

Listening to the Silence: Shame, Storytelling, and Healing with Aboriginal Women

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Keywords: *Aboriginal; Women; Narrative; Cultural; Settler-Colonisation*

Abstract

This article explores the relationship between shame and alcohol use among Aboriginal women in Australia, drawing on qualitative research conducted with women who have experienced alcohol problems and the Aboriginal counsellors and community workers who support them. The findings highlight the impact of trans-generational trauma, systemic racism, and gendered oppression on the development and maintenance of alcohol problems. The use of narrative therapy emerged as a culturally congruent and effective approach, enabling women to reframe their experiences and reconstruct positive self-identities. The article discusses the implications for counsellors, particularly the need for culturally safe, trauma-informed, and narrative-based practices that validate lived experience and support justice-seeking. It calls for a shift in mainstream counselling services to better meet the needs of Aboriginal women through deep listening, acknowledgment of historical harms, and decolonising therapeutic approaches.

Introduction

Since settler-colonisation, the experiences of Aboriginal women in Australia have been profoundly impacted by its associated policies and practices which have been described as the Australian Genocide (Tatz, 1999, 2001).

Most Australian Aboriginal people have experience of systemic racism, ongoing systemic discrimination by the trauma of forced child removal policies and have been affected directly or indirectly by this, and the resultant dislocation from culture (Dudgeon, Rickwood, Garvey & Gridley, 2014). Such experiences are known to contribute to a range of harms associated with social and emotional wellbeing, including a heightened vulnerability to alcohol and other drug (AOD) problems (Bennett, 2013; Bessarab & Crawford, 2013).

Shame, a deeply internalised response to social stigma and marginalisation (Goffman, 1963), has also been identified as a significant risk factor in the development and maintenance of substance use issues (Dearing et al., 2005; Potter-Efron, 2002).

This article draws on qualitative research conducted

with Aboriginal women who have experienced alcohol problems, as well as Aboriginal counsellors and community workers who support them. It explores the implications for counsellors working in mainstream services, particularly the need for culturally safe, trauma-informed, and narrative-based approaches to therapy. The findings underscore the importance of listening—deep, uninterrupted listening—as a therapeutic act that validates lived experience and facilitates healing (Bacon, 2007, 2013).

The Power of Story: Dorrie's Narrative

The research began with a story: one that crystallised the emotional and ethical imperative of the work. 'Dorrie', an Aboriginal woman interviewed for the study, shared a harrowing account of her life marked by child slavery, forced separation from her children, and systemic neglect. Her life, which began in a western Victorian town in the mid 1950s, bears witness to the enduring legacy of settler-colonial violence and its impact on Aboriginal women's wellbeing.

Dorrie described being taken in by a non-Aboriginal family who subjected her to physical abuse and forced labour from a young age. Each of her children was taken from her at birth and raised by the same family, with the complicity of local authorities. "It was all allowed," she said, recounting how the police failed to intervene when she tried to reclaim her children. The trauma of these experiences led to alcohol use as a form of self-medication. "I reckon it was after losing that first baby. Heartbreaking it was," she said.

Her narrative, shared from a sparsely furnished ministry unit in Melbourne, was punctuated by grief, loss, and a desire for truth-telling. "I want you, Anni, to tell people what happened to me," she said. "Most people don't know about all this going on." Dorrie's story exemplifies the kind of lived experience that is often silenced in mainstream therapeutic contexts yet holds profound implications for counsellors seeking to support Aboriginal women (Hine Moana, 2022).

Understanding Shame in Context

Shame is a self-conscious emotion responding to the feeling that one's social identity is flawed due to perceived failures to meet societal expectations or internalised standards of worth (Goffman, 1963). For Aboriginal women in Australia, shame is often rooted in experiences of systemic racism, gendered oppression, and historical trauma (Drahm-Butler, 2015; Wingard & Major, 2015). These intersecting forces create conditions in which shame becomes not only a personal burden but a social and political construct that reinforces marginalisation.

The women interviewed in this study described shame as a pervasive and cyclical experience. It was linked to being Aboriginal, to being female, and to being perceived as "drunk" or

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Australian Counselling Research Journal ISSN: 1832-1135

“unworthy.” One participant noted, “Blackfellas are perceived [by white people] as alcoholics anyway,” highlighting the racialised stigma that compounds the emotional toll of substance use. This internalised shame often led to self-silencing, isolation, and a reluctance to seek help—factors that exacerbate the risk of harmful alcohol use.

Research has shown that shame thrives in secrecy and loses its power when exposed in the presence of an empathic listener (Brown, 2012). For Aboriginal women, the opportunity to share their stories in a safe and respectful environment is not only therapeutic but also a form of resistance against dominant deficit narratives. By externalising shame and situating it within a broader socio-historical context, women can begin to reconstruct their identities and reclaim their voices.

The concept of “misogynoir,” coined by Bailey (2010) to describe the intersection of racism and sexism experienced by African-American women, was adapted in this study to reflect the unique configuration of racialised misogyny confronting Aboriginal women in Australia. Jackie Huggins’ (1998) metaphor of “two folds of the cloth” similarly captures the dual oppression faced by Aboriginal women: both as Indigenous people and as women within a patriarchal society.

Counselling Implications

The findings of this study have significant implications for counsellors working with Aboriginal women, particularly in the context of alcohol and other drug (AOD) services. Despite Aboriginal people comprising one in seven clients of mainstream AOD services, many of these services fail to provide culturally appropriate therapeutic responses. Non-Aboriginal counsellors often struggle to listen without interrupting, a practice that can be experienced by Aboriginal clients as dismissive or invalidating ((Vickery & Westerman, 2004).

Aboriginal counsellors and community workers emphasised the importance of creating conditions in which women could tell their stories without interruption. This approach aligns with Indigenous healing practices such as deep listening, or *dadirri*, which prioritise presence, patience, and respect. For mainstream counsellors trained to direct sessions and dispense remedies, adopting a non-interruptive stance may require a fundamental shift in therapeutic orientation.

Narrative therapy emerged as a particularly effective modality in this study. It supported women to explore the context in which their alcohol problems developed and to challenge the dominant narratives that positioned them as deficient or broken. Through storytelling, women began to “look at their own history books,” as described by Aboriginal AOD counsellor/educator and elder, Auntie Suzanne Nelson, and to recognise that their alcohol use was not a personal failing but a response to systemic harm.

To this end, counsellors working with Aboriginal women must move beyond symptom-focused interventions and engage with the broader social, historical, and cultural dimensions of their clients’ experiences. This includes acknowledging the legacy of the Stolen Generations, validating experiences of racism and misogyny, and supporting justice-seeking as part of the healing process. As the women in this study demonstrated, feeling heard, having injustices witnessed, and being supported to reframe their narratives are critical components of effective counselling (Tamasese & Waldegrave, 2003; Tamasese & Leban, 2003).

Narrative Therapy as Resistance

Narrative therapy, as employed by Aboriginal counsellors and community workers in this study, provided a culturally congruent and empowering framework for addressing alcohol problems among Aboriginal women. Rather than pathologising

the individual, narrative approaches position the “problem” within a broader social, historical, and political context—one shaped by settler-colonialism, racialised misogyny, and trans-generational trauma (White & Epston, 1990; Wingard & Lester, 2001).

The women interviewed described how narrative therapy helped them to reframe their experiences and challenge deficit-based discourses. Through storytelling, they began to see their alcohol use not as a personal failure but as a response to systemic harm. This reframing was described by one participant as “looking at your own history book,” a metaphor introduced by Auntie Suzanne Nelson. It reflects a shift from internalised shame to externalised understanding—a process that supports the reconstruction of a positive self-identity (Denborough, 2008, 2011; White, 2005; White & Epston, 2005).

Narrative therapy also facilitated the emergence of alternative stories—stories of resilience, strength, and courage. These counter-narratives disrupted the dominant stereotypes that have long defined Aboriginal women in Australia and opened up new possibilities for healing and self-determination. As Bacon (2007) and Wingard & Major (2015) argue, narrative approaches are particularly effective in contexts where identity has been shaped by oppression and marginalisation.

Importantly, the therapeutic value of narrative work was not limited to the individual. It also served a communal function, validating the lived experiences of Aboriginal women and contributing to a collective process of truth-telling and resistance. In this way, narrative therapy intersects with Indigenous healing practices and supports the broader goals of social justice and reconciliation.

Voices of Counsellors and Community Workers

The Aboriginal counsellors and community workers who participated in this study provided critical insights into the structural and emotional dimensions of alcohol use among Aboriginal women. They described the debilitating effects of trans-generational trauma, stigma, discrimination, and ongoing racism—factors that contribute to feelings of shame and serve as barriers to help-seeking.

Their narratives echoed those of the women they supported, reinforcing the link between racialised misogyny and harmful alcohol use. Themes that emerged from their accounts included the relationship between racism and shame, anxiety about public visibility, feelings of unworthiness, and the impact of historical and ongoing trauma. These professionals emphasised that alcohol problems must be understood within the context of systemic oppression, not as isolated or individualised issues.

The counsellors also highlighted the importance of culturally safe practices, including deep listening, validation of lived experience, and the use of narrative approaches. They described how these methods helped women to feel heard, have their injustices witnessed, and reframe their alcohol use in light of their lived realities as Aboriginal women. These practices not only supported behavioural change but also facilitated the reconstruction of a positive cultural identity.

A significant finding of this study was the extent to which racialised misogyny—what Bailey (2010) terms “misogynoir”—has shaped Aboriginal women’s self-perceptions. This insight, voiced consistently by both counsellors and clients, underscores the need for therapeutic approaches that address the intersection of race, gender, and trauma. As Huggins (1998) noted, Aboriginal women experience “double oppression”—a reality that must be acknowledged and addressed in counselling practice.

Key Findings and Recommendations

This study found a significant relationship between the self-conscious emotion of shame and the development of alcohol problems among Aboriginal women. Shame was not only a personal experience but a social and political one, shaped by trans-generational trauma, systemic racism, and gendered oppression. The narratives collected revealed that shame often led to self-silencing, isolation, and a reluctance to seek help—factors that perpetuate harmful alcohol use.

Narrative therapy emerged as a powerful intervention, enabling women to reframe their experiences and challenge deficit-based discourses. By situating their alcohol use within a broader socio-historical context, women were able to reconstruct their identities and develop a more positive self-account. This process was supported by Aboriginal counsellors and community workers who employed culturally safe practices, including deep listening, validation, and justice-seeking.

The implications for counsellors are clear. Mainstream AOD services must move beyond symptom-focused interventions and engage with the lived realities of Aboriginal women. This includes:

- **Creating culturally safe spaces** where women can share their stories without interruption.
- **Acknowledging historical and ongoing injustices**, including the legacy of the Stolen Generations and the impact of racialised misogyny.
- **Employing narrative and storied approaches** that support identity reconstruction and healing.
- **Validating lived experience** and supporting justice-seeking as part of the therapeutic process.

These recommendations are not only supported by the voices of Aboriginal women and their counsellors but also align with broader calls for decolonising therapeutic practice and promoting social justice in mental health care (Brady, 2012; Waldegrave, 2012; Wingard & Major, 2015).

Reflection and Call to Action

The testimonies of Aboriginal women and their counsellors underscore the urgent need for systemic change in how counselling services engage with Indigenous clients. To address the disparities in health and wellbeing between Aboriginal and non-Aboriginal Australians, service providers must develop a deeper understanding of the historical and structural factors that contribute to these disparities.

Healing requires more than individual therapeutic work—it demands collective acknowledgment of past and present harms.

As the research participants made clear, justice-seeking must be supported and validated within therapeutic contexts. This includes recognising the role of settler-colonialism in shaping Aboriginal women's experiences and committing to practices that honour their resilience and strength.

Counsellors must listen—not just to the words, but to the silences, the histories, and the truths that have long been ignored. In doing so, they can support Aboriginal women not only to move away from harmful alcohol use but to reclaim their stories, their identities, and their futures.

Limitations of the Research

This study does not claim to represent the experiences of all Aboriginal women across Australia's diverse communities. Each narrative is unique, shaped by individual memory, context, and interpretation. As Antze and Lambek (2016) suggest, "Memories are produced out of experience and, in return, re-

shape it." From a therapeutic perspective, this limitation is also a strength: counselling can help reframe memories by introducing new interpretive lenses, such as understanding how dominant discourses have positioned Aboriginal women and their alcohol use through racist and sexist stereotypes.

The narratives shared by participants reflect deeply personal and painful experiences. The trust placed in the researcher by Aboriginal women, counsellors, and community workers was both a privilege and a responsibility. The study sought to honour this trust by positioning participants as co-researchers and employing a culturally respectful, potentially decolonising methodology.

Conclusion

The experience of shame, cited as a risk factor in the development of alcohol problems, is a significant issue for many Aboriginal women. Shame is linked not only to trans-generational trauma resulting from the Stolen Generations and other colonial policies, but also to ongoing experiences of misogynistic racism, stigma, and discrimination. These intersecting oppressions contribute to harmful alcohol use and create barriers to help-seeking.

Mainstream AOD counselling services that focus solely on substance use without addressing underlying trauma and systemic harm do not provide appropriate therapeutic responses for Aboriginal women. Culturally safe, narrative-based approaches are essential. These approaches support women to feel heard, have injustices witnessed, and reframe their alcohol use in light of their lived experiences.

Narrative therapy intersects with Indigenous healing practices and supports the deconstruction of oppressive discourses. It enables Aboriginal women to re-story their lives, reclaim their identities, and resist deficit narratives. For counsellors, the imperative is clear: listen deeply, validate lived experience, and support justice-seeking as part of the healing journey.

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