



Storywork to Decolonize Mental Health: Recentering Indigenous Histories in Canada, Kenya and Australia

LORENA JONARD¹

York University, Canada

ABRAHAM J. COHEN¹

York University, Canada

SHARNEE HEGARTY

MOHAMED IBRAHIM

University of British Columbia, Canada

ABSTRACT *Colonization has had extremely negative impacts on the mental health and wellness of Indigenous peoples throughout the world. In this paper we take up colonial processes as they relate to Indigenous lives and mental health in three contexts: Canada, Kenya and Australia. This work engages storytelling and the method of storywork (Archibald et al., 2019) as a way to preserve and pass on history and as a way of resisting colonial oppression. This work is grounded in an intersectional approach to social justice and decolonization (Crenshaw, 1990; Hankivsky & Cormier, 2011), and supported sharing, knowledge co-creation and joint thematic narrative analysis of Indigenous experiences of mental health and justice systems across the three contexts. Our writing team represents a collaborative process between Indigenous and non-Indigenous authors where the members of the team most impacted by colonization use stories to reflect on the impact of colonization and its specific ties to psychiatric, justice and child welfare systems. This paper is presented in three main parts beginning with “Emile’s Story,” followed by “Remembering ‘Is That You Ruthie?’” and concluding with “Navigating Kenya’s Colonial Legacy.” This work engages a process of decolonization by challenging these destructive colonial narratives through storytelling. This paper will both document and demonstrate the importance of creating space for different forms of knowledge creation within academia.*

KEYWORDS storywork; decolonization; mental health; intersectionality; social justice

¹ Lorena Jonard and Abraham J. Cohen are joint first authors.

Correspondence Address: Abraham J. Cohen, Dahdaleh Institute for Global Health Research, York University, Toronto, ON M3J 1P3; email: abe.joseph@gmail.com



Colonization has had extremely negative impacts on the mental health and wellness of Indigenous peoples throughout the world (Hallenbeck et al., 2016; Hollinsworth, 2013; Ibrahim, 2014; Ibrahim & Morrow, 2015; Palmater, 2014). As a process, colonization has been centered and focused on ways to disempower Indigenous peoples and dispossess them of land and culture. Psychiatry and biomedical approaches to mental health are deeply implicated in colonial projects, where pathologization of Indigenous peoples has been sanctioned under the guise of science in support and legitimization of colonial projects around the world (Blackstock et al., 2007; Hollinsworth, 2013; Ibrahim, 2014; Mills, 2017).

In this paper we take up colonial processes as they relate to Indigenous lives and mental health in three contexts: Canada, Kenya and Australia.² We chose these countries because they share a British colonial history that has had a prominent lasting impact on their mental health, social service, and justice systems. British colonization meant the adoption of British Common Law and thus each country has developed similar mental health laws and governance structures. Bringing these histories together is not meant to obscure important differences,³ but rather to pull together common threads that can tell us something about the legacies and current impact of colonization on systems that are meant to care for and support people, and to begin a discussion on what decolonization means in these contexts. Decolonizing practices must be specific to the context and situation, but these practices share some basic principles, including valuing Indigenous knowledge systems, supporting self-determination and self-governance for Indigenous populations, supporting land repatriation and acknowledging the ongoing harms of colonial systems (Snelgrove et al., 2014; Truth and Reconciliation Commission of Canada, 2015; Tuck & Yang, 2012).

Psychiatry and the criminal justice systems in Canada, Kenya and Australia have all contributed to practices that have disproportionately resulted in surveillance, neglect, incarceration, medicalization and pathologizing of Indigenous individuals and their communities (Blackstock et al., 2007; Dupuis-Rossi, 2021; Hallenbeck et al., 2016; Hollinsworth, 2013; Ibrahim, 2014; LeFrançois, 2013; Mills, 2017; Palmater, 2014). This underscores the integral role that health and justice systems have played in devaluing, undermining, and erasing Indigenous culture, lifestyle, bodies and stories.

² These countries are also the subject of a wider research project related to coercive practices and human rights in mental health care funded by the Social Sciences and Humanities Research Council; see www.socialjusticeinmentalhealth.org.

³ For example, Canada and Australia are settler colonial nations characterized by genocidal and assimilationist policies and practices that were designed to eliminate Indigenous peoples (Truth and Reconciliation Commission of Canada, 2016a); British colonization of Kenya was similarly violent, installing British rule and common law; however, the population of Kenya gained independence from the British in 1963 (Ibrahim, 2017). As discussed, the British colonial legacy continues across all three locales in various ways.

Research has documented the resulting intergenerational trauma and its impact on Indigenous communities (Bombay et al., 2009; Menzies, 2008, 2010, 2019; Reeves & Stewart, 2014). All three countries are signatories to UN treaties that uphold human rights,⁴ and yet their domestic mental health legislation (mental health acts) enacts and embodies colonial legacies, through sanctioning human rights violations, such as forced detainment and treatment in the name of providing care (Brophy et al., 2018; Newton-Howes, 2019; Newton-Howes & Ryan, 2017). For these reasons, scholars and activists have long been advocating for the necessity to “decolonize” mental health systems (Hollinsworth, 2013; Ibrahim, 2014; Ibrahim & Morrow, 2015; Mills, 2017).

This paper aims to contribute to this ongoing process of decolonization by re-centering Indigenous experiences and ways of knowing, through the method of storywork which is founded on the practice of storytelling (Archibald et al., 2019). Storytelling and the method of storywork is used by Indigenous communities to preserve and pass on history, and to resist colonial oppression. Our writing team represents a collaboration between Indigenous and non-Indigenous authors (described below).⁵ Here the members of the team most impacted by colonization employ the use of stories to reflect on the impact of colonization and its specific ties to psychiatric, justice and child welfare systems. We suggest that storytelling as a decolonizing method can be usefully supported by intersectionality, which understands oppressions and privileges as enacted through intersecting and overlapping systems that structure societies (Collins & Bilge, 2020; Hancock, 2016). Intersectionality “centres the margins” (hooks, 2015), that is, the stories of people most impacted by oppression, and its reflexive methodology supports the storytelling we undertake.

(De)colonization, Storywork and Intersectionality

Colonization has resulted in the ongoing disruption of Indigenous ways of life and loss of Indigenous culture by controlling and restricting traditional practices as well as the intentional destruction of physical cultural symbols. Indigenous economic agency has been continually upended through

⁴ Canada and Australia have signed on to the UNCRPD with reservations to article 12 and have both signed on to the UN Declaration on the Rights of Indigenous Peoples. Kenya has fully signed on to the UNCRPD.

⁵ Lorena Jonard is a Diaguita woman who shares a colonial history with kin living on Turtle Island (the Indigenous name for Turtle Island). Abraham J. Cohen is a man of Afro-Caribbean and Eastern European Jewish decent. Shamee Hegarty, is an Australian Aboriginal woman and Mohamed Ibrahim is a Somalian man who has community and family roots to the lands covering Northern Kenya, South-Eastern Ethiopia, Somalia and Djibouti. Collectively we position ourselves as cultural students, aspiring scholars in academia, learners in classrooms, and communicators in the community.

governmental control exerted over access to land and related natural resources. Additionally, colonization has perpetrated collective non-remembering and various other intergenerational traumas that undermine Indigenous psychological freedom (Archibald, 2006; Belfi & Sandiford, 2021). Tuck & Yang (2012) argue that “colonialism is not an event it is a structure” (p. 5). The way that a society decides to structure and organize itself largely determines the extent to which the above freedoms are experienced. We align our position with Tuck and Yang (2012), recognizing that colonialism continues to have a central influence on how societies are organized in Canada, Australia and Kenya.

Indigenous peoples within as well as between each of these contexts (Canada, Kenya, Australia) are not a homogenous group; they represent a diversity of cultures, languages and identities and have had varying experiences impacted by societal structures that originate with colonization. As such, meaningful engagement with decolonization would function to disrupt colonial structures while recognizing there is no definitive “one-size fits all” singular practice to adhere to (Archibald et al., 2019). It is important that any process of decolonization is context specific and grounded in Indigenous values. Keeping this top of mind, one way that decolonization processes can center diverse Indigenous values and disrupt dominant colonial narratives, is through storytelling and the method of storywork (Archibald et al., 2019; Clark et al., 2017; LeFrançois, 2013; wa Thiong’o, 1992).

Stories can connect us across generations, guide our relationships with our community, name our experiences and help us make meaning of ourselves and the world around us (Archibald et al., 2019). Storytelling supports healing, empowerment and resistance, elevating marginalized Indigenous experiences often not heard, intentionally interrupting dominant colonial forms of knowledge creation (Reeves & Stewart, 2014). Further, the very act of sharing can support agency, allowing for the co-creation of powerful counter-stories and make space for the recognition of identity and a sense of belonging for those who have been historically marginalized (Palmater, 2014).

Our work is grounded in an intersectional approach to social justice and decolonization (Crenshaw, 1990; Hankivsky & Cormier, 2011), and supported sharing, knowledge co-creation and joint thematic narrative analysis of Indigenous experiences of mental health and justice systems across three contexts – Canada, Kenya, and Australia. Intersectionality provides a framework to understand intersecting and overlapping axes of oppression and their power effects (Collins & Bilge, 2020; Hancock, 2016) with a view towards exploring opportunities to resist and disrupt dominant colonial structures of power. Indigenous activists and scholars have employed intersectionality to further understand the harmful impact of colonization, sometimes referred to as “red” intersectionality (Clark, 2016). Specifically, intersectional approaches are intentional about valuing diverse knowledges which can allow for the raising up of voices and experiences that are regularly marginalized and ignored (Hankivsky & Cormier, 2011). Thus, intersectional

decolonizing approaches are mobilized here to center Indigenous stories and disrupt dominant colonial narratives. This approach provides a foundation for research that embodies equity, diversity, inclusion and empowerment for all contributors and authors involved in the cocreation of this work (Archibald et al., 2019).

With the support and consultation of Indigenous collaborators, coauthors, and researchers from Canada, Kenya and Australia, this paper shares three co-created stories. This process of engagement is guided by applying Indigenous storywork methodologies (Archibald et al., 2019; Clark et al., 2017). Storywork focuses on facilitating the iterative identification of key themes and issues through continued conversation with Indigenous knowledge holders to ensure that stories are communicated respectfully and authentically (Archibald et al., 2019).⁶ Finally, a collaborative analysis approach was applied by our team to ensure that the stories are represented in a way that honours their origin appropriately (Archibald et al., 2019; Clark et al., 2017) and to help us surface the ways in which colonialism works and is experienced. Storywork along with collaborative analysis supported our iterative process of engagement, to ensure that stories are shared with reverence, respect and responsibility (Archibald, 2006; Archibald et al., 2019). This paper is presented in three main parts beginning with “Emile’s Story,” followed by “Remembering ‘Is That You Ruthie?’” and concluding with “Navigating Kenya’s Colonial Legacy.”

Emile’s Story (Canada)

Emile’s story is a composite of many stories that I have witnessed over the years in community including from some of my kin. This Indigenous method of storytelling is from an ontological premise of oral tradition which captures the essence of stories to share with others in community. The story is told from various viewpoints to facilitate oral traditions of seeing into others and humanizing the experience. I want to dedicate this story to a courageous Indigenous man whose experiences are reflected as part of this composite story. All names used in this story are fictionalized.

The Canadian state’s assimilationist and genocidal policies have driven many Indigenous men and women in and out of colonial systems such as residential schools, psychiatric hospitals and subsequently, the carceral system, resulting in cultural dislocation and a profound loss of Indigenous identity. Emile’s story represents the lost stories of Indigenous children that were apprehended into psychiatric hospitals and whose suffering has gone unrecognized by the state due to not being counted as residential school survivors.

⁶ Here, Indigenous knowledge holders are those who have shared their stories and experiences in this work.

The day Emile shared his story with me, he wept openly about how his entire life and opportunity of living had been taken from him by the state. To this day he suffers inexplicable medical ailments from the “treatment” he received while in “care.” When the Truth and Reconciliation investigations occurred because of the horrific treatment endured by Indigenous children who were placed in residential schools in Canada (Truth and Reconciliation Commission of Canada, 2016a, 2016b), Emile was informed that he could not qualify for compensation because his placement in psychiatric care did not constitute a residential school. His tragic story unfolds with a series of cascading events that would crush the spirit and yet, in his eyes, there is a desire for peace and justice, and he worries about the new generation of children in care. For years Emile remained quiet about his past and his life as he felt a profound sense of shame and self-hatred about himself, which permeated his entire identity. Working together was a process of trust building, and in our time together in community we focussed on a compassionate enquiry of self. This resulted in him feeling safe enough to share his story and not feel overwhelmed by these life events. Many years later after our time together he asked me to write his story because he wanted to break the silence he felt all his life. We met for coffee, and he shared with me what he felt were the more salient parts he was comfortable with sharing.

Here is Emile’s story which begins in an Ontario town in 1958.

On a bright February day in 1958, Emile remembers playing in the frozen pond by his house. He was skating on his boots and laughing with his older brother; he remembers seeing the cars arrive up to the road. Sometimes he remembers that day with other children playing with them and laughing, but other times he remembers that it was only him, his brother and a big sunny sky that was cold and crisp, where despite the sun shining it only warmed you up a little. He remembers the sound of the snow, the crunchy sounds like when you are chewing Cracker Jacks; that’s when you know it’s cold.

Emile was about five or six years old then and his much older brother Marcel towered over him at the age of nine. Soon after the cars arrived, he heard his mom yelling loudly, and she was so scared that her voice shrieked and crackled as she spoke. She was holding Adeline, the baby in arms, who was only about one year old or so. The rest is blurry, he recalls; his mom held him and cried and then he was taken away. In his mind’s eye, he believes that moment in the pond was the last moment of freedom he would ever live again.

The next memory Emile recounted was that he was standing in an over-sanitized room that smelled of antiseptic and being scrubbed so hard by women he felt his skin would peel off him. He was “processed”: his clothes were removed, his hair sheared for fear of lice, and he was sent to a dormitory with other children. He remembers his first nights of fear, bedwetting and utter confusion. He glanced at some of the children and knew he was different from them. None of them spoke Cree and some looked different to him with fair skin and hair. Some kids were friendly in the daytime but woke up in night terrors. Emile asked himself why they were so scared. Some of the older kids would

go to school during the day, and some would disappear and run away only to be brought back.

Finally, one day someone told him where he was: the Ontario Hospital for Children in Etobicoke. There were very sick children there that had illnesses and screaming fits, but that was not him.

Unlike the other children from his town who were apprehended and placed into residential schools, Emile was sent to a psychiatric hospital for children as a temporary solution to the overcrowding in residential schools. Although this placement was intended to be short-term Emile was forgotten and remained in psychiatric care until age seventeen, the time when children are usually transferred to the adult system.

At first, the nurses did treat him differently and one even told him, “You should not be here.” However, most nurses forgot he was just an Indigenous kid lost in a system of assimilatory care, growing up in a hospital because he was forgotten by the colonial system. Even the doctors forgot he was a temporary placement, and so he joined therapy sessions like other children in the hospital. A growing list of ailments began to appear on his chart, conditions that needed treatment. Emile was pathologized as a child with a series of psychiatric disorders he never had, but developed while living in a psychiatric hospital. He once overheard administrators talking about who would want an “Indian child” who was labelled as having a serious psychiatric condition. They just kept him in the hospital as a long-term patient and he grew into the space provided by the hospital.

When Emile was 10 years old, he got into his first fight with a much older boy, and to the amusement of others he could land a punch and receive a punch without crying. These feats did not go unnoticed by the ward guards who watched over him. The guards gave him little jobs to do for them, like make sure the doors were locked or that no one was taking someone else’s meals. He made friends with the guards, they joked with him, and he felt their care. The guards gave him little power moves to use on the other boys and he felt special. He became the “little man about the land,” and he treated the hospital as his personal fiefdom. All that special attention came in handy as the guards slowly trained him to take on bigger and older boys, at times luring him into fights. He even used their keys to get in and out of spaces. How could he be a prisoner if he held the keys to his freedom?

The thrill of the little fight grew into a full-blown blood sport as he sought the attention of the guards. On many Friday nights, the guards would bring him into the boiler rooms and bets would be placed on him to fight older kids and new troublesome arrivals. Most times he won, but occasionally there would be a kid he felt sorry for, and he would let him win or not put his full weight into the fight. On Saturday mornings, the nurse would comment on his hard night without so much as a question about his visible bruising.

Soon Emile developed into a full-fledged bully, and as he grew to the height of six feet three inches by 15 he became a menace nobody really wanted. He

was the enforcer of the highest order of the ward guards, and he went into places and spaces that nobody else could get to. He also formed his own set of rules and principles, and imposed these on the other children. His anger grew and sometimes he counted the days when he could fight to get it out of his system.

Emile's concept of justice was created in a space where many delinquent children came to be evaluated. The guards used Emile to force compliance on the children that demonstrated more defiance and were regarded as wayward, that had arrived at the psychiatric hospital. Emile never thought he was being used. He felt purposeful and important and mostly he felt at home, or the closest thing to it he could get.

When he was 17 years of age things changed. He was given bus fare and was asked to leave. Was he cured? No, the institution just needed the space, and he no longer served the purpose he once did as the bulldog for the guards. Emile's imposing size now meant that the guards began to fear him due his strength as he was now perceived as a threat. He was asked "kindly" to leave.

He drifted in Toronto for a few months before he found his niche again, fighting. His size made him a perfect henchman. One of the guards set him up as a bodyguard in the city and then his destiny unfolded before him.

Emile missed the ordered life of the hospital, where things were predictable and someone always told him what to do. In the outside world, there were too many variables like drinking and women, and blurred nights of both. His life became increasingly chaotic and each attempt to correct his direction appeared to land him further down into despair and on the wrong side of the law.

His first time in jail was for drunk and disorderly conduct; he was only kept for 48 hours, which he secretly savoured as he could rest without worrying about food and all the noise of the outside. Jail soon became a revolving door for him, and he was in and out on minor charges for years.

Emile stumbled between jobs, apartments and women for years with few life coping skills and no family to recognize or connect with. A long time had passed since he lost touch with his community, and when he reached out to his brother Marcel, he found him on the streets in Toronto worse off than himself. His community up north close to Kirkland Lake, Ontario was so isolated that visiting there was like going back in time. Once, in his mid 30s, he did visit and his mother hardly knew the city slicker he had become with his fancy boots and leather jacket. His sister Adeline never even knew him and treated him as a stranger. They all shared a drink, and it was going well until Emile's anger took over. The cops were called because of his temper and his mom looked at him in sadness as she saw in him the pain they shared, the despair of an insignificant life. As he was taken away, she told him he "can't come back," and that is the last moment that he saw his mother.

Emile stood out to me as a man who survived and thrived despite so much adversity. He frequently rides his scooter to deliver newspapers in the city, to supplement his income from the long-term disability support he receives. He always greets others with a smile and a quick joke. Behind the smile Emile,

carries the weight of arthritis in his bones from all the years of fighting, and his PTSD has not permitted him to sleep a full night in years. He has lived a sober life for over 15 years and is connected to culture thanks to the urban outreach programs of the Ontario Federation of Indigenous Friendship Centers (OFIFC). This structured group of urban Indigenous people has filled for him the central role of a community and given him a semblance of hope and belonging.

Remembering “Is that you Ruthie?” (Australia)

This next story flows from a series of collaborative sharing sessions that our co-authors participated in. We engaged the intergenerational experiences of and lasting impacts of colonization for an Australian aboriginal grandmother and her granddaughter, Sharnee Hegarty, by reflecting on a piece of writing by Sharnee’s grandmother called “Is that you Ruthie?” In this section we start by sharing some context and background related to the origin of “Is that you Ruthie?” Following this, we provide an excerpt from an interview conducted with Sharnee to engage her memories of her grandmother and think through meaning in response and relation to her grandmother’s writing.⁷

Growing up in so-called Australia, Sharnee never heard her grandmother (Nan) Ruthie speak of the past. The silence of this past was never probed; it was a silence that her family held quietly across generations even as it seeped into every part of them and their experiences.

Nan Ruthie’s story speaks about being part of a lost generation (Hegarty, 2003). Opening the closed doors of the nearly forgotten past guides us toward an understanding and ultimately towards healing. The remembrance and sharing of those experiences that have been embodied and written into the next generation’s blood can finally be read, understood, translated and connected to the new generation. In her writing, Nan Ruthie gives voice to thousands, and we see her act of sharing her story as an act of personal sacrifice and immense courage.

The story “Is that you Ruthie?” is a memoir, written by Sharnee’s grandmother (Hegarty, 2003). Within this text are tales that speak to the lost generations’ adaptability, suffering, Indigenous defiance, humour, humanity, and transcendence. Ruthie’s story tells of being raised in a dormitory named Cherbourg Aboriginal Settlement in the 1930s at the height of Australia’s colonialist assimilationist practices. As a result of these governmental

⁷ As a group Sharnee, Lorena, and Abraham decided to structure this exchange as a one-on-one question and answer rather than a group discussion to allow a greater degree of focus on Sharnee’s voice and story. The questions were developed from multiple sessions of brainstorming and conversational exchange among the three authors.

assimilationist policies, Nan Ruthie grew up profoundly deprived of human connection with kin and community and without the love and care of her own mother. She lost language, ceremony, and connection to land and space (Hegarty, 2003). Her story tells of the comfort and support the children gave to each other as they endured the cold harsh immutable rules flowing from ruthless governmental assimilation policy that cut through their daily existence.

In the text, Nan Ruthie speaks of an utter paralytic fear in the dormitory of breaking the rules and laws of governance (Hegarty, 2003). Nan Ruthie speaks of the defiance and the fight for self and agency that she and others engaged in. They found freedom in resistance, sneaking into the kitchen or breaking the rules (Hegarty, 2003). These moments of defiance punctuated her experiences with harsh reprimand while also being the base upon which she built her fortitude. It is this fortitude of spirit that created a space to remember and write the stories of the dormitory years later.

Aboriginal and Indigenous ontologies have represented the spiral as an essential image that has shown up on rocks and landscapes across time and space, in petroglyphs and paintings all around the globe. While cultural symbolism of the spiral is laden with meaning, the meaning can vary across Indigenous nations and communities. For some, it represents a point of origin and growth across time, some see the force in the spiral as masculine, while others think it is feminine and still others see this as a life and creation story. A notion that comes up in a number of different contexts is that time is not linear but synchronistic; in a moment, we can live and feel our past, present, and future.

We now pivot to our question-and-answer exchange where we engage Sharnee (Ruthie's granddaughter) in her process of exploring her Nan Ruthie's stories while she navigates meaning making. That is to say, standing together in the spiral of time we explored how this one point in history played out into the future across generations, from Nan Ruthie down to Sharnee.

Lorena: In the book, there are many instances of punishment... Can you tell me more about the long-lasting effect of "punishment" on the dormitory children?

Sharnee: I think the book highlights how they removed your family ties; they removed your contacts. Then the punishment is done to completely break down the little person's soul. They can remould the person's souls to become the domestic worker that they send out to the stations because that is the point of the dormitories. So, they were breaking down your culture, you lost your language, they took your dances, your customs. Those practices were all done so you no longer had your identity as Aboriginal people as Aboriginal children. They had nothing so they clung to whatever they got through the missionaries, the church, the church stories, and the bible, and then they were moulded again to go out and work.

Lorena: Can you say more about the impact of Nan Ruthie's experiences on her?

Sharnee: ...Because she was taken away when she was so little, they moved away when she was six months old, she did not have any learnt knowledge of her culture, her language, her practices. Your spirit knows what it's missing. The spirit knows the disconnect and the lack. It's something that's inside you. I think that that leads

to all the problems we have today as well. The spirits know what it's missing, the spirits know it's missing the connection to land, language, song and dances, because that is what was so crucial. Especially for Nan, she was that blank slate. She did not have culture initially in her because it was not something that was taught. Her mom was taken, she was taken, her kin were taken, and they were all removed *off country*. But they would have secret dances, secret corroborations, secret men's business, and women's business in circles. But it was never something that was allowed. You were not allowed to be proud of your culture and they made sure that you were not proud because they made sure that you were continuously told "they were the *Blacks* there in that camp doing that and it's disgusting, they are native they are savages."

Lorena: At what point did your grandmother start to gain that pride in Aboriginal identity?

Sharnee: You know I honestly think that there are so many areas that she is not wholeheartedly involved in, because of the way she was brought up. I mean language is so important, but she is not one hundred percent in it. Like education, yes, she's all in because she knows the importance of integrating into society and she sees that. But I feel that when you are talking about activists and role models, she's not the activist. She is not out there condemning what white people have done, she's not doing that. You can look at other elders and people from her age group and they reprimand what happened. She does, but she does it nicely... I feel I'm angry for her, for what happened to her, but I don't feel it from her. I would be out there condemning – I read things and I'm out there angry, I hate what happened and I'm filled with rage. *I've never seen that in her.*

Lorena: Maybe that form of questioning or resistance never developed for her since it was never allowed to grow?

Sharnee: Maybe... I mean I can see it in our people, our broken relationships. So many have struggled with drinking, drugs, the incarceration... I can see it, but I feel like she can't see... but maybe she can see it and she doesn't want to be angry anymore. Maybe she was angry before I was born. Maybe she did that nearly 40 years ago and now she has moved on, maybe she's in a place of comfort I don't know but I feel like what was served in her, the roots that were cut in her, this is what we live and breathe today and I feel like maybe I want her to be angry.

Lorena: Can you tell me how the breaking of familial and cultural ties manifests itself today in the carceral system of youth in the child welfare system in Australia?

Sharnee: The connectors are so evident, when you look at them, both systems break down the individual. The dormitory ties very closely to the child protection system and the carceral system; I believe those two are connected. It's a system designed to rid us (Indigenous) of any confidence or spirit. You are placed in the same clinical setting with no power for anything to do with yourself. Think about our kids here—it's 11 times more likely for them to be in out-of-home care⁸ and our prison population is 50% Indigenous but we represent only 3% of the population. Think about what that means for their future, for our community's future.

⁸ In Australia Out-Of-Home Care (OOHC) is a government run program for children and young people who are deemed unable to live with their own families.

Listening and standing together in the spiral of time allowed us to engage Nan Ruthie's story and Sharnee's reflections on it, shining light on the experiences of Aboriginal people in Australia who lived through the State's assimilationist policies. It speaks to the way stories play out across time and space ultimately implicating generational futures, and importantly highlights experiences of survival that can be channelled toward the activism of land reclamation and cultural pride.

Storywork to Decolonizing Mental Health in Kenya

In this story Mohamed Ibrahim begins by sharing a brief history of colonization of his homeland, his encounter with colonial structures during his formative years, and how those experiences ignited his passion for advocating for the decolonization of the mental health system.

I situate myself as a citizen of the Horn of Africa with ancestral and contemporary community and family roots to the lands covering Northern Kenya, South-Eastern Ethiopia, Somalia and Djibouti (Figure 1). Before this vast arid and semi-arid land was invaded and violently occupied by three European groups of colonial invaders and settlers (Britain, Italy and French), the region was (and still is) the home to the Somali people comprised of various clans and dialects, with the majority being pastoralists whose main livelihood is rearing livestock (camels, cattle, goats and sheep).

The Somalis lived a nomadic lifestyle of moving with their livestock in search of pasture and water across this vast region they called home (Issa-Salwe, 1996; Schelling, 2013). However, colonization caused this vast land to be violently partitioned into four different colonial countries: French Somaliland (now Djibouti), Italian Somaliland (now Federal Republic of Somalia) and British Somaliland (which joined the Federal Republic of Somalia at independence), Ogadenia (now Somali State of Ethiopia) and Northern Frontier District under British colonial Kenya (now North Eastern Kenya, see Figure 2) (Issa-Salwe, 1996).



Figure 1. Somali inhabited region before colonization (source: Mapsland, n.d.)

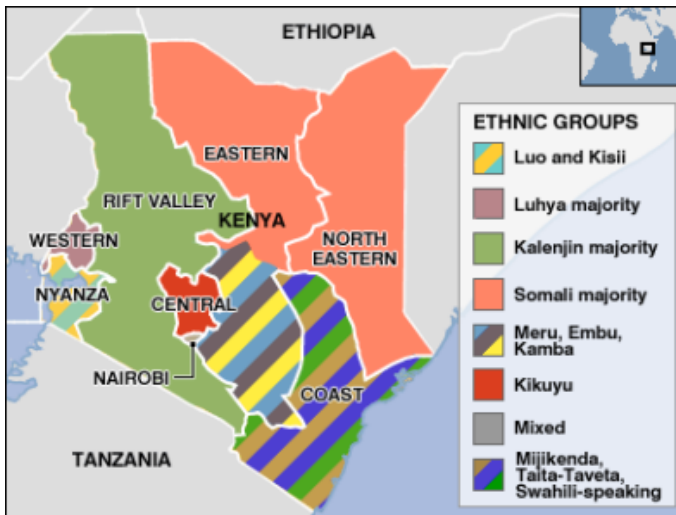


Figure 2. Northern Frontier Districts (source: Okilwa, 2015)

As Figure 2 shows, the Eastern and Northeastern region, which was called Northern Frontier Districts (NFD) during the colonial period, is about 40% of the geographical landmass of the present-day Republic of Kenya. Other communities along border regions in Kenya have been affected by similar partitioning of their communal ancestral lands such as the Maasai community whose land lies between Tanzania and Kenya and is home to world renowned Serengeti National Parks and Maasai Mara on either side of the border respectively. Similar partitioning has occurred across the African continent, where communities were ripped apart and colonial states were created by European colonial occupiers. As such Kenya, like many other colonized nation-states, was violently and non-consensually created with no input of the communities and people native to the land (Achankeng, 2013; Blanton et al., 2001; Deng, 1993; Müller, 2020), dividing communities and creating tension and conflict over land despite sharing culture and language across generations (Achankeng, 2013; Blanton et al., 2001; Deng, 1993; Müller, 2020; Touval, 1967).

Encounters with Colonial System and the Fight for Changes

Growing up in Northern Kenya, a region carved out of greater Somalia, I came to understand the tension between local culture and the imposed Western system. Hailing from a nomadic family, both my primary and secondary schooling occurred in boarding schools, which started when I was in grade four to the end of high school at grade 12. During this period, it was obvious to me that the educational system was hostile to our cultural ways. For example, in primary school, we were not allowed to speak our mother-tongue (Somali language) and could only speak in English or Kiswahili, the national languages. English was the supreme language, as it was the language of instruction for all the subjects, while Kiswahili was a single language course and thus not an instructional language. Failure to speak English or Kiswahili language while in the school compound attracted severe punishments that included caning or wearing a name tag labelled “I am a fool” for the day. Although both forms of punishment were hurtful, we saw the latter as more hurtful and dehumanizing. It was a punishment that undermined our self-esteem, antagonizing and devaluing our culture and language. Looking back, I see these cruel punishments as the foundational blocks erasing our language and culture from an early age. It was a powerful tool to make our young and growing minds feel unsafe in the use of their cultural language or heritage, forcing reliance on the foreign English language for refuge.

While attending secondary boarding school, about 300 kilometers away from my hometown, a couple of events that raised my eyebrows, and it was around this time that I really started critically thinking about both the educational system and the health and healing system. In our grade 11 history class, we learned about political movements, and the leaders who fought against the

colonial system for independence of their countries. One such political leader was Sayyid Mohamed Abdulla Hassan of Somalia, who was revered among my people for his leadership against the three colonial powers (Britain, Italy and France) that invaded and occupied our homeland, the Greater Somalia. He was an excellent communicator, a military genius and a spiritual leader. Sayyid Mohamed Abdulla Hassan remains a powerful historical figure among the Somalis, and his statue stands tall in downtown Mogadishu, the capital and commercial city of Somalia.

However, in the grade 11 history book, this highly regarded hero and freedom fighter was depicted as “Mad Mullah,” a nickname popularized by the British colonial government who obviously found him a serious threat to their colonial project. The label did not sit well with me, and I sought clarification from our elders, who refuted the label and provided me with a more historically accurate description of this man and his role in colonial resistance. As an adult, I wrote a paper on the colonial politics of naming streets, countries and important geographical landmarks after colonial leaders while denigrating and dehumanizing the local leaders, including by weaponizing psychiatric diagnosis labels (Ibrahim, 2021).

My focus on decolonizing the healthcare system and specifically the mental health system was informed by my lived experience of encounters with colonial practices that have been imposed on Kenyan communities. In my work I write about how the biomedical mental health system, like many other western systems, was brought in non-consensually by the British colonial government and remained part of the health and legal system of post-colonial Kenya (Ibrahim, 2014, 2017, 2021; Ibrahim & Morrow, 2015).

The core to reforming mental health systems globally is the fundamental aspect of freedom of choice and consent to treatment. Similar to the mental health laws in Canada, Australia and Kenya share a colonial legacy thanks to the British colonial empire and operate from a place of coercion where choice and autonomy are stripped away from individuals with psychosocial distress.

Importantly, the establishment of Pan African Network of Psychosocial Disabilities (PANUSP) is the first independent political movement for persons with psychosocial disability in the African context (Robb, 2008). PANUSP has brought the voices of users and survivors to the forefront of the discussion, supporting individuals experiencing psychosocial distress. PANUSP has injected much needed energy into the push for addressing the historical and ongoing injuries of the colonial mental health system. At the core of service-user led organizations in the Kenyan and African context at large is centering consent and choice as part of decolonizing the mental health system, and due to concerted efforts by service-user led organizations, we are seeing amendments to colonial mental health acts (MHAs) in Kenya, Zambia, and Nigeria among others (Ibrahim, 2017). Importantly, service-user led organizations across the continent, under the umbrella of PANUSP, have made a strong political statement by linking the historical nature of colonial

psychiatry to contemporary mental health services in an attempt to politicize and center self-autonomy.

As a practitioner, scholar, and most importantly, activist, my perspective on decolonizing mental health is firmly rooted in dismantling colonial mental health systems that have been forced upon historically colonized peoples without their consent. We cannot talk about decolonization without ensuring fundamental rights of consent to any process of healing that is engaged moving forward.

Conclusion

In this paper we used a co-creative process and the methodology of storywork (Archibald et al., 2019) as a way of surfacing the harms of colonialism in its intersections with mental health. Stories when co-created through dialogues have the power to begin the process of decolonizing and disrupting the narratives that colonial states would have us believe and replace these with real stories of the ways in which the violence of colonialism is experienced and resisted. In the stories that frame this paper, histories of colonialism are clearly intertwined with histories of psychiatry. Better understanding these links can help us work towards a more caring and socially just support system for people in mental distress and in need of care.

Both the Canadian and Australian state continue to carry out long histories of colonization, forced assimilation and genocidal policies with respect to their Indigenous populations. In the stories of Emile and Nan Ruthie we come to better understand the damages these policies wrought at an individual level and how discrimination and state sanctioned violence were systematically structured through policies and practices. Further, Sharnee's response and reflection on Nan Ruthie's story adds important depth to our understanding of the multigenerational impact that flows from these violent colonial policies throughout the justice and mental health systems of countries with colonial histories, such as Australia and Canada.

Similarly, Kenya, like most of the African continent, bears the scars of British rule and occupation. In Mohamed's recounting we can come to better understand the ways in which psychiatry and colonial stories and knowledge are used to reinforce each other while simultaneously denigrating local traditional Kenyan knowledge, and how this colonial history is still visible in mental health policy and practice today.

The colonial projects in Canada, Kenya, Australia and around the world have deployed stories to undermine, destroy, and devalue Indigenous peoples. This work engages a process of decolonization by challenging these destructive colonial narratives through storytelling. This paper both documents and demonstrates the importance of creating space for different forms of knowledge creation within academia. The aim of this work is to contribute to the ongoing process of decolonization by centering empowering Indigenous

knowledges, based on compassion, love, respect, emancipation, and the ongoing fight for social justice and hope.

Acknowledgements

The authors would like to acknowledge the Social Sciences and Humanities Research Council (SSHRC) for supporting the research on which this paper is based.

Authorship

LJ: Conceptualization and writing – original draft, review and editing; AJC: project administration, conceptualization, methodology, analytic synthesis, writing—original draft, review and editing; SH: conceptualization, writing—original draft, review and editing; MI: conceptualization, writing—original draft, review and editing.

References

- Achankeng, F. (2013). Conflict and conflict resolution in Africa: Engaging the colonial factor. *African Journal on Conflict Resolution*, 13(2), 11–38.
- Archibald, L. (2006). *Decolonization and healing: Indigenous experiences in the United States, New Zealand, Australia, and Greenland*. Aboriginal Healing Foundation.
- Archibald, J., Lee-Morgan, J., & De Santolo, J. (Eds.). (2019). *Decolonizing research: Indigenous storywork as methodology*. ZED.
- Belfi, E., & Sandiford, N. (2021). Decolonization. In S. Brandauer & E. Hartman (Eds.), *Interdependence: Global solidarity and local actions toolkit* (section 6). The Community-based Global Learning Collaborative. <https://www.cbglcollab.org/what-is-decolonization-why-is-it-important>
- Blackstock, C., Brown, I., & Bennett, M. (2007). Reconciliation: Rebuilding the Canadian child welfare system to better serve Aboriginal children and youth. In I. Brown, D. Fuchs, J. Lafrance, & S. McKay (Eds.), *Putting a human face on child welfare: Voices from the Prairie* (pp. 59–87). Prairie Child Welfare Consortium & Centre of Excellence for Child Welfare.
- Blanton, R., Mason, T. D., & Athow, B. (2001). Colonial style and post-colonial ethnic conflict in Africa. *Journal of Peace Research*, 38(4), 473–491. <https://doi.org/10.1177/0022343301038004005>
- Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations peoples in Canada. *International Journal of Indigenous Health*, 5(3), 6–47.
- Brophy, L., Ryan, C. J., & Weller, P. (2018). Community treatment orders: The evidence and the ethical implications. In C. Spivakovsky, K. Seear, & A. Carter (Eds.), *Critical perspectives on coercive interventions* (pp. 30–43). Routledge.
- Clark, N. (2016). Red intersectionality and violence-informed witnessing praxis with Indigenous girls. *Girlhood Studies*, 9(2), 46–64. <https://doi.org/10.3167/ghs.2016.090205>

- Clark, N., Walton, P., Drolet, J., Tribute, T., Jules, G., Main, T., & Arnouse, M. (2017). Melq'ilwiye (coming together): Re-imagining mental health for urban Indigenous youth through intersections of identity, sovereignty, and resistance. In M. H. Morrow & L. H. Malcoe (Eds.), *Critical inquiries for social justice in mental health* (pp. 165–193). University of Toronto Press.
- Collins, P. H., & Bilge, S. (2020). *Intersectionality*. John Wiley & Sons.
- Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>
- Deng, F. M. (1993). Africa and the New World dis-order: Rethinking colonial borders. *The Brookings Review*, 11(2), 32–35. <https://doi.org/10.2307/20080384>
- Dupuis-Rossi, R. (2021). The violence of colonization and the importance of decolonizing therapeutic relationship: The role of helper in centring Indigenous wisdom. *International Journal of Indigenous Health*, 16(1), 108–117. <https://doi.org/10.32799/ijih.v16i1.33223>
- Hallenbeck, J., Krebs, M., Hunt, S., Goonewardena, K., Kipfer, S. A., Pasternak, S., & Coulthard, G. S. (2016). Red skin, White masks: Rejecting the colonial politics of recognition. *The AAG Review of Books*, 4(2), 111–120. <https://doi.org/10.1080/2325548X.2016.1146013>
- Hancock, A.-M. (2016). *Intersectionality: An intellectual history*. Oxford University Press.
- Hankivsky, O., & Cormier, R. (2011). Intersectionality and public policy: Some lessons from existing models. *Political Research Quarterly*, 64(1), 217–229. <https://doi.org/10.1177/1065912910376385>
- Hegarty, R. (2003). *Is that you, Ruthie?* University of Queensland Press.
- Hollinsworth, D. (2013). Decolonizing Indigenous disability in Australia. *Disability & Society*, 28(5), 601–615.
- hooks, b. (2015). *Feminist theory: From margin to center* (3rd ed.). Routledge.
- Ibrahim, M. (2014). Mental health in Kenya: Not yet Uhuru. *Disability and the Global South*, 1(2), 393–400.
- Ibrahim, M. (2017). Mental health in Africa: Human rights approaches to decolonization. In M. H. Morrow & L. H. Malcoe (Eds.), *Critical inquiries for social justice in mental health* (pp. 113–137). University of Toronto Press.
- Ibrahim, M. (2021). The Mad Mullah: The psychiatrization of Somalia's freedom fighter. *Journal of Somali Studies*, 8(1), 77–85. <https://doi.org/10.31920/2056-5682/2021/v8n1a4>
- Ibrahim, M., & Morrow, M. (2015). Weaning off colonial psychiatry in Kenya. *Journal of Ethics in Mental Health*, 1, 1–6.
- Issa-Salwe, A. M. (1996). *The collapse of the Somali state: The impact of the colonial legacy* (2nd ed.). Routledge.
- LeFrançois, B. A. (2013). The psychiatrization of our children, or, an autoethnographic narrative of perpetuating First Nations genocide through "benevolent" institutions. *Decolonization: Indigeneity, Education & Society*, 2(1), 108–123.
- Mapsland. (n.d.). *Detailed map of the Horn of Africa with relief–1972* [Maps of all regions, countries and territories of the World]. Mapsland. <https://www.mapsland.com/africa/horn-of-africa/detailed-map-of-horn-of-africa-with-relief-1972>
- Menzies, P. (2008). Developing an Aboriginal healing model for intergenerational trauma. *International Journal of Health Promotion and Education*, 46(2), 41–48. <https://doi.org/10.1080/14635240.2008.10708128>
- Menzies, P. (2010). Intergenerational trauma from a mental health perspective. *Native Social Work Journal*, 7, 63–85.
- Menzies, K. (2019). Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma. *International Social Work*, 62(6), 1522–1534. <https://doi.org/10.1177/0020872819870585>
- Mills, C. (2017). Global psychiatrization and psychic colonization: The coloniality of global mental health. In M. Morrow & L. H. Malcoe (Eds.), *Critical inquiries for social justice in mental health* (pp. 87–109). University of Toronto Press.
- Müller, T. R. (2020). Colonial borders and hybrid identities: Lessons from the case of Eritrea. *Borderlands Journal*, 19(1), 147–173. <https://doi.org/10.21307/borderlands-2020-007>

- Newton-Howes, G. (2019). Do community treatment orders in psychiatry stand up to principlism: Considerations reflected through the prism of the convention on the rights of persons with disabilities. *The Journal of Law, Medicine & Ethics*, 47(1), 126–133. <https://doi.org/10.1177/1073110519840492>
- Newton-Howes, G., & Ryan, C. J. (2017). The use of community treatment orders in competent patients is not justified. *The British Journal of Psychiatry*, 210(5), 311–312. <https://doi.org/10.1192/bjp.bp.116.193920>
- Okilwa, N. (2015). Educational marginalization: Examining challenges and possibilities for improving educational outcomes in Northeastern Kenya. *Global Education Review*, 2(4), 5–18.
- Palmater, P. (2014). Genocide, Indian policy, and legislated elimination of Indians in Canada. *Aboriginal Policy Studies*, 3(3), 27–54. <https://doi.org/10.5663/aps.v3i3.22225>
- Reeves, A., & Stewart, S. L. (2014). Exploring the integration of Indigenous healing and Western psychotherapy for sexual trauma survivors who use mental health services at Anishnawbe Health Toronto. *Canadian Journal of Counselling and Psychotherapy*, 48(4), 57–78.
- Robb, A.-M. (2008). *History of PANUSP, African user and survivor involvement and human rights*. https://www.academia.edu/5963101/History_of_PANUSP?auto=download
- Schelling, E. (2013). *Enhanced enrolment of pastoralists in the implementation and evaluation of the UNICEF-FAO-WFP resilience strategy in Somalia*. UNICEF Eastern and Southern Africa Regional Office (ESARO). <https://www.unicef.org/esa/media/2236/file/UNICEF-2013-Sampling-mobile-pastoralists-Somalia.pdf>
- Snelgrove, C., Dhamoon, R., & Cornassel, J. (2014). Unsettling settler colonialism: The discourse and politics of settlers, and solidarity with Indigenous nations. *Decolonization: Indigeneity, Education & Society*, 3(2), 1-32.
- Touval, S. (1967). The organization of African unity and African borders. *International Organization*, 21(1), 102–127. <https://doi.org/10.1017/S0020818300013151>
- Truth and Reconciliation Commission of Canada. (2015). *What we have learned: Principles of truth and reconciliation*. Library and Archives Canada Cataloguing.
- Truth and Reconciliation Commission of Canada. (2016a). *Canada's Residential Schools: The History, Part 1, Origins to 1939: The Final Report of the Truth and Reconciliation Commission of Canada* (Vol. I). McGill-Queen's University Press. <https://doi.org/10.2307/j.ctt19rm9v4>
- Truth and Reconciliation Commission of Canada. (2016b). *Canada's Residential Schools: The History, Part 2, 1939 to 2000: The Final Report of the Truth and Reconciliation Commission of Canada* (Vol. I). McGill-Queen's University Press. <https://doi.org/10.2307/j.ctt19rm9wn>
- Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society*, 1(1), 1-40.
- wa Thiong'o, N. (1992). *Decolonising the mind: The politics of language in African literature*. East African Publishers.