system. My Aboriginal traditions, my understanding of the Law/Lore and my ceremonial journey contributed greatly to my recovery; my ability to work through my issues; and my ability to take responsibility as an adult for my wellness. I have a great determination to face myself, my life and my own traits to enable myself to travel the road of “insight and enlightenment” which is the Aboriginal tradition of becoming an Elder and a woman of respect and wisdom. This is up to my community and my families to recognize, and I strive to achieve the recovery and wellness that will enable me to follow the Law consciously and to recover my wounded spirit to its highest wellness. My journey of returning to the inclusion of my Indigenous traditions and then operating from this as my spiritual core has created a process of functionality rather than dysfunction in my relationships, in both my personal life and professional life, and allows me now to claim my place in my community as I grow older and do what is required; that is, to pass on my learned wisdom to those who are younger who want to learn and practice – for the sharing, healing and recovery of all of us, and knowing that the best revenge is living well.

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