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'It is Medicine': Narratives of Healing from the Aotearoa Digital Storytelling as Indigenous Media Project (ADSIMP)

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Abstract

Recently, *narrative* has emerged as an important concept in interrupting the transmission of intergenerational trauma in Indigenous communities. For many Indigenous peoples, narrative in the form of storytelling is a fundamental traditional cultural practice. This article presents findings from a community-based digital storytelling (DS) workshop that focused on eliciting stories of resiliency amidst historical trauma (HT) in the Māori community. The principal investigator worked with Māori community members to create digital stories focused on cultural strengths. Post-workshop in-depth interviews were then conducted to explore participant experiences in the workshop. Analyses of narratives reveal the importance of language to name and define HT, describe the transformative nature of the DS workshop and reaffirm the great promise that DS demonstrates as a healing tool in the disruption of HT in future work with Indigenous communities.

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Keywords

Introduction

Utilising an Indigenous methodological approach to research, this article explores lived experience narratives from Māori university students, faculty and staff who participated in a community-based digital storytelling (DS) workshop in Aotearoa (referred to hereafter as New Zealand). In addition to the creative and technical aspects of constructing personal digital narratives, a psycho-education component was implemented that enabled participants to learn about the concept of historical trauma (HT) as a lens through which past and present events connected to colonisation may be more deeply considered and understood. Upon workshop completion, in-depth interviews were conducted to explore the impacts and experiences of participation in the workshop process. Accordingly, we begin this article with a brief overview of HT theory and how it applies to experiences specifically within Māori communities. We follow this by discussing the recent emergence of DS as a meaningful form of narrative that aids in positively transforming and reframing experiences of historically situated and ongoing traumas in Indigenous communities. The narratives from Māori tribal members who participated in this project illuminate many important nuances of HT, and several of the most salient themes uncovered from these narratives are subsequently discussed. In doing so, a primary aim of this article is to facilitate dialogue regarding the use of narrative and digital storytelling as a healing, protective tool regarding HT, while also engaging its promising potential for interrupting contemporary challenges often faced by Indigenous communities.

One of the most important elements of Indigenous research methodology is the notion of 'relational accountability' (Wilson, 2008). In his book *Research is Ceremony*, Shawn Wilson (2008) describes the absolute essential nature of relationships for Indigenous peoples:

> Identity for Indigenous peoples is grounded in their relationships with the land, with their ancestors who have returned to the land, and with future generations who will come into being on the land. Rather than viewing ourselves

as being *in* relationship with other people or things, we *are* the relationships that we hold and are part of. (p. 80)

As such, we must be relationally accountable to those with whom we work as well as our own ancestors, and it is essential that we place ourselves within the context of this work and make our intentions and approach transparent. Ramona Beltrán is a multiracial Indigenous Chicana of Yaqui and Mexica (Aztec) tribal descent. Her ancestors are originally from Northern Mexico, but her family has lived in the United States (US) for over 100 years. She currently lives in Denver, Colorado, where she is an Assistant Professor at the University of Denver Graduate School of Social Work. With an emphasis on designing a project that honoured Indigenous cultural exchange, she was the principal investigator (PI) of this project and facilitated all aspects of the workshop, data collection and data analysis. Stephanie Begun is a Doctoral Student at the University of Denver Graduate School of Social Work, where she is mentored by Ramona Beltrán and others. She is a White ally of Norwegian and Swedish ancestry. She was born in Minnesota, US, and raised in rural South Dakota, US, where she developed a deep respect for Indigenous customs and traditions, as she grew up alongside members of the Sisseton-Wahpeton Oyate. Stephanie joins the project at the point of analysis and sharing of findings.

Though neither of us is from New Zealand, we approach this work and our handling of the stories shared with us as if they are our own, as both humble and honoured messengers of the profound insights offered by each workshop participant. Our sincere hope is that we can do justice to the power of each individual and collectively connected narrative as a means by which we can participate in undoing the colonial and historically traumatic experiences of research, which many Indigenous people have had to endure.

Historical Trauma and Healing in Indigenous Communities

Over the last several decades, Indigenous scholars of North America have forwarded the theoretical concept of HT as important in helping to understand health, mental health, social and environmental disparities experienced in Indigenous communities. Transmission of intergenerational,

historically situated trauma (sometimes referred to as intergenerational or transgenerational trauma) was first conceptualised in the 1960s by psychiatrists observing high rates of post-traumatic stress disorder (PTSD) pathology and persistent trauma in Jewish Holocaust survivors and their families. Specifically, these early studies showed that descendants of Holocaust survivors experienced a multitude of trauma response symptoms (Danieli, 1998; Sotero, 2006; Yellow Horse Brave Heart, 1999; Yellow Horse Brave Heart and Debruyn, 1998) and described themselves as feeling 'different or damaged by their parents' experiences' (Sotero, 2006: 96). Since these initial observations, HT theory has been applied to other populations with exposure to mass trauma such as slavery, internment, massacres and genocide, including African Americans (Cross, 1998; Leary, 2005), Japanese Americans (Nagata, 1998; Nagata and Cheng, 2003), Cambodians (Kinzie, Boehnlein and Sack, 1998) and American Indians and Alaska Natives (Duran and Duran, 1995; Duran, Duran, Yellow Horse Brave Heart and Yellow Horse-Davis, 1998; Yellow Horse Brave Heart, 1999; Yellow Horse Brave Heart and Debruyn, 1998) all of which found similar PTSD or HT response pathology (Sotero, 2006).

Defined as cumulative trauma occurring over the lifespan and across generations resulting from massive catastrophic events targeting a community, from governments or government-sponsored institutions, its effects are held both personally and collectively and can be transmitted over generations (Evans-Campbell, 2008; Evans-Campbell and Walters, 2006; Yellow Horse Brave Heart, 1999). Thus, even family members who did not directly experience the traumatic event can suffer symptoms of the trauma generations later (Evans-Campbell, 2008; Evans-Campbell and Walters, 2006; Nagata and Cheng, 2003; Yellow Horse Brave Heart, 1999) such as 'denial, personalization, isolation, memory loss, nightmares, psychic numbing, hypervigilance, substance abuse, fixation on trauma, identification with death, survivor guilt and unresolved grief' (Sotero, 2006: 96). Transmission of HT is understood as occurring via multiple pathways including explicit communication, silence and unresolved grief (Evans-Campbell, 2008; Nagata, 1998; Sotero, 2006; Yellow Horse Brave Heart and Debruyn, 1998), and more recently, genetics (Bohacek, Gapp, Saab and Mansuy, 2013). Sotero (2006) describes some of the individual and social problems as being transmitted through:

…learned behavior perpetuating the intergenerational cycle of trauma. Secondary and subsequent generations also experience 'vicarious traumatization' through the collective memory, storytelling and oral traditions of the population. Traumatic events become embedded in the collective, social memories of the population. Offspring are taught to share in the ancestral pain of their people and may have strong feelings of unresolved grief, persecution and distrust. They may also experience original trauma through loss of culture and language, as well as through proximate, first-hand experiences of discrimination, injustice, poverty, and social inequality. (p. 100)

As such, the focus on narratives of colonial violence and trauma in Indigenous communities as well as the deliberate silencing of Indigenous traditional cultural narratives via acculturation and assimilation policies can be understood as part of the trauma transmission process (Battiste, 2000).

One of the most important elements in understanding HT, as Indigenous scholars have defined it, is its collective and cumulative nature. That is, historically situated traumas are part of not only individual but also common mass group experience, accumulate over time and can be compounded by contemporary traumas. For Indigenous peoples, not only are the memories of previous massacres, genocide, dislocation and displacement a part of ancestral heritage but also contemporary traumas persist (e.g., exploitation through natural resource extraction on reservation or sacred land, high rates of violence against women, displacement and forced relocation due to environmental or economic devastation), ongoing experiences of structural inequality (e.g., high rates of unemployment, lack of access to education, housing and safe neighbourhood environments), racial discrimination (e.g., racial profiling by police, being followed while shopping) and daily racial microaggressions (e.g., being called 'Pocahontas', seeing derogatory images of Native people represented in media and society such as Washington 'Redskins') or exposure to various forms of cultural appropriation (e.g., new age spiritual practices taken by non-Indigenous peoples from sacred Indigenous protocols without permission, selling and wearing of traditional Indigenous regalia for costume or entertainment). These unrelenting contemporary experiences combine with historically traumatic events (HTEs) to produce effects far more severe than might be expected from a single trauma experience (Baranowsky, Young, Johnson-Douglas,

Williams-Keeler and McCarrey, 1998; Evans-Campbell, 2008; Nagata and Cheng, 2003). HTEs are defined as communally based incidents that cause massive upheaval or high levels of distress amongst and within Indigenous communities such as planned genocide and displacement, cultural stripping and forced acculturation (Evans-Campbell and Walters, 2006). HTE can often produce complex and profound individual and collective bio-psycho-social–cultural–spiritual responses such as depression, anxiety, drug and alcohol abuse, somatisation, high rates of interpersonal violence, suicidality, breakdowns in family and social structures, high rates of preventable chronic diseases, unresolved grief and high rates of PTSD (Evans-Campbell, 2008; Evans-Campbell and Walters, 2006; Walters and Simoni, 2002; Walters et al., 2011; Yellow Horse Brave Heart, 1999), though some scholars assert that PTSD diagnosis fails to capture the complete devastation of the spirit that is caused by HTE, referring to the phenomenon as a 'soul wound' (Duran and Duran, 1995; Duran et al., 1998). Another important response includes internalised colonisation, directly related to racial oppression, which occurs when individuals presenting with various forms of bio-psycho-social and cultural violence identify with the coloniser (Duran, 2006; Fanon, 1965). Pyke (2010) describes the individual affects of internalised racism as 'individual inculcation of the racist stereotypes, values, images, and ideologies perpetuated by the White dominant society about one's racial group, leading to feelings of self-doubt, disgust, and disrespect for one's race and/or one's self' (p. 554).

In their recent article, Pihama and colleagues (2014) discuss the relevance of HT theory in understanding historical and intergenerational traumatic experiences amongst Māori in New Zealand as reflected in both impacts of early colonisation as well as the current over-representation of trauma experiences and outcomes in Māori communities. Like most Indigenous groups around the world, health, mental health and social outcomes amongst Māori tend to be grossly disparate in comparison to dominant groups (Harris et al., 2012; Lawson-Te Aho, 2013; Robson and Harris, 2007)

> In comparison with other groups, Māori are more likely to experience sudden loss of loved ones through hospitalization and premature death from a wide range of causes including cardiovascular disease, cancer, diabetes, asthma,

infant mortality, self harm, suicide, motor vehicle accidents, and unintentional and intentional injuries. (Pihama et al., 2014: 15)

Though there is a full body of research investigating impacts of complex colonial processes in New Zealand including the divisive neocolonial affects of historical and current Treaty claims (Choudry, 2003; Koea, 2008; Lawson-Te Aho, 2013), exploring HT theory specifically in regard to health, mental health, behavioural and social outcomes is fairly recent (Lawson-Te Aho, 2013; Pihama et al., 2014). Pihama and colleagues (2014) conclude that the theory helps to more comprehensively investigate historically situated colonial traumas as they connect to current health, mental health and social disparities, and also may illuminate cultural strengths and pathways for healing (Pihama et al., 2014).

Although all Indigenous communities have been impacted by colonisation to greater or lesser extents, and the depth and breadth of HT and its effects are complex, not all Indigenous people display maladaptive individual or social behaviours or responses. There is growing empirical evidence that various aspects of culture and cultural identity help moderate the effects of life stressors on health outcomes in Indigenous communities. For example, 'identity attitudes (the extent to which one internalizes or externalizes attitudes toward oneself and one's group) are important in enhancing self-esteem, coping with psychological distress, and avoiding depression' (Walters and Simoni, 2002: 523). Additionally, enculturation has been found to mitigate negative impacts of life stressors on health outcomes, and spiritual coping approaches, immersion in traditional medicines (e.g., use of Indigenous medicinal plants) and healing practices (e.g., ceremonial rituals) may have direct impact on positive health outcomes (Walters and Simoni, 2002).

Narrative and Digital Storytelling

I will tell you something about stories,
[he said]
They aren't just entertainment.
Don't be fooled.
They are all we have, you see,

All we have to fight off
illness and death.

You don't have anything
if you don't have the stories.

- From 'Ceremony' by Leslie Marmon Silko

Recent Indigenous scholarship is pointing to the power of *narrative* in disrupting the transmission of intergenerational trauma in Indigenous populations (Evans-Campbell and Walters, 2006; Love, 2004; Lowery, 1999; Yellow Horse Brave Heart, 1999). The process of creating and sharing narratives is a transformational tool for reclaiming knowledge and highlighting resiliencies despite legacies of colonisation and ongoing discrimination. In Indigenous cultures, storytelling and oral tradition encompass some of the most essential ways by which historical knowledge such as protocols, language and important tribal customs are preserved (Archibald, 2008; Bessarab and Ng'andu, 2010; Hanson, 2013). It also helps synthesise traditional knowledge to create new understandings about the dynamics of culture within the complexities of contemporary daily life.

New digital technologies using video, photography and audio are expanding the ways we can imagine, create and share stories for healing. DS is emerging as a particularly resonant practice in Indigenous media. DS also gives community members the opportunity for authentic self-representation in media which can work to counter negative stereotypes often portrayed in mainstream media outlets (Pack, 2000).

DS is in its infancy despite its healing potential among Indigenous communities, although burgeoning efforts utilising DS as a research approach have demonstrated exciting findings in work with a number of marginalised populations. For example, DS has been used in empowerment work with Native youth to transcend racism and reflect on cultural pride (Beltrán, Olson, Ramey, Klawetter and Walters, 2014), in suicide prevention efforts among youth living in northwest Alaska (Wexler, Gubrium, Griffin and DiFulvio, 2012), towards positive identity construction among youth and young adults (Murakami, 2008), in more actively engaging homeless women in community-based research (Walsh, Rutherford and Kuzmak, 2009), towards sexual and reproductive health and prevention efforts amongst marginalised adolescents (Gilliam et al., 2012; Guse et al., 2013); and also in helping youth to describe and interpret pivotal life moments

Psychology and Developing Societies, 26, 2 (2014): 155–179

while developing agentive stances regarding their own identities, circumstances and potential (Hull and Katz, 2006).

Such examples of DS, among others, have shown that a poignant aspect of storytelling is its dynamic and responsive nature. While a given story contains important lessons and lived experiences that may endure as truths, many stories' details and contexts may shift just as they do in the reality of life. Additionally, stories are bred both collectively as well as from the unique individual voice of the storyteller, thereby influenced by both individual point-of-view, the cultural context espoused by the group and social location. As such, similar to historical oral tradition, DS in many ways also juxtaposes Western views of 'historical fact', as story and tradition are more malleable, rather than 'static'. DS is thus growing as an important community-based practice for Indigenous communities, as the approach promotes cultural and contextual understanding, while further enhancing the fluidity of oral tradition through the use of contemporary, innovative and engaging technologies (Beltrán et al., 2014).

DS is a process first termed by Joe Lambert, founder of the Center for Digital Storytelling (CDS), an organisation that served as an early leader in providing avenues by which individuals could 'make art for civic engagement' (Lambert, 2007: 25), and also responded to the rapid growth in media and technology capabilities experienced during the 1980s and 1990s. Concretely, DS is the process of 'combining still images and/or video with a narrated soundtrack including both voice and music' (Miller, 2009: 6). Digital stories are typically short videos that total 3–5 minutes, and are usually constructed from scripts consisting of approximately 250–500 words. Despite the brevity of digital stories, they often tell unique and deeply personal stories.

DS further mirrors previous approaches to oral tradition, as both individuals as well as the collective group are intrinsic to the overall story-development process. The average DS workshop is 3–4 days in duration, and includes a 7-step process that combines social/relational, literacy and technological skill development, further aided by a group-based, collaborative sharing of ideas. Also similar to Indigenous oral tradition, a 'story circle' is formed, and each member of the circle has a given amount of uninterrupted time to share preliminary ideas pertaining to a story, followed by story circle members' provision of feedback and suggestions for how to further draft and conceptualise the story. The process requires supportive, skilled facilitation that fosters self-reflection and

critical interpretation of both personal as well as broader social issues that may be connected to a given story. After scripts are collaboratively refined, technical assembly and editing of each video occurs, which includes the incorporation of both digital and archived photos, music, video and narrated voice. After the full media representation of the story is edited, stories are screened, also establishing limits that may be placed regarding public access to a given individual story (Lambert, 2009). Accordingly, participants are not required to publicly share their respective stories if they are not comfortable or willing to do so.

While DS places a greater emphasis on the quality of the process when compared to the finished product itself (Lambert, 2007), DS can thus be thought of as a tool of therapy towards reclaiming and healing HT (Gubrium, 2009). In addition, the knowledge that is gained by participants pertaining to technical and literacy skills, health promotion, resiliency and the preservation of cultural traditions of story is other positive by-products of this transformative process-oriented approach.

In addition to the traditional 7-step process outlined above, this workshop integrated Indigenous processes into the established CDS curriculum. In order to honour the protocols inherited from ancestors as well as acknowledge the complex and sensitive nature of telling stories connected to trauma, a prayer and blessing was offered at the beginning and close of each workshop day. Additional elements included screening of digital stories completed by Indigenous people from the US (shared with permission) during the workshop introduction, intermittent group debriefing as needed, a closed screening for participants at the end of the final day and gift giveaway at the end of the workshop. A final public screening was held in the University Marae (sacred meeting house) for the participants who were comfortable sharing their digital stories followed by a celebratory *kai* (meal). Though these additional elements were small, they were essential to maintain a sense of cohesiveness and trust within the group as well as honour the relational accountability articulated in the beginning of this article.

Indigenous Methodology

Perhaps, one of the most important aspects of the methodological approach to this project was the emphasis on incorporating and honouring

Indigenous protocols and cultural exchange not only in project design and facilitation but also in the development of individual and community relationships leading up to implementation. Historically, research with Indigenous people has been deeply connected to traumatic experiences of colonisation and exploitation. Māori scholar, Linda Tuhiwai Smith (1999) writes,

> The word itself, 'research', is probably one of the dirtiest words in the Indigenous world's vocabulary…Just knowing that someone measured our 'faculties' by filling the skulls of our ancestors with millet seeds and compared the amount of millet seed to the capacity for mental thought offends our sense of who and what we are. (p. 1)

This is but one example in a long history of physical, mental, emotional and spiritual exploitations through research that have reduced Indigenous people to primitive stereotypes that have been maintained in social discourse (as well as in Indigenous memory) and caused permanent irreversible damage to Indigenous hearts, bodies, minds and communities. Most often, non-Indigenous scientists conducted this exploitative research with little regard for the profound impacts on the people under investigation.

Conversely, the methodological approach embedded in this project began from an Indigenous epistemological stance. As an Indigenous scholar, the primary objective, before any idea of data collection was introduced, was to build relationships and honour protocols of the hosts' lands and tribal customs as well as to share protocols and customs from the PI's tribal culture. For example, this included participating in a traditional Māori greeting and welcome, including exchange of tribal songs, expression of 'palabra' or sacred word and offering of gift. As Shawn Wilson (2008) writes, 'relationships are the essential feature of the [Indigenous] research paradigm' (p. 127). Though this is often in contrast to a Western approach to knowledge production, the PI was committed to developing transparent, reciprocal and loving community relationships that involved sharing meals in community member homes, visiting sacred lands and sharing language, teachings and customs. As such, recruitment of workshop participants was met with ease and trust, as the attention paid to authentically developing these relationships seemed to yield organic and enthusiastic interest in workshop participation.

Sample, Methods and Findings

The research reported in this article was part of a project funded by a Visiting Indigenous Research Program at a University in New Zealand during the Fall of 2012, awarded to Professor Ramona Beltrán and supported by University of Denver Graduate School of Social Work. The project utilised multiple approaches to focus on eliciting stories of resilience amidst experiences of HT with members of the Māori community. These included: (*i*) a brief interactive psycho-education workshop on HT in Māori community; (*ii*) an intensive 4-day culturally adapted DS workshop; and (*iii*) post-workshop in-depth qualitative interviews.

Research was conducted at the University campus in several locations to accommodate the technology and space needs for the workshop. The project recruitment plan included students, faculty and staff at the University. The criteria for inclusion required that participants be 18 years of age or older, identify as Māori and have the ability to commit to a 4-day workshop. The Executive Assistant of the University Pro-Vice Chancellor Māori Office and Fellowship coordinator identified and screened participants for inclusion in the study. In order to maintain a safe and productive DS environment, participation was capped at six people. Of the six participants included in the project, ages ranged from 20 to 45 years old including five women and one man. Six digital stories were completed and five post-workshop interviews were conducted due to scheduling conflicts for one workshop participant.

Participant codes were used throughout analytical procedures to ensure confidentiality, and specific socio-demographic, geographic specificity and tribal information were omitted. Pseudonyms were generated in the final manuscript to provide another layer of confidentiality.

Qualitative interviews with targeted community members specifically asked participants to reflect on their understanding and experiences participating in the DS workshop including focused questions on each aspect of the workshop. Interviews generally lasted between 45 minutes and 1.5 hours depending on the level of detail each participant shared. Interviews were audio recorded and transcribed by a professional transcriber. Aotearoa Digital Storytelling as Indigenous Media Project (ADSIMP) graduate research assistants then cleaned transcripts, which included cross-checking transcripts with audio recordings to ensure transcription accurately reflected narratives. It also included de-identifying

specific names of people, places or particular events that might risk con-
fidentiality. Interviews were then coded for salient themes using an open
coding process to establish broad primary thematic categories (e.g.,
experiences of HT, DS as a tool for cultural healing). After the initial
coding process was complete, we used Dedoose analytic software to
conduct an in-depth thematic analysis to illuminate more intricate
themes, allowing for subtle nuances of the narratives to emerge. Many of
the thematic quotes presented here have been edited for grammar and
readability.

'You Knock the Pillars Away…You Break the Base':
Understanding the Role of Historical Trauma in Self and
Community

Pihama and colleagues (2014) discuss how the theoretical framework of
HT helps to engage critical conversations about how HTEs have impacted
Māori communities including 'our understanding of ourselves within a
context where colonization has interrupted and disrupted the intergen-
erational transmission of tikanga (protocols), reo (language) and
mātauranga Māori (Māori knowledge)' (p. 2). Participants in the DS
workshop reiterate this notion, particularly articulating the power of
finding language to explain an experience that is often felt and observed
through daily life but not concretely described.

> We obviously had a history of [HT], but we didn't have anything to describe
> it…I'm conscious of it now. It's like, 'Oh yeah, is that what that was? It just
> was something we never though about, but now it makes sense.' (*Moana*)

Additionally, the language and definition of HT helped several par-
ticipants understand how historically situated traumas affect them in the
here and now.

> Just the loss of culture and language and all that's come from colonization.
> Like we had a conversation about how it was pretty stock standard that urban
> Māori kids have identity [issues]…It was interesting, because we were like,
> 'Oh, my God, yeah…you walk in both worlds but belong in neither'…and
> actually the effects of it to me. Like sometimes you forget that…you look at

it as a thing that happened a while ago that you can understand, but you don't realize actually how it literally affects you as a person and your journey that you take. So I think that helped me realize. [HT had a huge impact on my life. Like a huge impact on my life. I could be a native Māori speaker right now if it hadn't happened.' (*Tui*)

Not only were the participants able to identify how HT affects them individually, but also they were also able to identify the more collective impacts as HT affects their families and communities. Some of the less studied responses to HT occur at the community level, thereby limiting a community's ability to create and maintain healthy relationships (Evans-Campbell, 2008). Community responses include 'social malaise' and 'weakened social structures' (e.g., weak social bonds, lack of trust in family or community) (Evans-Campbell, 2008: 328), as well as manifestations of internalised colonisation (e.g., feelings of self-doubt, low self-esteem and disgust or disrespect for one's race and/or culture) and loss of cultural knowledge that guides important healthy relational processes (e.g., loss of healthy traditional cultural parenting and relationship abilities) (Yellow Horse Brave Heart, 1999).

[Learning about HT] was a bit of an eye-opener for me, because it was like, 'True…' And I think the workshop gave me an appreciation for it. I still see the historical trauma in my family. I guess what I want to do now is help. You can still feel it in our people—the anger, the abuse. And that's really sad, because we've only been channeling it toward each other, you know…been tearing themselves apart. I see it in our people, wasted by drugs, alcohol, by abuse. Like I've seen communities and families and a lot of gang members that pull Māori signs and stuff, but then they don't speak a word of [Māori language]. That's frustrating. (*Matiu*)

There's the whole displacement kind of colonial shift from urbanization. You lose your knowledge base and you lose your community base and you lose your identity. It's some pretty fundamental pillars…you knock the pillars away, you break the base. (*Whetu*)

While HT was a dense concept to learn with its complex effects rooted in painful colonial histories that have consequences in current daily lived experiences, all of the workshop participants found learning about the term to contain elements of healing. For Moana, the knowledge allowed

her to find forgiveness for the current struggles she sees within her iwi (tribe) and also within herself.

> [HT] explains things better for me. I can understand how we are, where we're at. I know we're all at different stages, and being inheritors of that trauma, we all deal with it at different levels in different ways, but I get it now. And I'm a bit more forgiving of my iwi than I probably was, and maybe a bit more forgiving of myself. I get the impact and what it's done now, and I'm a bit more graceful around it. Like it's offered me an explanation for how my iwi is. (Moana)

From individual to family, community and society, HT also connects Indigenous people of other continents to one another's stories of loss and healing. As described earlier, HT articulates an experience connected to colonisation that has repercussions for Indigenous people all over the world. There are remarkably similar legacies of stolen land, forced relocation from original land, prohibition of practising cultural traditions and forced acculturation, often by excessively harsh and brutally oppressive methods (Evans-Campbell, 2008; Walters et al., 2011). Understanding the reach of the collective experiences helps reduce the burden of solitude often felt and opens an additional space for healing.

> This [HT] is something that has been repeated all across the world, and it's happened in almost like one collective…but different as well, but as a collective we've all experienced this, and it kind of makes you think, 'Oh, we're not alone.' And that can help with the healing as well…being able to share with not just Māori people, but Indigenous people in general. (*Tui*)

'It is Medicine': The Healing Process of Digital Storytelling

For many Indigenous cultures, storytelling and oral tradition is understood as a 'medicinal practice and form of traditional knowledge. Stories are part of a "mythic mind", where psychological truths are transmitted' (Gonzales, 2012: 39). As such, they provide opportunities to recover personal and communal knowledge (Gonzales, 2012). All of the participants described the process of creating digital stories as powerful and transformative.

It's made a presence in my life in a way that wasn't [there] before. [It was] quite powerful. Liberating. I grew. I was liberated and at peace. I'm at peace with myself in a way that I've not been for…I don't know…probably forever…by getting [the story] out, because I harbored it for so long. That's not a healthy way to be. It really makes…well, talking about health and trauma… it is medicine. That's the best way I can say it. (*Moana*)

Making [a DS] was definitely empowering. Empowering in the sense that it's actually released that pain that I was holding on to…it let me let go of it. It helped me to let go of it, the pain of it. (*Aroha*)

The workshop solidified the importance of storytelling to me, because the others, non-Indigenous, don't really get it. I didn't realize that actually it's just part of us. (*Whetu*)

Iseke (2011) describes Indigenous DS as a powerful form of witnessing which she defines as 'acts of remembrance in which we look back to re-interpret our relationship to the past in order to understand our present' (p. 311). Iseke (2011) was influenced by prior scholarship by Felman and Laub (1992), who earlier noted that there are three levels of witnessing that take place as part of the DS process:

A first level is when a person is a witness to oneself in his or her own recollections of an experience or event. A second level of witnessing is being a witness within the process of sharing testimony about an experience or event. The final level is being a witness in the process of witnessing the testimonies of others. (Iseke, 2011: 311)

As such, the very nature of Indigenous DS is both individualised and collective, while also simultaneously engaged in the present as well as the past. These interactions pave the way for an important reframing process towards healing, as by better understanding past traumas and the many resulting and ongoing toxic by-products, this deeper understanding emphasises healing and the reclamation of cultural identities and values. This reclamation also provides a framework for fostering empathy and extending grace when considering the manifestation of social problems (e.g., substance abuse, suicide, mental health concerns, poverty) as triggered by such historical atrocities, rather than a way by which blame and disparagement is conversely cast

upon *an entire people*. Such collective transformations-through-story are further captured by Lowery (1999):

> We have come from similar places and we use those places to solidify our relationships with one another. Some of us recognize each other in the stories we tell. And when we are no longer together, we take our joined narratives with us. (p. 26)

For each participant, the group process, particularly the support and relational accountability sustained in the environment, allowed for stories to unfold and flourish. Hearing and seeing one another's processes along with the final stories was transformative on many levels.

> Life-changing stuff. You can see it. You can hear it in people's narratives. It's about talking through their story. You can hear the growth and the de-cluttering. Yeah, it's almost like watching a flower, like a peony rose… beautiful flowers…and it's just like watching them burst into life. I just feel so cleansed by the process [of DS]. I can't tell you how large I feel…it's made me a better employee, because I'm at peace with myself in a way I wasn't before through this process. (*Moana*)

> [It was] definitely significant when I actually read my script to everybody else. I can't describe that. It was just… really empowering. It was really a special moment… for someone else to hear what I've been thinking and feeling; and just to put it out there was incredible. I really enjoyed it. And then I thought, well, they're going through the same process I'm going through. So they must be feeling a little bit of what I'm feeling. So it made me feel safe in that environment for all of us to be in the same boat, in the same position, to bring forward a story. And then when everyone read their story…it was so powerful hearing everyone's story. It was like, 'Wow.' I related to every single story. It was like, 'Okay. It could be one of my stories. Wow…we really are connected.' The Indigenous connection that we have on so many levels with so many layers…it's just incredible. And it's healing. It's healing to know that you're not the only one that's been through that pain. You're not the only one that has felt lost in your own land, and you're not the only one who has suffered…suffered growing up trying to find your identity. So, yeah, that was really…that was healing, speaking it out. That was healing, hearing other people's stories. (*Aroha*)

> It was also nice to get so much support, because I don't know if I would've shared that story had I not had the environment being the way it was, because

it was so safe and I felt like I knew everyone, and it was really comfortable to share it with everyone; and everyone was so supportive…it was kind of like a powwow, where we all came together and really understood where each other was coming from. (*Tui*)

It just changed my whole perspective on everything. And I think being in those places and hearing other people's stories as well, it does make you more proud.
Knowing that I am different in my struggles but that there are other ways to get through stuff. I think hearing everyone's experiences left me impacted, different and changed. (*Matiu*)

An important element of the group process was the fact that it was all Māori and Indigenous people involved. For many participants, this provided an extra layer of safety and support that may not have otherwise been present.

It was really cool to be in an environment with a bunch of other Indigenous or Māori people. And so that made me feel really at home and really proud and just part of the group. I think sometimes I'm not necessarily surrounded by heaps and heaps of Māori people. And it was really nice. The whole experience was just being in a group of people that understood exactly how I was feeling…I just think that the pain that Indigenous people feel is something that everyone who's Indigenous can understand. So that's what really stood out for me. Just being in that environment with like-minded people. (*Tui*)

'You Liberate Others When You Share Your Truth': Potential Applications of DS in Māori Community

One of the final questions in the interviews asked participants to reflect on how they thought DS may or may not be a process to support positive identity and health promotion in the Māori community. All participants described DS as a promising way by which positive, healthy transformations could be facilitated in the Māori community. Two participants specifically stated that they believed personal digital stories should be shown on Māori Television. All of them had ideas about ways DS can be incorporated into various empowerment processes including personal individual

processes, therapeutic health and social service programmes, cultural archive, cultural educational programming and even open access availability for youth.

> By showing it. By sharing it. Those creations are just incredible, and that just spreads. Just by making them and sharing them is really strong. I'd get all sorts of people telling their own stories, like drug addicts, and people on booze and stuff. I'd like to do a workshop…Like anything, when somebody's suffering at like, say, if you're boozing your heart out, and if they saw that story…'cause it can only be told from somebody in…that's their truth… they'd connect immediately to it, because people are liberated when you… oh, Nelson Mandela said it in a speech: 'You liberate others when you share your truth.' (*Moana*)

> I think it will help our communities significantly, especially the young ones who are on YouTube all the time. If they had access to a lot of the stories about what's happened, about how [HT] affects us now, I think that will be incredibly enlightening to them about how…and why they are the way they are. Because through story and sharing experiences, it touches them in a different way than reading out of a book. So especially our young ones…if they know why some of their aunties and uncles are in prison, and why they went there and everybody's brown…or why people are joining gangs…or just sharing that story, 'Oh, my dad's in a gang.' And they'll think, 'Hey, I feel like that too.' Or identity. 'Oh, I feel like that too—I can't speak our language. Am I Māori?' (*Whetu*)

> It would be amazing if all the elders did a digital story of themselves. It's kind of like a continued version of oral tradition. So many people pass on without sharing their stories, and if we could have them documented…and it's not like it's writing them in a book or something. Not that there's anything wrong with books, but it's kind of like a visual, and you also get the spirit or the wairua (spirit) of the person, and through those digital stories you understand that really well… it's almost like you could archive them, and you could get a feeling of that person, even though they may have passed on. (*Tui*)

> I definitely want to take my story and show it to my iwi, my family, and I want to see if they would be interested in doing some work of this nature. I feel like I've been given something that will help me help someone in a very simple way…There's a lot of people having breakdowns, emotional breakdowns. I actually think it's a whole lot of hurt and the inability to express themselves through those hard times. I just think that when you look at someone who's

like you—looks like you—and they tell a story that is similar to yours, and they've come through it and they are now putting voice to it, and now they're not hurting, it gives you hope. It gives you hope that, 'Well, what if I put a voice to my story?' (*Aroha*)

Discussion

In this article, we have discussed the definition and impacts of HT in Indigenous communities both broadly as well as more specifically in Māori communities of New Zealand. We presented the idea of narrative as an important cultural practice for Indigenous peoples towards inter-rupting the intergenerational impacts of HT, particularly as represented in the DS process and inspiring healing projects and agendas. We out-lined the design and implementation of the ADSIMP, also highlighting the intentional emphasis that was placed on utilising Indigenous proc-esses throughout the project.

The project yielded several hopeful and promising findings. First, par-ticipants recounted the power of discovering language—particularly regarding the concept of HT—to articulate and understand experiences that have been felt and observed but rarely validated. As part of this, par-ticipants also described the discovery of their own passion for healing that was brought forth through raising their voices in this context of validation and acceptance. Participants experienced the DS process as transforma-tive, noting aspects of the process itself, including finding and sharing one's own story, seeing one's self reflected in the stories of others and the supportive environment that facilitated a feeling of safety, freedom and the interconnectedness of the group. Also notable was participants' recollec-tion of the experience as validating in the sense that they shared their proc-ess space with other Māori and Indigenous people, an aspect that they felt mirrored historical components of Indigenous oral tradition.

Participants also reflected on the broader healing potential associated with using DS throughout the Māori community. The group predicted that DS could facilitate, among Māori, positive outcomes in areas such as health promotion, educational cultural programmes, cultural archiv-ing, individual and group therapeutic processes, among other protective uses for mental health and bio-psycho-social healing and prevention.

While a number of promising implications were uncovered through this investigation, several limitations should be noted when considering our findings. The results presented were drawn from a small sample of participants, and also from a one-time workshop that can only measure experiences in singular implementation. No measurement of actual educational or health outcomes could reliably be drawn following the study, and long-term outcomes could merely report participants' perceptions and reports of experiences. Additionally, the workshop and the follow-up interviews were all conducted by Ramona Beltrán, which could have served to influence participants' interview responses (e.g., social desirability). Moreover, although participants voluntarily consented to workshop and interview participation and maintain control over where and how their stories are shared, there are concerns for confidentiality within the currently unbounded complexity of web and social networking sites in particular. Access and dissemination through web-based platforms remains an unknown and often unregulated territory and as web-based interfaces continue to develop and change, it is crucial for scholars and communities to engage in dialogues about keeping Indigenous stories safe.

Nonetheless, we are encouraged by the enthusiasm, empowerment and positive transformations that appeared to occur among the Māori individuals who participated in this workshop. Our sincere hope is that the findings from this project, particularly as it was conducted from an Indigenous approach, will play a role in expanding dialogues of HT, healing and praxis through participation in narrative and DS and that Indigenous voices will be made legible in the role of healing deep wounds. As workshop participant, Moana eloquently states, 'The whole thing is my truth… [and] the truth will stand'.

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