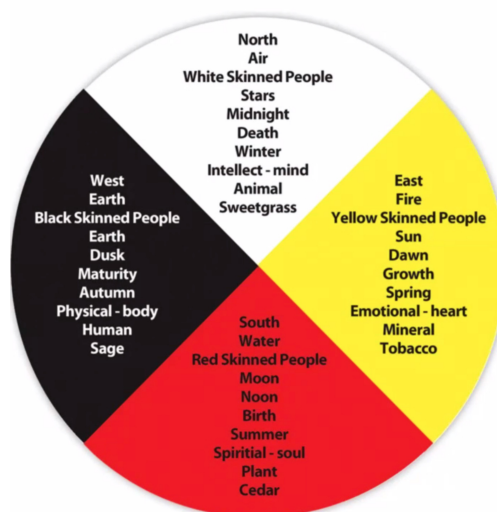


1

Medicine Wheel Teaching – Multiple Visions

- The medicine wheel teachings encompass multiple approaches and understandings.
- The wheel is used as a teaching tool today, although land-based wheels are still used in sacred ceremonies in many places.
- The point is understanding the value of balance in your life, in your nutrition, your physicality, your emotions and your mental well-being – and how you do this in your day to day living.

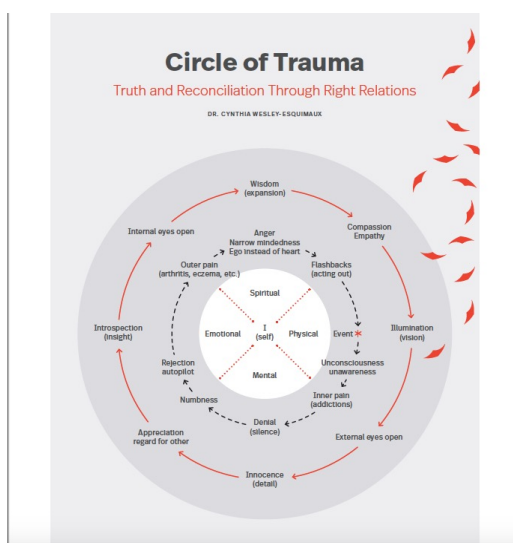


2



3

Systemic Trauma as a foundation for Illness

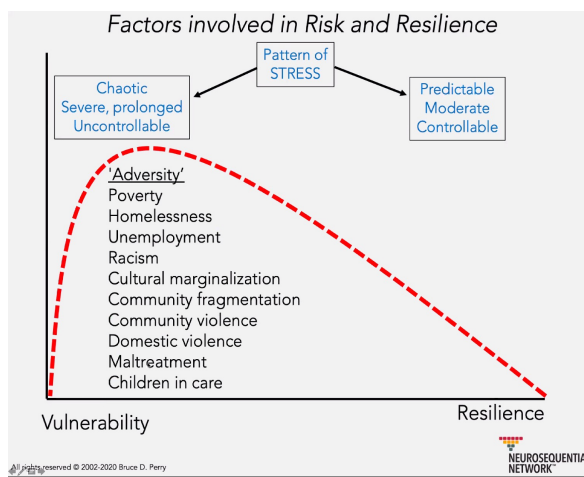


- When balance is lost because of internal or external forces – we still use the wheel, but the teachings are different.
- We have flipped the script to “what happened to you?”, and how we recognize and mediate the impacts on our life, our choices in sustenance, our relationships, education, the use of harmful substances, finding forgiveness, and letting go.

4

Chronic Stressors lead to Systemic Disorders

- Indigenous peoples are working together to create land-based strategies and solutions to address what have become intractable challenge to their governments, families, youth coming out of child welfare interventions.
- Recognition of “stress patterns” in programs I teach such as the “wise practices” program at the Banff Centre in Alberta.



5

What about navigating in the larger world?

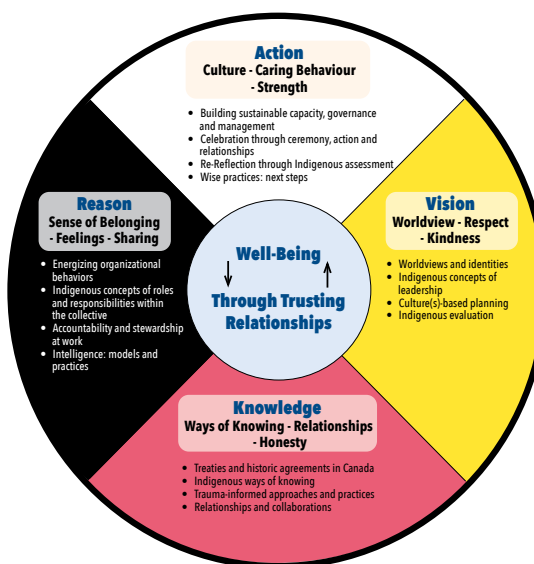
We must find ways to express our hurts and let them go – refill the empty feeling spaces with new approaches.

Creating and expressing a new vision for change and expecting good to follow.

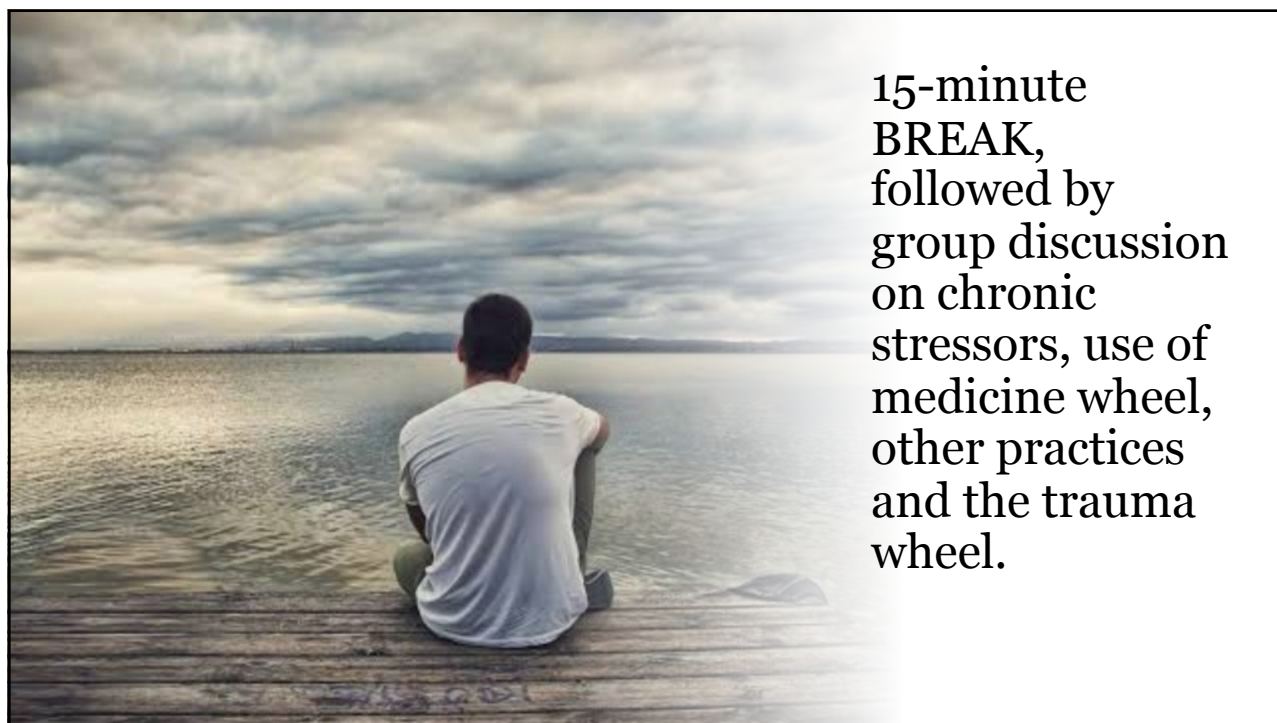
Gathering knowledge from everything and everyone – learning how to “deep listen” to the world and people around us.

Finding a sense of belonging even if it is only and solely to ourselves.

Taking the kind of action that returns positive and powerful dividends.



6



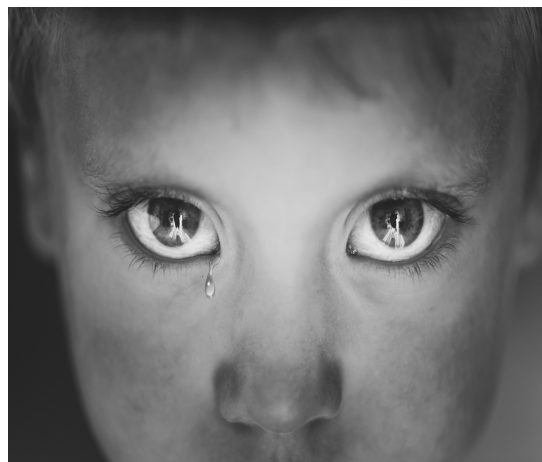
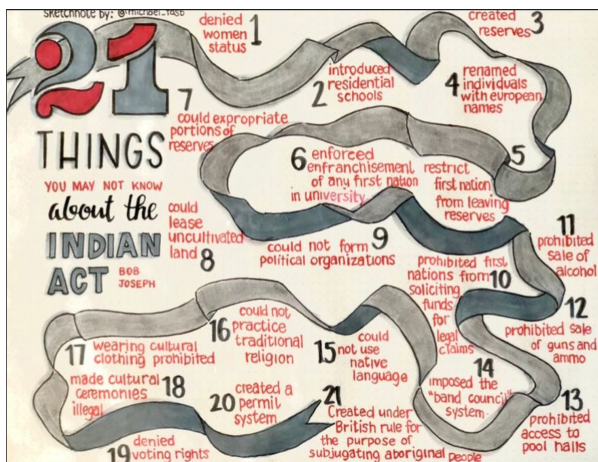
15-minute
BREAK,
followed by
group discussion
on chronic
stressors, use of
medicine wheel,
other practices
and the trauma
wheel.

7



8

Contact, IRS & Indian Act Legacy created intergenerational effects across Canada



9

WHAT IS KNOWLEDGE TRANSMISSION?

HOW AND WHY DO THE ACTIONS OF OTHERS
CREATE INSPIRATION OR BARRIERS?

IF YOU WANT TO TRANSMIT/GAIN
KNOWLEDGE WHAT ARE YOUR FIRST STEPS?

ASK YOURSELF: WHAT KNOWLEDGE DO I
HAVE TO TRANSMIT/LEARN AND WHERE DOES
IT COME FROM?

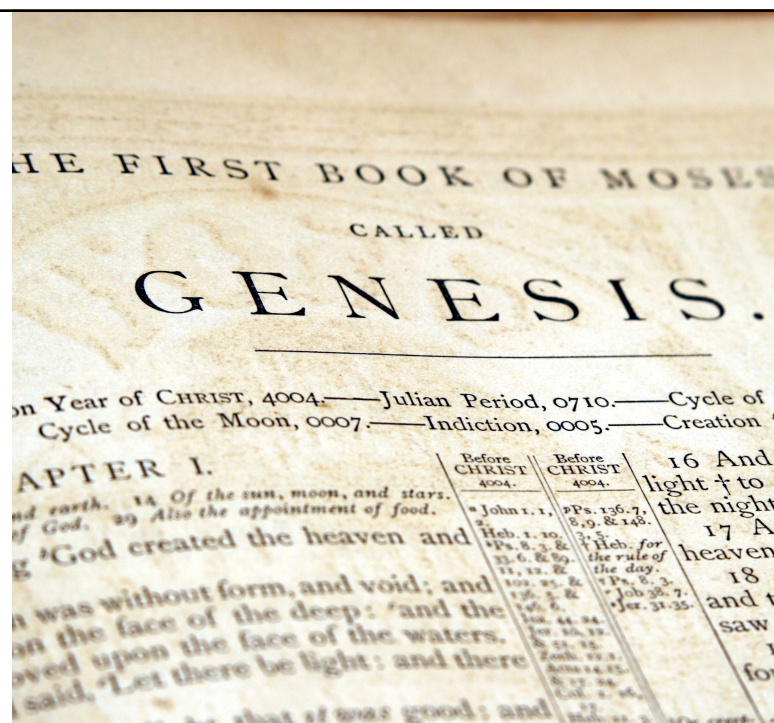
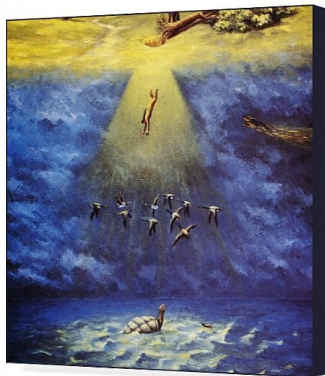
IS THIS TRANSMISSION SUSTAINABLE?

WHY DOES IT MATTER?



10

WHAT HAS HISTORY
DENIED us WHEN IT
COMES TO RE-STORYING
RELATIONS with
Indigenous PEOPLES?



11



Translating to “Bear Rock,”
“Bear Lodge,” or “Bear
Tipi,” Devil’s Tower was
originally named “Mato
Tipila” to reflect the sacred
histories conveyed in many
Native American cultural
narratives.

However, in 1875 during a
scientific expedition to the
Black Hills, Colonel Richard
Irving Dodge showed the
first use of “Devils Tower”.

12

What are our tools for knowledge transmission?

Our tools are not always tangible – but what we think and action in our lives always has meaning...

Elders and seniors, in our families provide us with lived knowledge and experience – listen! What are our children telling us?

The thoughts and conclusions contained in books remain important even after the people writing those books have died – you get to peek into their minds and harvest ideas and knowing...consider this a special gift!

Our actions speak more loudly than our words do, what are your actions shouting out?

Speak – with clarity and love – have the courage to share with and listen to everyone – be mindful because your words have life – they leave your mouth and live in the minds of others – ask yourself – what am I planting and what will grow here even when I am gone?

13



5-minute Break and then group discussion on critical aspects of the history of IRS, Indian Act legislation, and the continuing resonance of impact – and tomorrow?

14

WHAT ARE THEY?

ACEs are ADVERSE CHILDHOOD EXPERIENCES

HOW PREVALENT ARE ACEs?

The ACS study revealed the following estimates:

Category	Prevalence
ABUSE	
Physical Abuse	26.2%
Sexual Abuse	10.2%
Emotional Abuse	17.2%
NEGLECT	
Emotional Neglect	13.2%
Physical Neglect	1.5%
HOUSEHOLD DYSFUNCTION	
Parental Divorce	18.2%
Parental Death	7.2%
Household Member in Prison	10.2%
Household Member with Mental Illness	15.2%
Household Member with Substance Use	12.2%

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes.

RISK

0 ACEs 1 ACE 2 ACEs 3 ACEs 4+ ACEs

Possible Risk Outcomes:

- BEHAVIOR: Use of Alcohol/Drugs, Smoking, Alcoholism, Drug Use, Misconduct
- PHYSICAL & MENTAL HEALTH: Heart Disease, Diabetes, Depression, Suicide Attempts, HIV, Lung Disease, Cancer, Stroke, COPD, Chronic Pain

Of 17,421 ACE study participants:
 21% (3,638) had 1 or more ACEs
 12% (2,091) had 2 or more ACEs
 5% (871) had 3 or more ACEs
 2% (339) had 4 or more ACEs

rwjf.org/aces

Adverse Childhood Experiences

The ACE data comes out of study that ran from 1995 to 1997 and interviewed 17,421 people in the United States – 80% were white (including Latino), 10% were black and 10% were Asian. They were middle-class, middle-aged, and 74% were college educated – these were people with jobs and great health care.

It began in 1985 with a miss-step...a question asked that revealed a secret.

15

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score as the 10/24/06

While you were growing up, during your first 18 years of life:

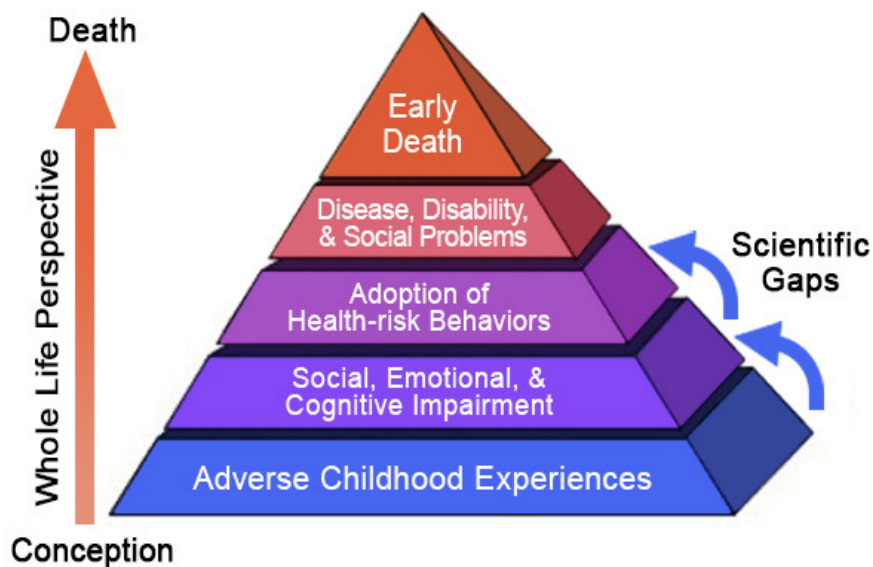
- Did a parent or other adult in the household **often** ...
 Swear at you, insult you, put you down, or humiliate you?
 or
 Act in a way that made you afraid that you might be physically hurt?
 Yes No If yes enter 1 _____
- Did a parent or other adult in the household **often** ...
 Push, grab, slap, or throw something at you?
 or
 Ever hit you so hard that you had marks or were injured?
 Yes No If yes enter 1 _____
- Did an adult or person at least 5 years older than you **ever** ...
 Touch or fondle you or have you touch their body in a sexual way?
 or
 Try to or actually have oral, anal, or vaginal sex with you?
 Yes No If yes enter 1 _____
- Did you **often** feel that ...
 No one in your family loved you or thought you were important or special?
 or
 Your family didn't look out for each other, feel close to each other, or support each other?
 Yes No If yes enter 1 _____
- Did you **often** feel that ...
 You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
 or
 Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
 Yes No If yes enter 1 _____
- Were your parents **ever** separated or divorced?
 Yes No If yes enter 1 _____
- Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
 or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
 or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
 Yes No If yes enter 1 _____
- Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
 Yes No If yes enter 1 _____
- Was a household member depressed or mentally ill or did a household member attempt suicide?
 Yes No If yes enter 1 _____
- Did a household member go to prison?
 Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

The 10 questions are still being revised to accommodate differing cultures and experiences...

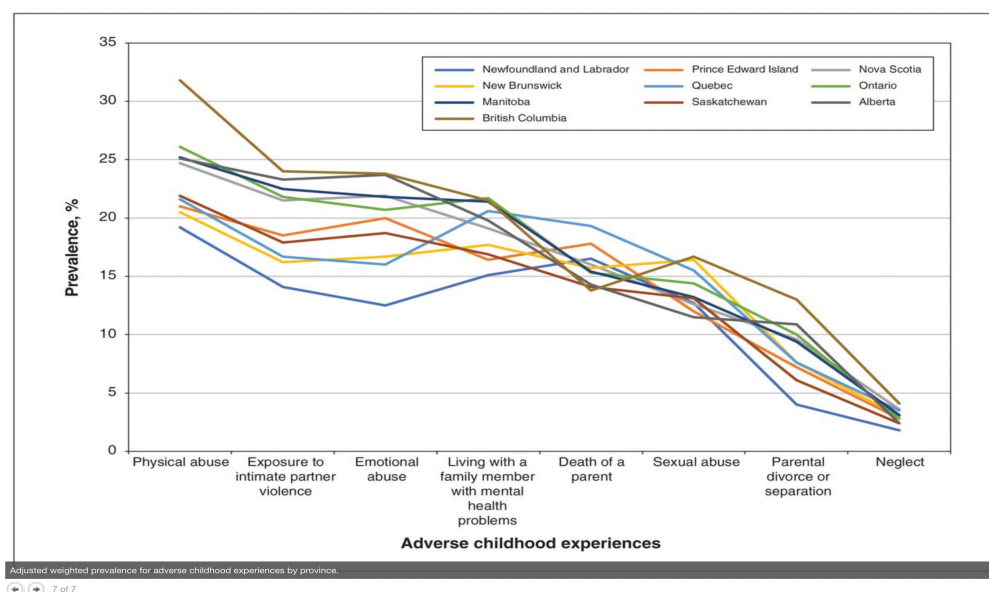
16

Adverse Childhood Experiences and Systemic Disorders




17

All of Canada – Adverse Childhood Experiences?



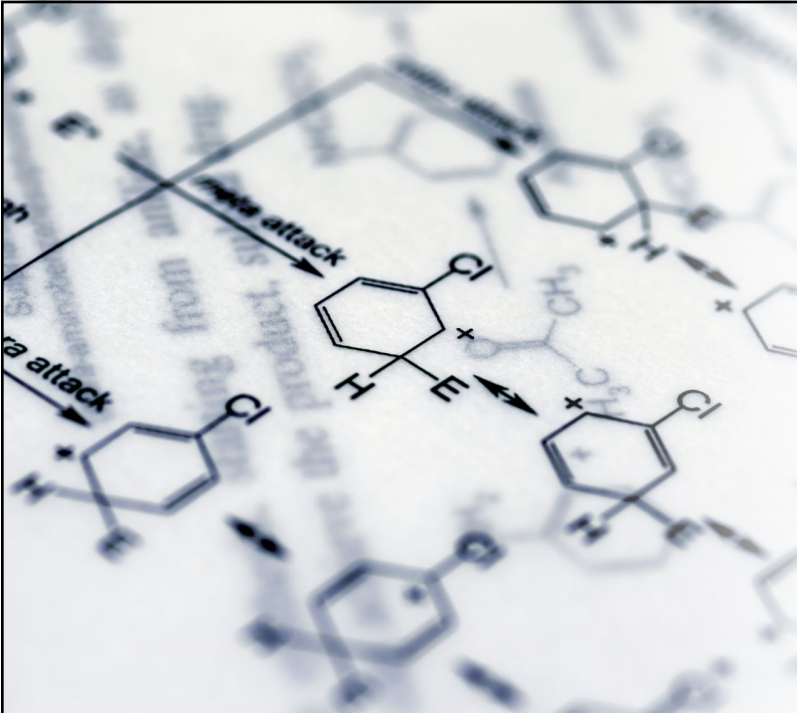
18



What is Epi-genetics?

- **Epi-** is a prefix taken from Greek that means “upon, at, by, near, over, on top of, toward, against, among.”
- Epi-genetics are the factors that bathe peoples’ genes, **literally turning disease and dysfunction ‘on’ or ‘off’.**
- Every illness is influenced by epigenetics – **back to the trauma circle!**
- Nutrition and lifestyle modification will influence signs, symptoms, and disease states by way of epigenetics.
- With consistent support and learning, our families can make habit changes in food, hydration, and physical challenges that will lead to healthier gene expression, which means less of the signs, symptoms and systemic disorders that may now plague them!

19



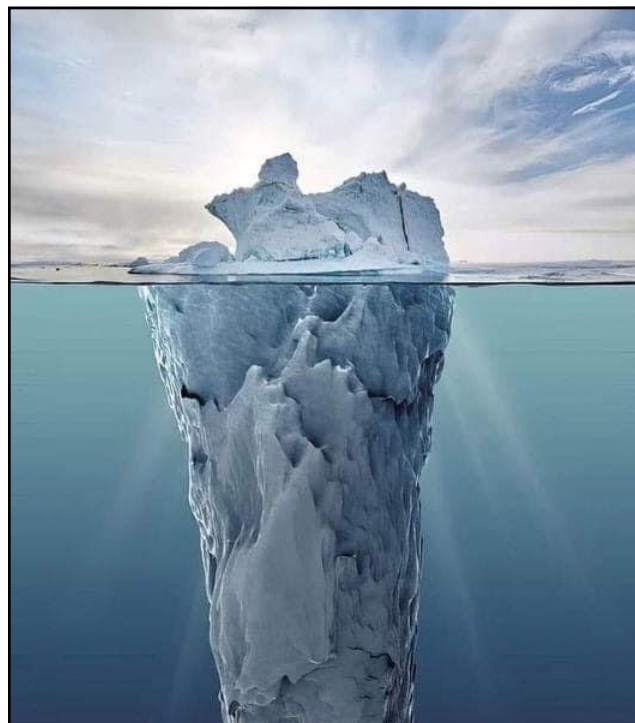
Genetics and epi-genetics

- We now know there is a “carry-over” or what we have been calling a “legacy effect” from the trauma our people have been subjected to over several centuries – genetic or blood memory – positive and negative.
- Epi-genetics, are the “**tags**” of **genetic materials** that get stimulated positively or negatively as we move around the circle. Your life experiences matter for your physical, mental, emotional and spiritual health...how we raise our children matters for theirs, and so on...science is now telling us this can happen for **14 generations...**
- Scientists can now move or remove those tags.
- We are in an era with the potential for designer babies and changes to our health and life experiences.

20

<p>The resilience questions are meant to prompt reflection and conversation on experiences that may help protect most people (about three out of four) with four or more ACEs from developing negative outcomes. A secure early childhood is helpful, but not necessary. A higher number of positive experiences is not necessarily more protective. The questions have taken on a life of their own and people may have mis-interpreted or misunderstood their experience of risk and resilience, based on the ACE or "Resilience" questionnaires. For more information, he suggests reading this article on ACEs Too High — Putting resilience and resilience surveys under the microscope.</p> <p style="text-align: center;">RESILIENCE Questionnaire</p> <p style="text-align: center;">Please circle the most accurate answer <u>under</u> each statement:</p> <p>1. I believe my mother loved me when I was little.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>2. I believe my father loved me when I was little.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>3. When I was little, other people helped my mother and father take care of me and they seemed to love me.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>6. When I was a child, neighbors or my friends' parents seemed to like me.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.</p>	<p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>8. Someone in my family cared about how I was doing in school.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>9. My family, neighbors and friends talked often about making our lives better.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>10. We had rules in our house and were expected to keep them.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>11. When I felt really bad, I could almost always find someone I trusted to talk to.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>12. As a youth, people noticed that I was capable and could get things done.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>13. I was independent and a go-getter.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>14. I believed that life is what you make it.</p> <p>Definitely true Probably true Not sure Probably Not True Definitely Not True</p> <p>How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True?") _____</p> <p>Of these circled, how many are still true for me? _____</p> <p>https://acestoohigh.com/got-your-ace-score/ https://acestoohigh.com/2017/02/05/_trashed-4/</p>
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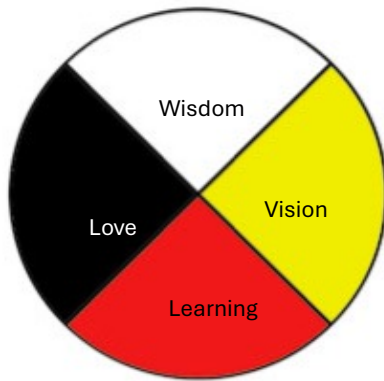
21



60-minute BREAK for lunch and then a group discussion on ACEs, Epi-genetics, and Meta-Cognition – What lays beneath the masks we have created to help us feel safe in a sometimes very unsafe world?

22

How do we find balance in an ever-changing world?



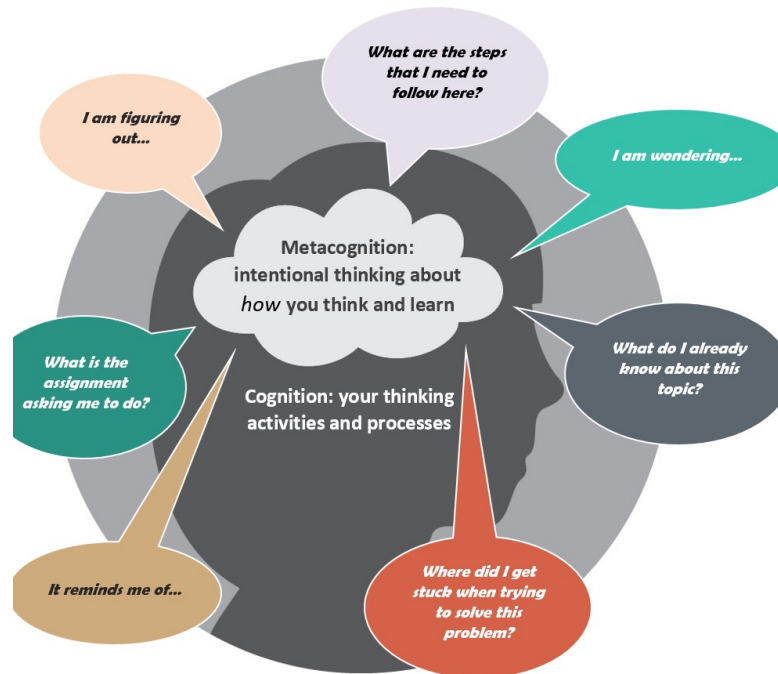
- **Vision** - looking forward to life experiences, no matter context
- **Learning** – a life examined with detail, compassion, hope
- **Love** – relationships bring meaning, negative/positive, connection and belonging
- **Wisdom** – living brings expansion, understanding and a reframing or bracketing of experiences and challenges
- **Physical, mental, emotional, spiritual**

23

WHY DO YOU THINK WHAT YOU THINK?

- EXPLORING YOUR OWN STEREOTYPES
- YOUR BIASES AND BELIEFS
- I KNOW?
- YOUR OUTER LEARNING JOURNEY?
- EMBARKING ON YOUR INNER JOURNEY

n is the process of thinking about one's own thinking and learning.



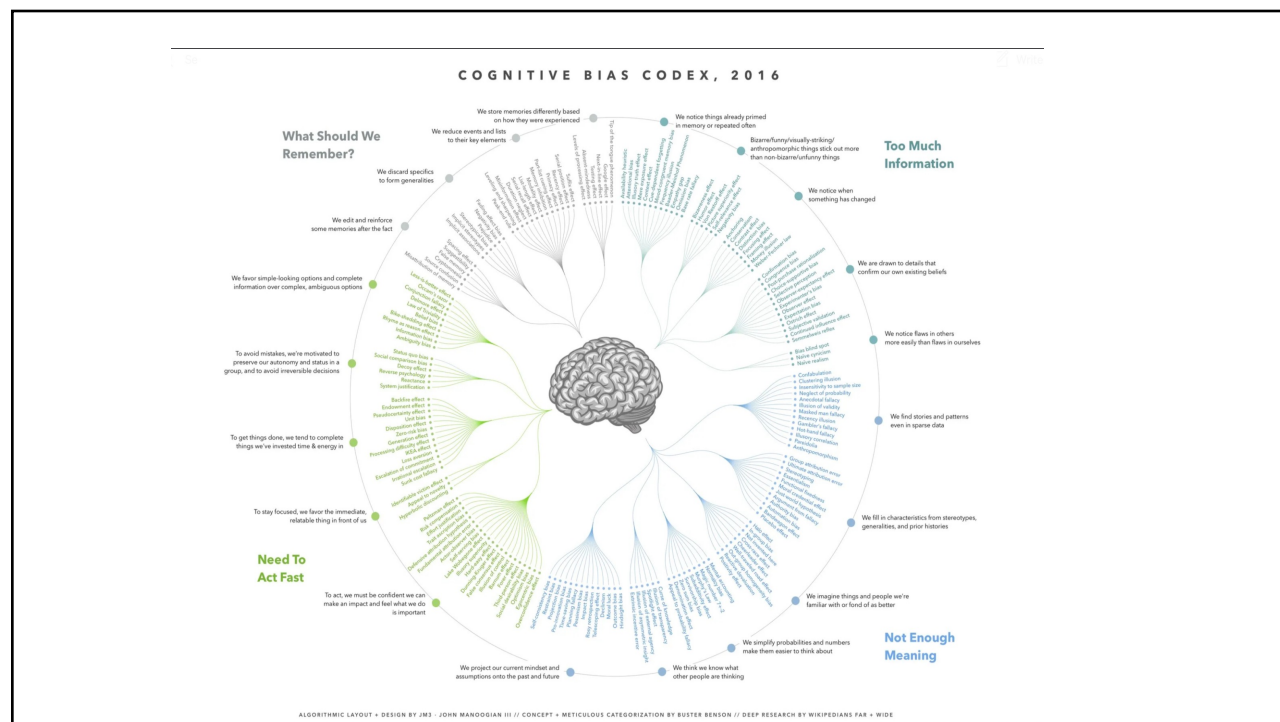
24



What are biases and why do they matter?

- **Anchoring** bias – we get stuck on the first idea that comes to mind.
- **Availability** bias – we judge on what info comes easily to mind
- **Confirmation** bias – we find evidence to support our beliefs
- **Status quo** bias – the way things are is the way they are supposed to be
- **Blind spot** bias – the inability to see our own biases!
- We do these things to fit into our group, the people we want to think us reasonable and good – no matter the consequences.

25



26

What are our Elders looking for in us?

- The stories the Elders tell prompt us to step outside of our own pain and enter deeply into the experience of another.
- We find compassion through experience, but it takes experience for us to understand and fully embrace compassion.
- Their stories seek to illuminate the “why” and encourage us to listen deeply to the wisdom inherent in traditional lifeways as we work to live fully into our responsibilities, build discipline, and take concrete and productive action...

27

We are promoting a return to the teachings or what we also refer to as the ‘Wise Practices’ of our ancestors...

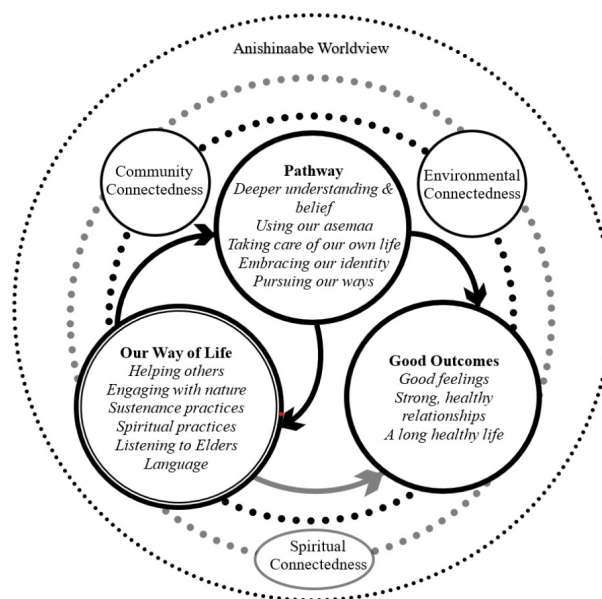
“What I’ve learned from the old people is that our food has always healed us, it’s healed every aspect of ailments, even the psychological ones,” says Elizabeth Moore, about why traditional food in hospitals is so important in Haida Gwaii.



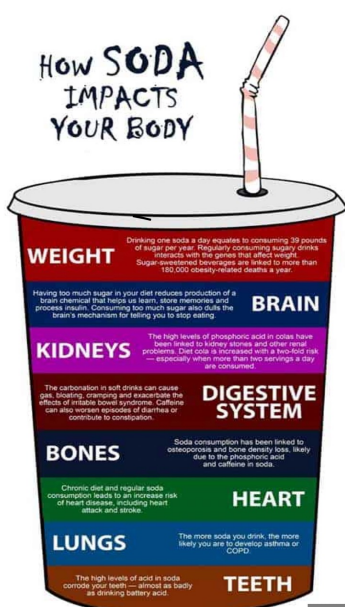
28

Indigenous Determinants of Health according to Elders conceptualizations

These examples are not right or wrong conceptions – they are an expansion of the way our people have thought of or now think of health care and how we express cultural safety, humility and intelligence about the people we care for and the cultures we encounter along the way!

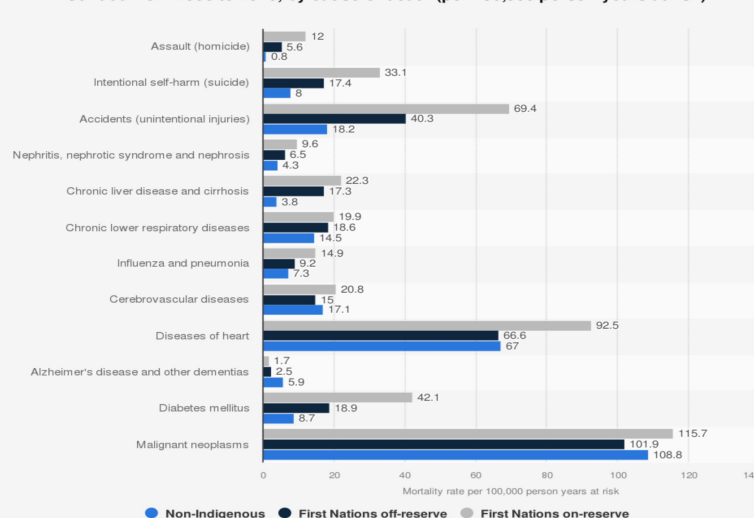


29



502 x 960

Mortality rates among First Nations living on- and off-reserve and non-Indigenous in Canada from 2006 to 2016, by cause of death (per 100,000 person years at risk)



Sources:
StatCan; Expert(s) (Jungwee Park)
© Statista 2022

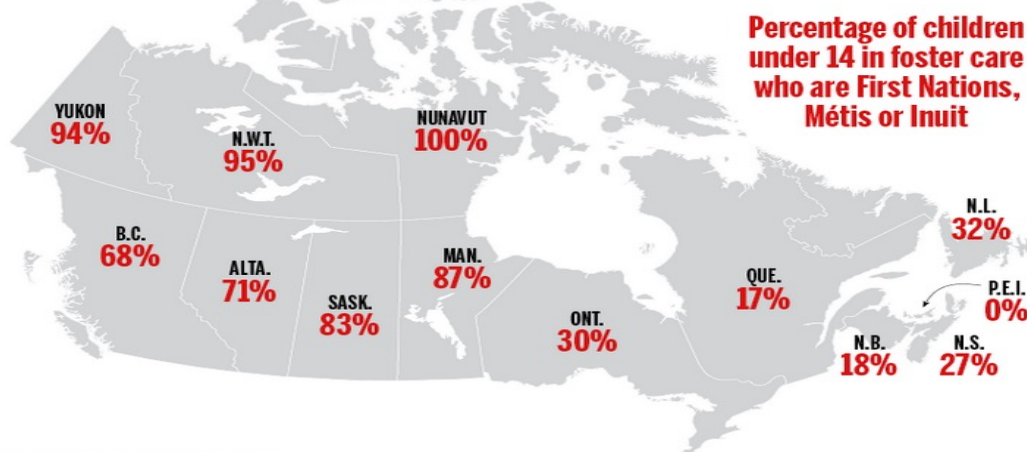
Additional Information:
Canada; StatCan; Expert(s) (Jungwee Park)

statista

30

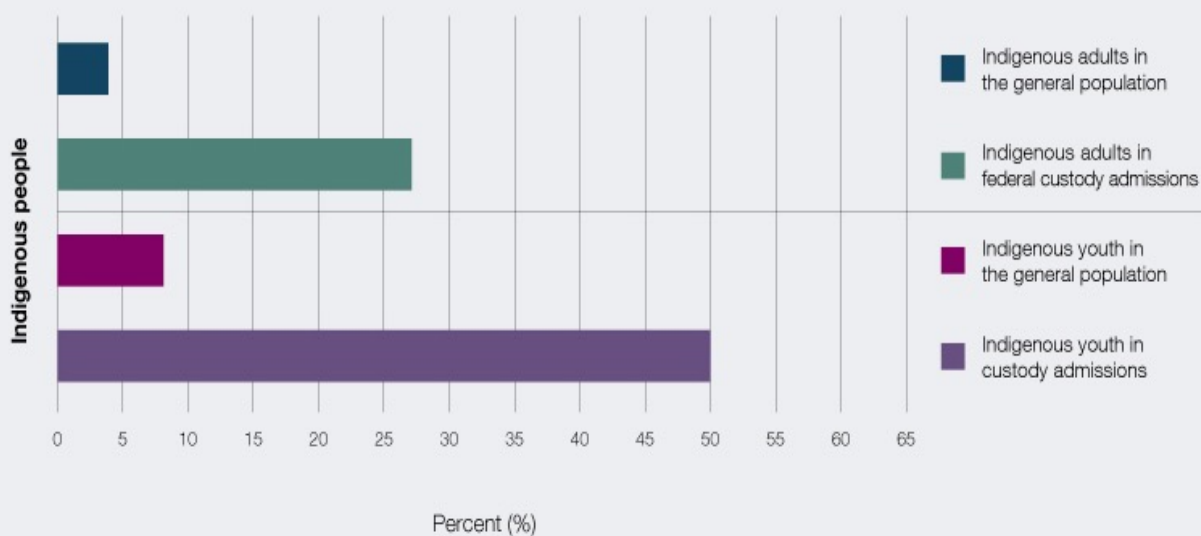
Caught in the system

Indigenous families make up 8 per cent of Canada's population, but First Nations, Métis and Inuit children are disproportionately more likely to be in foster care



31

Indigenous overrepresentation in custody



32

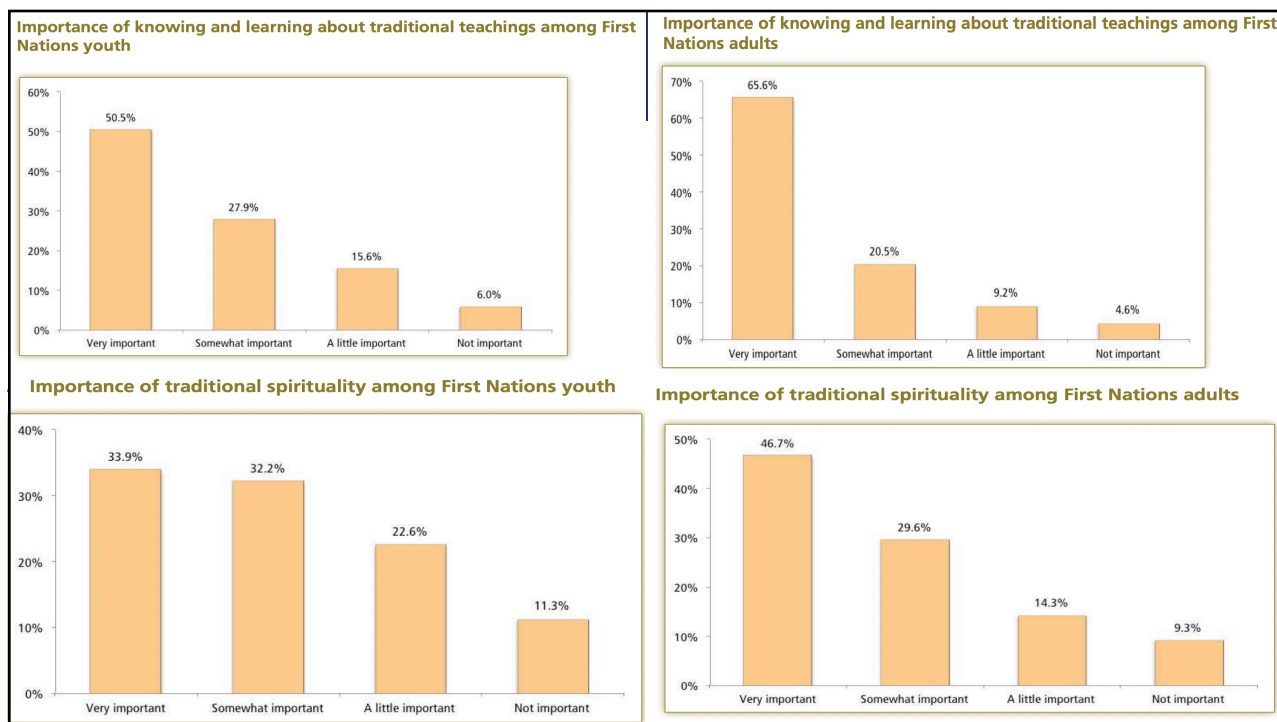


There is a strong movement towards relearning...

- Traditional Foods and Medicines – a recentering?
- Impacts of technology?
- Impacts of addictions?



33



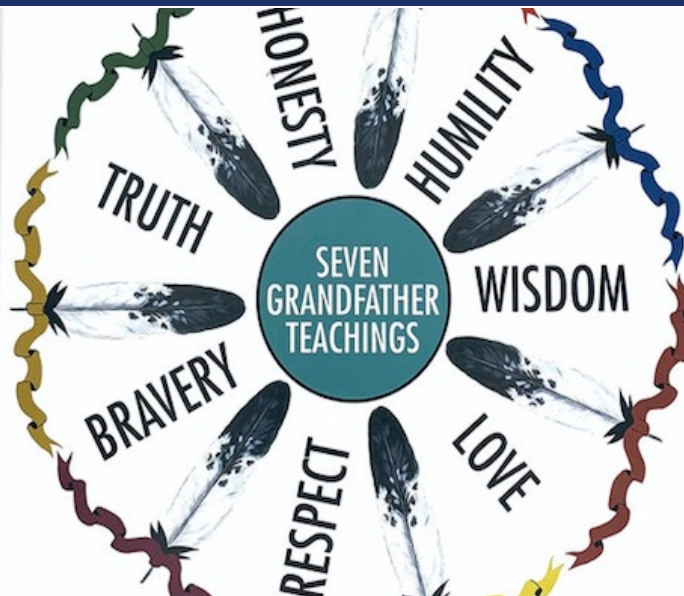
34

15 Minute BREAK

Group discussion on Traditional foods, contemporary diets, connections to child welfare, incarceration, learning and healing

35

The Seven Values or Sacred Teachings – Grandfather/Grandmother



36

The Seven Values or Ancestral Teachings

ZOONGIDE'EWIN (COURAGE/BRAVERY)

- We embrace change with COURAGE and will take healthy risks for the collective good.
- We are clear on our shared objectives and our limitations.
- We support innovation within our values framework.
- We are not afraid to challenge a conventional diet and begin an elimination process of hyper-processed foods and caffeinated, soda, and other unhealthy liquids.

MANAAJI'IDIWIN (RESPECT)

- We have RESPECT for everyone at all levels, including ourselves.
- We carefully choose the words we use to describe ourselves and those around us.
- We give time and space to elders and knowledge keepers in our lives, so we are guided in our return to the teachings and can reinstitute wise practices in food security, governance, health care, and child and family well-being.

37

The Seven Values or Ancestral Teachings

DABASENDIZIWIN (HUMILITY)

We show HUMILITY by acknowledging we are not better than anyone else and seeing the value of everyone's gifts.

We value and leverage the perspectives and expertise of all people.

We appreciate our gifts but do not lift them above others.

We speak words of kindness no matter the age, culture, or gender of the recipient we are addressing.

GWAYAKWAADIZIWIN (HONESTY)

We show HONESTY by accepting who we are, knowing when we need help, by admitting & correcting our mistakes, and being responsible for our actions.

We feel safe to share our mistakes and seek input about potential solutions from our family, friends, and colleagues.

We know we are not perfect.

We do not define ourselves by our hurts, and we recognize we are not the only ones who have been harmed.

38

The Seven Values or Grandfather Teachings


DEBWEWIN (TRUTH)

- We speak only the TRUTHs we know and will be sincere in all we say and do.
- We admit when we are not sure and seek clarification from others before making assumptions.
- We understand our perceptions and interpretations may be faulty and seek to not judge without asking first for clarity.
- We know there are more truths than our own, and do not judge anyone for their truths.

ZAAGI'IDIWIN (LOVE)

- We LOVE and care for each other with kindness and compassion.
- We recognize when someone is having a difficult day and ask how we can support them at work or at home.
- We ask what love would do when faced with a challenge.
- We understand humanity as seeking love, inclusion and acceptance and offer love over exclusion or hatred.

39



The Seven Values or Grandfather Teachings

NIBWAAKAAWIN (WISDOM)

- We value and share our own WISDOM and see and recognize the wisdom of others.
- Our conversations invite participation of all in creating solutions.
- We encourage and grow our expansiveness and deep listening ability – we listen to the natural world and natural law and adjust our lives to offer respect.

40

Wisdom
Transforming
policy and practice

The Seven Values or Grandfather Teachings

- Arriving at an expansive and inclusive view of the world.
- These teachings and stages are not exclusive or final and each one has something that enhances and illustrates the others – they are launching points!
- In order to understand the underlying principles of wisdom, we look at wise practices, those things Indigenous peoples have done for millennium that continue to have good utility today.
- It is important to understand how these values can be expressed as tools for change, where they might impact community mores, and how they potentially transform unhealthy behaviours in First Nation, Metis and Inuit communities today, and the rest of Canadian society.
- We might also ask how they can move medical practices and primary care into a collaborative and inclusive experience.

41

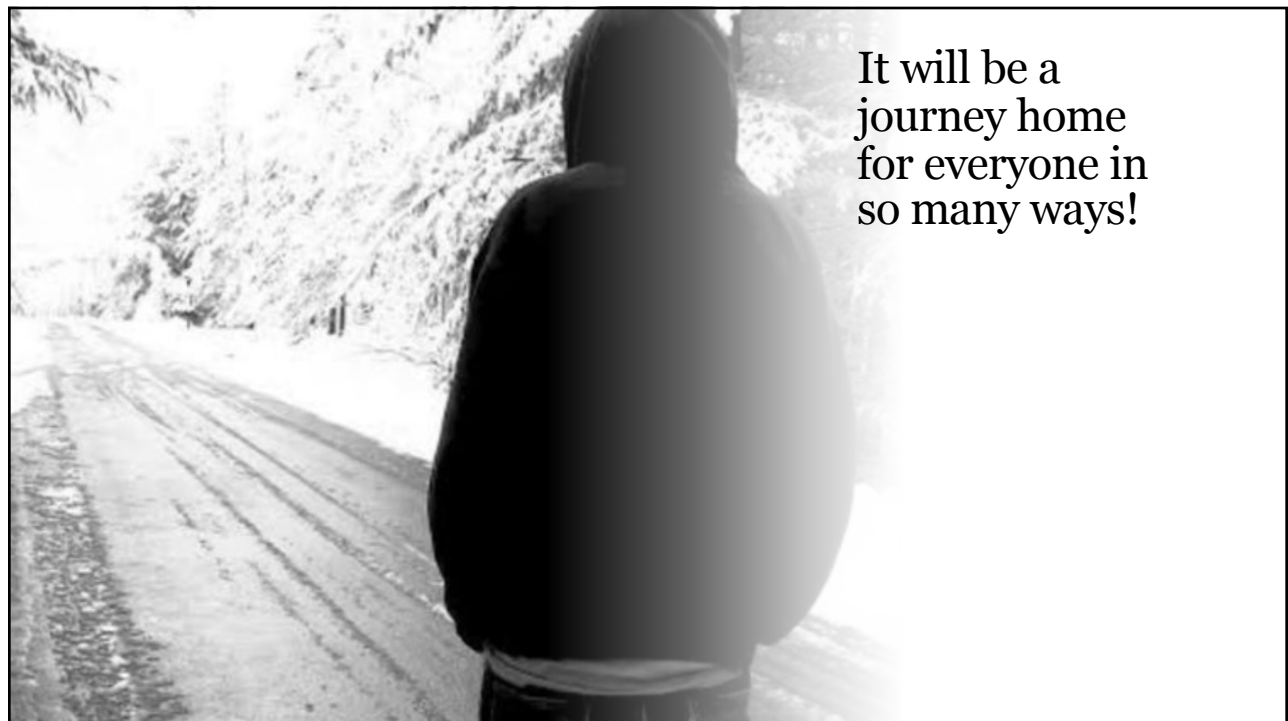


5-minute BREAK and then group discussion

42



43



44



45

The Trickster MANIFESTO

Trickster is UnSettler and Upsetter
Border-crosser and Broadcaster
Freedom Fighter, Graffiti Writer
Transgender, Crossdresser
Shapeshifter,
Transformer, Transgressor
Moneymaker and Bootyshaker
Great Imitator, the Deceiver
Hellraiser and Peacemaker
Fire Chief and Fire Thief
Player, Breaker, Dancer, Faker
Creator and Bricoleur
Gambler and Entrepreneur
Trickster is always on the move

Butt, Danny; McGregor, Hemi; Robertson, Natalie, The
Trickster Manifesto, for Trickster (UnSettler) IntraNation
Block 2, Banff, 2004

Suggested Reading:

ADOPTION, FOSTER CARE AND AGING OUT

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LAND AND WATER RIGHTS

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www.canadianroots.ca or on YOUTube

The Impacts of Historic Trauma and Intergenerational Grief on Indigenous Populations of the Americas

The following briefly outlines the history of European impact on Aboriginal people on this continent and the long reaching effects of the following traumatic impacts:

- 1) **Physical:** associated with the **first stage** of contact and the beginning of colonization (**cultural transition**) with the introduction of infectious diseases that decimated Indigenous populations and resulted in an intergenerational and culturally propagated (endemic) form of complex post-traumatic stress disorder;
- 2) **Economic:** associated with the initial stages of colonization (cultural transition) and a violation of Native stewardship of land and forced removal of people from their natural habitat and life ways;
- 3) **Cultural:** associated with the **second stage** of colonization (**cultural dispossession**) and the wave of Christian missionization intended to bring about religious transformation and cultural destruction through prohibitions imposed on the expression of Aboriginal culture and belief systems;
- 4) **Social:** associated with the second stage of colonization (cultural dispossession) and the stages of Aboriginal displacement through colonial settlement, which brought alien social structures, introduced non-traditional coping mechanisms and silenced “knowledgeable subjects” within the Aboriginal population; thereby, damaging families, altering gender roles, authority and diminishing cultural values and mores; and
- 5) **Psychological:** associated with the **third stage** of colonization (**cultural oppression**) and the marginalization of Aboriginal people, as their social selves became largely diminished and impoverished. As well, any perception of control that they had over their lives became reduced and badly undermined and, ultimately, placed perceptions regarding locus of control onto the colonizers.
- 6) **Spiritual:** associated with the **third stage** of colonization as well, (cultural oppression), but moving strongly towards a fourth stage (and sacred) of Cultural Reclamation and Revitalization, as their spiritual and social selves experience a florescence and rejuvenation through what Rupert Ross has aptly termed, “a return to the teachings.”

Each of the first **five areas of impacts** has represented very important considerations in the riddle of continuing disequilibria and cultural dis-ease in Aboriginal communities across the country. We are still being affected by these **three stages** as they are passed on inter-generationally, but have been able to focus more definitively on the third stage (**cultural oppression**) as Aboriginal populations have learned how to access and identify the effects of psychological trauma in their histories, cultures, and day by day experiences and (re)create possibilities for healing.

I am now writing the foundations and framework of a **sixth area of impact** (spiritual) and a **third/fourth stage** (cultural reclamation).

The Spiritual: can be associated with a fourth stage and a process of (de)colonization (**cultural reclamation**) and the embodiment (learning through a “social body”) of the restored cultural habitus. The process of regaining this habitus allows for the revitalization and **‘victorizing’** of Aboriginal people as their social and cultural selves are being reclaimed. The locus of control shifts back to the people where self efficacy and determination is generated and sustained.

The restored habitus (as a set of disposition and embodied knowledge of the social and cultural self) is going to be passed to the next generations in the same way as the historic trauma was.

An ongoing educational process must be undertaken to build a fuller understanding of how we came to be where we have been, and where we presently are in terms of each of the six stages. Each stage continues to be relevant and active today to both Aboriginal peoples and the Canadian state.

This exploration of the past is not to create another mechanism for blame, a displacement of responsibility, or separation from the reality of experiences that are generated between our/and “other” within an historical, political or contemporary context.

Habitus: Pierre Bourdieu’s term: a set of dispositions that the body (including a social body) learns and can use given the right social context. Our social relationships create habitus. How a particular group of people carry themselves provides other people with an understanding of who they are. These behaviours are the product of embodied knowledge and fully transmissible to next generations.

Wesley-Esquimaux/Smolewski (2004)

HISTORIC TRAUMA

Overview of the model

In the model of Historic Trauma Transmission Wesley-Esquimaux and Smolewski propose, traumatic events in the Aboriginal past have implications and consequences for how Aboriginal peoples function, both culturally and socially, in the present. In this model, symptoms of social disorders exhibited in the present are not caused by the trauma itself. Instead, the memories and images of traumatic events that happened in the past are being passed from generation to generation, disrupting adaptive patterns of behaviour and diminishing social efficacy.

In this model, traumatic events that accompanied the process of colonization and assimilation of Aboriginal peoples have been grouped into four categories, depending on their area of impact. These include physical impacts (introduction of infectious diseases and their consequences), economic impacts (such as forced removal of people from their natural habitat and changes in subsistence patterns), cultural/social impacts (such as changes brought by missionization, changes in social structures and cultural norms), and psychological impacts (including changes in perceived locus of social control – decision making capacity).

The model suggests that images and memories of those traumatic events were passed to next generations through various modes of transmission, such as cultural (story telling), social (types of parenting or interacting), psychological (memory processes and self-expression), or even biologically (hereditary predisposition to Post Traumatic Stress Disorder

(PTSD) because as research has shown, the latter can be a reliable mode of transmission. With time (and with each generation), these images and memories of suffering have become selectively distorted and not-fully remembered, however, they are still there, even if people may not be fully aware of their overpowering presence.

It has been documented in social research that people who are haunted by memories and images of suffering (even unconsciously) are prone to developing social disorders and maladaptive social patterns that have various manifesting symptoms. This is because **it is how they remember, and not necessarily what they remember**, that has continuing effect. These symptoms may include neglect of self and others, domestic violence, sexual abuse, or even suicide. So, generations of people who have never experienced actual trauma, having memories of trauma passed from their parents' grandparents' or great grandparents' generations, may develop maladaptive patterns of behaviour and maladaptive symptoms of social disorders. These patterns and symptoms can be passed to their sons and daughters through the same modes of transmission as the traumatic memories were. At this point we can talk about an inheritance of socially learned maladaptive behavioural patterns: addictions, helplessness, neglect.

This pattern keeps perpetuating itself: a mother who listens to her mother's stories of sadness and grief, or experiences her grieving or self-destructive behaviours, learns how to feel hopeless and helpless, without experiencing the trauma herself. Her friends and peers respond to the same stories. They can become depressed, angry, frustrated. They can stop believing in themselves, their friends, their community, and their future.

They may drink, they may take drugs, cry, or complain a lot to mentally disassociate themselves from cumulative, albeit unconscious, painful memories, to feel something else - not just mental anguish - and to belong to a group, any group with clearly defined boundaries that share one's meanings, one's understanding, one's world: it is a plea for living on one's own terms. It is a desperate attempt to regain self-control: "I can do what I want to my own body, to my mind, to my memory, to myself; I am making a choice, I have control". This veiled resistance is an attempt to define limits and set boundaries of the social self – a final frontier worth pursuing when "The Other" takes all other frontiers. Their partners go through the same process of despair. Domestic violence erupts. Their children learn about hopelessness and helplessness from their parents. They live historic stories of sadness, grief and violence, they experience sadness and grief frequently, and they will tell (model) the same stories to their children. This vicious circle, or what Wesley-Esquimaux and Smolewski call: the nexus of past loss and present grief; does not stop.

Or does it? In the present time, many things are happening in Aboriginal communities. Wesley-Esquimaux and Smolewski call these social and cultural occurrences - "enlightening events". Aboriginal peoples are revisiting their past, making connections between the traumatic events from the past and all the disruptive social behaviours in the present. They are becoming more aware of their memories of suffering. They understand the meaning behind the images of loss and grief. They are revitalizing their political, social, and economic spheres. Their participation in a collective enterprise of bringing wellness to their communities is creating positive changes. Good things are happening to people and communities more and

more often. And one by one, these good experiences are serving as competent guides for how to conquer the future. When these experiences accumulate, people feel more competent, empowered, rejuvenated, and ready to participate in life.

These very images of “enlightening events” and successful attempts to regain control can and will become embedded in social memory and, as such, they will be passed to next generations who will be able to self-heal and reclaim their spirituality and their culture, breaking through the nexus of loss, grief, violence and sadness. Using their reclaimed culture as a “healing tool”, they will foster community renewal and re-forge their identity and place within the wider Canadian society. Young people today are already breaking the chains that have bound Aboriginal people across this entire country to loss and grievance, they are learning to reclaim a “locus of control” in their own lives, they are choosing education, and they are choosing a future crafted by their own wit and intelligence.

However, they are also very hungry for the truth and for a clear understanding of the past. “Who are we?” they ask, and it is up to us to ensure they know fully and truthfully. We hold those truths, each one of us, and we hold the ability to make or break the next generation by our own actions and words. If Aboriginal peoples cannot unify themselves and their sense of purpose as a people in this world; they will continue to struggle to find their way. If we cannot gracefully talk and walk the seven values together, we will be denying our children the guidance that will ensure they never forget who they are, where they have come from, and where they may go ... We can start the journey today...Cynthia...

Adverse Childhood Experiences Revised Questionnaire

California Surgeon General's Clinical Advisory Committee



Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom.

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	
Did you lose a parent through divorce, abandonment, death, or other reason?	
Did you live with anyone who was depressed, mentally ill, or attempted suicide?	
Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	
Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	
Did you live with anyone who went to jail or prison?	
Did a parent or adult in your home ever swear at you, insult you, or put you down?	
Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	
Did you feel that no one in your family loved you or thought you were special?	
Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	
Your ACE score is the total number of checked responses	

Do you believe that these experiences have affected your health? **Not Much** **Some** **A Lot**

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.