

Factors in the Recovery of Individuals in Nunavut Communities

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1. Locked-in Dysfunctional Paradigm

One of the most crippling factors that keep Nunavut communities from moving forward into healing is their locked in understanding that the day to day dysfunctionality and illness of the community becomes the 'normal' paradigm of life. In a sense, many people living in our traumatized communities are living full time in Post Traumatic Stress Disordered lives. When viewed as such, the implications for healing are very critical indeed. One of the first elements that must be addressed in fostering mental health in Nunavut is an opportunity for individuals, families and whole communities to shift their understanding of "normal" to include the positive feelings and the peace that is in place when people are not living in conditions that constantly threaten their well being, physically, emotionally, mentally, socially, domestically and financially. The following story illustrates this point.

A Nunavut youth of 17 when he came to join the healing part of his family in a southern Canadian city ended up on the adult Mental Health Ward at the General Hospital because of aggression and violent action resulting from acute withdrawal from marijuana use, which reached crisis level one week after his arrival in the south. While he was in the Mental Health Unit, the youth quickly became friends with most of the approximately 50 patients. His sister, 14 yrs, and his girlfriend, 16 yrs, both visited him every day, and quickly got to know some of the patients as well. It astounded me, and brought me to new insight when all three of them told me, each separately, that they felt more at home with the people on the Psych ward than with anyone else they had met in the South. All three young people commented how much Mr. N. reminded them of their uncle, J. reminded them of their favorite cousin, and Mrs. W. reminded them of a woman in their home community and Mr. P. reminded them of their father. The ward felt normal to them. The parallels with a typical Nunavut community are many:

- a) It was a 'closed' society – everyone knew everyone and accommodated each other, with out feeling obliged to 'like' everyone.
- b) Mental health patients are under similar stresses and a chaotic lifestyle.
- c) The chaos of the day to day happenings, i.e. nothing is predictable, everything is at least in gear, if not directly, crisis oriented.
- a) Sensational happenings and exaggerations of 'normal' existence are rampant, and are accommodated with little notice.
- b) Activity is game oriented, with a lack of gainful employment, as in their home community.
- c) There is an illegal undercurrent that keeps everyone 'in the crowd' designated as one of the elite: hash oil, vodka, weed, etc.
- d) Substance abuse is rampant. Many patients use marijuana and/ or alcohol.
- e) Out of norm behavior such as incarceration, street violence, sexual deviance, verbal abuse, and aggressive behaviors are openly apparent on any given day.

One of the greatest challenges is helping Nunavut youths to be first aware of and then comfortable with 'normal healthy' community life as 'boring' as it may seem. It is in the

'boredom' of peaceful, controlled, non-crisis driven living that people have room to become self actualizing individuals.

2. Deep Drug Dependence

The youth noted above was using between 10 and 15 grams of marijuana per day before he came to the South. When he arrived he went into such radical withdrawal within two days that he was grabbing the vanilla out of the cupboard to chug it. He was afraid to stop using marijuana, for fear the pain and hurt that is inside him would boil out and he would kill someone. It is his drug of choice, 'God's drug', as he and his friends call it because it grows naturally and leads people away from violence, unlike alcohol which leads people towards more violence. One youth estimates that 75 percent of the population of his home Nunavut community over the age of 12 uses marijuana daily to kill emotional pain.

3. Lack of attention to Preteens

Many children stop growing emotionally around the age of 10 – 12 or earlier, depending on when the parents stop parenting their children – It seems that it is often at this age that young people 'get stuck'. Few parents have the energy or the time to look after their children after babyhood, if the parents are dealing with their own trauma – particularly domestic violence – an imbalance of control and power in their home. Youths or adults who go into recovery often have to 'grow up' the pre teen in them and to learn adult behaviors and appropriate emotional responses, with the help of therapy

4. Domestic Violence Victims have no place to go.

Inuit women living in a domestic violence situation have no where to go. Iqaluit or Rankin Inlet or Cambridge Bay as the site of the three regional women's shelters, are too close to home. The moment they step foot outside the building, they see a relative or a person from back home. Inside the building they may be related to other clients, and most probably have common acquaintances. This means that there are far too many people who carry information back and forth between them and their husbands or other close family members. This does not allow any woman or her children the complete break from her abuser that is necessary to begin the difficult task of addressing the violence of their home and to begin to rebuild her life.

When battered women leave the shelter they perceive that they have no place else to go but back home --- and the situation within a short time worsens because there has not been time for any real healing to take place for either the man or the woman, or their children. This is particularly true because of the crisis mode that Nunavut communities live with on a day to day basis.

5. Healthy Relationships

Communities desperately need (culturally relevant) teaching about Healthy relationships, and teaching on how to recognize Unhealthy and Abusive relationships. In one southern city, Regina, the Alternatives To Violence program for men who are abusers, takes 42 weeks. The comparable program for Codependent women is a 14 week course, with reading and homework, and Drop In programs are delivered continually for both abusers and victims. It generally takes about 18 months for a person seriously working at their healing to begin to make any changes. Participants are advised not to even think about having a partner for 2 -5 years. The rate of people returning to their abusive relationship after these programs is virtually 0, although some men maintain a profile of unbalance power and control still, and women have varying degrees of success dealing with their codependent behavior. Most 'graduates' of the programs become community advocates against violence.

6. Codependence

Codependence as a disease needs to be addressed in the North. Otherwise known as the 'slipperiest addiction' codependent people [women usually] deny their own inner needs and values/ belief systems and use desperate activity to seemingly 'help' their spouse and their older children to keep from killing themselves or be violent with them , in order for the family to survive. To family, friends and community members a Codependent relationship appears to be 'good', the Codependent person is very active seemingly taking care of everyone involved in their life. They are often externally identified as 'loving', 'a great help', 'the only person who helps me' or 'the one to call '. Internally, these people are often coping with at least one abusive relationship, and are involved in some form of self destruction, if not alcohol or drug addiction or gambling, then deep fatigue and health problems.

Codependence, if left untreated, becomes the hidden family disease, that directly threatens the well being of all family members, but perhaps most of all, the children. In the end Codependence can be viewed as the major cause for the propagation of domestic violence. The woman who 'copes' in an abusive relationship teaches her children and other family members to do the same. Only when she 'breaks the silence will she end the violence'. Someone has estimated that less than 10% of Nunavut community couples are in 'healthy' , that is, non Codependent/Abusive, relationships.

7. Time to Heal

It takes a great deal of time and effort for healing of individuals. It takes huge amounts of courage (for even a person with family support in a place far enough away from their Nunavut home community to be safe) to move away from Codependent behaviors. And it takes at least one year of weekly counseling session for her to repair the damage that years of abuse have done to her, and to heal the childhood traumas that set her up to accept such abuse. For men the challenge is to face their need to heal, and to learn new ways of relating to people on an equal, level on level, power basis. For children and youths in a recovering family, there needs to be a huge amount of work done on the paradigm shift, from unhealthy family to healthy family, and from unhealthy community to healthy living environment.

8. Family Abuse Backlash

When a family leaves an abuser, usually mother and children, there is likely to be a period of about one year when the children will be very aggressive with each other and will still be reacting in traumatic stance to any change in their environment, whether the change is social and/ or physical. They will also react sometimes violently if are exposed to a lifestyle that is simply more peaceful and 'normal' than what they are used to .

It seems as though, in the absence of the abuser, the other members of the family by turn fill in the gap to ensure that the abuse role is played out as is usual in the family. The more deep and extensive the abuse, the more deep and extensive the acting out. This affects all levels that the abuser used to abuse the other members of the family: mental, verbal, emotional, physical, sexual, social, financial etc.

It is important to realize that all members of a family who have lived with a violent abuser for a long period of time, will be in severe Post Traumatic Stress Disorder for several months or years following the separation of family members from the abuser, similar to the kind of PTSD experienced by prisoners of war. The need for healing is just as extensive and will be longer or shorter depending on the original mental health of the mother, and her ability to address her own codependent and safety/ self care issues. The children's health and progress in recovery is directly related to their mother's mental wellness. This is corroborated by Women's Shelter counsellors who work closely with families leaving abusive situations.