

# My body, dissected

In my first month of medical school, I met with my facilitator to review my evaluation for the block. She advised me that I needed to watch what I wore, that I was not like other girls in my class. She gestured that their bodies were straight up and down and that I was much curvier, and if I didn't watch what I wore, people wouldn't take me seriously. "Just be careful" were her final words.

I wish I had shrugged it off and claimed my body as my own. Instead, I internalized the message that "you, and your body, are bad," which caused intense fear and anxiety about how I was perceived. This is not uncommon for women, and as an Indigenous woman, it reinforced painful biases and internalized beliefs.

The lack of body autonomy, erasure, and intergenerational trauma causes Indigenous women to internalize shame and a belief that they are wrong or bad. When these beliefs are reinforced by the systems and structures that form our society, the results are toxic. This is reflected in the findings of the *In Plain Sight* report: "It was also representative of what has long been known, and was re-affirmed by this Review—that there is an intersection of Indigenous-specific racism with misogyny and gender discrimination that has resulted in Indigenous women and girls being distinctly and disproportionately subject to risks and harm."<sup>1</sup> The report went on to identify that Indigenous women and girls were more likely to experience misogynistic stereotyping, including sexualization, presumed promiscuity, pathologizing, and devaluing of their bodies. In addition, the report reaffirmed that Indigenous women were disproportionately impacted by poorer health than their male counterparts and that the health gap between Indigenous women and non-Indigenous women was greater.<sup>1</sup>

These biases led to Indigenous women being stripped of their body autonomy for

generations. Colonial institutions, laws, and policies assumed control over Indigenous bodies and resulted in the forced and coerced sterilization of Indigenous women; the apprehension of Indigenous children; and an epidemic of missing and murdered Indigenous women, girls, and

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LGBTQIA2S+ people. This is contrary to many Indigenous beliefs and practices that hold up women as life givers, matriarchs, medicine women, and leaders in their communities. Indigenous women had distinct teachings, practices, and medicines that were outlawed and replaced with misogynistic laws and institutions that subjugated them within their own communities.

In addition to acquiring control over Indigenous women's bodies, further harms were caused by excluding Indigenous women from archaeological and cultural research that was carried out from the time of contact by predominately White, male, English-speaking individuals. This is tragic, as most of our First Nations were matriarchal people, which shaped our culture and languages. These practices of erasure resulted in little being preserved after our populations were decimated and has made it harder to revive and reclaim our traditions, which could support healing.

The report *Reclaiming Power and Place*, findings from the National Inquiry into Missing and Murdered Indigenous Women and Girls, captures many of the injustices

referenced here and the steps that are needed to address them.<sup>2</sup> There are 231 calls for justice, and 16 of them pertain to health. They include the need for wraparound trauma-informed care, training and education for health providers, health services that are co-developed with Indigenous people, and revitalization of traditional women's medicines.<sup>2</sup>

Physicians have the opportunity every day to support body autonomy with informed consent. For example, when I obtain consent before doing a pelvic exam, I explain what the exam is for, that I can pause or stop the exam at any time, and that we can always reschedule. I remind women it is their body, and they are in the driver's seat. Often, women will get tears in their eyes when they hear this, validating how powerful and rare it is for women to be reminded of their body sovereignty.

I am a survivor of child sexual abuse, sexual harassment, and intimate partner violence. As studies like the Cedar Project have shown, this is not uncommon for the daughter of a residential school survivor.<sup>3</sup> I carried the trauma, shame, and anger into medical school, where feedback about my body was retraumatizing. I also experienced chronic toxic stress from a medical culture that normalized my exposure to abusive teaching practices, martyrdom, and depersonalization. Eventually, the abuse I experienced at school led me to tolerate abuse at home. What I know now is the fear and anxiety I felt being body shamed during that first evaluation was not unfounded; I was not safe.

In my first year of practice, an Elder shared with me this teaching: Generations before, wise female Elders foretold of a time when the Women's Medicine Bundle was at risk of being lost. To preserve the bundle, they wrapped it with great care and buried it deep in the Earth. A time would come

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# The power of stories and remembrance

Stories can be more powerful than statistics. Although our epidemiologic egotism compels us to scoff at the “*N* of 1,” it is hard to deny the influence of a poignant story over that of impersonal data. Stories from a crisis resonate deeply and foster a sense of solidarity and shared purpose. For me, Remembrance Day is a solemn annual reminder of this. On 11 November, we honor everyone who serves, or has served, Canada during times of war, conflict, and peace.<sup>1</sup>

Remembrance Day, originally called Armistice Day, was first observed in England on 11 November 1919 to commemorate the agreement to end the First World War, which was struck 1 year prior.<sup>1</sup> In Canada, we began our honored tradition of observing Remembrance Day in 1931.<sup>1</sup>

In the First World War, 650 000 Canadians served, and 66 000 lost their lives.<sup>2</sup> It is estimated that over 16.5 million people died worldwide over the course of the war.<sup>3</sup> These numbers are so staggering and saddening that they can be difficult to fathom and even harder to feel. When death and suffering are so big and so painful, we may be compelled to block them out, rather than reflect.

One of the ways I try to stay present is by thinking about war’s impact on my own family. Both of my grandfathers served. My maternal grandfather told stirring stories of having fought in both World Wars. At 16 years old and underage, he managed to enlist in the British Army. He recalled scores of men trudging through the mud at the Battle of Passchendaele, only to be mowed down by machine-gun fire, and seeing a commanding officer on his horse, watching and crying. During the Second World War, when my grandfather was well into his 40s, he enlisted again. Before the Army discovered he was overage, he encountered several battles, at one point jumping from a sinking ship even though he could not swim. A mate saved him, and he was eventually sent back to London, England, where my mother was born.

War stories are one example of how oral history can provide a record of people’s challenges and triumphs and create emotional bonds that data and statistics alone cannot. In medicine, stories humanize clinical practice and foster empathy and resilience. Reflecting on past experiences or patients can offer invaluable insights for future cases (even if we don’t have class 1 evidence to prove it).

This month, Dr Terri Aldred bravely shares a story in her editorial. I realize that sometimes stories are emotionally triggering, and other times they bring solace and psychological healing. Whatever the experience, I am grateful to those who preserve and share their stories; they are important and powerful. Please write to the *BCMJ* and tell us your story. It might not change the whole world, but it could change the world for someone. ■

—Caitlin Dunne, MD, FRCSC

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when it would be safe to reclaim this sacred bundle. At the time, I didn’t understand its significance. After a long journey of healing and reclamation, I was happily married and expecting our daughter when I realized *she* was the sacred bundle. All Indigenous women, girls, and LGBTQIA2S+ people are. We carry the wisdom and spirit of our ancestors. We are the medicine. ■

—Terri Aldred, MD

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