Medicine Wheel Surviving Suicide-Strengthening Life Bundle

by

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A thesis submitted in conformity with the requirements for the degree of Doctorate of Philosophy

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Abstract

The Medicine Wheel Surviving Suicide-Strengthening Life Bundle (2016) responds to the disproportionately high number of completed and attempted suicides in Aboriginal communities (past, present and anticipated future) and the need for advancing traditional knowledge as a sustainable long-term community centred approach that demonstrates strengthening life promotion as the wholistic lens to address the complex issue of suicide.

Traditional knowledge gathered through literature reviewed, oral teachings and stories is the central component of this research study that spans over a decade, building on foundational traditional knowledge and teachings that informed the Medicine Wheel praxis in *Finding Our Way - Culture as Resistance to Suicide In Indian Country* (Danard, 2005). This research study is my contribution to the (then) Indian Affairs Minister Bob Nault who said, attempt[s] to tackle the suicide problem haven’t worked, and he was open to suggestions from ‘Anyone who will give us some recommendations about how to deal with suicide’ (Hicks, 1999).

Developing the research study from a social justice education lens applying traditional knowledge methods and methodology examines the relationality of transforming traditional
knowledge context into practice to enact systemic change at the community level and further Chandler and Lalonde’s (1998) findings that list cultural continuity factors as a ‘hedge’ against suicide, including self-government, land claims, education, health services, cultural facilities, child protection, women in leadership and police/fire services.

Every generation has their challenges, past generations have survived colonial expansion and cultural genocide such as residential schools, the sixties scoop, the Indian Act, loss of identity, Bill C-31, alcohol and drug use, loss of language, and dispossession and forced removal from traditional land base and territories (AFHJSC, 1993; AHF, 2007; Duran & Duran, 2000; Chrisjohn & Young, 1997; Antone & Hill, 1992).

From an Anishinaabe researcher location and way of being Anishinaabe, this research study is my recommendation for surviving suicide – strengthening life as one of this generation’s challenges that requires “retracing” our ancestral knowledge (Benton-Benai, 1988) and gathering traditional knowledge to mobilize culture as resistance to the survival of suicide (Danard, 2005) and ultimately “survivance” (Vizenor, 1999) of this generation and coming generations.
Acknowledgments

To the parents, families and loved ones of those who have taken their own lives, and those individuals who live not fully knowing they are a gift of Creation and necessary to the future survival of our communities.

To my children who have experienced loss, and my extended family and community.

My grandparents, Albert Wilson (Memaageegaabo-iban) (1913-1967) & Annie Wilson (Bebaamichiwebiik-iban) (1925-2013) with your guidance I was able to complete this work.

Dr. Jean Paul Restoule for trusting in tobacco as a research methodology.

Dr. Deborah McGregor and Sue Chiblow for putting into practice traditional knowledge approaches ensuring TK continues to be valued as a significant knowledge base.

Tara Chadwick for reminding me that we each work with the Spirit on our own paths and in our own time and those who challenged me to find strength on my own path.

The Elders and Traditional teachers, guides and leaders for change who shared and supported this work.

Gertie Beaucage who shows by example we can make a difference using traditional knowledge approaches working within our communities.

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1. Seeking Mino Bimaadiziwin

Foreword

I acknowledge the many Nations individuals, families and communities who are suicide-loss survivors and suicide attempt survivors directly and indirectly. This research study is a qualitative research approach that engages my location as researcher through participatory contribution that promotes and strengthens our future generations mino bimaadiziwin and pathway towards life using traditional cultural knowledge mobilized through a medicine wheel praxis.

My understanding is the Ojibway word “mino bimaadiziwin” generally means all the visible and non-visible parts coming together for a good life. To fully understand mino bimaadiziwin, a human being must be able to experience the coming together for a good life as a limitless verb, both objective and subjective existing inside and outside the lived experience individually and collectively. This totality of the lived experience through mino bimaadiziwin, therefore, is actualized in any present moment, in any present situation for each lived generation and is deeply carved in the memory and culture of the language, and the people who inhabit this language, past, present and future.

Through knowledge sharing and learning, the research intends to build the capacity to mobilize traditional knowledge approaches (life bundle) through the medicine wheel praxis as the foundation to life promotion/suicide prevention, risk management/ crisis intervention, post-intervention/supportive resources with consistency in promoting stability and sustainability.

The value of traditional knowledge and wholistic frameworks is essential for “[o]ur people [to] use our energy, power and abilities in ways which support and benefit our families and communities...to overcome internalized colonization and to reach mino-pimatisiwin” (Hart, 2002, p. 32-33).
1.1 Introduction to My Traditional Knowledge Research Approach

“Living your life, seeking knowledge is research”  
*(Traditional Healer Langford Ogemah, personal discussion, 2008)*.

The Medicine Wheel Surviving Suicide-Strengthening Life Bundle research study required a traditional knowledge theoretical framework approach (Absolon & Willet, 2004; Peltier, 2012; Smith, 1999; Wilson, 2001, 2008) to “validate and confirm Indigenous ways of knowing, ways of being, and ways of doing” (Steinhauer, 2002 as cited in McGregor, 2012, p. 20). Therefore, “My Traditional Knowledge Research approach” shows the relational process of “living research” and being Anishinaabe translating traditional knowledge as the embodied context of the Medicine wheel praxis (Fig. xii) to inform the practice of a Surviving Suicide - Strengthening Life Bundle.

This relational embodied process of “living research” aligns with “biskaabiiyang” (return to oneself) methodology that engages the evolution of Anishinaabe ways of knowing, ways of being and ways of doing within Western academia. Cajete (2000) explains the “idea of evolving, or changing through generations is part of Indigenous thinking” (p.36) and describes that,

Native people are aware of evolving and their places in these worlds...[b]ut ‘evolution’ in Native thinking should not be understood in the Western way. Native people created their stories and explanations of how things came to be. Their origin stories are predicated on, above all, their own experience, specific to a particular place on Earth, but also from their own particular viewpoint. The same can be said for every culture that has ever existed, including Western culture. Thus, the various origin stories known throughout the world can be traced to a particular people living in or within a particular place. (p.37)

From this lens of “Native thinking” (Anishinaabe-Inendamowin), “My Traditional Knowledge Research approach” evolves traditional knowledge context and practice with relational thought to advance knowledge and understanding of origin stories, traditional teachings and ways of knowing (Anishinaabe-gikendaasowin), ways of being (Anishinaabe-Inaadiziwin) and ways of doing (Anishinaabe-Izhchigewin). This evolution and “return to oneself” is described by Geniusz (2009) (as cited by Geniusz, 2012, pp. 7-8) as biskaabiiyang methodologies, which is not simply knowledge but Anishinaabe-gikendaasowin, which is our own knowledge, given to us by our ancestors and the spirits. We are not simply
talking about ‘culture’, we are talking about ‘Anishinaabe-izhitwaawin,’ our own culture and teachings, which include portions of our history…

The title ‘Biskaabiiyang’ describes the process that an Anishinaabe researcher must go through in order to become decolonized and conduct research that will be meaningful to him or herself and other Anishinaabeg. The verb biskaabii means to ‘return to oneself’ (Geniusz 2009, 9, 192). When conducting Biskaabiiyang research, one must examine one’s teachings and worldview as if one can see one’s back by looking around the entire globe. (p.8)

“My Traditional Knowledge Research approach” (Figure i)

“My Traditional Knowledge Research approach” (Fig. i) is “biskaabiiyang” process and, summarizes the core relationships and multi-relational traditional knowledge as a sustainable system that is not linear, but rather originates from the Creation story (original relational being) as an ongoing and evolving methodology and. Traditional knowledge is shown at “the heart of the people” that informs the Medicine Wheel praxis for mobilizing community approaches to constructing a surviving suicide-strengthening life bundle. My approach thrives to demonstrate the “inherent and intrinsic on-going evaluation” process for advancing traditional knowledge as “living research”, and that “all parts are the whole” exist within the unlimited continuum of traditional knowledge in any place, one’s lived experience and agreed upon reality, and the relational experience of past, present and future generations. This translation of traditional

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knowledge into research inquiry is not to produce a singular theory or “measure of truth” of the whole world way of life for Indigenous people, or create polarized theories “in which Western research is characterized as inherently ‘bad’, and Indigenous research is characterized as inherently ‘good’” (McGregor, 2012, p.20).

This research study simply intends to respect knowing and understanding that, “[w]hen Native Elders want to make a point they do not contradict or argue things out as we would [western science tribe]; they tell a story and leave their audience to make the necessary connections and understand how the story illustrates and illuminates the issue in question (Peat, 2002, pp.72-73). As Shawn Wilson (2008) further explains, “there is no one definite reality but rather different sets of relationships that make up Indigenous ontology” (p.73).

The following intersecting relational contexts are the core relationships of “My Traditional Knowledge Research Approach”;

- The location of the researcher, through story, that acknowledges the respectful manner to locate and introduce oneself. This demonstrates “respectful, responsible and reciprocal” research, (Weber-Pillax, 2001; Wilson, 2008; Wilson, 2001) (as cited in Peltier, 2012, p.32). It also provides the traditional cultural teachings that inform the research study.
- Indigenous Research Paradigms
- Teachings and living knowledge of The Seven Directions (above, below, the centre, east, south, west, north)
- Following the guidance of traditional teachers and knowledge keepers such as Annie Wilson (iban), Pauline Shirt, Jim Dumont, Jean Aquash, Gertie Beaucage, John Rice, Hector Copecog, Eddie Benton-Benai, Grafton Antone and others either in personal discussion, teaching sessions or written literature reviewed.
- The Medicine Wheel teaching (Vision, Relationship/Time, Ways of Knowing both reason and intuition, and Action) (Fig. ii) as presented by Peter O’Chiese (-iban), Three Fires Society

2 “Indigenous Research Paradigms” from literature reviewed in the Anishinaabewin conference publications held in 2012 and 2013. These conferences were a forum for knowledge sharing bringing together “Anishinaabe Elders, Grandmothers, Grandfathers, youth, scholars, artists, singers, storytellers, poets, traditional teachers, dancers, and musicians to share their knowledge and experiences” (Corbiere, McGregor & Migwans, eds, 2012, p. ix).
Eastern Doorway Chief Jim Dumont and Elder Gertie Beaucage. This Medicine Wheel teaching is described generally in the following,

The Medicine Wheel teaching (Figure ii)

<table>
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<td>Connects with Relationship and Time as actions impacts on the past, present and future through our choices (free-will). It also provides opportunity to evaluate our choices and actions through life-long learning.</td>
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<td>Intersects with vision and puts Ways of Knowing into a plan of action.</td>
<td>Connects to Ways of Knowing through original teachings and Creation history</td>
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<th>Relationship/Time</th>
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The relational concept of time and space (the past, present and future all at once) in which the future is behind us (those following in our footsteps) and the past (is what is seen ahead) as we follow in the footsteps of our ancestors.

- Anishinaabe Ontology that includes ways for mino bimaadiziwin to flow from the Original teachings and Creation history, to the present and into the future to strengthen life.
- Anishinaabe Epistemology that includes knowing mino bimaadiziwin through the Seven Directions of Kendasswin (knowledge) including: Bzindamowin (learning from listening to cultural stories); Anishinaabe – Kendasswin (attaining traditional knowledge through ceremony); Manidoo-waabiwin (seeing in a spirit ways of knowledge gained through spiritual events such as, dreams, visions, or intuitions); Gnawaaminjigewin (empirical or scientific knowledge that comes from observing the world); Eshkakimikwe-Kendaaswin (land based knowledge); Kiimiingona manda Kendaaswin (Original Instructions); and Manidoo-minimendamowin (spirit memory) (Peltier, 2012, p.36).
- Anishinaabe Axiology that is founded on the value of medicine wheel teachings and traditional teachings such as the Seven Grandfathers teaching, the Seven Stages of Life and Life Purpose and the Western Doorway teaching.
• Understanding the Vision (East: Knowledge and Understanding) and ‘agreed upon reality’ of Creation history that is relevant to surviving suicide –strengthening life, and gives guidance to creating Life Bundles.

• Renewal of cultural foundations through relational being relevant to surviving suicide-strengthening life that intersects time (biidaaban – the past, present and future both physical and spiritual).

• Accountability and transparency to the community through methods of data collection and data analysis, community participation and engagement in creating Life Bundles. The methodology and methods are informed by the foundational traditional teachings, stories, and literature reviewed and lived experiences.

• The movement of the spirit through free-will through ways of knowing and lived experience to give value to creating Life bundles and provide opportunity for on-going evaluation through observation of the heart, mind, body and spiritual aspects.

These core relational intersections advance this research study to reclaim, reconcile and revitalize Anishinaabe traditional knowledge to mobilize culture as resistance to the survival of suicide and recognizes, “We are a momentary part of the ongoing creation of the universe, which continues to unfold in ever more complex expressions of cosmic process” (Cajete, 2000, p.54).

Importantly, this research study aligns with affirming traditional knowledge in continuous movement towards mino bimaadiziwin as the pathway to strengthen life as resistance to the suicide epidemic (auto genocide). Through this alignment, this research study is connected and interconnected to the “possibility of a sustainable future” as Cajete (2000) explains Thomas Berry’s, *Dawn Over The Earth: Our Way Into the Future,*

the possibility of a sustainable future is in tune with the truth of nature’s primal laws, because our images of the future are self-fulfilling. The images we create, the languages we speak, the economics we manifest, the learning systems we espouse, and the spiritual, political, and social order we profess must all reflect and honour interdependence and sustainability. If we live the images of hopelessness, that these are the final days, that all that matters is ‘me, mine, now,’ then these are the realities that we will bring about. Reading the signs of the

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times in broader ways and allowing the pain of the dysfunction they cause to come into us rather than running away and shielding ourselves are ways to begin to manifest a sustainable future. (p.54)

Through biskaabiiyang process, the core relationships and multi-relational traditional knowledge, the research study ultimately “returns to oneself” as the expression of ongoing creation, and “disentanglement” through awareness and “understanding of human beings as dynamic bodies ultimately cradled in the body of the world. We are the Earth becoming conscious of itself, and collectively, humans are the Earth’s most highly developed sense organ. In this sense then, ‘humankind is nature, looking into nature’ (Berry, 1991 as cited in Cajete, 2000, p. 55).

Translating relational traditional knowledge into qualitative research requires the relational being to insert oneself into “living research”, “…in order to access knowledge from a Nishnaabeg perspective, we have to engage our entire bodies-our physical beings, emotional selves, our spiritual energy and our intellect” (Simpson, 2012, p.45). From this whole engagement and relational understanding of traditional knowledge as “living research” is the origin of “My Traditional Knowledge Research approach”.

1.2 Some Language Terms

Although many of the Anishinaabe Terms have been described within the research study, the following terms will assist with several unfamiliar words or terminology,

- **Anishinaabe**: Original human being (plural Anishinaabeg, Anishinaabek)

- **Anishinaabe-gikendaasowin**: Knowledge (also kendaasowin) (Knowledge both reason and intuition)

- **Biskaabiiyang**: (return to oneself), Disentangling. “[A] type of decolonizing Anishinaabe research methodology” (McGregor & Plain, 2013, p.113).

- **Decolonization**: Returning to the Original Instructions and Original agreed upon Anishinaabe reality. “Forgiving ourselves for being colonized” (J. Rice, personal discussion, June 2015).

- **Genocide**:  
  The United Nations Convention on the Prevention and Punishment of the Crimes of Genocide (CPPCG) Article II defines genocide as any ‘acts committed with intent to destroy, in whole or in part, a national, ethnical, racial, or religious group.’ So even if there is no clear agreement that Canadian or U.S. governments tried to exterminate First Nations people, there is overwhelming evidence of many acts of genocide that were levelled against us since the first wave of immigrants landed on our shores right up until recent times (Gray, 2012, p.84).

- **(-iban)**: comes after the name of a person who has ‘passed on’ to the spirit world, as a form of respect for those who now experience the past, present and future all at once.

- **Medicine Wheel**: A medicine wheel is a circle that represents the interconnectivity and relationality of human beings and the natural world, it generally has four quadrants and can represent a variety of interconnected concepts.

- **Mino Bimaadiziwin**: Good life, forever life

- **Our**: The term ‘our’ refers to myself-identifying as Anishinaabe and ‘our’ as ‘my’ collective ways of being Anishinaabe.
1.3 Introduction to the Research

“...[t]here are many ways of describing the sacred ways of life of First Nations. The terms ‘traditional knowledge’ and ‘ways of knowing’ are used interchangeably. The word traditional is not seen as something old, but as something based in tradition.

Traditional knowledge is something created, preserved, and dispersed”\(^4\) (from Sacred Ways of Life: Traditional Knowledge, First Nations Centre at the National Aboriginal Health Organization, Crowshoe, 2005, p. 2)


Through knowledge translation it provides access to methodology and methods to mobilize

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\(^5\) Characteristics of Traditional Knowledge (TK) outlined in the Chiefs of Ontario, *Traditional Knowledge Primer for First Nations* (Danard, 2010) are;

- TK is given by the Creator,
- TK has both Spiritual and Physical aspects in balance,
- Interdependent,
- All of life has Spirit,
- TK has been passed down since time immemorial from generation to generation,
- Thousands of years old,
- Ensured community survival and sustainability - seven generations ahead,
- Diverse, Visions, Dreams, Songs, Prayer, Stories, Dance, Ritual/ceremony,
- Belief System,
- Relationships/Kinship,
- Cooperation,
- Qualitative,
- Traditional Knowledge is as important as western sciences,
- Observation, Experiential,
- “How I live”,
- Consensus,
- TK is a way of life. (‘this way of life’ is being lost i.e. language and traditions),
- TK follows in the footsteps of our ancestors and is realized in the future generations,
- Seven Grandfather Teachings,
- How people relate to each other,
- ATK is about thanksgiving and being thankful for knowledge and gifts,
- Culture based knowledge varies from community to community,
- Situated in a cultural context of place,
- In Language (p.10)

(See Appendix A for Chiefs of Ontario Traditional Knowledge Primer for First Nations literature review and Resource selection (works cited).
“tradition” in relation to history, identity, culture/language and practice as resistance to address the complex suicide epidemic (auto genocide) through an Anishinaabe suicide prevention/life promotion orientation.

From an Anishinaabe suicide prevention/life promotion orientation, traditional knowledge is the foundation at the heart of this research that connects,

- the Ontology (agreed upon reality through the Creation stories), “or the nature of our reality [based] upon relationships we have had in the past, present and future” (Peltier, 2012, p.35) beginning with our Creation stories. These Creation stories are the core value understanding of life, and “[our] Elders often say that if you know your creation story you know yourself because our creation stories tell of the creative process that went into the dreaming of this universe and the making of this universe. Our creation stories are the [hi]story of that dream and then that creative and artistic energy that went into everything we know” (Simpson, 2012, p.44). Significantly, “[t]he existence of the Anishinaabe people is based on the Creation Story which sets out the purpose of physical reality. It is believed that the Anishinaabe people received Original Instructions that are intended to guide people through life as well as provide strong prescriptions for the Way of a Good Life (Minobimaadiziwin)” (Peltier, 2012, p.35).

- the Epistemology (ways of knowing through lived experience of mino bimaadiziwin), as informed by teachings, observational learning and reflective relational thought. Mino bimaadiziwin is sovereignty in action demonstrating the power of culture as resistance to death by suicide (Danard, 2005).

- the Methodology (ways of doing through the expression of the Principles of Mino Bimaadiziwin and biiskaabiiyang process), and reflective interchange with the medicine wheel and wholistic praxis, as both method and methodology to identify the applicability of traditional knowledge in design, development and implementation of surviving suicide-strengthening life bundles.

- the Axiology (ethics or morals that guide knowledge acquisition through creative action of our spiritual and physical connection to our faith and belief in the natural laws, our connection to
Mother Earth). As the late Vine Deloria Jr. in the historical records, *The World We Used to Live In* (2006) states, “[i]f we can but see the possibilities that our ancestors experienced...we can recapture the reality of spiritual power for Indian people today” (p. xv).

The spiritual power of traditional knowledge or “ways of knowing” (Denzin, Lincoln and Smith, 2008 as cited in McGregor, 2013, p. 20) provides the ‘natural orientation’ for individual and communities to evolve ancient laws, traditions, systems of knowledge and inherent rights to extend our human right as Nations to express suicide (premature death) prevention from a life promotion framework. Maintaining traditional knowledge and worldview, according to Vine Deloria Jr. (1999) is one way we can transcend the half millennium of culture shock brought about by the confrontation with western civilization and, by leaving the culture shock behind become masters of our own fate again and determine for ourselves what kind of lives we want to live (p.153).

Intrinsically, traditional knowledge, within this research study, is not a constructed ‘theory’ in opposition to the power and control of the colonizer. Traditional (Indigenous) knowledge exists as the centre of foundational systems of observation, exploration and interconnected relationship of humans and other than humans within and with all of life, just as western knowledge systems (Danard, 2010) are within its’ own culture, stories and language (Smith, 1999). Cajete (2000) describes this Indigenous knowledge as ‘Indigenous or Native science’ (p.3), in which “Indigenous science encompasses all of the kinds of knowledge that are part of an Indigenous

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6 The Characteristics of Western Ways of Knowing are summarized as:
- Written,
- Abstract,
- Dominion,
- Fragmented,
- Analytical,
- Quantitative,
- Based on “Discovery”,
- Academics,
- Linear,
- Individual,
- Compartmentalized,
- Secularized from spirituality,
- Hierarchal,
- Impersonal and available for sale (Danard, 2010, p.11).
(See Appendix A for Chiefs of Ontario Traditional Knowledge Primer for First Nations literature review and Resource selection (works cited).
mind-set, which is essentially relational” (p.4). He further expresses the challenge to “provide a different lens through which to view Native traditions of science and technology” (p.4),

As it true of all lenses, what one can see depends of the clarity of the images made possible through the use of a particular lens. In the past five hundred years of contact with Western culture, Native traditions have been viewed and expressed largely through the lens of Western thought, language, and perception. The Western lens reflects all other cultural traditions through filters of the modern view of the world. Yet in order to understand Native cultures one must be able to see through their lenses and hear their stories in their voice and through their experience” (p. 4).

From this perspective, traditional knowledge is an experiential body of knowledge, unlike western knowledge systems, however, traditional knowledge systems occupy space (body and land) with and within all of Creation and which has never been surrendered. Traditional knowledge continues to occupy space that flows physically (natural law) and spiritually inward and outward from the “heart of the people”. This relational connection to the land and “profound relationship to the natural world” (Cajete, 2000, p. 4) is further described by Cajete (2000) as the relationship,

predicated on the fact that all Indigenous tribes - their philosophies, cultural ways of life, customs, language, all aspects of their cultural being in one way or another - are ultimately tied to the relationships that they have established and applied during their history with regard to certain places and to the earth as a whole. (p.4)

The primary focus then is on traditional knowledge that exists within its own system of knowing (Anishinaabe-gikendaasowin), being (Anishinaabe-Inaadiziwin), doing (Anishinaabe-Izhchigewin) and living mino bimaadiziwin. In being Anishinaabe, this research study is “living research” through mino bimaadiziwin, originating from the physical, mental, emotional and spiritual relationship with all of Creation and the Creation story as the continuous lived experience (past, present and future). Crowshoe in Sacred Ways of Life: Traditional Knowledge (2005) describes several of these intersecting relationships required to “maintain” traditional knowledge,

Lived experience [being] central to First Nations knowledge. It is part of how we make sense of, and share information. Storytelling is also a vital part of keeping our cultures alive. Teaching was done through stories passed on by Elders when there were no writing tools such as paper, pen, and pencil. Language is also a very important part of maintaining traditional knowledge (p.6).
The challenge of engaging traditional knowledge as “living research” with multi-relational non-linear contexts that intersect with the Medicine wheel praxis is that this knowledge generation is evolving, circular technology existing in continuance. David Abram in *Spell of the Sensuous* (1997) explains understanding this cyclical technology,

...understanding between the modern, alphabetized West and indigenous, oral cultures. Unlike linear time, time conceived as cyclical cannot be readily abstracted from the spatial phenomena that exemplify it - from for instance, the circular trajectories of the sun, the moon, and the stars. The [central hub of the medicine wheel] is precisely aligned (p. 189).

The precise alignment of this “living” research inquiry is not limited to one realm of experiences or one realm of experiences *in being Anishinaabe*. It is the collective gathering of knowledge generated from the origin of Creation, and experienced at this time, with the medicine wheel as Abram’s (1997) describes being the circular place that “enable[s] a person to orient herself with a dimension that [i]s neither purely spatial nor purely temporal..of that which to [linear thought] are two different dimensions, the spatial and the temporal (p.189),

space, for an oral cultural, is directly experienced as *place*, or as *places* - as a differentiated realm containing diverse sites, each of which has its own power, its own way of organizing our senses and influencing our awareness. Unlike the abstraction of an infinite and homogeneous ‘space,’ place is from the first a qualitative matrix, a pulsing or potentized field of experience, able to move us even in stillness. It is a mode of space, then, that is always already temporal, and we should not be surprised that oral peoples speak of what to us [western ways of knowing] are purely spatial phenomena as animate, emergent processes, and of space itself as a kind of dynamism, a continual unfolding (Abram, 1997, p.190).

In this multi-relational non-liner field of research inquiry, the Location of the Researcher is the alignment at centre of the the medicine wheel, translating and interpreting traditional knowledge into qualitative research and, generating knowledge that advances traditional knowledge to address the complex issue of suicide, yet cannot claim to definitively be the ‘solution’ to solve the suicide epidemic. This alignment is the sharing of knowledge and not the discovery of new knowledge, for this traditional knowledge is not “new”, it’s legitimacy evidenced by the history, identity, culture/language, traditions/practices in relation to all of creation.
1.4 Research Questions and Significance

I was called to assist a friend who had attempted to end her life. When I found out this was not her first attempt, I was deeply concerned, and wondered, “Where are the suicide support systems for Toronto First Nation peoples?” “Where are the suicide support systems for ANY First Nation peoples?” From initial inquiry at that time, there were no known specific cultural specific programs or services available in Toronto to address suicide attempts, or ideation. (Debby Wilson Danard, personal story)

This personal story is the genesis of the Medicine Wheel praxis (Fig. xii) as knowledge generated from original research in Finding Our Way - Culture as Resistance to Suicide in Indian Country (Danard, 2005) to answer personal questions and, further understanding “how will traditional knowledge advance suicide research to mobilize culture as resistance to surviving the suicide epidemic?”

By “living research” this research inquiry advanced to answer, “Is there applicability for traditional knowledge as the embodied context within the Medicine Wheel praxis (2005) to translate into the practice of a Surviving Suicide - Strengthening Life Bundle?”

From gathering traditional knowledge to engage this “living research”, the Medicine Wheel Surviving Suicide – Strengthening Life Bundle⁷ became the evolving circular technology, both abstract and material, advancing traditional knowledge to engage research that opens discussion about choosing life and surviving suicide.

It is an opportunity for traditional knowledge to be a recognized expression of Aboriginal history, culture, language, practices and identity to mobilize communities and Nations towards constructive self-determined approaches.

It is an occasion for the reader is to locate their own story within the research study and connect their understanding with the traditional teachings and cultural contexts, as Elder Grafton Antone, reminds us, “No one is an expert; we are part of the whole. All we are is facilitators for others to

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⁷ Life bundles described as the physical and abstract items that were given to Aboriginal people and that represented their way of living mino bimaadiziwin (good life).
uncover their own truths, as much as we can. We don’t know the truth for everyone else” (Danard Wilson & Restoule, 2010, p. 39).

Significance

“Research comes from within, what you want to learn. Our eyes are like batteries that contain all the information we need to interact with the world, what we ‘see’ inside and outside ourselves.”
(Elder Grafton Antone, personal discussion, 2008).

The Medicine Wheel praxis (Fig. xii) engages traditional knowledge as the foundational strength for community-based initiatives recognized as ‘best practices’ in the Aboriginal Healing Foundation Report (AHF) (2007) Suicide Among Aboriginal People in Canada that are; locally initiated, owned and accountable, the responsibility of the community (community driven), community collaborated and coordinated, child and youth focused, inclusive of family and community at the centre, wholistic, long term and inclusive of training and education (pp. 104-110).

Further, the Medicine Wheel praxis recognizes these ‘best practices’ through a continuum of care approach that includes,

i) Life promotion and Suicide prevention

ii) Risk Management and Crisis Intervention

iii) Post-vention and Supportive Resources

iv) Promotion of Stability and Sustainability.

As a framework, the Medicine Wheel praxis aligns with “development of traditional culture within the community” (p.9) that according to Kirmayer (2005) in the Assessment and Planning Tool for Suicide Prevention in First Nations Communities (NAHO, 2005), is a promising strategy important in suicide prevention,

Some of the promising strategies in suicide prevention include programs that are specifically focused on supporting the development of traditional culture within the community. Research seems to show that people with strong spiritual and/or religious beliefs of different kinds are linked with resilience and positive mental
health. Resilience is a protective factor in suicide prevention. Programs that include cultural and/or spiritual dimensions would seem to be important in suicide prevention (Kirmayer.L. et al. as cited in NAHO, 2005, p.9).

Significantly this research study intends to respond to the need to advance traditional (cultural and/or spiritual) knowledge to strengthen resilience as a protective factor in suicide prevention and promote pathways towards life. The significance of this research study is also,

- recognition and advancement of traditional knowledge and Indigenous worldview in a contemporary context, including academic research
- the applicability of traditional knowledge mobilized in community practice of surviving suicide-strengthening life bundles
- identification of broad wholistic approaches that engage whole community participation
- the capacity of “life promotion” to address risk indicators (i.e. stigma, secrecy, taboo (suicide spirit), shame, guilt)
- traditional knowledge transfer from context into practice, locally, regionally and internationally
- traditional knowledge experienced in present time rather than reference to the historical (past) events
- builds “evidence” (Aboriginal ways Tried and True 8) demonstrating traditional knowledge mobilization through mino bimaadiziwin to inform wholistic praxis as relevant within ever-changing societies.

Finally, the significance of this research is to bridge the “intercultural” gap reflected in the Truth and Reconciliation Commission of Canada: Calls To Action report (2015) and move towards expanding research perspectives on suicide and life promotion,

We call upon the federal government, in consultation with Aboriginal peoples, to

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establish measurable goals to close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services (p.3)

1.5 Methodology and Methods

To answer the question, “Is there applicability for traditional knowledge as the embodied context within the Medicine Wheel praxis (2005) to translate into the practice of a Surviving Suicide - Strengthening Life Bundle?” the methodology of the Medicine Wheel praxis informs the method to gather knowledge on the applicability of traditional knowledge in the design, development and implementation of the community surviving suicide-strengthening life bundle as a strategy to address the epidemic of suicide.

The cultural background information for the Medicine Wheel praxis is described in Chapter 6 of this research study. Through analyzing literature, and reviewing various suicide prevention and healing and wellness approaches that centres traditional cultural knowledge and documents and describes the medicine wheel teachings, the praxis is considered a promising practice (Aboriginal Ways Tried and True) for traditional knowledge mobilization that visions community sustainability, stability and survivance.

Methods

“Aboriginal people have to use what you have in your bundle to guide you. Tobacco is the bridge from the physical to the spirit. We need all three parts, mind, body and spirit” (Grandmother Pauline Shirt, personal discussion, 2008).

To understand the application of the Medicine Wheel praxis as a promising practice to inform community approaches to strengthening life, the following methods were used to gather knowledge and form themes through data interpretation,

1) Knowledge and learning gained from offering tobacco. This relationship of offering tobacco as a research method is difficult to translate, however, the provisions outlined in CIHR
Guidelines for Health Research Involving Aboriginal people (2007-2010)\(^9\), (archived 2010)

Section II – Ethical Principles of Aboriginal Health Research, 2.2 Sacred Space and Traditional Knowledge, Article 1 generalizes “kinship networks (including all plant and animal life)” and broadly includes the sacred relationship with tobacco and its spiritual / physical relationship to research.

Offering tobacco and talking to Elders as a research method is a practice shared by Cree researcher, Michael Anthony Hart in *Seeking Mino-Pimatisiwin* (2002), he states,

As best I could, I followed the teachings Elders shared with me during our visits. For example, I incorporated offering tobacco. Tobacco has been used by Aboriginal people for centuries as part of an exchange between two or more people, animals, spirits and/or the Creator. Usually one individual will offer tobacco when requesting or appreciating something. When requests are made, the individual who is offered the tobacco is free not to accept it, thereby indicating that he or she is not prepared for various reasons to meet the request. The inclusion of tobacco emphasizes that the exchange will be, among many things, honest, respectful and kind. This inclusion of tobacco coincides with mainstream ethical concepts such as confidentiality and the rights of individuals to participate or not. (pp. 20-21)

2) Knowledge and learning gained from participation as researcher through lived experience engaging Elders, Chiefs, teachers, advisors, knowledge keepers, role models, and keepers of stories and ceremonial practices. Knowledge gained through participation in traditional practices and ceremony guided the research to a deeper understanding of traditional knowledge as a sustainable long-term approach (Ways Tried and True) to surviving suicide- strengthening life promotion and survivance.

3) Engagement of the Medicine Wheel praxis to demonstrate the viability and adaptability of the praxis to identify themes that contribute towards transforming traditional knowledge into practice to enact systemic change at the community level, for the local Barrie Area Native Advisory Circle (BANAC) FNMI (First Nation, Métis, Inuit) *Community Wellness Suicide*

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Bundle (Danard, 2011) and their continued community approach through Feather Carriers: Leadership for Life Training pilot program, and the provincial organization the Ontario Federation of Indian Friendship Centres Strengthening Life through Water Teachings (Danard, 2011) Life Bundle.

4) Knowledge and learning gained throughout the research study and literature reviewed, concluding with a theoretical life review expressed as The Land as a Place of Healing (Chapter 8) in response to The Office of the Chief Coroner’s Death Review of the Youth Suicides at the Pikangikum First Nation 2006 – 2008. The Land as a Place of Healing connects the traditional cultural knowledge of the Medicine Wheel praxis locating the medicine wheel (at the centre of the community and land-base) further transforming traditional knowledge into life promotion as a wholistic approach to address the complex suicide epidemic.

1.6 Thesis Outline

The research study is organized using the cultural concepts of the Medicine Wheel praxis and the The Four Directions teachings\(^\text{10}\),

- East Direction: New Life (Vision)
- South Direction: Change of Life (Relationship/Time)
- West Direction: Strength of Life (Ways of Knowing)
- North Direction: Healing of Life (Action)

In addition to these Four Directions, the research study structure also includes these three directions,

- Above (spirit life),
- Below (physical life)
- the Centre (the centre of one’s lived experience)

This research study structure strengthens the use of the medicine wheel or sacred circle recognizing the “holistic nature of the medicine wheel, life, and First Nations teachings” (Gray, 2011, p. 216) both as methodology and method (Battiste & Barman, 1995; Graveline, 1998).

In First Nations 101\(^\text{11}\), Lynda Gray (2011) describes the significance of the medicine wheel as,

\(^{10}\) A summary of the four directions teaching is found at Web source: (http://www.fourdirectionsteachings.com)

\(^{11}\) Recommended reading.
The straight lines that section the circle into four quadrants represent the four directions and the start or ending of seasons or phases of life. Those who regularly utilize the medicine wheel find that it helps them to be more self-reflective, honest with themselves, focused, balanced, and healthy overall. The medicine wheel is more helpful when we refer to it regularly to assess our health and progress; it is not meant to be used once then put away where it can be easily forgotten. The medicine wheel can be one of the most significant tools on First Nations people’s road to recovery from many of the social challenges that we face today (pp. 216-217).

At the centre of the medicine wheel is the “Location of the Researcher” and from this location knowledge generation occurs translating traditional knowledge from context into written text. The introductory research chapter, *Seeking Mino Bimaadiziwin*, is where the “lived research” begins with a question and to which a journey of discovery is undertaken moving toward the concluding chapter *Waking Up Our Life Bundles* where knowledge gathered is synthesized and creates opportunity for beginning another learning journey.

To conclude Chapter 1 *Seeking Mino Bimaadiziwin* as the introduction to the research study, I summarize the outline of the research chapters,

**Chapter Two: Picking Up My Bundle (The Centre)**

**Location of the Researcher**

At the Centre direction, the location of the researcher, *is* the responsibility to balance *being Anishinaabe* and being *Academic scholar*. From subjective “lived research” (lived experience, traditional teachings interpretation) and objective “lived research” (critically applying subjective knowledge), it was important to contextualize the traditional knowledge from the centre as a way to be “accountable” and respectful to “all my relations” (Wilson, 2008) by respecting *my spiritual/physical relationship within Creation as sacred*.

The research study begins with *Picking Up My Bundle* to articulate biskaabiiyang and coming to the research study, understanding Life Bundles by respecting the relational understanding (epistemology) of several traditional teachings including the Seven Grandfathers teaching, the Seven Stages of Life, the Philosophy of mino bimaadiziwin, and the Anishinaabe Clan system.

Through (ethno-narrative) story work, (Graveline, 1998), Elders guidance and traditional practice (i.e. tobacco offerings and relational learning) the research followed a non-linear path.
and relationship with the “great powers that are always available to people who look first to the spirits and then to their own resources” (Deloria, Jr., 2006, p.5). This relationship with the “spirit’ in the research study was respected and recognized as being the ‘authorial’ voice (Bickford, 2014).

The belief and faith in the ‘spirit’ in research and answering the question, “What are you asking of me?”; the location of the researcher held the position of ‘learner’, ‘observer’, ‘helper’, and ultimately traditional knowledge historian. This connection to ‘spirit’ in this research study and location of the researcher, is explained in the *Canadian Journal of Native Education, Connecting to Spirit in Indigenous Research* as,

> locating ourselves as researchers in relation to our topic has been established in several emancipatory research and theory paradigms. Indigenous researchers are well aware that who we are matters immensely to how we approach our research, as well as what we may see when looking at a research question. One way in which Indigenous research is distinct from other research approaches is that, in locating self, we identify not only by our social markers (such as gender, race, class, etc.) but we also locate ourselves in relation to spirit (Restoule, Archibald, Parent, Lester-Smith, & Smillie, 2010, p. 2).

This importance of recognizing and respecting the relational spiritual space of our physical reality is paramount to understanding traditional knowledge and ways of being. One of the founding principles in *Section II – Ethical Principles of Aboriginal Health Research* (archived 2010), explains *Sacred Space and Traditional Knowledge* in Article 1 as,

> ...the relationships between the individual and a recognized spiritual entity, the Land, kinship networks (including all plant and animal life) and Ancestors. This relationship is both spatial (where the individual is inclusive of the family and the community) and temporal (where the present generation is inclusive of past and future generations). In this sacred space, there is an interconnectedness founded on purity, clarity, peace, generosity and responsibility between the recognized spiritual entity, the Land and the Ancestors.\(^\text{12}\)

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Chapter Three: Living Mino Bimaadiziwin (Above and Below)

This Chapter discusses the Creation history (above) and living mino bimaadiziwin (below) including the cultural context of birth and death as sacred. Both birth and death have meaning and purpose in alignment with natural law as the natural cycle of creation. Further, unnatural death (death by suicide) is discussed from multiple worldviews as an opportunity to shift the possibility of turning around the language of “suicide” into the realm of mino bimaadiziwin and “life promotion” as the core traditional knowledge value and belief for surviving suicide-strengthening life bundles.

Chapter Four: Vision (The East: Knowledge and Understanding)

This Chapter focuses on the Vision created from the need to move life towards mino bimaadiziwin (good life) by providing knowledge and understanding of the recent historical factors that contribute to the over representation of Aboriginal people in suicide statistics as evidenced by oral information and written literature. It identifies an overwhelming need to move towards a shared vision for community strategies to mobilize cultural traditions (Kirmayer, 2005) as a protective factor to strengthen life and balance risk factors that push communities towards premature death (suicide).

In addition, acknowledging relevant systemic barriers provides cross-cultural awareness, inter-cultural awareness and understanding multiple worldviews and move the research study into the field of “cultural safety” that according to Brascoupe' and Waters (2009), is still evolving.

Still less evidence exists on how the concept of cultural safety can be used in relation to communities at risk and in crisis. The [cultural competency] studies on nursing and midwifery focus on the interaction between non-Aboriginal health care professionals and Aboriginal patients; they do not extend the discussion of cultural safety to wider issues of social well-being, including the failings of the educational system, drug and alcohol abuse, family dysfunction, and violence.

This link to communities in crisis in a general sense may be the subject of more focused examination in academic and professional institutions in the future. A culturally safe delivery system could strengthen the capacity of communities to resist the stressors and build resilience to those forces that push them from risk to crisis. (p. 7)
Chapter Five: Relationships (The South: Renewal Through Cultural Foundations)

The Medicine Wheel praxis is the central origin of this research study and the continuance of “living research”. This Chapter focuses on the cultural background information of the medicine wheel as the described core cultural contexts and intersecting relational traditional knowledge of this circular technology. The cultural background information is a “living research summary” and not a “fixed event” of all traditional knowledge interpretations of all medicine wheels. The cultural background information of the Medicine Wheel praxis is both subjective (what made sense to the research) and objective (what are widely held beliefs and values) and an evolving circular technology widely adaptive and flexible.

This is meant to be a revitalization and affirmation of traditional knowledge and belongs to those whose cultural concepts and traditional teachings informed this Medicine Wheel Surviving - Strengthening Life Bundle research inquiry. It belongs to “the heart of the people” living and experiencing traditional knowledge in relation to their Life Bundle as “experts” and ways of knowing “cultural traditions” and address the complex issue of suicide within their community of practice.

Although the wholistic concepts and traditional knowledge of the Medicine Wheel praxis are indicated as a “fixed” framework, this praxis is only intended to be the “map” to “guide” communities in the design, development and implementation of Life Bundles relevant to their community variables and relational connection to traditional knowledge within their community of practice and/or location.

Chapter Six: Knowing: Reason (The West: Community Research Method)

This chapter is guided by the words of the late Peter O’Chiese (-iban), “everything we do, we do for a reason.” It provides the “ways of knowing” both reason and intuition describing the methods and protocols to gather knowledge to articulate the Surviving Suicide – Strengthening Life Bundle in community as a lived experience. These community-based methods and protocols align with the cultural background information of the Medicine Wheel praxis in a

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13 These “bundles” include each individual’s strengths as well as available community resources both abstract and material.
responsive and respectful manner and are “best practices” for data gathering and knowledge generation.

Community readiness to implement “transformation and change” requires conscious awareness that respects the right to access, own and mobilize knowledge; these methods and protocols strengthen foremost the community benefit outcomes and then potential connection with other communities (knowledge transfer and collective impact).

**Chapter Seven: Picking Up Our Community Bundles (The North: The Learning Journey)**

This chapter demonstrates the flexibility and adaptability of the Medicine Wheel praxis to meet the needs and readiness of both the Barrie Area Native Advisory Circle (BANAC) (2011) and the Ontario Federation of Indian Friendship Centres (OFIFC) (2011) to articulate their community Life Bundles.

The ability to utilize the Medicine Wheel praxis to create local and provincial community Life Bundles demonstrates its’ capacity and applicability to meet the on-going needs, such as BANAC’s *Feather Carriers Leadership for Life* training (2015) within a constantly changing and complex environment such as within a community or organization.

**Chapter Eight: Waking Up Our Life Bundles: The Land as the Place of Healing**

*Waking Up Our Life Bundles* recognizes the community and land as the strength and resource to live mino bimaadiziwin promised through our Anishinaabe creation history (Benton-Benai, 1988) and moves this “living research” into the future. This “living” connection to the land is not a linear event that happened at the beginning of life and has an ending; it expresses the ontology that Creation is an ongoing story connecting the past, present and future with our songs, our teachings, our languages, our land and our connection to the spirit of life.

*The Land as the Place of Healing* expands on traditional knowledge concepts such as McGregor & Plain’s “Anishinaabe Place-Based Research” (2013) that discusses seeking mino bimaadiziwin through Anishnaabe participatory action research as a lived experience for knowledge and learning is connected to “the Earth and place we come from” and ultimately land is our teacher.

Our teachers in the Anishinaabe tradition, include non-human forms such as
animals, trees, waters, rocks etc. They are our relatives and we continue to learn and seek guidance from them as we always have (Johnson, 1976\textsuperscript{14}; Mandamin, 2012\textsuperscript{15} as cited in McGregor & Plain, 2103 pp.111).

Recognizing our relatives as a source of knowledge forms an integral aspect [of] our Anishinaabe theoretical foundation. This means that our knowledge systems are rooted in the Earth and the place we come from: where our ancestors are. There are many stories of Anishinaabeg who seek knowledge or that knowledge is revealed to them by our relatives or the spirit world (p. 111).

The concept of Land as teacher, in this Chapter, discusses the capacity of land to teach the reciprocity of healing, i.e. “what you do the water you do to yourself, because you can see yourself reflected in the water” (Grade 5 student, Birch Island, personal discussion, 2014). By intersecting traditional teachings and connection to the land, this Chapter further demonstrates the possibility of community knowledge and resource mobilization affirming traditional knowledge as a practice using the clan system of governance (animal totems) and, that supports a theoretical Life Review connecting the spirit of life and land as an inseparable place of healing and survivance. The Land as a Place of Healing is informed by findings in the \textit{The Office of the Chief Coroner’s Death Review of the Youth Suicides at the Pikangikum First Nation 2006-2008} (2011).

This Chapter concludes by summarizing the significance of the “living research” inquiry and contribution to advancing traditional knowledge, examples of ways traditional knowledge within this research study has contributed to affirming other methodology and methods, and future directions for research as a means to reconcile the unlimited potential for gathering traditional knowledge as a lived experience for transforming practice to enact system change and ensure community survival through life promotion and survivance through mino bimaadiziwin.

\textsuperscript{14} Johnston, B. (1976) \textit{Ojibway Heritage}. Toronto, ON: McClelland and Stewart.

2. Picking Up My Bundle (The Center)

Location of the Researcher

Nindawaymaginadok, I am Anishinaabekwe Ojibway, sturgeon clan from Manitou Rapids, Rainy River First Nations in Northwestern Ontario. I have a continued commitment to teaching and learning which balances both western academics and Anishinaabe traditional knowledges and worldviews. I am a traditional knowledge practitioner and Life Promotion Ambassador.

My personal goal is to continue to work and build on my experiential life long learning and focus on local, regional or national level life promotion strategies that mobilize “mino bimaadiziwin”.

My work engages culture-based (Anishinaabe) traditional knowledge approaches to articulate movement toward affirming cultural traditions and spiritual revitalization, community stability and self-determination.

My work also recognizes community approaches and knowledge transfer within and between communities to strengthen LIFE, particularly for youth who are the next generations’ leadership. My commitment is First Nations communities and the many Nations.

2.1 My Story Bundle

“We are a people of oral tradition, and I recognize some ambivalence about putting our stories and teachings into written form. Our elders say that when our thoughts are put into written form they lose life, especially when we share important learnings and understandings about our relationship with creation.

But the present urgent need to come together for a healing vision for the earth, ‘our mother’, has led our elders to advise us to share and risk even by writing.” (Stan McKay, 2002)

This is my story bundle that re-counts the genesis of the Medicine Wheel praxis as the potential community approach for advancing traditional knowledge, teachings and ceremonies to impact the suicide epidemic within the many Nations. It describes my “life is research” participation recognizing traditional knowledge as a “living research” experience and resurgence of knowing, learning and being Anishinaabe. From this the Medicine Wheel Surviving Suicide-Strengthening Life Bundle “living research” emerges as the “gift” answering the question, “what are you asking of me?”…

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16 Inspired words by Cree Nation member, Stan McKay from “Rooted in Creation” in Nation to Nation, Bird, Land & Macadam, 2002, p.27)
In 1999, at the Peigan Nation Annual Celebration Pow Wow (Brocket, Alberta), Reg Crowshoe\textsuperscript{17} gave my friend a draft copy of *Akak’timan: A Blackfoot Framework for Decision Making About Health Administration and Services*\textsuperscript{18} (1997), as an academic, I added it to my collection of books, without being read.

Two years later, in 2001, while staying with my grandmother Annie Wilson (-iban) in Manitou Rapids (Rainy River First Nation), I heard one of my grandfather’s healing drums sound. I told my grandmother what I had heard and she simply stated, “It’s trying to tell you something.” Knowingly I offered tobacco to the drum as a manner of respect, and petitioned “what are you asking of me?” I also gave my grandmother tobacco, and this is what she shared...I was told that my grandfather loved me. He was a heavy drinker. He was a trapper. He was violent. He had a Cree mother.\textsuperscript{19} He killed himself in our house.\textsuperscript{20} The details of his death are based on old memories from my grandmother. Memories that tried hard to be forgotten, leaving inconsistent details of who he was as a man, a father, a grandfather and a husband. What I do know is he died on purpose, he chose death. My grandmother partly blamed herself. I do not blame her.

Several months later, the biskaabiiyang of coming to know myself through “living research” in answer to my tobacco petition question, was being realized. I attended a challenging and emotional traditional funeral ceremony, involving a father who had taken his life by suicide. As I participated, I fully understood that to end one’s life is a great sadness and there is no “pain-free” or “painless” ending of one’s life by suicide (premature death).

\textsuperscript{17} Reg Crowshoe is a well-known Blackfoot ceremonialist who lives on the Peigan reserve in southern Alberta. He is the director of the Oldman River Cultural Centre and has pioneered and initiated cross-cultural programs for many organizations and institutions across Western Canada. Reg is the son of the revered Native spiritual leader Joe Crowshoe and recently earned an honorary doctorate in law from the University of Calgary. Web Source: (www.uofcpress.com/1-55238/1-55238-044-0.html)

\textsuperscript{18} This document is now published as *Akak’timan: A Blackfoot Framework for Decision-Making and Mediation Processes* (March 2002) by the University of Calgary Press.

\textsuperscript{19} My great grandmother is Maggie Wilson was a storyteller who worked with Ruth Landes in 1932. Ruth was a research anthropologist completing her doctoral research. The letters to Landes written by my great grandmother are compiled, and edited in a book called *Rainy River Lives* by Susan Cole. Another book called *The Ojibwa Woman* by Ruth Landes is in collaboration with stories from Maggie Wilson.

\textsuperscript{20} At the time of my grandfather’s death in 1967, we were living in Atikokan, an off-reserve community that was close to my grandparents trap line.
Along with the personal story, noted earlier, about my friend’s attempt to take her life, prompted a final course paper (2003) on “surviving suicide” and subsequently, expanded for my Master’s Research Paper (MRP), unpublished in 2005 entitled, *Finding Our Way—Culture as Resistance to Suicide in Indian Country*. From “living research” including literature reviewed, this initial research described wholistic cultural concepts informing the Medicine Wheel framework as a “cultural” method and methodology for communities to “find their own way” building community “life bundles” as resistance to the suicide epidemic.

This “life bundle” approach to the suicide epidemic, in my final Master’s Research Paper (2005) was greatly influenced by Grafton Antone, an Elder at First Nations House, University of Toronto who said the research reminded him of the *White Buffalo Calf Woman* story. He reminded me of the “sacred bundle” brought by the White Buffalo Calf Woman to the Lakota people. Her “sacred bundle” contained the sacred pipe that represents the “kinship” with all creation both the “sacred beneath” (the earth) and the “sacred above” (the sky world). This pipe signified the holding together of all living things (above and below) during a time when the Lakota people were experiencing hardship; this beautiful bundle was brought to the people to teach them their life ways and with it the strength needed for the people to survive.

Vine Deloria Jr. (1999) describes this relationship Aboriginal people have with the world above and below as “kinship with the world”. He describes this intimate relationship between human beings and their natural environment that “is not articulated in a set of doctrines. But, it is alive with a community of people so intimately related to a natural environment that the natural environment shapes the very way they relate to each other and their conception of the world they live in... All that is lived comes from within; from relationships, not abstract ‘universal religion or set of universal concepts’” (p. 224).

The significance of relationships and “bundles” was also greatly influenced by the Blackfoot Nation sacred bundles, and the book acquired in 1999, *Akak’timan: A Blackfoot Framework for Decision Making About Health Administration and Services* (1997). The first paragraph of Chapter 1, clearly states,

Elders of the Peigan Nation came together in 1991 to discuss a serious situation
involving the young people of their community. **That year, there were several suicides committed by young people.** Out of five deaths in six months, four were young people. The elders recognized that the deaths were a direct result of confusion about cultural identity and the young people’s inability to cope with the realities of their community. Cultural confusion, combined with alcohol and drug abuse had made them unable to deal with their lives (Crowshoe & Manneschmidt, p.1).

This book from 1999 was a gift to deeper understanding the central role of traditional Blackfoot knowledge in affirming **Bundles for the People** as procedures and philosophies “protected” and revitalized for ensuring future generations connection with their cultural identity and traditional past to strengthen life in the present. The central role of sacred or medicine bundles are also part of other Aboriginal peoples’ cosmology. Sacred Bundles can be described as a personal or community bundle that contains physical ‘sacred items’ such as eagle feathers, tobacco, ceremonial pipes, and any other item of spiritual value to the bundle’s keeper. These sacred items help to guide the individual and may consist of one or many sacred items. In addition to the physical components of sacred bundles, there are abstract components such as songs, prayers, teachings, dances, dreams, stories, etc.

According to a brochure on traditional teachings, *Sacred Items and Bundles* (2000) from Anishinaabe Health in Toronto, bundles are a gift by the spirit that contain “things” Nations need to survive,

Bundles for the people are used for healing and ceremonies. It is said that these bundles contain things that the Nations need to survive. The Healers who carry the medicine bundles say they do not own these bundles. They say that our people's understanding is that we do not own anything, not even our physical body, which is given back to the earth when we die.

They carry these items as gifts for the people. The Healers who take care of these bundles have been chosen by the spirits to carry on the teachings, the work and the responsibilities that come with these bundles. (Anishnawbe Health Toronto, 2000)  

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21 i.e. Sun Dance Bundle, The Beaver Bundle, Tobacco Bundle, The Thunder Medicine Pipe Bundle.

In addition to community bundles carried by “healers” on behalf of the community, a personal bundle is also significant. The personal bundle contains the “items” required for “personal development” and guidance for the mind, body and spirit to work in balance. The following information, describes the personal bundle items,

you have gathered and that you take care of. This bundle is sacred to you. It contains items that help you in your personal development; it contains items that have given you a teaching and that you use in ceremonies. Maybe your parents or your grandparents or an Elder gave you something to help you on your path. All the contents of your bundle relate to you.

Your personal bundle may include medicines, your drum, a bowl, a rock, your colours, a feather, a staff, a rattle and our pipe. You may also carry clan marker, something that represents your clan, such as a bear claw if you are of the Bear clan. Tobacco23 is always first in your bundle. These items remind us of the beauty of Creation. (Anishnawbe Health Toronto, 2000)

Your personal bundle also includes your ability for personal “self-governance”, which supports the relationship of “activating knowledge into something useable within a system that is charged with meaning” (Dumont, 2006, p.21). As Jim Dumont (2006) explains this Indigenous Intelligence in action,

We cannot be intelligent, act or think intelligently unless we are able to attach our Indigenous concepts, our way of being and Indigenous knowledge to our connectedness and relationship with everything else. Our responsibility within that all-inclusive relationship is an act of intelligence. Whether it is in the name of providing an economic base, pioneering some great invention, or furnishing a breakthrough for the future, if our use of knowledge and our approach disturbs or disrupts the balance and harmony the life around us it cannot be considered an intelligent act, according to Indigenous standards of intelligence (p. 21).

As our personal bundles are informed by “Indigenous intelligence”, we “validate our own worldview and the intelligence that it advances” (Dumont, 2006, p.22). In “picking our bundles” this connection and understanding how our own intelligence impacts on “[t]aking intelligent action [that] needs to be informed and driven by our Indigenous culture, traditions and our way of life (Dumont, 2006, p. 26) is relevant. “When we connect to our own intelligence, we will begin to see ourselves being the living connection to the living past and the living future and that

23 Tobacco is considered a “teacher” and the first plant to stand up and offer itself as the bridge between above and below. Through its use, it teaches many gifts of mino bimaadiziwin.
our decisions and our actions have a direct impact now and into the future”. (Dumont, 2006, p. 21).

I thought the spirit of my grandfather’s drum had been answered, once the medicine wheel framework was constructed. Yet, my “living research” continued answering, “what are you asking of me?” over the next decade through this research study, Medicine Wheel Surviving Suicide - Strengthening Life Bundle (2016). From my work as Traditional Knowledge Practitioner and Life Promotion Ambassador, my “living research” continues through sharing “items” from my personal life bundle interconnected with the “Medicine Wheel praxis community life bundle”. It is with great responsibility that I have picked up these bundles to share the many traditional teachings and stories (that are but a small part of the extensive cultural knowledge and overall cosmology of Anishinaabe people) with many individuals and communities through informal (personal) and formal (professional) venues.

In the spirit of my grandfather’s drum, my “life is research” continues to gather the physical (statistics, selected works, frameworks, research) and abstract (traditional teachings, stories, discussions) items needed to fulfill my “mission”, as Frantz Fanon (1963) challenges, “Each generation must out of relative obscurity discover its mission, fulfill it or betray it” (p. 236).

From the spirit of my grandfather’s drum, this is my “living research” and “return to oneself” for advancing traditional knowledge through teachings and stories that are responsive, evolving and changing, respecting there is no clear indication of what should be shared and what should not. It is a risk to share interpretations of teachings or traditional knowledge that may be misunderstood or not considered legitimate ways of knowing.

Picking up my bundle “living research” has many challenges, including:

- Valuing the interpretation of the lived experiences and value of traditional knowledge gained by “living research and,

- Valuing the non-linear or planned contributions to the body of the research work with equal merit and,
• Valuing the relational connection for the reader to reflect, engage and validate their own relational thinking (*Indigenous intelligence*), knowing and learning and trust there will be a “discovery of useful meaning”.

The intention that my story bundle and “life is research” will contribute to creating space for advancing traditional knowledge continues to be meaningful as I “bend” to the spirit of my grandfather’s drum. I have found meaning in the words shared by Elder Jim Dumont, “the human being needs to bend to the spirit, because if the spirit bends it will break us” (Personal discussion, June 2013).

As I continue to bend to pick up the responsibility of this life bundle, sharing the following traditional teachings as part of my story bundle, Métis author and Elder Maria Campbell who works with Aboriginal youth, affirms “the time is now to pick up your bundle and move towards action to ensure the survival of our next generations” (M. Campbell, personal discussion, June 2007).

### 2.2 The Seven Grandfathers Teaching

The Seven Grandfathers (Niishwaaswe Mishomisag) teaching provide values of conduct that respect all of life. These values of conduct are an “internalized set of beliefs or principles of behaviour held by individuals or groups. They are expressed in the ways people think and act” (Danard, 2008, p.12). From the Seven Grandfathers teaching human beings learn to connect with cultural values of conduct that “continue to be considered a strong basis for the initial development and lifelong growth of a human being into an active, purposeful and honorable member of her or his community” (Chadwick, 2010, p.2). As Chadwick further explains,

> Our values are the single most important area of tacit knowledge that we receive from our parents, forming the foundational mechanism for making life choices...they exist and travel through generations as story, parable, legend, teaching, and most of all, the process and results of the trial and error process that each human being is required to engage in during his or her pursuit of new skills or knowledge...Ultimately to assemble her or his own rich tapestry of personal memories and first hand experiences on which to draw when forming her/his own complex analyses and decision making process. (2010, p.1)

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24 It is recommended that an Elder or Traditional Knowledge Keeper provide more information on cultural teachings of the Anishinaabe or other Nations when expanding on the information shared in this research study.
Sharing four interpretations or re-telling of the Seven Grandfathers teaching respects the process of research, which according to Elder Grafton Antone, “is learning more of all the pieces of the story. No one knows everything, we are always learning. We can learn by reading other peoples’ work and by looking within our own minds and thoughts. It’s good to read things by other people because they took the time to research what they were thinking about and put it in a book. We can learn from their research and add it to our research” (personal discussion, 2008).

One of the first bundles to come to the people is the cultural values expressed in the Seven Grandfathers teaching which significantly contribute to inform personal and collective conduct, courses of action or outcomes. The first understanding of the Seven Grandfathers teaching is provided by the Ziibiwing Centre of Anishinabe Culture and Lifeways, (n.d) [Brochure] from the Saginaw Chippewa Indian Tribe of Mt. Pleasant, Michigan. This teaching was given from the “First Elder” who received these Seven Grandfathers as a little boy; to provide guidance and direction and ensure the survival of “Mother Earth and the community of life.” In summary, these are the gifts given to the boy by each of the Grandfathers,

NIBWAAKAAWIN (Wisdom), and he learned to use that wisdom for his people.

ZAAGIDWIN (Love), so that he would love his brother and sister and share with them.

MANAADJITOWAAWIN (Respect), so that he would give respect to everyone, all human beings and all things created.

AAKODEWIN (Bravery) was the next gift, the courage to do things even in the most difficult of times.

GWEKOWAADIZIWIN (Honesty), so that he would be honest in every action and provide good feelings in his heart.

DIBAADENDIZOWIN (Humility), to teach the boy to know that he was equal to everyone else, no better or no less.

DEBWEEWIN (Truth). The Grandfather said, “Be true in everything that you do. Be true to yourself and true to your people. Always speak the truth.”

The Grandfathers told him, “Each of these Teachings must be used with the rest. You cannot have WISDOM without LOVE, RESPECT, BRAVERY, HONESTY,
HUMILITY, and TRUTH.

...The Seven Grandfather Teachings will remind us how to treat one another and our children. Each of us is responsible for taking care of the children and of Mother Earth. The children are the ones who must care for Mother Earth tomorrow, and for the generations to come (Ziibiwing brochure (n.d)).

The second re-telling is by Melvina Corbiere (2007), she writes that the Seven Grandfathers teaching was received in the sky realm and given to “Oshkaabewis” (helper) to take back to the people. “This bundle was heavy, so Oshkaabewis got Otter (Nigig) to help with the bundle (p. 23).

Love (Zaagidwin): To care for and help one another.
Respect (Mnaadendmowin): To take care of all things the Creator has given on Mother Earth (Kiing).
Wisdom (Nbwaakaawin): To seek and share knowledge.
Bravery (Aakdehewin): To be ready to face all the things that are hard to do
Honesty (Gwekwaadziwin): To speak right of things – not to lie, cheat or deceive
Humility (Dbaadendizwin): To know that each of us is a part of creation and that all people are equal
Truth (Debwewin): To recognize the work of the Creator in all things (p.19).

This third version of the Seven Grandfathers teaching (7 Sacred Laws of the Anishinaabe) was shared March 2007 at the Biidaaban Healing Lodge in Pic River Ontario as presented by their Cultural Outreach Worker, Dave Courchene Jr. (Personal discussion).

LOVE - Represented by the Eagle – To feel true love was to know the Creator.

RESPECT - Represented by the Buffalo – The Buffalo through giving it’s life and sharing every part of it’s being showed the deep respect it had for the people.

COURAGE - Represented by the Bear – To have courage is to overcome fears that prevent us from living our true spirit as human beings.

HONESTY - Represented by the Sabe (Bigfoot) – The essence of honesty is innocence. Honesty meant that being a honourable person free from fraud or deception.

WISDOM - Represented by the Beaver – To know and understand wisdom is to know the Creator gave everyone special gifts, which were used to build a peaceful and healthy community.

HUMILITY - Represented by the Wolf – To be truly humble was to recognize and
acknowledge a higher power then man- one whom we call the Creator.

TRUTH - Represented by the Turtle – It is said that when the Creator made human beings he gave the human being seven sacred laws to live by that would guide him/her to the truth and the meaning of their life on the earth.

The fourth re-telling is from the Mishomis Book: The Voice of the Ojibway (1988) by Benton-Benai, which states,

The boy had been given a huge bundle to take to his people from the Seven Grandfathers. Ni-gig’ and the boy took turns carrying the bundle. Along the way, they stopped seven times. At each stop a spirit came and told the boy the meaning of one of the seven gifts that were given to him out of the vessel of the Grandfathers.

To cherish knowledge is to know WISDOM.
To know LOVE is to know peace.
To honour all of the Creation is to have RESPECT.
BRAVERY is to face the foe with integrity.
HONESTY in facing a situation is to be brave.
HUMILITY is to know yourself as a sacred part of the Creation.
TRUTH is to know all of these things. (p. 64)

These interpretations of These Seven Grandfathers Teachings (bundle) and others\(^{25}\) provide the cultural values and way of being Anishinaabe in balance with the natural laws.\(^{26}\) Chadwick (2010) explains that the Seven Grandfathers teachings are “[hoped] to provide a bridge reconnecting struggling families, mothers, daughters, brothers, fathers, grandparents back to the heart of their own family’s ancestral memories, legends, stories, teachings and values, so that each person might reclaim their opportunity to become the very best person that she or he can (p. 2).

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\(^{25}\) Understanding these teachings may require additional knowledge, as Deborah McGregor remind us, “I have heard stories along with the 7 Grandfathers teaching or original teaching, came four grandmother teachings…I think it is important or should be mentioned here” (personal discussion, 2017). However, as knowledge historian I could found no information or teachings in relation to these four grandmothers…

\(^{26}\) When the Creator set the universe in motion, there were natural laws in which all of life would be sustained. Natural law is precise and can be generally considered uniform and consistent.
The action of living the Seven Grandfathers Teaching is significantly connected to the Seven Stages of Life Teaching; once these values are realized and internalized as personal bundles and collective beliefs they influence attitudes, behaviours and actions (Anishinaabe Inaadiziwin).

2.3 The Seven Stages of Life Teaching

The teaching of the Western Doorway offers important contributions to the Seven Stages of Life Teaching (Fig. iii). To summarize, the Western Doorway teaches at the time of birth, an individual spirit enters the physical body or human vessel through the Eastern doorway (where all life emerges). Depending on the agreed length of time the spirit is gifted the physical vessel, the human being then proceeds along their life path through the seven stages of life (challenges/experiences) before exiting this physical life (death) through the western doorway, returning to the Spirit Realm. We are reminded that we are not to open this western door for ourselves or for others.

The teaching of the Western Doorway and knowing the sacred connection of the individual spirit within the human physical vessel is relational to understanding The Seven Stages of Life and The Seven Grandfathers teaching. The relationship between the Seven Stages of Life and the Seven Grandfather teachings provide guidance to live mino bimaadiziwin, along the Life Pathway, as traditional teacher, John Rice (Personal discussion, June 2012) explains,

- In the Good Life Stage, the needs of the child are taken care of by the family; the child is born with Wisdom, as they are pure of spirit. (Infant, Toddler & Child stage)

- In the Fast Life Stage, the young person acts without reflective thought, the young person learns and teaches Love. (Child and Youth stage)

- In the Wandering/Wondering Stage, the young adult will wander and observe and inquire. They begin to see their ‘purpose’ as they understand more fully them self in relation to ‘others’. They learn and teach Courage. (Youth & Young Adult stage)

- In the Planning/Truth Stage, the adult is now ready to pick up their duties and responsibility as an adult, they have learned the Truth of who they are. (Young Adult & Adult stage)

27 The western doorway teaching (as told by Eddie Benton Benai (2005) is summarized as it is quite extensive.
• In the Planting/Parenting Stage, the adult is now ready to start a family and/or add to the community through their work, these relationships teach Respect. (Adult & Parent stage)

• In the Doing Stage of Life, the adult is ready to fulfill their potential and this work is done understanding the gift of Humility. (Parent & Grandparent stage)

• In the Teaching/Pure Stage, the individual is sharing their lived experiences and when they look back to their life they teach Honesty. (Grandparent & Elder stage)

The Seven Stages of Life Teaching  
(Figure iii)

<table>
<thead>
<tr>
<th>Pure Life Teaching</th>
<th>Doing</th>
<th>Parenting Planting</th>
<th>Planning Truth</th>
<th>Wondering/ Wandering</th>
<th>Fast Life</th>
<th>Good Life Newly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal growth</td>
<td>Fulfill potential</td>
<td>Raise a family</td>
<td>Duties and responsibilities of an adult</td>
<td>Observation Inquiry Roles and purpose uncovered</td>
<td>Act without reflective thought</td>
<td>Needs taken care of by family</td>
</tr>
</tbody>
</table>
| Sharing life experiences | Add to community |.Big| during this time these youth people may feel without hope, meaning, belonging or purpose. The Fast Life is an important time for young people to challenge and rebel and to move into their next stage of life, unfortunately many young people and young adults do not make it through the Fast Life or the Wandering/Wondering stage and end their life (premature death) before their “life purpose” is realized. These teachings, are relevant today as when the first teaching was given; when the first story was spoken. The gifts of these teachings, in re-telling and remembering these teachings is that we are all connected and from these teachings and stories as we gather knowledge and understanding to experience mino bimaadiziwin through our actions.  

2.4 Anishinaabe Mino Bimaadiziwin

I remember hearing traditional people saying, “the Creator promised a good life, but did not promise it would always be easy.” This is why, I believe there are so many teachings, stories, songs, ceremonies, and traditions to ensure that as Anishinaabe, when life experiences are
challenging or difficult, we have our Original teachings to strengthen our spirit and keep us connected to our life pathway walking and living mino bimaadiziwin.

The following are the *Seven Principles and philosophy of Mino Bimaadiziwin*,

1. **Anishinaabemowin (language)** is our original way of speaking, our way of processing and expressing thought. It is our way of communicating with Creation, with the spirit and one another.

2. **Anishinaabe Inendamowin (thinking)** is our way of thinking, our beliefs, and our way of perceiving and of formulating thought. Anishinaabe Inendamowin is the foundation of our Anishinaabe philosophy and world views [beliefs and foundational truths].

3. **Anishinaabe Gikendaasowin (knowing)** is our knowledge and way of knowing. It is the knowledge of our origins, way of life, way of being and worldviews.

4. **Anishinaabe Inaadiziwin (being)** is our behaviour, our values and our way of living or life, and being Anishinaabe in the fullest sense. It is the development of the highest quality of Anishinaabe personhood, connected to the earth and all Creation.

5. **Anishinaabe Izhichigewin (doing)** is our Anishinaabe way of doing things. It is our way of taking action and the life skills we need as Anishinaabe to live effectively in the world and contribute to building quality of living and quality of community.

6. **Anishinaabe Enawendiwin (relating)** is our way of relating to each other and to all of Creation. It is an all-inclusive relationship that honours the interconnectedness of all our relations, and recognizes and honours the human place and responsibility within the family of Creation.

7. **Gidakiiminaan (connecting to the land)** Gidakiiminaan is our connection and relationship to our land and the total experience of connecting to and relating to the Earth and the environment. This connection is the primary shaper of Anishinaabe identity, and it is the total relationship with[in] Creation that informs our environmental ethic. (Seven Generations Educational Institute, 2013, p.6)  

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28 Seven Generations Education Institute, Seven Principles and philosophy of Mino Bimaadiziwin. Web source: (http://www.7generations.org/docs/2013_14.pdf)
Mino bimaadiziwin is achieved by living these seven principles and answering these four essential questions; “where do I come from?” “who am I?” “why am I here” and “where am I going?” moving an individual towards Bsani Bimaadiziwn (hope, meaning, purpose, belonging in the sacred circle). (Dr. Ed Connors, personal discussion, October 2015).

From these teachings, life (bimaadiziwin) is experienced through belief and faith in creation, through the 7 stages/changes in life (anji-bimaadiziwin), in living (mino bimaadiziwin) the values and principles and answering the four essential questions for life to move forward “quietly” or “peacefully” (bsaani bimaadiziwin). (John Rice, personal discussion, 2017).

2.5 The Anishinaabe Clan Systems

The Clan system (Fig. iv) is the “community and personal self-governance” system connecting natural law (naturalistic cosmology) following the knowledge of animals to inform a sustainable governance and function to serve the Nation.

The Clan System (Figure iv)

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From *The Mishomis Book* (1988), the Clan system is represented by the following animals,

The Crane and the Loon Clan are given Chieftainship….by working together the Crane and the Loon Clan gave the people a balanced government…between the two Chief Clan stood the Fish Clan. The Fish Clan was made up of the intellectuals of the people…The Fish Clan members would settle disputes …The Bear Clan served as the Police force of the people…The Marten Clan served as the warrior clan for the people….The Deer Clan was known as the clan of gentle people….The Bird Clan was the final clan and represented the spiritual leaders of the people….So the Creator gave the people the seven original clans to provide leadership in all areas…One of the natural laws that the Creator gave the people along with the Clan system was that there was to be no intermarriage of people in the same clan…(Benton-Benai, p.74, 76-77).

From teachings told to me by my grandmother, Annie Wilson (iban) a relational understanding of the Clan System is the “waabijibazonan-gakinaamagewiwin” (moss bag teachings) and the “tikinaagan” (cradle board) teachings. The waabijibazonan and tikinaagan are the life ways individuals, families and communities prepared the spiritual welcome of a child. From this gift of love, care and time, a child continues to be connected to the life ways of mino bimaadiziwin. The making of the waabijibazonan (Fig. v) and tikinaagan (Fig. vi) and the way that they are tied, represents the way individuals, families and communities are tied together through the Clan System (Fig. iv).

![Waabijibazonan (Figure v)](image)

Significantly, the space at the bottom of the waabijibazonan or tikinaagan represents the sacred space of the spirit. In this way, then, the Clan System represents the child at the centre of our communities and acknowledges the sacred space of the spirit. Also when the tikinaagan is made by the male (father, uncle, grandfather, etc) it further represents the balance of the roles and shared responsibilities of men and women.
Teachings of the Clan system fully recognize the primary motivation of living mino bimaadiziwin through relational “kinship” as a social process and “a means by which the normative orientation of the self in a traditional system of socially sanctioned roles and values was achieved.” (Hallowell, 1992, p.50) According to Hallowell (1992), in his interaction with the Ojibway of Berens River in Manitoba, he notes,

In the sociocultural system of the Ojibwa kinship terms functioned as a means of promoting orderly social interaction within the context of interpersonal relations in localized groups as well as with respect to the interaction of individuals belonging to different groups. From childhood on, kinship terms oriented individuals’ behaviour in a social world that embraced members of their extended family, their social interaction with persons primarily affiliated with other groups, and ....relations with other than human persons (or spiritual beings) who appeared in dreams. Kinship as part of the common linguistic and cultural heritage of these Indians, proved the means of structuring their relations with each other wherever they were.

Besides common kinship pattern and traditional shared values, their cultural heritage included a clan system. Even though the clans were not as functionally important as was kinship in daily life, they did give emphasis to lineage, both real and fictitious, through patrilineal affiliation of the individuals belonging to them. (p.50)

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This “belonging” is a significant connection to understanding that “[a] community that values sharing pays more attention to the needs of people than to the budget” and the reason for “[s]ome communities are now returning to the older process of family-led systems” (Hodgson, 2002, p. 92) as a means to “turn around the chaos” with conscious awareness moving towards “sovereignty” and “community and personal governance”.

As Elder Jim Dumont (2006) reminds us,

> Our present day thinking is inclusive of the legacy of our ancestors and of what our ancestors are waiting for us to do. Our thoughts also include the future generations, recognizing that they are already looking back towards us with the awareness that our decisions and our actions are impacting them. It is a living past, a living future, and we are the living connection in between. Indigenous Intelligence is active on all these levels. (Jim Dumont, Lecture, October 18, 2006)

### 2.6 Life Promotion

My research study advances traditional knowledge from an Anishinaabe worldview (strengthening life) through past work contribution as one of five Suicide Prevention Coaches in Ontario with the Centre of Excellence Child and Youth Mental Health. (2016)

One important contribution was advancing traditional knowledge and Indigenous community approaches to address the complex issues of suicide, in collaboration with mainstream stakeholders. I maintain that First Nations communities must be full participants in the planning, design and mobilization of national and local suicide strategies, and that “Ontario cannot have a sustainable suicide prevention strategy without full meaningful participation by First Nation (Aboriginal) people.”

Although, life promotion is not singularly an Anishinaabe or non-Aboriginal perspective, promoting life as a suicide prevention approach on the Together To Live (www.togethertolive) website, is a significant shift towards mobilizing communities with a “holistic” and “culturally-relevant” approach and focus on “culture and spirituality”. I believe this shift supports the meaningful advancement of traditional knowledge within the scope of this research study and consideration as an emerging “best practice”. However, fully recognizing and affirming First Nation people as equal partners within the Centre’s scope of “addressing youth suicide” and not
as “marginalized and minority youth” requires breaking down systemic barriers beyond the scope of this research study.

Briefly, the Together to Live: A toolkit for addressing youth suicide in your community website, under the section, What is Life Promotion? is summarized and includes the following concepts,

• Based on the belief that all young people are capable of finding their own path to a holistic and meaningful life.
• Supports diverse strengths and potential for achieving a good life.
• Sets the goal of helping young people find that place where they’re able to flourish despite the challenges they face.
• Aligns seamlessly with recovery-oriented models of mental health care and well-rounded multi-level suicide prevention initiatives.
• Honours individuality and personal strengths, available resources and relationships with those around them.
• Cultivates sense of belonging, meaning, purpose and hope.
• Considers the influence of culture, heritage and values, community resources and support networks.

In addition, under the section, Why is Life Promotion Important? is summarized as,

• Life promotion strategies enhance problem-focused suicide prevention, risk management and postvention strategies and help young people flourish as members of the community.
• Better aligns with youth’s goals and desires and supports community efforts to become more naturally sustainable.
• Ensures your work reflects not only the best evidence on ways to reduce suicidal thoughts and behaviours, but also what we know to be meaningful in young people’s lives.
• This life-oriented approach should transpire in the way young people are engaged one-on-one and in the goals set for your community efforts altogether.

And finally, this Life Promotion Lens for Suicide Prevention (Fig. vii) demonstrates an example “as to how youth suicide prevention efforts can be carrier out through a life promotion lens.”
References and Resources for “Life Promotion” as cited on www.togethertolive.ca

31 The First Nations Mental Health Continuum Framework is an evidence-informed report by Health Canada which describes a framework for better understanding mental wellness. It also provides guidance to FNIM communities on ways to reinforce their mental wellness programs and services.

Principles of recovery oriented mental health practice is a short document by the Australian Government’s Department of Health that describes some of the core elements of recovery-oriented practice in mental health care which include recognizing the uniqueness of individuals, giving them real choices, and engaging with them in a partnership approach.

The Yukon’s Holistic Model of Wellness illustrates how one can acquire wellness by fulfilling their needs in six dimensions in life: social, physical, occupational, emotional, spiritual and intellectual.

In summary, the concepts and actualization of Life Promotion (promote life) as the balance to a suicide prevention (prevent death) approach will continue to evolve through community understanding, engagement and funding from government stakeholders that have the capacity to monitor and implement a Life Promotion/Suicide Prevention Strategy.

Recently, the Chief of Ontario announced, their *Special Bulletin: Life Promotion & The Newly Announced National Suicide Prevention Strategy* on their website,\(^32\)

This “Bulletin” recognizes the historical roots of the intergenerational impact and need for First Nation communities to “take charge of their futures”. It also indicates,

> The situation of youth suicide is a national disgrace…[highlighting the]…tragedy in Pikangikum First Nation and the rising toll of death as a result of suicide in First Nations became the subject of a report titled ‘The Office of the Chief Coroner’s Death Review of the Youth Suicides at the Pikangikum First Nation 2006 – 2008’…and called on the federal and provincial governments to work with First Nations Leadership in Ontario to address youth suicide and restore mental, physical, emotional and spiritual well being in our communities.”

Significantly, the Bulletin also states that in response to the “unanimously supported…motion in the House of Commons to establish a National Suicide Prevention Strategy, which stated:

> ‘That the House agree that suicide is more than a personal tragedy, but is also a serious public health issue and public policy priority; and, further, that the House urge the government to work cooperatively with the provinces, territories, representative organizations from First Nations, Inuit, and Métis people, and other stakeholders to establish and fund a National Suicide Prevention Strategy, which among other measures would promote a comprehensive and evidence-driven approach to deal with this terrible loss of life.’

To support this plan, the Assembly of First Nations (AFN), “developed ‘Working Together to Address Suicide in First Nations Communities,’\(^33\) a report that highlights success stories from community-based suicide prevention projects”, in addition, “First Nations youth in Ontario have recommended changing the name and focus of the National Aboriginal Youth Suicide Prevention Strategy to a Life Promotions Strategy…First Nations young people are saying that they are the solution to the problem if only they can be heard and given the resources…”

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\(^33\) I was unable to locate this “AFN report” by conventional internet searching methods.
This recognition by the Chiefs of Ontario, demonstrates the relevancy of Life Promotion moving communities towards self-directed and community engaged initiatives that strengthen Hope, Belonging, Meaning and, Purpose. I fully believe that a Life Promotion lens will continue to build on strengths as a protective factor along with reconciliation, self-determination, community development and healing. I believe that Life Promotion is a significant contribution to advancing traditional (and community) knowledge and includes wholistic aspects such as,

- Individual, Family/Clan, Community and Nation
- physical, mental, emotional and spiritual aspects
- the whole community (Leadership for Life) as the Community of Practice
- Life promotion/suicide prevention, Risk management/crisis intervention, Postvention (after-care) & Promotion of stability/evaluation

all building on the foundational values and belief in MINO BIMAADIZIWIN (Good Life) as the direction moving forward.
3. Living Mino Bimaadiziwin (Above and Below)

“When you know your own story then you can listen to others. Every Creation story is true” (Jim Dumont, Personal Conversation, March 18, 2005).

3.1 Our Creation History (Above)

Beginning with the Creation story provides the values and meaning that connect the spiritual and the physical experience within all of creation (Benton-Benai 1988; Cajete 2000; Deloria Jr. 1994, Dumont, personal discussion, 2016). Through our Creation stories, “Native peoples have particular understanding of the way the world has come into being, and the ways they have come into being as people” (Cajete, 2000, p.31). Peltier (2012) explains this understanding through creation as a “prescription” for living mino bimaadiziwin,

It is difficult to encapsulate the worldview of a people with a limited amount of space but the following is just that, a summary, to provide reference to the reader. The Anishinaabe worldview centers on a belief in Gzhe-mnidoo (The [kind] Creator). In addition, to the physical dimension, this worldview includes a spiritual dimension. There is an inherent belief in the seen and unseen. The existence of the Anishinaabe people is based on the Creation Story which sets out the purpose of physical reality. It is believed that the Anishinaabe people received Original Instructions that are intended to guide people through life as well as provide strong prescriptions for the Ways of a Good Life (Minobimaadiziwin) (p. 35).

While there are many Creation stories, around the world, each of these stories expresses the relationship and relational knowing each Nation has within Creation. In the Anishinaabe teachings, creation happened over time known as the Seven Fires of Creation, (Elder, Jim Dumont, personal discussion, several teachings), however, the Creation story we connect to as physical beings, in this present time, is the Sixth Fire of Creation when Mother Earth was created and the First Being, Anishinaabe (the one who was lowered from where we all come) was placed on the physical earth. As Elder Jim Dumont further explains, “the gift to the vessel (body) is the spirit and the gift to the spirit is the vessel (body)” (Personal discussion, March 18, 2005).

The Creator loves his red children. Important to remember that…especially now in this time…when it came time to create this vessel he asked the question…I wonder what he will look like?…We are the most beautiful Being imagined by the creator…through his thoughts…put your own name into this creation story…you are the most beautiful Being imagined by the creator…then you make the connection in the story about you…
The most beautiful Being, the most beautiful image…the way of connecting to the story…the very first thing you is go to the mirror…look at yourself and talk to your image and introduce yourself to your image…tell your image ‘I am a beautiful person, that is who I Am’…keep doing that because in our Creation story we have lost confidence and beliefs of our self…need to start doing that…change this generation…turning around the chaos for us as a people…(Jim Dumont, personal discussion, 2016).

Through this part of the creation teaching, a person experiences their own creation and consciousness as interpreted by Simpson (2012) from the teaching shared by Edna Manitouwabi,

The first being was the most beautiful thing Gzhe-Mnidoo had ever seen, and Gzhe-Mnidoo’s heart swelled with love. Again, our Elders teach us that this most beautiful, perfect lovely being was not just any ‘First Person’, but that it was me, or you. We are taught to insert ourselves into the story…[w]ere created out of love. I was created out of love…[t]he next part of the story [was] first heard from Jim Dumont…[h]e told us that after Gzhe-Mnidoo lowered me to the earth, Gzhe-Mnidoo put her/his right hand to my forehead and he/she transferred all of Gzhe-Mnidoo’s thoughts into me. There were so many, that the thoughts couldn’t just stay in my head, and they spilled into every part of my being and filled up my whole body. Gzhe-Mnidoo’s knowledge was so immense from creating the world that it took all of my being to embody it (p.45).

The relational connection to the creation stories and teachings is in understanding “yourself” (Simpson 2012; Cajete 2000) and in answering these four essential questions,

- Where do I come from?
- Who Am I?
- Why am I here?
- Where Am I going?

These essential questions do not exist in a linear timeline of past, present and future, since Anishinaabe worldview understands “the the past is ahead of us as we look ahead and see our connection to our ancestors all the way to our origins of creation; simultaneously, the future is behind us demonstrated as the younger generation following behind us (in our footsteps)”.

University of Toronto Language teacher, Alex McKay, described this “experience” when
explaining the word, “biidaaban”\textsuperscript{34}. Biidaaban is one stage of sunrise experienced when half of the sun is above the horizon and the other half is below. He said, if you can see the sunrise and sunset at the same time, then you really have your ‘sh*t together’ (personal discussion, 2013). In this understanding of “biidaaban” it is a personal pronoun indicating “I am the balance in the perpetual now”.

Similarly, the Creation story of the Anishinaabe is not a linear event, it speaks to the evolving and continuous story of creation and “relate[s] how humans have been formed by and participate with the creative forces of the universe...[t]he myths of creation, particularly those that deal with human emergence, relate the stages of human evolution and consciousness” (Cajete, 2000, p.35).

In connecting our relational understanding through creation, it is also important to consider the time before “Gzhe-Mnidoo dreamed the physical world through the first six fires” (Simpson, 2012, p. 44),

‘How did the Universe begin and how did our Mother Earth come into being?’

Nokomis answered, ‘Grandson, first there was a void in the Universe. There was nothing to fill this emptiness but a sound. This sound was like that of a she-she-gun’ (shaker)’

...Nokomis continued, ‘Gitchie Manito was the first thought. He sent his thoughts out in every direction but they went on forever. There was nothing on which to bounce them back. Finally, Gitchie Manito had to call his thoughts back to himself. The stars you see at night represent the trail of his thoughts’ (Benton-Benai, 1988, p.15).

Elders (Jim Dumont, Eddie Benton-Benai, Pauline Shirt, Edna Manitowabi, and others) teach us that these stars represent the thoughts of creation by the Creator and once creation was thought, it was set into motion.

One of the things that strike me about the Creation story is where the story begins, before the Creator even knows itself as the Great Spirit. There was time before the beginning of time. This is the time when the Spirit moved the Creator. Then Creation is thought of by Creator first. This reminds us that we need to

\textsuperscript{34} (although not a fluent speaker) my understanding is that biidaaban is the coming together of the future (bii) the present (daa) and the past (ban). This is fully seen through the light that brings vision from the eastern direction each day, and with the other stages of the sunrise relates all that original thought and understanding. The perpetual now, a personal pronoun indicating “I am the balance”.

think from spirit first. (Gertie Beaucage, Personal Discussion, September 15, 2009)

It also teaches that Original human beings were created representing the four colours (white, yellow, red and black) and each of these First Beings were sent out in the four directions (north, east, south and west) to four destinations on the first Earth. Each was given free-will to live mino bimaadiziwin through their Original teachings and instructions. Benton-Benai (1988) further describes “The Earth’s First People” and explains, “no matter how hard life was for the Earth’s people, everyday was recognized as the bringer of beautiful experiences and new lessons to be learned from the surrounding world” (p. 27).

For the Anishinaabe people, “[i]n the Creation story teaching, Anishinaabe mino bimaadiziwin is described as being given by the creator in a beautiful and good way (Benton-Benai, 1988, pp. 2-3). Our connection to creation is the promise life would always flow forward along the life pathway of mino bimaadiziwin and as Anishinaabe people we are not to abandon it.

The Creation story told by Basil Johnston (1976) further explains after the first creation disaster fell on the earth covering it with water and “[t]he world remained a sea for many generations” (p.13). Johnston further describes the (re) creation of “new beings” as being made of both physical and spirit substance,

...[that] were composite in nature, made up of physical substance and a soul-spirit substance...[w]hat was unique was the soul-spirit of each...[t]his substance had the capacity to dream and to receive vision. Through dream and vision a man would find guidance in attaining fulfillment of self. For men the vision was necessary for self-fulfillment; for women a vision was not essential. By giving life through the first mother, women were fulfilled. (p.15)

While there are many Creation stories around the world, each of these stories teach the relationship and relational knowing “self” within Creation. This Anishinaabe Creation story reminds us that our creation starts with thought (vision) and each thought comes responsibility and consequence. It reminds us that we have a responsibility to vision into action as caretakers

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35 My understanding is that the First Beings did not follow their Original instructions and teachings, so creation was cleansed not “destroyed” completely.

36 A difference from the bible creation that indicates it was the WORD of God that create the universe and all things. Hebrews 11:3, Psalm 33: 6
for All Life, for “[t]o destroy one part of the Creation would be to destroy it all” (Benton-Benai, 1988, p. 49). Our Creation stories and teachings are inherent and our birthright that establishes the values and beliefs within each Nation and their connection to the land.

Equally important in the Creation history and Anishinaabe teachings that promote, protect and respect the sacred in all of life, is understanding the balance in all of creation and the sacredness of death, both being part of the natural cycle of creation (natural law).

Jim Dumont summarizes this sacredness of life,

At one time on earth the animals lived on instinct alone…they needed order…so natural law created…respect, sharing, caring and harmony…the same principles guided them both the plants and the animals…everything was created here on earth. The Creator determined he would create a vessel in a way which a spirit could experience life…as a spirit we can’t experience physical life…when we finish our journey we cannot touch life or reach through to the physical earth…the spirit wanted to experience this life…if you want to see what the creator looks like go outside and look at everything…you are seeing the creator…the creator wanted a Being to experience life directly…to ponder it…to experience what the purpose of life is…(personal discussion, 2016).

Elder, Pauline Shirt shares her knowledge about this “spiritual and physical life experience” in “Journey of the Spirit”, A Child Become Strong: Journeying Through Each Stage of the Life Cycle (2010),

Before our spirit enters the womb of our mother, we go on a spiritual journey. In the spirit world we sit with the seven grandfathers37 and the Creator. If we want to take the journey into the physical world we must first ask permission from the Creator to go on this physical journey. If the Creator grants us this request we then have to learn what our purpose will be on this physical journey, then we must choose our parents. We choose who is to be our mother and father based on what our purpose is. We select a mother and a father who will be able to assist us in fulfilling this life’s purpose. The Creator brings them together.

Once we choose our mother and father the seven grandfathers provide us with

37 The Seven Grandfathers/Grandmothers are Wisdom, Love, Respect, Bravery, Honesty, Humility, and Truth.
gifts and medicines to put in our bundle\textsuperscript{38}. This sacred bundle is with us throughout this journey. It provides us with the tools we need to fulfill our purpose. We can add to our bundle as we journey in the physical world, gathering items along the way that give us strength and guide us.

Shirt’s teachings (2010) further remind us to show love and respect for our spirit and our physical body and to honour the gift of our “Life bundle”. This “Life Bundle” includes,

- The spirit name; the name we are given when our spirit enters the physical world and it is associated with our life purpose, and provides us with strength, protection and directions,
- Your colours; that represent certain strengths and guidance and encouragement when you hang material in your colours to guide you in times of need and uncertainty,
- The Family clan; are named after animals and represents your duties and responsibilities to your family and nation,
- Items gathered along our journey might be a pipe, drum and/or a rattle, eagle feather, and family or clan songs [and],
- The knowledge of the four sacred medicines\textsuperscript{39} as given by the Creator for cleansing, prayer and healing ceremonies (p.15-16).

\textsuperscript{38} Once we are here we use our medicine bundle [clan, name, traditional skills, traditional tools] to walk our way of life [our purpose] for walking in a good way for seven generations. There are challenges on our path that we must overcome, including opposite spirits, negativity/lost or forgotten spirits that may bother us. Our spirituality is our way of life. When our spirits leave the spirit world we are not alone, we have guides/angels/spirits to help us. (Elder Pauline Shirt, personal discussion, July 2007)

\textsuperscript{39} The Four Sacred Medicines
- Tobacco: This medicine was the first gift given. Our teachers say that, ‘Tobacco is always first.’ We learn to offer tobacco first before seeking advice from our Elders or traditional people, asking for guidance from the Creator or ancestors, or when communicating with the natural world. We use tobacco in pipe ceremonies to send prayers from the physical word to the spirit world.
- Sage: This medicine varies in species throughout Turtle Island. We burn sage and use it in cleansing ceremonies to brush off negativity. It cleans the body, mind, and spirit. Many people refer to this as women’s medicine.
- Cedar: This medicine is used in ceremonies to purify or cleanse the body, mind, emotions, and spirit. You can burn cedar but it is mostly soaked in water and the water is then used to bathe in or to drink. You can also use cedar branches to provide protection by placing them or hanging them in certain areas, such as above a doorway.
- Sweetgrass: This medicine grows in fields, along roadways etc. When picked it is braided and dried to use for ceremonial purposes. Sweetgrass represents the hair of Mother Earth, when braided it represents the coming together of mind, body and spirit. Sweetgrass represents kindness. It is burned in smudges to bring goodness and positive energy. Sweetgrass is sometimes called baby’s medicine because it smells similar to a newborn baby.
According to our traditional teachings, the human beings proceeds along a life pathway (depending on one’s length of time) going through seven stages of life (challenges/ experiences) and exiting this physical life (death) through the western doorway, returning to the *Spirit Realm*.

### 3.2 Turning around the Chaos (Below)

Some believe we are in the time of the Seventh Fire, a time to find and affirm our strength to live mino bimaadiziwin (“the right road”). In the seventh fire of the “Seven Fires prophecy”, it speaks about the time when,

> There will be a re-birth of the Anishinabe nation and a rekindling of old flames. The Sacred Fire will again be lit…'It is at this time that the Light-skinned Race will be given a choice between two roads. If they choose the right road, then the Seventh Fire will light the Eighth and final Fire - an eternal Fire of peace, love brotherhood and sisterhood.

> If the Light-skinned Race makes the wrong choice of roads, then the destruction which they brought with them in coming to this country will come back to them and cause much suffering and death to all the Earth's people’ (Benton-Benai, 1988, p. 93).

The following diagram “Settler History in Relation to Anishinaabe Creation” (Fig. viii) represents the events of the Settler history, foretold in *The Seven Fires Prophecy*⁴₀ and teaches that within an evolving and changing creation, the short time during contact and colonization is simply one part of the Creation story and one historical event for Anishinaabe people. It teaches that Anishinaabe creation and history is continuous and unbroken (Borrows, 1997), although impacted significantly by the events of Settler history.

It further reminds Anishinaabeg, “to look backward to see that which lies ahead, if we were sovereign people then, we must still be today” (Elder Jim Dumont, personal discussion, 2001).

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⁴₀ For more detailed information of the Seven Fires Prophecy, read The Mishomis Book (Benton-Benai, 1988). Many Aboriginal people believe that we are in the time of the Seventh Fire, (which began around 1970’s).
In the time of the Seventh fire, Renee Shilling (2002) explains the several challenges of living mino bimaadiziwin,

Indigenous peoples often experience high levels of collective stress in their daily lives. The constant energy of poverty, violence, sadness, family breakdown, abuse, death, assaults, accidents, suicides, chronic illnesses, unemployment and intergenerational trauma paralyzes a community in a state where chaos is more likely than progress. This collective stress has been around for generations and continues to collect momentum. In fact, according to chaos theory the only way for this movement to be reversed is by redirecting the energy (p.154).
Redirecting the energy and “turning around the chaos” bringing a fundamental return to mino bimaadiziwin will require a knowing “[w]e are not human beings having a spiritual experience, we are spiritual beings having a human experience” (Ibid, p.152).

In relation to death by suicide, “turning around the chaos” means redirecting energy to live the Creation story that teaches “we come into our physical life with a pre-determined length of time our life will last and, if we take our bodies (premature death) before our (spirit) agreement is over, our spirit will not make the journey ‘home’ (return to the *Spirit realm*) until the physical length of time has passed.” When the physical vessel is intentionally *nitod wiaw* (he killed it, his body) the *spirit* that was gifted to the human vessel needs to be acknowledged and recognized as ‘being made free’ (E. Benton-Benai, personal discussion, 2009).

“Understanding death by suicide (premature death) is complex, as it is always a *choice of free will* of a human being” (J. Rice, Personal Discussion, May 2015). In my Anishinaabe inendamowin (thinking), the *choice of free-will* for death by suicide means the physical vessel is then unable to fulfill answering, “what is my life purpose?” and the spirit agreement to a life experience lived by the natural cycles of creation.

This perspective is supported by Betty J. Eadie (daughter of a Sioux mother), who physically died during surgery and came back to life. In her book *Embraced by the Light* (1994) she discusses her journey and message from her “Lord and Savior Jesus Christ”,

> We must never consider suicide. This act will only cause us to lose opportunities for further development while here on earth. And afterwards, in reflecting back on these lost opportunities we would feel much pain and sorrow. It is important to remember though, that God is the judge of each soul and the severity of each soul’s trials. Seek hope, in at least one positive act and you may begin to see a glimmer of light that you had missed before. Despair is never justified, because it is never needed. We are here to learn, to experiment, and to make mistakes (p. 70).

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41 However, there are ceremonies to assist the spirit to move from the physical to the spirit realm when an individual has ended their physical journey intentionally.

42 From personal experience, when we choose to end our life (terminating the agreement), the western doorway needs to be acknowledged. This explains both the importance of knowing your spirit name and where one’s spirit ends up in ‘transition’ when choosing death by suicide. This ‘transition’ is explained in other teachings specific to ‘suicide’ and an Elder or Traditional Knowledge Keeper would provide more information beyond the scope of this research study.
The following “Letting Go Ceremony” as told by a Cree woman from Alberta in *Returning to the Teachings* (Ross, 2006) describes the ceremony that happened in the wintertime, in response to the tragic death by suicide of her nephew. This story represents the community’s strength to “turn around the chaos” by connecting to mino bimaadiziwin through healing.

This ceremony involved a sled with long, strong ropes tied to each end - on one end, the grave marker was tied and a large number of community people pulling the sled toward the graveyard for the burial. On the other end holding the rope was the family of the young man who had taken his life, pulling the sled in “the opposite way opposite way, doing whatever they could to keep that sled from getting there, to keep the burial from taking place”…

it wasn’t long before all the family members-men, women and children- were down in the snow and slush and dirt, their clothes wet and muddy, the hands raw, their backs, arms, shoulders and legs giving it everything they had. People up and down the rope were breaking into tears and groans, often repeating the name of the young man...they started saying the names of other people who had passed away, people whom they had never been able to let go of before. All along that rope there were eruptions of grief at so many losses in the family, none of them resolved, none of them put to rest.

It took a while to get the gravesite. By then the entire family had, quite simply, nothing left. The burial took place in exhausted silence. However, by the time of the feast later that night, everything had changed completely...’It was almost like one of those wakes where you’re supposed to celebrate, instead of mourn…’(p. 164).

This community story is a powerful reminder that action in alignment with traditional teachings moves individuals and whole communities towards “mino bimaadiziwin” and ultimately that the principles of mino bimaadiziwin has no beginning and no end.

The time for change is here, and from multiple worldviews knowledge is sought in “returning to oneself” the living experience of mino bimaadiziwin. Sharing these worldviews is to connect relational cosmology and find meaning in our own “ways of being and ways of doing”.

In *Issumatuq Learning from the Traditional Healing Wisdom of the Canadian Inuit* (1994) Kit Minor presents the choice of “suicide” being both the physical and the spiritual,

Suicide was most common among the elderly and was considered a reasonable approach to death for them. The concept was clear: individuals spent a lifetime
in spiritual preparation and struggle and, as they approached old age and became a burden upon the group, they would realize that there was only one way to alleviate the burden, and that was by death. This decision was arrived at through the process of *ajurnarmat* a logical approach to problem-solving, where a matter was clearly considered and a decision was made as to whether or not something could be done about it. If nothing could be done, it was accepted. But if something could be done, action was taken (p.42).

Minor further explains, *ajurnarmat* was the process when a life decision, and “suicide” was the only way to “alleviate the burden” and the decision was considered honourable to the survival of the whole community. “Suicide was not a desperate or irrational act. Rather it was carefully considered and accepted” (p. 43). The individual then was assisted by a favorite member of the family, and included other methods such as walking out on the land or ice, or being left behind to die of exposure or starvation (p.43). The remaining members of the family grieved at the death of a loved one but accepted it as a necessary part of life.

So, here we see *ajurnarmat* providing strength to individuals and families at times of greatest challenge and profound grief (p.43). The process of *ajurnarmat* reflects a traditional Inuk worldview that involved the whole community and is described further,

> In times of mental depression, such as created by serious personal crisis, suicide could be an alternative course of action, but it was dependent upon several conditions and choices. It was first of all an individual decision arrived at after much spiritual thought and many efforts to discuss the depression with other camp members.

> If an individual could not resolve their depression and thus felt themselves a burden upon the group or experienced an unresolvable desire to free their personal soul from bodily confinements, this individual could quite legitimately ‘will’ suicide. Again, this was an honourable death, for the Inuk had struggled within to determine his or her own fate, and through this struggle had decided upon a course of action for which they took responsibility. Death by suicide, or any other cause, gave freedom to the soul. (Minor, 1994, p. 43)

However, as Minor explains, with the gradual disruption and loss of traditional support systems “a void appears to have been created which affects personal development and one’s sense of meaning in life” (p. 94). “Some youth have believed suicide to be an acceptable escape from the

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*Ajurnarmat:* an Inuktitut term meaning “it can’t be changed.” The crucial element of this concept concerns “the thought process necessary to determine whether or not a matter can be changed.”
vacuum in which they have found themselves, and as an effort to return to a traditionally accepted and respected response to a difficult situation” (Minor, 1994, p. 94). Significantly, Inuk youth are trapped between contemporary and traditional responses to difficult life situations and modern circumstances, resulting in independent individual life decisions removed from the interdependence of family and community and original teachings about ajurnarmat.

The idea that suicide based on ajurnarmat was honourable among the elderly challenges western beliefs that assisted suicide is a criminal offence44, thus bringing assisted suicide into the realm of public debate and discussion. Using the traditional beliefs of ajurnarmat as modern criteria for “assisted suicide” as a non-criminal offence, the conditions might include,

a) a voluntary and competent request to the family and community,
b) reasonable waiting period to evaluate other alternatives and community resources,
c) involvement of a family member or close relative to assist in dying,
d) involvement of the family and/or community in the decision, and,
e) a reasonable evaluation of the physical, mental, emotional and spiritual state of the individual when the request is made (mental health and/or physicians as applicable).

Controversially, the traditional meaning of ajurnarmat may fall into the category of “dying with dignity” with reason and rationale cause, while maintaining a belief and value in the sacredness of life. This sacredness is explained in The Healing Blanket (1998) by Nio gishic goo ikwe (Woman of the Four Skys) Mary Ellen Baker, who speaks about encouraging human beings to continue walking on the life pathway,

The greatest chore that is given us this day, is to think good about all life, to respect all life and our own. We are to live on this earth in harmony. We are here for a reason. On the sacred path of Life, we have learning experiences that will keep us in good, strong balance. Life experiences, sometimes difficult and painful, take us on a different path and we end up getting hurt there. We are to learn from the experience and pain and must always come back to the sacred path.

44 In February 2015, Canada’s high court struck down Canada’s law against physician-assisted suicide, meaning it will no longer be against the law for a doctor to help someone who is ill and suffering to end their life—and only under several conditions, such as: ‘the person must be a competent adult, have a grievous and irremediable medical condition that causes endless suffering…

We keep walking the sacred path of life in this way (Jones, Baker & Schuman, p. 146).

Similarly, the Ongwe-oweh (Iroquois Nations) are reminded to follow a good way of life in the message given to Handsome Lake, Seneca Prophet (Parker, 1990) called *The Gai’wiio’* (the good word of our Creator). It is believed that *The Gai’wiio’* came from “…the Great Ruler, to the four messengers” (p.19).

*The Gai’wiio’* informs on many life choices, but does not directly state that an individual should not take their own life. It states that, “…the Creator has given each person a certain number of days in which to live in this world” (p.28). “The Legend of the Coming of Death” (Parker, 1990) is an interesting story, that reflects that at one time “man-beings” did not know of death. “When the world was first made, men-beings did not know that they must die sometime” (p. 107). Then one day, according to the legend, the people found a man limp, lying of the grass with no breath. They tried for many days to wake him up but after awhile he became offensive. No one knew what had caused such a thing. A while later a child was found the same way. A wise man had a dream and spoke to the Good-minded spirits who told him, “every person must do as the other persons do. They have died. They do not breathe. It will be the same for all of you” (Parker, 1990, p. 105). From this story, it reveals that the length of life was not in the hands of “man” but believed to be given by the Creator.

As such the “Funeral Address” (Parker, 1990) as indicated by Handsome Lake states, “we are gathered here because of what our Creator had done. He made it so that people should live only a certain length of time - none to be more favoured than another” (p. 107). In “Ideas of the Soul” Handsome Lake explains the relational connection of life, death and the “immortal” soul,

- Every soul has a path to its destiny after death.
- Every soul retains its personal identity whatever form it may inhabit.
- Soul differs from life.
- When the soul leaves the body life does not necessarily.
- When life leaves the body the soul generally does, though not always immediately but may linger for ten days.
- The soul may pass from a living body and enter any object or go to any place to acquire wisdom and returning reveal it to the person in dreams or visions.
- Should a person refuse persistently to heed these warning visions, the soul is liable to desert him, leaving the person simply a creature without power to resist
or understand the influence of various spirits good or bad.

- Thinking that by some oversight or evil doing that he may lose his soul the Indian often offers sacrifice to his evil spirit. This is to satisfy his evil spirit with other than wrong doing and thereby not offend his good spirit. (Parker, 1990, p. 61)

The significance of this perspective is the similar Inuit belief of respect for both the spirit life and the physical life and belief in two souls, as Kit Minor (1994) explains,

each individual possessed two souls (turnqaniq) – a human soul and a name soul. The human soul constituted the main physical strength of the individual. It gave energy, power and endurance. Basically, the human soul was the visible and/or impressionable strength, skills and knowledge essential for physical survival. The soul was exterior–it could be seen, heard and acknowledged. The human soul experienced one life on earth and, following death, journeyed to an afterworld to reside in peace and harmony among the spirits. This soul was unique to each person and accounted for the individuality of the Inuk.

The name soul floated freely about the cosmos and possessed strengths of mind and character. The name soul was not only within the body of the Inuk but also invisibly about him or her. It could partially be characterized as personality or intellectual and emotional ability, but name souls were also infinite and shared in the cosmos.

The souls were essential to Inuit philosophy and psychology encouraging exploration for strengths of character within the name soul, while the human soul sought knowledge and the skills to survive. The souls combined in spiritual search and struggle (p. 37-8).

These worldviews and stories challenge the word “suicide” to be considered from a Indigenous lens that neither “death or life” are fixed events. Locating the word “suicide” as a fixed event negates the complex and ever changing understanding of “living” mino bimaadiziwin and the transformation and renewal of traditional knowledge and understanding into the present.

These teachings recognize the necessity to transform “talking about suicide” which is often limited to preventing (death) suicide, towards a life promotion lens that includes acknowledging death and life as a sacred balance.

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45 Challenging understanding the word “suicide” or “talking about suicide”, does not not discount the language needed for the word “suicide” that expresses the lived experience as loss-survivors or expression of those with an intention to end their life.
3.2.1 Turning around the Language

My Grandmother says, ‘there are many grandparents who say, ‘I never heard of that, we never talked about that.’ But they don’t know because they went to residential school and weren’t taught those things themselves’ (Ann Wilson-iban, Personal Discussion, 2003).

In Lifting the Silence on Suicide (2002) the Elders in attendance at the Aboriginal Conference on Suicide Prevention in Alberta, shared their “Words of Wisdom” stating “...[w]e sometimes don’t recognize how big the problem is until it's too late and we need counsellors...Silence is dangerous when we pretend its not there...We live in denial...Silence is a blind eye...Communication is a healer to break the silence...(p. 8).

This claim to “silence about suicide” is similarly noted in the report, First Nations and Inuit Suicide Intervention Training “Best Practices” (Devlin, 2001). This report was compiled for Nishnawbe-Aski Nation during a time “when 28 young people from Nishnawbe-Aski First Nations in Northwestern Ontario committed suicide” (p.ii). The report states that the topic of suicide has been hidden in First Nation communities and that cultural beliefs and values have prevented openly talking about suicide,

One Ojibway belief shared with me is that when a person commits suicide their spirit is troubled and their spirit will linger before they embark on their journey to the afterlife. If a family member or friend talks about the deceased this will cause the spirit to remain in the vicinity. Elders have advised not to speak of the person that has taken their life.

As well, Elders in explaining why there are so many youth taking their lives in the Nishnawbe-Aski communities have spoken about a suicide spirit that tells the young people to take their lives. Thus cultural beliefs and values have for a long time kept a veil of silence in First Nation and Inuit communities (Devlin, p. 10-11).

Historic “suicide” statistics in Nishnawbe Aski Nation include,

- More than 500 suicides across in NAN First Nations from 1986 to 2016. More than 70 were children aged 10-14; nearly 200 were youth aged 15-20.(* this does include attempts).
• A State of Emergency was declared by NAN Chiefs in 1992 calling for crisis support, community-based programs and other resources to address an epidemic in suicide and suicide attempts.46

• First Nations in northern Ontario called for emergency relief after several young people including a 10-year old girl dies by suicide in recent weeks. (January 2016)47

• Attawapiskat called a state of emergency on April 9, 2016 after 11 people attempted suicide in a 24 hour day. Another 5 children attempted suicide…48

Unfortunately, the issue of suicide in First Nation communities continues to be addressed as “events” brought to the attention of Canadian society through states of emergency and media reporting. The conversation of talking about suicide must shift from being an “event” to discussion centred on the respectful understanding that reflects the history, identity, culture/language and traditions/practice of the community.

Measuring Aboriginal peoples “silence and secrecy” from western worldview creates stigma through standards that perpetuate discrimination for Aboriginal people to “talk about suicide” in a manner that reflects their cultural beliefs, attitudes and behaviours. Significantly, “silence and secrecy” towards “suicide” as “taboo” from a traditional knowledge perspective is implicitly different from western ideology (moral sin).

From a western perspective, one widely used resource is SuicideTALK: An Exploration in Suicide Awareness (2002) which states that suicide is kept taboo and stigmatized in society so that people avoid talking about suicide, as it’s considered “evil, sick, contagious, fearful, etc” (p. 39). It also encourages speaking about suicide to shatter the “secrecy” and rupture the myths and taboos of speaking about suicide.49 This single approach to collectively address the “suicide secrecy” does not take into consideration, the slow erosion of Aboriginal peoples identity,


culture, tradition and history by government (colonization, assimilation and cultural genocide) policies\textsuperscript{50} that resulted in fragmented worldviews. These adopted/acculturated western ideologies of shame and fear around suicide and speaking about suicide have discounted traditional knowledge to address the "language of suicide."

How Aboriginal people choose to talk or use the language of suicide is distinct and interconnected to, "[t]he way language differentiates between various relationships reflect the way a society chooses to structure itself...it is important for the language to make a distinction between different forms of what Westerners see as one relationship (Peat, 2002, p.233).

The English language as the primary voice defining "suicide" requires more discussion, is alos beyond the scope of this research study. However, Durkheim (1951/1979) does "conclusively" indicate the word "suicide" is definitive,

> Of course, in common terms, suicide is pre-eminently the desperate act of one who does not care to live...no matter what reason may have led him to act thus. All mortal facts thus characterized are clearly distinct from all others in which the victim is either not the author of his own end or else only its unconscious author...Suicide is the one appropriate; there is no need to create another, for the vast majority of occurrences customarily so-called belong to this group. We may then say conclusively: the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result. An attempt is an act thus defined but falling short of actual death (p.44).

Significantly, a single mainstream monopoly or monolinguistic language should not systematically define "suicide" or community approaches as Peat (2002) reminds us, "...while Anishinaabeg speak English it does not mean they are English, or that there is a common understanding of meaning in the translation of English words. For example, the language of the Algonquin peoples was gifted by the Creator specifically to deal with subtle matters of reality, society, thought, and spirituality...a language so perfectly adapted to a reality of enfolding and unfolding matter and thought"\textsuperscript{51} (p.238).

\textsuperscript{50} Examples of these policies include; The Indian Act, The Residential School Act, The White Paper.

\textsuperscript{51} David Bohm, \textit{Wholeness and the Implicate Order} speaking about Algonquin language as one based on processes and activity, transformation and change, rather than on the interaction of stable objects in Peat, 2002, p.238.
The simplest explanation is that English language is noun based, objective and represents an unchanging state “full of static objects without connection to each other “ (Ross, 2006). The following examples demonstrate the various “English language” interpretations of the word “suicide” as well as several “global” interpretations.

One is the word “self-murder” that according to Kevin Caruso (n.d) in his online article, *Suicide is NOT self-murder* - this terminology “self-murder” implies that suicide is a crime, implying evil intent and that it is negative. He clearly states that: suicide is NOT a sin, Suicide is NOT a crime and Suicide is NOT self-murder.” Another word “self-murder” is from Merriam-Webster online (2010). It states that “self-murder” is a noun, meaning “self-destruction, suicide” and its’ first known use was in 1583. Its’ synonyms are: self-destruction, self-murder, self-slaughter.”

Wikipedia online (2010) refers to the word “suicide” meaning “to kill oneself.” It further lists various beliefs such as Abrahamic religions that consider suicide an offence towards God. The general Western belief that regards suicide as a crime. It also states that in Japan during the samurai era, “seppuku” [hara-kiri] was respected as a means of atonement for failure or as a form of protest, and in the 20th century, suicide by self-immolation [setting oneself on fire] has been used as a form of protest (i.e. kamikaze, suicide bombing). It also states that “sati” is a Hindu funeral practice in which the widow would set herself on fire on her husband’s funeral pyre. Finally, another “terminology of suicide” is the medically assisted suicide (euthanasia or the right to die).

Multiple interpretations and terminologies then challenge the capacity to create a shared vision through a single language that expresses multiple worldviews in relation to the word “suicide”. Currently, the number of available documents on suicide prevention, awareness, intervention, post-vention, and consultation are extensive. The Centre for Suicide Prevention Suicide

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52 Many people, who know my research study focus, ask specifically ask about the word “self-murder”.


54 Notably ‘wikipedia’ does not include Aboriginal or Indigenous contributions to the word “suicide”.
Information and Education Collection (2010) established in 1982, had more than 37,000 references to print and audiovisual resources on suicide prevention, intervention and postvention. Would reading these 37,000 references ensure a better understanding of “suicide?” in a word? or the cultural context to “talk about suicide” or mino bimaadiziwin?  

To know one’s language is the return to living Anishinaabe mino bimaadiziwin that is both internal and external to our lived experiences. “The good life” is not a noun that describes an event, it is a verb that puts into motion everything we need to live here on this physical earth, enacting the spiritual action and *principles of mino bimaadiziwin* (Seven Generations Educational Institute, 2013). From a traditional knowledge perspective using the word “suicide” to describe a death, or to use the word to ask the question, “are you thinking of suicide?” gives power and energy to the word “suicide” which is the opposite of life.

Ross (2006) further explains the importance of how language is understood from an Aboriginal cultural context,

> in a recent conversation with some Aboriginal people from northern Manitoba. We were talking about the plight of their younger generation, discussing possible reasons for the excessive rates of suicide, substance abuse and violent behaviour. One of them mentioned that an elder had volunteered his own explanation: in his [Cree language] view, the present problem could be traced to the fact that mothers were no longer breastfeeding their babies. For that reason, the babies did not grow up with the sound of her heartbeat...

> ...I knew, for instance, that references to ‘heartbeat’ refer to much more than the human heartbeat. Mother Earth too, because she lives, has a heartbeat—one that comes through the drum. And at the most basic level, such a heartbeat flows through all of us, giving us all the same life. We are all connected, by that heartbeat, pulsing along in a common life with it. Because of that we are never truly alone, but always connected, Mother Earth (p.125).

Understanding the cultural concept of “not breastfeeding as a possible reason for suicide” requires relational thought, understanding kinship connection to transmit the cultural context of breastfeeding as a “suicide prevention” as a very powerful call to action. My grandmother spoke

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55 Access to this database requires a subscription fee; therefore, I do not know the number of Aboriginal specific references contained in this library that would provide the cultural context for mino bimaadiziwin.
of “noon’aan” (breastfeeding)\textsuperscript{56} as the connection all the way back to the one’s ancestors. This example of Aboriginal way of thinking focuses on actions that connect individuals to the cultural context (values and customs) that inform their community-based approaches.

As Leroy Little Bear explains, “[t]he function of Aboriginal values and customs is to maintain the relationships that hold creation together...Values and customs are the participatory part that Aboriginal people play in the maintenance of creation” (2000, p.81). Therefore, it is important for individuals and communities to provide the cultural context for understanding and creating approaches from their interpretation and relationship to the word and action of “suicide”.


My Grandmother who lives the language says the word she knows is kiinsidisoo which means, “he took his own life” but that doesn’t mean, “kill”. She explains the language has different dialects from all different reserves. When I ask her about neesidisod-netod wiiaw (Baraga, 1992), she tells me netod means, ‘he killed it’ [nitoon – kill something inanimate - ninitoon – first person singular as in ‘I killed something’, netood – as a pronoun] \textsuperscript{57} and wiiaw is “his body”. I then reassure her that I am only trying to understand the word in the language and I’m not thinking about the word too much because I don’t want it to be a part of me.\textsuperscript{58} She further explains, “there are lots of different ways you could do that [take your own life] and lots of ways

\textsuperscript{56} In the Anishinaabe language noon’aan refers to breastfeeding, and it includes understanding the relationship between two entities that is fully visible and the present entity being enhanced by its inner components. (Roy) Furst, 2012, p.209).


\textsuperscript{58} In following the way of life as taught to me by my Elders and in particular my grandmother, I am reminded to be careful how we speak and how we think about things. The challenge for me is to find a balance in using the word ‘suicide’ respecting the close relationship and connection to our thoughts, words and actions. Always in a good way and a good mind, I am reminded to think good thoughts, as these thoughts are what will create my life experiences. I do not want to use the word ‘suicide’ disrespectfully as I do not want to give the ‘spirit’ of that word ‘power’.
to say it, for example, if you took your life by hanging, it would be said differently than if you took your life by poisoning (Anne Wilson-iban, personal communication, July 12, 2011).

In speaking with Elder Mary Grace McGregor of Birch Island, she indicates that giinsidza means “he killed himself” and giintoon bimaadiziwin means “he took his life”. She also states there is a reason for life and therefore “suicide” is the opposite of life. She reminds us that we will heal the past by breaking the cycle of suicide, by not allowing the hurt of the past to consume the present (personal discussion, September 2013).

The energy and thought vibration of “talking about he killed his body” is considered in opposition to life, and reflects the cultural context that words have power. As Peat (2002) explains, when people sit in a circle “popping wind” as the Mic Maqs say – they are creating physical vibrations within the universe, and these vibrations evoke and bring into direct manifestation other vibrations, powers, or energies. Speaking is a positive action that can bring about change, for what is said can come into actuality (pp.224-225).

When I asked my great aunt Dorothy Medicine about “suicide” she explained,

> It [suicide] may not be here now but it could be coming. There were several [suicide] attempts, but no one talks about it. Some has to do with the harshness of the English language. Everything in the [Ojibway] language is gentle/kind. Not sure what will happen in the future.

> I worry about our great grandchildren. Before, anyone like an aunt or uncle could talk to the child to correct them, not now. Most young people, on reserve with kids don’t even take care of them. Those kids don’t know how to be parents. No one listens to the Elders. We’re losing our values, beliefs and faith in our culture and language (personal discussion, 2011).

Notably, although the focus of my question was on “suicide”, the word is not used once. Medicine indicates that “it” is not talked about because of the “harshness of the English language” rather than stating it is a general “taboo”. Her concern is losing values, beliefs and faith in our culture and language, and ultimately our connection to life.
“Our original languages are the way we speak to the spirit, even when speaking english we are reminded to be careful how we say things so as not to hurt another”, (John Rice, personal discussion, 2013).

In *The Truth About Stories* (2003), Thomas King discusses the power of language referencing N. Scott Momaday’s novel, *House Made of Dawn*, and Momaday’s Kiowa grandmother, who could neither read or write and whose use of language was confined to speech… ‘her regard for words was always keen in proportion as she depended upon them…for her words were medicine, they were magic and invisible. They came from nothing into sound and meaning. They were beyond price; they could neither be bought nor sold. And she never threw words away” (p.100).

Ensuring traditional knowledge and practices measure and inform *individuals own life* worth living includes the challenge of locating the history and relationship of language within the family and community which shapes one’s way of understanding the world.

The power of language, whether written literature or oral transmission, is the possibility to “turn around the chaos” of historical transmission that continues to perpetuate societal conditions and provide impetus for suicide to manifest individually and collectively. This shift requires acknowledging the physical history of government dependency, environmental changes and economic crisis that has weakened the spirit and the physical vessel…“through negative experiences-through lack of love, through violence, sexual abuse, or other damaging experiences. By weakening the spirit, these experiences also weaken the body” (Eadie, 1994, p. 70).

This shift requires traditional knowledge transmission such culture, traditions and language to turn around the chaos transforming the meta-narratives that bind our communities primarily to the tragedy, grief, melancholy, hopelessness, despair, and lived experience of suicidality.

### 3.3 Conclusion

Durkheim (1951/1979) further indicates that, “we must seek in the past the germs of new life which it contained, and hasten, their development (p.391). For Anishinaabe people this “germ of new life from the past” are the principles of mino bimaadiziwin and relationship to the land experienced in balance with natural law. From our creation story it is observed that natural
“society” was placed here before the human being. It is our responsibility, as human beings, to determine our “self” from the original instructions and teachings through our relational connection to ensure mino bimaadiziwin for the future generations while fulfilling our own life purpose as agreed to through creation.
4. Vision: Knowledge and Understanding (East)

From this eastern direction, the light of the new day represents the gift of our ability to have Vision. To have Vision means understanding our responsibility to connect past knowledge, with the present understanding and move forward in the future with reason.

Owidi waubunong buh-onji-wausay-yawbung...anduso geezhig (there in the eastern direction from whence the dawn emerges each day). From this direction we are gifted with gikendassowin meenwa nisidowin (knowledge and understanding). It is from this direction that we understand the present, future, and past at once through biidaaban (brings light at dawn). We are told all of life comes through this direction; this is the place where the life journey begins.

In 2013, I am sitting in the eastern direction. I have come to Machias Port, Maine to sit where the grandfathers and grandmothers have called me. I open my heart to hear the Creation story, my creation story through the sound of the ocean water moving to the rhythm of the universe. Turtle Island shifts to awaken the ancestors..."she is here, she is listening"...I look as far as I can...Waynaboozhoo on the back of a whale...the water helpers petition for strength...the water needs our help. I sing to the water...I offer my tobacco and receive the gifts of this doorway.

4.1 Restoring Traditional Visions

The vision of this research study is to understand the applicability of the Medicine Wheel praxis as the embodied traditional knowledge to restore traditional visions of life promotion and share this knowledge to inform whole communities of practice and systems approaches for collective impact to address the complex issue of suicide and mitigate the “origins of suicide” for Aboriginal people.

The vision of this research follows the intent to gather the traditional knowledge gifted though my grandfathers’ drum as it unfolds on this life pathway strengthening this “living research”.

“The Drum is Trying to Tell You Something”

The rhythm of the drum
connects the heartbeat of Mother Earth
to each and every one of us
We have been here since time immemorial
and will continue to be here,
Listen and you will hear
the message from our ancestors.

From knowledge and understanding, the vision of being Anishinaabe and living mino bimaadiziwin continues to “feed the spirit” of all life sending it to the future,
A wise elder was teaching his grandson about life,
‘A fight is going on inside me,’ he said to the boy.

‘It is a terrible fight, and it is between two wolves. One wolf is evil; he is anger,
envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies,
false pride, superiority and ego.

The other wolf is good; he is joy, peace, love, hope, serenity, humility, kindness,
benevolence, empathy, generosity, truth, compassion and faith.

This same fight is going on inside you, and inside every other person, too.’

The grandson thought for a minute and then asked, ‘Which wolf will win?’

The wise old elder replied, ‘The one we feed.’

“The last teaching about the wolf is important for us today”(p.8), as The Mishomis Book (1988)
re-tells the story when the Creator sent Ma-en’-gun (the wolf) as “brother” to walk with Original
man (Anishinaabe/Wa-na-boo’-zhoo) to name all of Creation. (p.7-8)

What the Grandfather said to them has come true. Both the Indian and the wolf
have come to be alike and have experienced the same thing. Both of them mate
for life. Both have a Clan system and a tribe. Both have had their land taken
from them. Bot have been hunted for their wee-nes’-si-see (hair). And both have
been pushed very close to destruction….

Will Indian people emerge to lead the way back to natural living and respect for
our Earth Mother? (Benton-Benai, 1988, p.8)

Finding vision is possible with an intention of “shedding light” on the intergenerational impacts
of colonial history and cultural genocide, and in “re-visioning” being Anishinaabe as the lived
experience through traditional knowledge embedded in our observation of the natural world, the
patterns of transformation revealed through relationships, i.e. spring to winter, dark to light, birth
to death, etc. and, the energy of the spirit that connects all life and moves it forward.

59 The true origins of this story are unknown, but it is a great summation of the human condition and an
appropriate introduction to this section.

60 “After Original man was placed on Earth, he was given instructions by the Creator. He was told to
walk this Earth and…name all the Creation. At this time, “Original man had no name of his own yet.
Later, people would refer to him as Anishinaabe and, still later, Way-na-boo’- zhoo…”(Benotn-Benai,
1988, p.5)
In *Indigenous Healing Exploring Traditional Paths, (2014)* Rupert Ross states the importance of understanding the “impact across decades” (p. xv) for example, of residential school, and that “Aboriginal children need to know about the history of their families, and non-Aboriginal Canadians need to know about the true history of our country. I don’t think Canada understands, and I think we ought to.” (p.xvii). Ross (2014) further explains that in knowing and understanding the “true history” provides an opportunity for “non-aboriginal Canada” to see the “determination of so many leading aboriginal people to restore traditional visions to prominence in the modern world” (p. xvii).

In knowing and understanding the “true history” of settler society, Aboriginal people will see their own determination in restoring traditional visions of health and well-being as a priority and perhaps respond to the following “request” of an “Aboriginal Grandmother” speaking at a conference to discuss the creation of the Truth and Reconciliation Commission, as re-told by Ross (2014),

> The first speaker was an aboriginal Grandmother. She said that she wished the TRC every success in helping to tell the full story of residential schools. Then she surprised me, because she didn’t mention the need to educate non-aboriginal Canadians about the system. Instead, she focused on aboriginal children. Specifically, she said she felt they needed to understand how their parents and grandparents had been changed by those schools. ‘Maybe then,’ she said softly, ‘they can learn to forgive us for failing them so badly.’ (p.xv)

According to Elder, Gertie Beaucage in her “Cultural Competency Training” (February, 2014), the impacts of colonization and cultural genocide were a time of “great confusion.” The impacts of land relocation through Treaty agreements, the control by the Indian Agent and governments through The Indian Act (1876, 1951)\(^1\), enfranchisement, the reserve era (1880-1960), the residential school era (1883-1975), the 1960’s scoop of children into adoption and foster homes (1950-1985), The White Paper 1969 and, the Constitutional Act 1982 including Section 35, are all historical government decision-making systems that continues to impact both Settler and Aboriginal society today.

\(^1\) Royal Commission on Aboriginal Peoples. Chapter 9, “The Indian Act”, Volume 1. 1996
Clearly, these systemic government legislative decisions were not created simply for the benefit of “protecting and respecting Indians” but rather, according to John A. Macdonald, (The First Prime Minister of the Dominion of Canada), “[t]he great aim of our legislation has been to do away with the tribal system and assimilate the Indian people in all respects with the other inhabitants of the Dominion as speedily as they are fit to change” (1887).62

Although, this legacy of systemic assimilation and cultural genocide has lasted over 100 years, the intergenerational impacts have only recently “come to light”. For example, Chrisjohn and Young in The Circle Game, Shadows and Substance in the Indian Residential School Experience in Canada (1997), it was not until the early 1980’s that “suicide in North American indigenous communities began to gain attention in higher government and policy making circles” (p. 259). One immediate response was for Native psychologists to research this phenomenon and present their findings and underlying philosophy, stating that,

Suicide is the ‘final self-destructive act of despair, committed while in a state of hopelessness and depression.’ Young Aboriginal men are ‘unable to find meaning in their lives,’ ‘feel abandoned by their culture,’ ‘ease their pain and frustration’ with drugs and alcohol, and end up worsening their ‘mental state.’

...All-in-all, the fundamental underlying assumptions of the Native Psychologists do not differ in any significant way from earlier, more generic summaries of Indian suicide: Indians suffer from low self-esteem, are depressed and hopeless, drink too much, seem unable to adapt to the institutions (like education) of mainstream society, feel alienated from society at large, come from unstable home environments, and suffer personal financial difficulties. In combination, these factors have helped to bring about a suicide rate for indigenous peoples that has been and (for nobody knows how long) remains at least four or five times the national average, at least for some age groups (p. 259).

As Chrisjohn and Young (1997) explain, there is a significant aspect missing from these assumptions; a shift in understanding suicide being “in part a normal human reaction to conditions of prolonged, ruthless domination” (p. 260) from suicide misrepresented as “individualistic, relying on supposed internal characteristics instead of looking at the inverted pyramid of social, economic and political forces impinging on Aboriginal peoples” (p. 260).

To further illustrate this, Chrisjohn and Young (1997) presents a very compelling position regarding the “suicide rate of German Jews…estimated to have been at least two or three times higher than the rate for German citizens in general, and during the years of intensive removal to concentration camps (1943-1945) it was at least 50 times the rate for non-Jewish Germans” (p. 259-60).

There is no question, that the Jewish Holocaust was a significant form of recognizable genocide, and that “the “proper treatment” for the “Jewish Suicide Problem” wasn’t to send cheerleaders into what remained of their communities; it was the elimination of the system of unspeakable cruelty that destroyed their lives” (p. 261). Similarly, “…the “proper treatment” for the “Indian Suicide Problem” isn’t to send in cheerleaders into our communities; it is the elimination of the system that is destroying our lives” (p. 261).

However, “the scholarly community that studies genocides” (Dirk, 2002, p.8) is still debating whether or not Aboriginal peoples in North America experienced genocide. Unfortunately, the genocide of Aboriginal Peoples in North America continues to be “overshadowed by the nationalistic and totalitarian ‘cleansing’ programmes of the twentieth century, particularly the Holocaust” (Dirk, 2002, p.8). According to Dirk, until the genocide of North American Aboriginal peoples is realized the “American public leaders and intellectuals” will continue to “pontificate about genocide in every country but their own” (2002, p.16).

Generally, it is an Aboriginal belief, that the “long-term initiatives to kill various First Nations populations that were hidden, ignored, and/or approved by governments “ (Gray, 2012, p.84) is genocide (Daschuk, 2013, TRC, 2015). It is too simplistic to state that “colonization is basically non-genocidal (the liberal view) or that it essentially is (the post-liberal view)” (Dirk, 2002, p. 28) without considering that “there were many acts of genocide, even if there was no master plan to kill off all First Nations people” (Gray, 2012, p.84).

Only recently, The Truth and Reconciliation Commission of Canada (TRC) summary of the final report, Honouring the Truth, Reconciling for the Future (2015) named “cultural genocide” as “the central goals of Canada’s Aboriginal policy”,

to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the
Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can best be described as ‘cultural genocide’.

Physical genocide is the mass killing of the members of a targeted group, and biological genocide is the destruction of the group’s reproductive capacity. Cultural genocide is the destruction of those structures and practices that allow the group to continue as a group. States that engage in cultural genocide set out to destroy the political and social institutions of the targeted group. Land is seized, and populations are forcibly transferred and their movement is restricted. Languages are banned. Spiritual leaders are persecuted, spiritual practices are forbidden, and objects of spiritual value are confiscated and destroyed. And, most significantly to the issue at hand, families are disrupted to prevent the transmission of cultural values and identity from one generation to the next.

In its dealing with Aboriginal people, Canada did all these things. (p. 1)

The Truth and Reconciliation Commission Report (TRC) (2016) further documents stories from survivors, including tales of children taken from parents, siblings separated and abuse and neglect at residential schools”.63 This colonization practice and policy of cultural genocide, along with the resulting dislocation from traditional land, isolation, loss of language and culture, loss of identity, political marginalization, forced assimilation, are all argued to be essential factors in understanding the gross inequities in the status and wellbeing between Aboriginal and non-Aboriginal people around the world – it [colonization] is the underlying fundamental social determinant of health. (Finlay & Nagy, 2011)64

From the late fifteenth to the early twentieth centuries, large-scale manmade disasters occurred worldwide to Aboriginal societies as European countries practiced colonisation. These activities have reshaped the environmental, social, spiritual and cultural face of the globe, with outcomes that were unforeseeable at the time. (Giddens, 1989, pp. 52, as cited in Atkinson, J. (2002), pp. 57-58).


The trauma and impact of intergenerational interference observed from these historical accounts of residential schools, and the numerous individual abuses that took place there on individuals, families, communities, and culture itself, poverty, alcoholism, the lack of safe affordable housing and of supportive resources have all been named as possible explanations for the high rate of suicide in Aboriginal communities” (Dilico, 2001, p. 27).

Suicide, however, is not simply a “problem with the people” (i.e. sad and depressed, race, cosmic factors), rather suicide manifests as a reflection of the social society within which one exists, therefore the “disorientation” for Aboriginal people is largely constructed from the impact of colonial settler history and cultural genocide. Significantly, Euro-Canadian Society (Settler Society) cultural suppression and displacement, and cultural genocide must no longer determine or decide Aboriginal society.

While, Aboriginal Nations were not included in the infamous writings of Emile Durkheim (1951/1979) in *Suicide: A Study in Sociology*, it is worth noting his support for the observation that “suicide is an echo of the moral state of society”,

The conclusion from all these facts is that the social suicide rate can be explained only sociologically. At any given moment the moral constitution of society establishes the contingent of voluntary deaths. There is, therefore, for each people a collective force of a definite amount of energy, impelling men to self-destruction. The victims’ act which at first seem to express only his personal temperament are really the supplement and prolongation of a social condition which they express externally.

It is not mere metaphor to say of each human society that is has a greater or lesser aptitude for suicide; the expression is based on the nature of things. Each social group really has a collective inclination for the act, quite its own, and the source of all inclination, rather than their result. It is made up of the currents of egoism, altruism, or anomy running through the society under consideration with the tendencies to languorous melancholy, active renunciation or exasperated weariness derivative from these currents. These tendencies of the whole social body, by affecting individuals, cause them to commit suicide (pp.299-300).
From a social justice education perspective these “proximate causes of suicide” (1951/1979, pp. 300) centres the structures and systems that politicize Aboriginal people into Third and Fourth world society as the social influence that “modulates the suicide rate” in Aboriginal societies.

While Durkheim’s sociology theory of suicide has been called into question, an interesting point is his claim of a “suicidogenetic current” (similarly to an electric current) created collectively (and individually) within social societies that modulates the suicide rate.

(My interpretation here is that while human beings perhaps have a genetic aptitude for suicide, it is the social influences that create a current of “detachment to life” moving suicide rates to increase.

Hodgson (2002) cites Durkheim’s book Le Suicide, indicating that, “when you reach into a culture and pull out the values, rituals and societal norms, then try to inject new values, rituals and norms, the result is often disorientation and the absence of values“ (p. 101).

This disorientation and absence of values, then influences the “suicidogenetic current” that modulates suicide.)

The interaction of intergenerational trauma and “suicidogenetic theory” is to call into question the impact of colonisation and “how distinct societies affected the [suicidogenetic] current” (Weaver, 2009, p. 49).

Durkheim explains the impact of suicidogenetic causes and external influences,

[to explain his detachment from life, the individual accuses his most immediate surrounding circumstances; life is sad to him because he is sad. Of course, his sadness come to him from without [external] in one sense, however not from one or another incident of his career but rather from the group to which he belongs. This is why there is nothing that cannot serve as an occasion for suicide. It all depends on the intensity with which the suicidogenetic causes have affected the individual (p. 300).

In communities such as Nishnawbi Ask territory, the “suicidogenetic causes” are past the tipping point; The Seventh Generation Helping to Heal: Nishnawbe Aski Youth and the Suicide Epidemic (NAN, 2006) reports this territory having one of the highest rates of suicide in Canada.

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65 The term “suicidogenic theory” is also referred to as “suicidogenics” which as the factors that “cause” suicide.

In its 2009 Fact Sheet: The Reality for First Nations in Canada, the Assembly of First Nations noted that the living conditions or quality of life of Indigenous peoples in Canada ranks 63rd, or amongst Third World conditions, according to an Indian and Northern Affairs Canada study that applied First Nations-specific statistics to the Human Development Index\(^\text{66}\) created by the United Nations. (Indian and Northern Affairs Canada (INAC), 1998.)

State of the World notes that “Canada recognizes that key socio-economic indicators for Aboriginal people are unacceptably lower than for non-Aboriginal Canadians,” and that while the living standard of Indigenous peoples have improved over the past 50 years they still “do not come close to those of non-Aboriginal people.”

Life expectancy is lower and illness is more common for Indigenous peoples in Canada…

…the rate of premature mortality (when a person dies before the age of 75 due to suicide or unintentional injury) is almost four-and-a-half times higher.”\(^\text{67}\)

Finally, the First Nations’ infant mortality rate is 1.5 times higher than the Canadian infant mortality rate (Statistics Canada; Health Canada, Healthy Canadians, A Federal Report on Comparable Health Indicators, 2002).\(^\text{68}\)

The “Community Well-being Index” (1981-2011) prepared by Aboriginal Affairs and Northern Development Canada (AANDC, 2011) using data that assessed quality of life in almost 5,000 Canadian communities based on education, labour force activity, income and housing

\(^{66}\) The Human Development Index examines per capita income, education levels and life expectancy to compare the world’s countries).


demonstrated there were only two First Nation communities in the Top 100. There were 98 First Nations in the Bottom 100.\textsuperscript{69}

Without a commitment from Canada to systemically address suicide rates nationally; there continues to be a lack of commitment to address the socio-economic intergenerational disparity that marginalizes Aboriginal communities and further increases risk for suicidality. According to the Assembly of First Nations report, \textit{The Reality of First Nations in Canada},\textsuperscript{70}

\begin{quote}
The average Canadian gets services from the federal, provincial and municipal governments at an amount that is almost two-and-a-half times greater than that received by First Nations citizens.
\end{quote}

In 1996, the federal government capped funding increases for Indian Affairs’ core programs at 2\% a year, which does not keep pace with inflation or the growing First Nations population. A recent Indian Affairs study found that the gap in ‘quality of life’ between First Nations and Canadians stopped narrowing in 1996.

The “quality of life” gap between First Nations and Canadians requires an immediate commitment to ensure the “First Nations/Inuit communities historical, social, and cultural dynamic [that] play a key role in suicide behavior” (Devlin, p. 37) is systemically addressed.

One solution in the Health Canada & Canadian Institutes of Health Research, \textit{Report on the Workshop on Suicide-Related Research in Canada} (2003) states that “new knowledge” is needed,

\begin{quote}
The incidence of suicide in Canada varies dramatically as a function of institutional, regional, social, spiritual, cultural and political contexts. It is critical to develop new knowledge about how these contextual factors have an impact, not only on the incidence of suicide, but on determining what constitutes best practices in the prevention of suicide and in responding to suicide-related social and human problems. (p. 19)
\end{quote}

However, in 1987, the National Task Force on Suicide in Canada commissioned their final report with clear indications for “best practices” that included,

\begin{quote}
\textit{culturally relevant development and implementation of suicide prevention}
\end{quote}

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strategies [however to date, there is no National Suicide Strategy in Canada71], the need for government assistance for education and training, suicide prevention training for all custodial and corrections workers, group involvement i.e. church, teachers, require additional training, teachers should be trained, research into training methods should be undertaken (referenced in Devlin, 2001, p. 3).

Our Elders request, “...more training...to learn about financial and other resources that can help us...to develop a network of helpers...to develop Elders programs in schools, to have more people working with youth, to reconnect with nature and enjoy mother earth...to focus on the basics...”(Devlin, 2001, p.8). The words of our Elders echo from the past.

Structure and power change is instrumental for cultural continuity and actions rooted in traditional knowledge to advance in this present time protective factors against suicide. (Duran & Duran, 1995; Chandler & Lalonde, 1998; Crowshoe & Manneschmidt, 1997) The voices of our youth respond to the echo back of the Elders reminding us that “now” is the time for change,

We have to challenge the idea that simply returning to traditional ways and value systems will automatically stop suicide and solve all the problems in our communities. It’s a start, and can play a role in helping young people-and all community members-find and strengthen their identities.

But our young people have been dying of suicide for over 40 years. People have been writing reports about it and making recommendations, yet nothing changes. We have to meet the needs of our young people, their families and communities that are linked directly to youth committing suicide. If there is no action to meet these needs, how can we expect change to occur? (Provincial Advocate for Children & Youth, 2011, p. 54)

I agree that traditional knowledge, in and of itself, is not a single solution to prevent death by suicide, rather, it is the knowledge that holds the collective history, identity, culture/language and tradition/practices within Nations and connection to land. It is the knowledge that holds the possibility for whole communities to work together strengthening life through individual responsibility and mobilize collective community action.

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Traditional knowledge holds the past, present and future potential to address “the exceptionally high number of voluntary deaths [that] manifests the state of deep disturbance from which civilized societies are suffering, and ... bears witness to its gravity. It may even be said to measures it (Durkheim, 1951/1979, p. 391). Traditional knowledge is an important protective factor and plays a self-determined role in restoring, “[t]he abnormal development of suicide and the general unrest of contemporary societies [that] spring from the same causes. (Durkheim, 1951/1979, p. 391)

the argument that termination legislation is, in fact, the answer to the Indian problem [of suicide, for example] that once every last legal Indian has been terminated/enfranchised/vanished. and once every reserve/reservation has been surveyed and sold, Indians will no longer have to deal with the barriers that status has created. No more Ducks. (King, 2003, p. 151)

“The answer to the Indian problem” is the collective impact of our inherent rights transforming our “ways of thinking and acting change”. “The answer to the Indian problem” is strengthening life to address over representation of premature death in our communities and move towards a collective existence and shared vision of surviving suicide - strengthening life. These statistics are a call to action!

“The answer to the Indian problem” is in the accountability to answering the question presented by Thomas King (2003) in, The Truth about Stories: A Native Narrative,

“So what is it about us you don’t like?”

Maybe the answer to the question is simply that you don’t think we deserve the things we have. You don’t think we’ve worked for them. You don’t think we’ve earned them. You think that all we did was to sign our names to some prehistoric treaty, and, ever since, we’ve been living in a semi-uncomfortable welfare state of trust land and periodic benefits. Maybe you believe we’re lazy/drunk/belligerent/stupid. Unable to look after our own affairs. Maybe you think all we want to do is conjure up the past and crawl into it.

People used to say these things, you know, and they used to say them out loud. Now they don’t. Now they just think them. (p.147)
4.2 The “Right” Road

“You have to forgive yourself for being colonized”, (John Rice, personal discussion, October 2014).

Relational thought puts vision into action through the energy of our actions, shifting the focus towards strengthening life – surviving suicide (life promotion) through mino bimaadiziwin, rather than identifying with a single event or time and “disconnection to life” resulting in death by suicide (premature death).

This disconnection is described by Rupert Ross (2006) “re-telling the story of “Jeremy” who at nineteen years of age, took his own life by walking into the path of an oncoming car. This happened after a night out playing and winning a team volleyball game, and reportedly in which Jeremy showed no reaction to winning the game. Ross explains that he (Rupert), had always pictured suicides as desperately unhappy people, sobbing or screaming hysterically during their final moments...[he felt]...that such a desperate act would have to be driven by some desperate pain, one that could not be withstood an instant longer...

I mention Jeremy’s suicide because it said something to me at the time...It has to do with the principles of wholeness...from The Sacred Tree: ‘All things are interrelated. Everything in the universe is a part of a single whole. Everything is connected in some way to everything else...’

Jeremy, I thought at the time, had somehow come to believe the opposite, that he connected to nothing, and that nothing was connected to him. It wasn’t that he was running from violent or abusive connections he could no longer bear, as I had always expected of suicides. It wasn’t that he was trying to escape forever from painful things too powerful to sustain...it wasn’t that those things meant pain; instead they meant nothing at all. Even the supposedly good things, like winning the volleyball game, failed to have meaning...(pp. 138-139).

This disconnection manifests throughout the world with death by suicide being “among the top 20 leading causes of death globally for all ages. According to the World Health Organization (2016), “over 800,000 persons die from suicide globally each year - one death every 40 seconds.” Further, the Suicide Protocol Committee Suicide Prevention Manual (Dilico, 2001)

reports, “in the last 45 years, suicide rates have increased by 60% worldwide. With First Nations/Inuit people of all ages commit[ting] suicide 2-3 times more often than non-Aboriginal peoples” (p. 25). According to Health Canada (2002; 2003) suicide and self-injury were the leading causes of death for Aboriginal youth aged 10-19 years, with people aged up to 65 at increased risk. At the community level these general statistics represent an epidemic.

Aboriginal people are living in Third World standards with poverty, low education, unemployment, suicide, incest, alcoholism, domestic violence, incarceration, drug abuse, chronic health diseases, and displacement that should not be tolerated. It is no longer acceptable that public representation and perception of Aboriginal people living in Third World conditions is the result of Aboriginal and euro-centric cultural conflict and differences, when clearly it is a direct result of inter-generational policies of assimilation and cultural genocide (AANDC, 2011; RCAP, 1995; AHF, 2007; Health Canada, 2007) carried forward into the present by Canadian society.

The impact and result of these inter-generational marks of colonization and/or “cultural genocide” such as: the dispossession of lands, residential schools, kidnapping, forced sterilization, fatal diseases, alcohol addictions, rape, and murder; continue to shape life experience for Aboriginal people (Cassidy, 2000; Chrisjohn & Young, 1997; Dirk, 2002; Dumont, 2006; Gray, 2012).

(Fig. ix) “An Integrative Model for the Origins of Suicide” (Kirmayer, 2007, p.99) shows the relational effect of Euro Canadian society “colonization” and colonization policy such as residential school on the Aboriginal families and communities that move individuals toward suicide.

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73 “Epidemic” may also be considered a ‘contagion’ which “evidence has accumulate to support the idea that suicidal behaviour is ‘contagious’ in that it can be transmitted directly or indirectly, from one person to another. Gould & Lake, (1990). The Contagion of Suicidal Behaviour, Madelyn S. Gould & Alison M. Lake, New York State Psychiatric Institute., in Contagion of Violence: Workshop Summary. Web source: (http://www.ncbi.nlm.nih.gov/books/NBK207262/), accessed December 2015.
This “crisis-based” lived reality for Aboriginal people is not “new knowledge”, it is the intergenerational experience carried forward as The Provincial Advocate for Children and Youth, Together we are Feathers of Hope: A First Nations Youth Action Plan (2013) observes,

After all these years, First Nations young people still see the same issues that were brought forward in the Horizons of Hope Report in 1996, and again in the Royal Commission’s Special Report on Suicide in 1996, in the inquest into the death of Selena Sakanee in 1999, in the Assembly of First Nations and Ministry of Health report on Suicide Prevention in 2001 and in the Office of Ontario’s Coroner’s 2011 Report on the 6 suicide deaths in Pikangikum between 2006-2008.

Is this the written and oral history we want to continue passing down from one generation to the next? Do we want to tell the next generation of young people
that more than 100 recommendations have been made to stop this tragedy, but have remained untouched and on paper while report after report keeps getting written?

...How many reports does it take where our communities plead for governments to address the unfair conditions that contribute to the loss of hope and meaning in our lives, and the need for stronger ties to culture, community and identity that will increase the likelihood we will thrive, and decrease our risk for suicide? (p.51).

While waiting for a Nation-to-Nation call to action, individual Aboriginal communities have accessed the Living Works Programs, which includes *ASIST* (2008) and *safeTALK* (2005). These Living Works Programs are very comprehensive in their approach to suicide intervention and prevention and provide opportunity for both trainers and trainees to explore their most fundamental attitudes about suicide.

While exceptional in many ways, Living Works Programs are also limited in their cultural capacity (cultural awareness/cultural safety) to address the historical, political and cultural variables that contribute to the overall health and well-being specific to Aboriginal peoples intergenerational lived experiences, and knowledge of culturally specific protective factors. Further, there is little or no evidence-based research that specifically indicates the impact *ASIST* or SafeTalk (alone) has in reducing death by suicide in First Nation, Inuit or Métis communities, or to address the historical “institutional, regional, social, spiritual, cultural and political” proximate causes of suicide.

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74 I have generalized Aboriginal communities based on a discussion with Susan Barberstock, from the Ontario Federation of Indian Friendship Centres. She indicated that Suicide TALK is used in training for the 31 Friendship Centre communities across Ontario and within the Nishnawbe-Aski Nation, which encompasses ‘the far north’, the part of Ontario that lies north of the 51st parallel. Many of these communities (approximately 40) are remote and accessible only by air.

75 I completed the ASIST training for Trainers 2014, and SafeTalk (2014) and appreciate the ASIST model in its applicability for keeping people who are thinking of suicide ‘safe for now’. I also see its strength and value in connecting to the life purpose/life path teachings which make it flexible to adapt to my understanding, however, the cultural relevancy/safety is not is not apparent for First Nation, Métis and Inuit communities.

While waiting for more research to identify what social and cultural contexts contribute to suicide rates and suicide prevention, *SuicideTALK* (2002) states that “suicide is part of the human condition” (p. 47) and suicide is a potential for everyone. While it’s important to address suicide from a non-stigmatized and non-judgmental position, this statement also indicates suicide to be an overarching “human condition” (suicidogenetics), without high consideration of societal factors such as “cultural and historical colonial contexts” specific to death by suicide among Aboriginal society. To singularly define the characteristics of behaviour considered part of the ‘human condition’ based on western worldview values and beliefs continues to systemically marginalize Aboriginal people within Settler society and is seemingly discriminatory.

Statistical reports represent an unspoken suicide epidemic within Canadian society, as “[t]he Canadian Mental Health Association estimates that 8% of the Canadian population is affected by completed suicides and suicide attempts. One in seven Canadians has seriously considered suicide. The Canadian Mental Health Association states that because of the stigma surrounding suicide, as many as 30% of suicides are not reported [i.e. accidental deaths are not reported as suicides]” (Dilico, 2001, p. 25).

It is challenging to accept the vast number of “Canadians” are choosing to end their life simply as part of the “human condition”. Even from a traditional knowledge perspective “taking one’s own life” as part of the “human condition” is a challenging concept. The condition of being human could refer to the natural duality of life, which is “the natural expression of the duality of Creation, holding, in many instances, powers that can invigorate, heal or renew, and that can also diminish or even extinguish life (Gaywish, 2008, p. 26). Therefore, the condition of being human must also be one that supports and desires life.

As western society strives to address suicide as part of the human condition, Aboriginal values and beliefs about life and the “language” of suicide determined by Aboriginal Nations is not recognized or valued. Western approaches provides a single (standardized and universal ‘one size fits all’) viewpoint that “linearity manifests itself in terms of a social organization that is hierarchal in terms of both structure and power. Socially, it manifests itself in terms of bigger,
higher, newer, or faster being preferred over smaller, lower, older and slower” (Little Bear, 2000, p. 82).

These attempts at western acculturation to address cultural diversity further negates the commonalities of Aboriginal culture-based approaches, which are flexible, evolving and adaptable to meet the local diversity and broad continuum of individual and community needs.

The voices of the Elders and the Youth must inform the centre of their lived experiences and create change that recognizes Aboriginal peoples “responsibility and birthright to build [society] on epistemology congruent with holism and the beneficial transformation of total human knowledge” (Ermine, 1995, pp.102-103).

It is imperative that a call to action mobilizes both individuals and “society” to transform, as Durkheim (1951/1979) supports, “[t]he individuals making up a society change from year to year, yet the number of suicides is the same so long as the society itself does not change (p.307).

From an Anishinaabe perspective, traditional knowledge transmission is one way to shift the trajectory of the “living past” into the “living future” connected to strengthening life and survival. Durkheim (1951/1979) further notes this connection to collective historical or intergenerational transmission within society as,

Doubtless, if we had only to explain the general way in which an idea or sentiment passes from one generation to another, how it is that the memory of it is not lost...but the transmission of facts such as suicide and more broadly speaking, such as the various acts reported by moral statistics, has a very special nature not to be so readily accounted for. It relates in fact, not merely in general to a certain way of acting, but not to the number of cases in which that way of acting is employed. Not merely are there suicides every year preceding.

The state of mind which causes men to kill themselves is not purely and simply transmitted, but – something much more remarkable - transmitted to an equal number of persons, all in such situations as to make the state of mind become an act. How can this be if only individuals are concerned? The number as such cannot be directly transmitted. Today’s population has not learned from yesterday’s the size of the contribution it must make to suicide; nevertheless, it will make one of identical size with that of the past, unless circumstances change (p.308).
In summary, “if nothing changes…nothing changes”…importantly, the colonial history and cultural genocide that intergenerationally is transmitted through Settler society will continue to be the root cause of “thinking” that perpetuates the “origins of suicide” and stalls “restoring traditional visions” within Canadian society. Reconciliation must be a priority from a shared vision that affirms traditional knowledge embodied in Aboriginal history, culture/language, identity, tradition/practice and connection to land at the centre of our lived experiences.

4.3 A Reason to Live

“The truth about stories is that that’s all we are”.

The Nigerian storyteller Ben Okri says that ‘In a fractured age, when cynicism is god, here is a possible heresy: we live by stories, we also live in them. One way or another we are living the stories planted in us early or along the way, or we are also living the stories we planted - knowingly or unknowingly - in ourselves. We live stories that either give our lives meaning or negate it with meaninglessness. If we change the stories we live by, quite possibly we change our lives.’ (Ben Orki (1997) “A Way of Being Free” p. 46 (London: Phoenix House) cited in King, 2003, p.153)

Moving towards a shared vision that affirms traditional knowledge to inform suicide prevention/life promotion strategies and action, needs to include Elders and youth, and whole communities and all levels of Leadership to change our stories that give meaning to our lives. Despite thousands of research documents and consultations on suicide prevention, awareness, risk management and post-vention, extensively available,78 “…most industrialized countries have national strategies to reduce suicide, often aided by the leadership of Canadian experts involved in the development of the United Nations guidelines for the formulation and implementation of national suicide prevention strategies, Canada has not” (CASP, 2004/2009, p.2)79.

Without a commitment by Canadian society to move towards reconciliation of systems that includes collective traditional knowledge as a call to action to address suicidality within

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78 For example, in 2010, The Centre for Suicide Prevention Suicide Information and Education Collection, established in 1982, had more than 37,000 references. Access to this database requires a subscription fee; therefore, I do not know the number of Aboriginal specific references contained in this library

Aboriginal society, there will continue to be universalized statistics to measure “individual” causes over Durkheim’s *suicidogenetics*.

This commitment towards a call to action is reflected in the *Truth and Reconciliation Commission of Canada: Calls to Action* report (2015) that states,

> We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant morality, maternal health, *suicide*, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services (pg.3).

Measurable goals such as community ownership and self-determination, traditional knowledge and, culture as a protective factor are community governance approaches that build on Chandler and Lalonde’s (1998) list of cultural continuity factors that are a “hedge against suicide”, as cited in *Acting on What We Know: Preventing Youth Suicide in First Nations* (Advisory Group on Suicide Prevention - Canada, 2003),

> The Chandler and Lalonde study uncovered clear evidence of a relationship between First Nations youth suicide and the community's control in the following areas, which the authors term cultural continuity:

- Self-government
- Land claims
- Education
- Health services
- Cultural facilities
- Police and fire services.

...communities with some measure of self-government in place also had the lowest rates of youth suicide. Land claims and education followed in importance...communities with three or more of these factors present experienced substantially fewer suicides... (pp. 27-28)

Chandler and Lalonde’s findings also showed that in communities characterized by all six cultural continuity factors; there were no reported youth suicides during the five-year study

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period. Communities that had fewer of the six protective factors had correspondingly higher numbers of suicides (Devlin, 2001, p.24).

The Parliament of Canada’s, In Brief, Current Issues in Mental Health in Canada: The Mental Health of First Nations and Inuit Communities (Kielland & Simeone, 2014) noted “additional markers of cultural continuity”,

involvement of women in band councils, community control over child welfare services (Chandler & Lalonde, 2008, p.70), and knowledge of Aboriginal languages (Hallet, 2007).

The concept of cultural continuity suggests that communities that have control over local institutions and are grounded in a collective sense of history and culture are better able to shield their vulnerable members, such as youth, from identity crises that can lead to psychological distress and suicide (Chandler & Lalonde, 2008, p.70).

While research suggests that the preservation or promotion of cultural continuity could help lower suicide rates, further work is needed to determine how cultural continuity can be translated into community programming options (Chandler & Lalonde, 1998, p.18).

In addition, more work is needed to demonstrate a causal relationship between cultural continuity and improved mental health, and determine the degree to which suicide and mental health could be influenced by other co-varying factors, such as community empowerment\textsuperscript{81} and social cohesion\textsuperscript{82}.

Measurable goals with measurable indicators for life promotion shift from building relationships on deficient detriments of health towards community self-governance, self-determination and relational knowing to strengthen life through community life bundles.

These life bundles include both basic physical needs (housing, access to clean water, education, etc) and spiritual needs (language, self-governance through land connection, etc) imperative for individuals to have a reason to live. Community ownership and self-determination are the basis

\textsuperscript{81} Laurence Kirmayer et al., “Suicide Among Aboriginal People in Canada,” Aboriginal Healing Foundation, 2007, p.77

\textsuperscript{82} James B. Waldram, D. Ann Herring and T. Kue Young, Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives, University of Toronto Press, 2006, p. 280.
for mino bimaadiziwin and demonstrates biskiibiyyang as a return to one’s values, principles, protocols, practices and land connection to spirit.

The *Acting on What We Know: Preventing Youth Suicide in First Nations* (Advisory Group on Suicide Prevention - Canada, 2003) further supports this concept,

A sense of well being, within a viable cultural identity, is essential in considering approaches to reducing the rate of suicides. The body, mind, heart and spirit can more easily align in full balance and harmony when cultural factors such as original languages, relations with the land, and forms of government are intact or restored.

Suicide prevention strategies for First Nations youth must be congruent with cultural beliefs, norms, values and practices and must not undermine these. They must also be assessed in terms of their potential to preserve cultures and identities for future generations. (p. 35)

How we relate as individuals through our own self-governance (personal bundle) will reflect how our communities mobilize community self-governance (community bundle) in the structure and approach that builds and develops community capacity. Governance enhanced with balancing gender roles and responsibilities, and natural laws will further add value to community mobilization strategies.

Even with international law on human rights (United Nations Charter\(^83\), Declaration of the Rights of Indigenous Peoples\(^84\)) much of the political environment under the “Indian Act” continues to ensure Aboriginal peoples remain disconnected to their inherent right to live in dignity and sovereignty\(^85\). For example, the imposition of the Chief and Council under the Indian Act ensures that communities are accountable to the Federal government policies and limited government funding rather than community members actual “wellness indicators” as the priority focus.


In the Royal Commission on Aboriginal People: Presentation by [Judge] Alfred Scow (1992) the Hereditary Chief of the Kwicksutaineuk Tribe explains,

The Indian Act contains so may unjust provisions, so many Draconian⁸⁶ provisions that it has led to almost a total destruction of the foundations of culture of the the First Nations’ people of this country.

So the issue of self-government is very relevant to the deliberations of this Commission because what self-government means is that we will have a responsibility and where we go from here on in this society it will mean that we will have more responsibility. It will mean that we will have a say in what happens to us and what we do.

The Indian Act did a very destructive thing outlawing the ceremonials. This provision of the Indian Act was in place for close to 75 years and what that did was it prevented the passing down of our oral history. It prevented the passing down of our values. It meant an interruption of the respected forms of government that we used to have, and we did have forms of government be they oral and not in writing before any of the Europeans came to this country. We had a system that worked for us. We respected each other. We had ways of dealing with disputes…⁸⁷

The principles of mino bimaadiziwin cannot be governed or determined by the Canadian government or their imposed systemic legislated structures including The Indian Act. Mino bimaadiziwin is self-governing through natural law and community governance and application of traditional knowledge approaches.

_In Respecting Our Ancestors, Ensuring Our Future, Traditional Knowledge Primer for First Nations_, (2010) it states,

First Nation peoples do not seek to be granted self-government by Canadian governments, but rather to have Canadians recognize that First Nation governments existed long before the arrival of Europeans and to establish the conditions that would permit the revival of their governments… [and] many First Nations maintain that any form of delegated authority is inconsistent with an inherent right of self-government (Danard p. 23).

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⁸⁶ synonyms; harsh, severe, extreme, drastic, tyrannical, repressive, authoritarian, punitive….

In response to replacing the Indian Act and current Treaty responsibilities, the Federal Government, in Indian and Northern Affairs Canada (1999),\(^88\) *You Wanted to Know, Federal Programs and Services for Registered Indians* proposed “Self-Government” (p.11).\(^89\) However, The Union of Ontario Indians reinforces the responsibility of moving into community ownership and traditional self-governance that rebuilds and strengthen our communities, while adapting to modernity,

As First Nations we have endured 500 years of losses including traditional practices, land, resources, health and well-being, life expectancy, life ways, social support systems, families, grandparents, children, and traditional governance.

It is time to return to the foundations of TK and work to rebuild and strengthen our First Nations. This includes working with western sciences and governments to allow First Nations to meet their community survival needs while satisfying the ‘requirements’ of research and outcomes. [However,] it is not enough to adapt

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\(^89\) In August 1995, the Government of Canada adopted an approach to negotiating practical and workable arrangements with Aboriginal people to implement their inherent rights to self-government. The federal approach to Aboriginal self-government, based on negotiations, will result in new arrangements to give Aboriginal communities the legitimate tools they need to exercise greater control over their lives.

Self-arrangements will recognize Aboriginal people’s right to make decisions about matters internal to their communities, integral to their unique cultures, traditions and languages, and connected to their relationship to the land and resources.

Under the federal policy, Aboriginal groups may negotiate self-government arrangements over a variety of subject matter, including government structure, land management, health care, child welfare, education, housing and economic development. Negotiations will be between Aboriginal groups, the federal government and, in areas affecting its jurisdiction and interests, the relevant provincial or territorial government. Because Aboriginal groups have different needs, negotiations will not result in a single model of self-government. All self-government agreements will be based on the following key principles:

- The inherent right of self-government is an existing Aboriginal right under the Canadian Constitution.
- Self-government will be exercised within the existing Constitution. It should enhance the participation of Aboriginal people in Canadian society.
- The Canadian Charter of Rights and Freedoms will apply as fully to Aboriginal governments as it does to all governments in Canada.
- Due to federal fiscal constraints, all federal funding for self-government will be achieved through the reallocation of existing resources.
- Where all parties agree, certain rights in self-government agreements may be protected in new treaties under section 35 of the Constitution, as additions to existing treaties or as part of comprehensive land claims agreements.
- Federal, Provincial, territorial and Aboriginal laws must work in harmony. Laws of overriding federal and provincial importance such as the Criminal Code will prevail. The interests of all Canadians will be taken into account as agreements are negotiated.
- Self-government arrangements may take many forms based on the diverse historical, cultural, political and economic circumstances of the Aboriginal groups, regions and communities involved.
mainstream programs; it is essential that all aspects of the process balance culture, community needs and modern realities. (UOI, 2009, p. 74)

The challenge continues to be resistance by the same governments that claim to want change, for example, *The Royal Commission on Aboriginal Peoples’ Final Report* (RCAP) (1997) commissioned to support Aboriginal people was both “criticized for promoting traditional solutions that would stall modernization in Aboriginal communities and praised for attempting to address a complex problem and to move Aboriginal communities toward health and wellness on all levels.”

Moving Aboriginal communities toward health and wellness must include “reconciliation” that demonstrates the role of traditional knowledge and its relevancy in the “modern” or current society.

The following example of the Community Governance (bundle) (Fig. x) supports the Medicine Wheel praxis, and application of cultural continuity and protective factors as community ownership and self-determination approach, including the following core indicators of the Community Governance (bundle) example,

- Good governance,
- Traditional governance (Clan system) and
- Principles of Mino Bimaadiziwin.

These build on concepts of cultural continuity and protective factors that are within the scope of this research study.

This governance structure supports a whole community approach to “cultural continuity” as a protective factor against suicide. The strength of this Community Governance (bundle) is “Traditional Knowledge and Cultural Facilities” at the centre of the community connecting land

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90 After 6 years of investigation, the Royal Commission on Aboriginal Peoples’ published 5 volumes, over 4000 pages in 1996.

and language. Through established roles and responsibilities, Collective Leadership is shared with Community Committees representing each “pillar of governance” (Justice & Safety, Education & Recreation, Health & Child Wellness, Infrastructure, Land Claims and Economic Development).92

Community Governance (bundle) example (Figure x)

<table>
<thead>
<tr>
<th>KNOWING (Gikendaasowin)</th>
<th>Self-Governance (Collective Community Leadership through Community Committees)</th>
<th>THINKING (Inendamowin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>Elders</td>
<td>Youth</td>
</tr>
<tr>
<td>(First Chief) (Crane role)</td>
<td>(Second Chief) (Loon Role)</td>
<td></td>
</tr>
<tr>
<td>Economic Development &amp; Training</td>
<td>Land Claims, Management and Protection</td>
<td></td>
</tr>
<tr>
<td>Justice &amp; Safety (Bear Role)</td>
<td>BEING (Inaadiziwin)</td>
<td>Housing &amp; Services Infrastructure (Hoof Role)</td>
</tr>
<tr>
<td>Education &amp; Recreation (Bird Role)</td>
<td>Traditional Knowledge &amp; Cultural Facilities (Fish Role)</td>
<td>Community Health &amp; Wellness Child &amp; Family Wellness (Marten Role)</td>
</tr>
<tr>
<td>RELATING (Enawendiwin)</td>
<td>LAND (Gidakiiminan)</td>
<td>LANGUAGE (Anishinaabemowin)</td>
</tr>
</tbody>
</table>

As a “protective factor” this Community Governance example is an approach to mobilize action communities towards “cultural continuity” that supports “traditional knowledge concepts and approaches to fit contemporary issues”, as Jo-Ann Episkenew in *Socially Responsible Criticism: Aboriginal Literature, Ideology, and the Literary Canon* (2002) restates this foundational knowing,

...the voices of Aboriginal peoples continue to be heard, and not silenced within

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92 This Community Governance (bundle) was used as the framework for the “Temagami First Nation Good Governance Document, (2015) Temagami First Nation. Co-produced with Evan O’Leary Consulting. All rights to this documentation remain the sole ownership of Temagami First Nation, therefore, I will not elaborate the specific details of how the Community Governance (bundle) was articulated.
interpretations and re-interpretations of traditional knowledge concepts and approaches to fit contemporary issues. In fact, the resilience of traditional paradigms is evident in its ability to be flexible and evolving to support Aboriginal people to address issues that were not considered a hundred or two hundred years ago.

In fact, our colonized and educated selves teach us that Aboriginal worldview is inferior, much like its literature, which is flawed in its lack of complexity and, therefore not teachable. After all, how does one handle a simple narrative when one has been trained to analyze and deconstruct complexities? (p.53)

Beyond its’ complexity, there is a simple “truth” to Durkheim’s research that furthers the shared vision for reconciliation. In *Suicide: A Study in Sociology* by Durkheim (1951/1979) supports a shift from competition to collective connection primarily through occupational decentralization (p.389), as the site for reconciliation (protective factors) and transformation within contemporary society.

Through his statistical data, Durkheim indicated shifts in social structures including work, government or state politics, religion, family, i.e. marriage structures that demonstrate more equality for women, women being more inclusiveness in society, and law that balances punitive and non-judgment of voluntary death are the most important of societal factors to impact internalized “moral temperament” contributing to suicide.

Durkheim concludes, that working towards a vision to address the incidence of suicide within society requires observation of the societal factors that contribute to the action; “the abnormal development and the general unrest of contemporary societies spring from the same causes. The exceptionally high number of voluntary deaths manifests the state of deep disturbance from which civilized societies are suffering, and bears witness to its gravity. It may even be said to measure it (1951/1979, p. 391).

From this perspective, high consideration should be given to a shared vision of reconciliation that includes protective factors that strengthen life, as Health Canada (2003) reports,

Other than the work of Chandler and Lalonde, there is little information available about the relationship between First Nations youth suicide rates and stresses related to socio economic indicators of basic needs such as poverty,
unemployment, overcrowded housing, access to affordable, nutritious food and clean water.

A report on the suicides at Pikangikum echoed the words of many First Nations leaders and mental health practitioners who have stressed the importance of addressing these basic physical needs in order to give First Nations youth a ‘reason to live’. This is an enormous challenge and absolutely requires further research and on-going action and evaluation particularly with Aboriginal people as Nation to Nation participatory partners.

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In this southern direction, the gift of this doorway is renewal and rebirth.

Omaw ishwandayming gun-nuwayndumawn nigunoowaang zhawunoong bindamooshinan anjji bimaadiziwin (here at the doorway, I call to the spirit of the south that brings change of life).

This is the direction of growth and where nurturing is gifted through Zeegwun (spring) and her defender Ginew (Golden eagle).

This direction reminds me of a story re-told by Basil Johnston (1993/1998), called Awuss-woodih (Beyond Yonder) and is summarized here,

This group of Anishinaabe were unhappy with the ‘plainness’ of their lives and decided to migrate where the sun set because they thought it looked more beautiful than where they lived. They had no leader so they choose a young man to lead them.

Being only a young man he petitioned to the waters for guidance and a fish reluctantly replied he would guide the Anishinaabeg in their canoes to migrate to the west. But when they got to the shore, it still looked desolate. Another fish helped them get to Thunder Bay, but they still didn’t like it. They asked a fox who took them to the Prairies, they asked a buffalo who took them over the mountains, none of this ‘suited’ them. They even went to the north and met the white bear, but still they were not happy with the land.

Finally, they met up with Nanabush and he asked them what they were doing? And they told him they were looking for this most beautiful place. Nanabush replied, that place is where you came from, so the people went back ‘home’ and after all of that wandering around, they could really see the beauty of where they had come from (pp. 13-17).

5.1 Renewing Relationships

The time has come to “hear people speaking about coming out from under the burden of negativity they had been carrying for so long…”(Ross, 2014, p. 188) and return to “re-establishing traditional visions of aboriginal life” (p. 185). Coming back to traditional knowledge in the present demonstrates the unlimited possibilities of the Medicine Wheel praxis (Fig. xii) as the methodology to guide community life promotion strategies and organize information that is interconnected, flexible and adaptable, respecting the many Nations cultural diversity, geographical location, languages, and various levels of “community readiness” (RCAP 1995, 1997; CIHR, 2005; Canadian Institutes of Health Research Act, 2000; Webster & Nabigon, 94

1993). Flexibility and adaptability are important in changing environments, internally within the community through responsibility and ownership of their actions and externally through available and accessible community supports and resources.

Ultimately, it is a methodology that responds to Lewis Cardinal’s (2001) questions,

The circle, then, is a human cultural expression of nature, of the natural and supernatural experience: the universe. We have been so far removed from our Indigenous foundations that we have forgotten that this foundational platform exists, and we need to go back there to examine it. What does this mean in terms of research today? Well, my question is how do we apply these foundations in a contemporary context? How do we go back to the foundation of our Indigenous worldview, bring it forward, and implement it? (p. 180)

With traditional knowledge as the foundation for community development (Devlin, 2001; AHF, 2007) and movement towards establishing a “language” to address suicide, the Medicine wheel does not require government approval or permission. It follows in the works of Indigenous scholars such as Deloria Jr. (1999; 2006), Little Bear (2000), Hart (2002) and Smith (1999) that support the return to traditional knowledge as research methodology; this is our inherent right as Aboriginal people to create community based approaches that “respect social structures, collective self-esteem and shared vision” (AHF, 2007, p. 90) and “that focuses on self-determination and empowerment” (Devlin, 2001, p. 26).

The Medicine Wheel praxis (Fig. xii) includes a wholistic “Continuum of Care” approach to life promotion, and suicide prevention. This Continuum of Care wheel or Healing Continuum evolved from the Aboriginal Healing and Wellness Strategy (AHWS) document *For Generations to Come: The Time is Now* (1993). This document is compiled from extensive community consultations with over 7,000 Aboriginal people participating from on and off

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95 ©1996, Ontario Federation of Indian Friendship Centres, Toronto, ON.

96 The Aboriginal Healing and Wellness Strategy (AHWS) is a policy and service initiative that brings together Aboriginal people and the Government of Ontario in a unique partnership to promote health and healing among Aboriginal people. In 1990, Aboriginal organizations and the government that developed this Strategy expressed a commitment to combat the alarming conditions of poor health and family violence that Aboriginal People in Ontario have endured. Web source: (http://www.anishinabek.ca/aboriginal-healing-wellness.asp), accessed December 2014.
reserves\textsuperscript{97 98} including incarcerated and “homeless” individuals. These consultations identified overall that Aboriginal communities require an integrated approach that is culturally relevant to address their health and well-being needs. Significantly, the Continuum of Care is based on a wholistic health approach and includes the physical, mental, emotional and spiritual aspects of the individual, family and community, and the “lifecycle”\textsuperscript{99} which includes child, youth, adult and Elder, further it incorporates health promotion, prevention, treatment, curative and rehabilitation.\textsuperscript{100}

These three complementary concepts, life cycle, [w]holistic health and the healing continuum, are interrelated. Health is addressed throughout the life cycle of an individual, in a holistic way, within a continuum of care. This forms a multidimensional matrix of Aboriginal health.

The illustration provides a pictorial, interpretation of these descriptions as well as the relationship between the concepts.\textsuperscript{101}

An Aboriginal Framework for Wholistic Health and Well-Being \hspace{1cm} (Figure xi)

\textsuperscript{97} Association of Iroquois and Allied Indians, Grand Council Treaty #3, Métis Nation of Ontario, Nishnawbe Aski Nation, Union of Ontario Indians, Ontario Native Women's Association, Ontario Federation of Indian Friendship Centres

\textsuperscript{98} Akwesasne First Nation, Chippewas of Nawash, Chippewas of Saugeen, Shawanga First Nation, Six Nations of the Grand River, Temagami First Nation (Bear Island), Walpole Island First Nation.

\textsuperscript{99} The Lifecycle explains life through the passage of stages including infant, toddler, child, youth, young adult, parent, grandparent and Elder. In a healthy community each member is able to share his or her gifts and assumes responsibilities. From preconception, the lifecycle reflects the interrelationship and interdependency of individuals, families and communities and their responsibilities to each other. Web source: (http://www.ahwsontario.ca/about/healthpolicy.html), accessed March 5, 2008.

\textsuperscript{100} Web source: (www.ahwsontario.ca/about/healthpolicy.html)

\textsuperscript{101} ibid

From this lens the whole person, the whole family, the whole community is included and considers the relationship of the physical, mental, emotional and spiritual aspects; the relationship between the child, youth, adults, and elders within the community; and a continuum of care that includes i) (life) **promotion**/(suicide) **prevention**, ii) risk management & crisis intervention) iii) **curative** (post-vention & supportive resources) and iv) **rehabilitative** (promotion of stability and sustainability).

Importantly, the Healing Continuum is a community informed vision that includes governance, organization structure, operation and implementation of programs and services currently funded by the Healing and Wellness Strategy such as the Healing Lodges\(^{102}\) in Ontario.

Within the scope of this research study, the Surviving Suicide -Strengthening Life Medicine Wheel praxis builds on research\(^{103}\) originating from my Master’s Research Paper, *Finding Our Way-Culture as Resistance to Suicide in Indian Country* (Danard, 2005). As a life promotion approach, the Medicine Wheel praxis is also consistent with “promising practices” that are indicated and selective for vulnerable populations such as Aboriginal community members. It also aligns with research approaches outlined in various toolkits (NAHO, 2005)\(^{104}\) and strategies (Centre for Suicide Prevention, River of Life Program\(^{105}\)) currently available to a community,

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\(^{102}\) See Appendix B for a summary of The Healing Continuum and Healing Lodges.

\(^{103}\) See Appendix C for the Medicine Wheel praxis works cited from previous research.

\(^{104}\) Assessment and Planning Tool Kit for Suicide Prevention in First Nations Communities

\(^{105}\) Web source: (http://suicideinfo.ca/Training/OnlineCourses.aspx)
locally, regionally or nationally, including The World Health Organization Public Health Action for Prevention of Suicide (2012).

The “promising practices” outlined in the Assessment and Planning Tool for Suicide Prevention in First Nations Communities (NAHO, 2005) supports traditional knowledge that informs the Medicine Wheel praxis including,

Some of the promising strategies in suicide prevention include programs that are specifically focused on supporting the development of traditional culture within the community. Research seems to show that people with strong spiritual and/or religious beliefs of different kinds are linked with resilience and positive mental health. Resilience is a protective factor in suicide prevention. Programs that include cultural and/or spiritual dimensions would seem to be important in suicide prevention. (Kimayer. L. et al. in NAHO, p.9)

Further, the Aboriginal Healing Foundation Report, *Suicide Among Aboriginal People in Canada* (2007) outlines “promising practices” that are; locally initiated, owned and accountable, the responsibility of the community (community driven), community collaborated and coordinated, child and youth focused, inclusive of family and community, wholistic, long term, includes training and education, has a central coordinating group and includes prevention, intervention, post-vention and evaluation (pp.104-110).

The following recommended programs identified in the Aboriginal Healing Foundation Report (2007) are considered “all reasonable places to start in developing a comprehensive prevention program” (p.113). These programs are listed with brief descriptions of each approach,

1. Applied Suicide Intervention Skills Training (ASIST)

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106 © World Health Organization 2012, All rights reserved. Publications of the World Health Organization, Web source: [www.who.int](http://www.who.int)

107 Summary, WHO’s Public Health Action for Prevention of Suicide
1) The need for multi-level stakeholders to provide a vision for a national suicide prevention strategy. These stakeholders would include the individual, family, community and local and regional organizations, and Nations.
2) The need for situational analysis including detailed analysis of the existing resources and barriers and solutions, to understand the relationships within the identified resources.
3) The need for clear objectives and measurable, achievable and time specific evidence informed practices to achieve identified priorities and overall goal and objectives.
4) The need for systemic approaches to evaluate, assess and monitor the outcomes, input, process and impact.
ASIST is a two-day, interactive workshop designed by Livingworks Education, a public service corporation, to prepare all caregivers including professionals, paraprofessionals, and lay people to intervene in a suicide crisis. ASIST is currently the most widely used suicide intervention workshop in the world (pp.113-114).

2. 5-Day Suicide Prevention Training for Aboriginal Communities

The 5-Day Suicide Prevention Training for Aboriginal Communities was commissioned by the Royal Canadian Mounted Police (RCMP) National Aboriginal Policing Services and was created by Suicide Prevention Training Programs (SPTP), a branch of the Centre for Suicide Prevention. The Centre for Suicide Prevention is a non-profit organization dedicated to providing information, research, and training regarding suicide prevention (pp.114-15).

3. White Stone: Aboriginal Youth Suicide Prevention Training for Youth Educators

White Stone was developed in partnership between the RCMP National Aboriginal Policing Services and Suicide Prevention Training Programs (SPTP) in response to Aboriginal community requests for a prevention program involving youth. Suicide Prevention Training Programs is a branch of the Centre for Suicide Prevention, a non-profit organization dedicated to providing information, research, and training regarding suicide prevention (pp. 115-116).

4. Community-Based Suicide Prevention Program (CBSPP)

The CBSPP is a state-funded program administered in participating communities across Alaska by the Division of Alcoholism and Drug Abuse (ADA) of the Department of Health and Social Services that has been running since 1988. The purpose of the program is to reduce suicide and self-destructive behaviour while encouraging productive and healthy alternatives (pp.116-118).

5. Zuni Life Skills Development Curriculum (ZLSD)

The Zuni Life Skills Development Curriculum (ZLSD) is a culturally based suicide prevention program aimed at high school students. The ZLSD led to the creation of the American Indian Life Skills Development Curriculum. Both were developed by Teresa La Fromboise, a professor in the Faculty of Education at Stanford University and a descendant of the Miami tribe of Indiana (pp.118-119).

6. Jicarilla Suicide Prevention Program

The Jicarilla suicide prevention program in New Mexico was established in 1990 through collaboration among the Jicarilla Tribal Council, the community, and mental health professionals of the U.S. Indian Health Services (IHS). The program is aimed at youth aged 10-19 years old - a group which was identified as being most at risk for suicide within the community (pp. 119-120).

7. Northwest Territories Suicide Prevention Training (NTSPT)
The Northwest Territories Suicide Prevention Training Program was developed in response to an increase of suicides in the Northwest Territories (NWT) that occurred during the 1980s. The developers include the Department of Health and Social Services, the Canadian Mental Health Association, the Department of Education, Culture and Employment, the Dene Cultural Institute, and the Nunavut Social Development Council. The program is administered by the NWT Department of Health and Social Services with a territorial steering committee (pp. 120-121).

These programs are considered to exceptionally meet the criteria for being community created and extensive in mobilizing a community prevention initiative, however, they are not definitive. “Given the limited state of knowledge about what works in suicide prevention, research must continue to play an important role” (AHF, 2007, p. 110). Therefore, this research study advances traditional knowledge as the important role of contributing to what is currently available. From a medicine wheel perspective it is conceivable that traditional knowledge as resistance to suicide can be promoted to transform paradigms that are “promising practices” in addressing Aboriginal communities current health and well-being.

5.2 Cultural Concepts of the Medicine Wheel praxis

The medicine wheel praxis provides a methodology to visualize and verbalize our Aboriginal beliefs and worldview; these “[l]arge constructed wheels that have been found in various locations across North America are usually referred to as medicine wheels and are known to be created by First Nations people thousands of years ago (Gray, 2012, p.217). “These circular sites are usually created in various forms from rocks and other natural items and are thought to be used for ceremonial and astrological purposes,...[these] sacred sites are a curiosity to tourists and anthropologists alike who struggle to find modern day meaning in an ancient practice and site that is not meant to be understood or accessed by all” (Ibid, p.217).

The “medicine” of these geographical sites is sacred and “[t]he medicine wheel has been a part of the Anishinabek since time immemorial. It’s true origins is one of the great mysteries that the Creator has left for us to ponder” (Johnston, 1976, p.4).

There are many stories about the journey that the Medicine Wheel took to each Anishinabek Nation. All have benefited from its healing power. However, there is a commonality that exists among each of these nations. It is a belief that this sacred object, given by the Creator, was meant to be used with great respect and reverence. Its medicine is as strong as we believe it to be. Its proper use will
bring wholistic healing that touches our Mind, Body, and Spirit.

It is important to know that there are different interpretations and teachings used from the sacred Wheel by various Nations. Each may use different colours or other animal symbols to represent the directions or other aspects of the Medicine Wheel. It is up to us to choose a path and stay on it. Otherwise it may only cause confusion.

Although the sacred wheel has within itself a number of teachings that could never be learned in one lifetime, each teaching is simple in nature. It is the amount of knowledge that exists in the Wheel overall that makes it difficult to comprehend. The more we learn the more there is to learn as the teachings are revealed to us. For this reason, it is very important to approach this sacred object, learning one teaching at a time and not pushing ourselves too hard or too fast (Johnston, 1976, p.4).

In keeping with “learning one teaching at a time”; a one-by-one approach to learning the “medicine” of each intersecting traditional knowledge concept will enhance understanding the interconnected relationship of information presented in the medicine wheel praxis. The Surviving Suicide-Strengthening Life Medicine Wheel praxis (Fig. xii) intersects and interconnects the following six traditional knowledge concepts to create a comprehensive wholistic approach. These six traditional knowledge concepts are described as follows,

5.2.1. Cultural Context: History, Identity, Culture/Language, Traditions/Governance (Fig. xiii)

5.2.2. Community Design: Vision, Time/Relationship, Reason, Action (Movement) (Fig. xiv)

5.2.3. Wholistic Approach: Physical, Mental, Emotional, Spiritual (Fig. xv)

5.2.4. Kinship: Individual, Family/Clan, Community Nation (Fig. xvi)

5.2.5. Responsibility: Skills, Knowledge, Attitudes, Values (Fig. xvii)

5.3.6. Life Promotion/Suicide Prevention Continuum Of Care: Life Promotion/Suicide Prevention, Risk Management & Crisis Intervention and Post-Vention/ Supportive Resources, Promotion of Stability & Sustainability (Fig. xviii)
Location of the The Medicine Wheel praxis

Locating the Medicine Wheel praxis within this research study is to recognize that it is not simply a material component of traditional knowledge that is objectively observed, it contains the ability to express itself through the subjectivity of individuals and community lived experiences.
In this way it is “animate”; “living research” and exists as a part of the Creation story, my creation story, your creation story, our creation story. It exists named in creation and moves forward unfolding, adapting and evolving as it engages with the lived experiences, teachings, and stories of those who connect with it.

It is the embodiment of all that I have learned throughout the research study, all that I have come to understand through “living research” and coming to know myself. Its’ medicine is as strong as we believe it to be.

### 5.2.1 Cultural Context

(Figure xiii)

The Cultural Context describes the internal and external factors affecting the “whole” Nation, taking into consideration the relationship colonization and cultural genocidal practices had on transforming Aboriginal history, identity, tradition, and culture; both internal (the physical, mental, emotional and spiritual trauma and disconnection) and externally (government imposed policies and legislation).

This medicine wheel connects the history, culture, tradition and identity through our stories, songs, ceremonies, languages, and governance. It celebrates the sovereign place of nationhood, strengthening life released from the intergenerational impacts of colonization, suppression and displacement.

After so many decades of abused and internalizing of pathological patterns, these dysfunctional patterns at times became very nebulous to the families themselves. The dysfunctional patterns at some point started to be seen as part of Native American tradition. Since people were forced to assimilate white behaviours - many of which are inherently dysfunctional-the ability to differentiate healthy
from dysfunctional became difficult (or impossible) for the children who were to become the grown-ups of the board school era. Therefore, many of the problems facing Native Americans today, such as alcoholism, child abuse, suicide, and domestic violence, have become part of the Native American heritage due to the long decades of forced assimilation and genocidal practices implemented by the federal government (Duran & Duran, 1995, p.35).

This medicine wheel supports the Creation story that “North Americans [Indigenous peoples] had a very well structured society in which everyone’s role and place was well-defined. Our family systems and self-governance supported these roles and functions, and everyone felt valued as a member of the community” (Duran & Duran, 1995, p.44).

From our Creation history, the land (our Mother Earth) connects the physical body and establishes location (history) and belonging (identity). According to The Mishomis Book (1988), the Earth is woman and therefore understood that woman preceded man in creation. When she was young, Mother Earth was filled with beauty. From the four sacred elements (earth, air, water, fire) man was created. From Original man came the Anishinabe people, (Ani – from whence, Nishina – lowered, Abe – male of the species). He was created from the parts of his mother the Earth (p.3). The medicine of this wheel reflects “connection and belonging”.

**History**

The Creation history of Aboriginal people has been recorded on birch bark scrolls, story robes, the petroglyphs, and pictographs then passed down to future generations through oral memory and knowledge transfer. This Creation history includes stories and traditional teachings connecting communities to specific geography across “Turtle Island” (Mother Earth).

Examining the history of a community provides, “information on occurrence and patterns of disease and aspects of health which are defined as exceptional events, for example homicides and suicides” (Crowshoe, 1997, p.5). These historical patterns of occurrence provide insight as to the influences and how they impact on the health and well-being of a community.

The Creation history remembered through the land and connection to land is not simply a physical structure constructed in a certain place; it spiritually connects Original peoples across “Turtle Island” all the way back before the first fire of Creation. This connection to land, the
memories, the teachings and the history are recorded on the land. The land never forgets its history, and when it is unchanged the history remains constant. As Dudley Patterson, cited in Basso (1996) reminds us,

> Wisdom sits in places. It’s like water that never dries up. You need to drink water to stay alive, don't you? Well, you also need to drink from places. You must remember everything about them. You must learn their names. You must remember what happened at them long ago. You must think about it and keep thinking about it. Then your mind will become smoother and smoother. Then you will see danger before it happens. You will walk a long way and live a long time. You will be wise. People will respect you (p.127) (as cited in McLeod, 2007, p. 43).

Unfortunately, the opposite is also true, when the land is changed, the history of the Original people is changed, and in some instances “forgotten” and reclaimed as belonging to the settlers’ history. This creates “...discord between ancient memory that is embodied in our lives and our physical being, and the experience of modernity and colonialism” (McLeod, 2007, p. 9).

**Identity**

Identity is strengthened through knowing, the four essential questions, Who am I? Where did I come from? Where am I going? What is my purpose?

The importance of identity is the connection of individual identity to community identity and affiliation. For example,

> The Ojibway speaking peoples....spoke a similar language, and shared a common cultural heritage, [although] there was no marked sense of tribal unity or identity; there was no need. Men and women preferred to regard themselves as members of a totem and then a community. (Johnson, 1976, p. 59)

Our sense of identity is one of the most basic contributors to our mental health. Most people are acutely aware of who they are (and who they are not), where they fit in, whether they are valued and liked by others, and whether they are different from others. How we come to terms with these identity issues will be closely tied to our feelings of connectedness and resilience.108

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Identity describes the relationship an individual has to understand themselves in relation to the outside environment.

In Anishinaabe tradition, the first connection to identity is through an individual’s Spirit name, then their family/clan, community and nation.

For example, my name comes from the Thunderbeings, it is connected to the water that is held on the third level in the sky realm. The meaning of my name gives me a location in the Creation story, not only as Original being connected to the teachings of that direction (Red Nation) but as Niiogwanaybiik, the spirit experiencing life at this present time in this physical vessel.

My connection to the Thunderbeings recognizes their gift in honouring me with my spirit name. Four feathers of a Thunderbird woman, teaches me about balance in each of those four directions, and ensuring the healing path of the Thunderbeings. Taking care of my namesake, I feast the Thunderbeings in March when they arrive and August when they leave.

From the Anishinaabe teachings, Original man’s first responsibility was to walk Mother Earth and name all of Creation. Original man named everything by taking into account the spirit and purpose of that being named. As each new life (human being) is created and born, each receives a Spirit name that takes into account their spirit and purpose. This Spirit name is their connection to the identity of the human being (John Rice, personal discussion, 2012).

**Culture/Language**

Elders were concerned that the sacred traditional Blackfoot teachings were misconstrued by some Peigan youth. They had learned ideas from people and places outside of Peigan culture that had neither the proper understanding nor certification to talk on these matters. These teachings were confusing the youth. Once they returned to the reserve and tried to practice or implement these ‘unauthorized’ teachings, they were faced with rejection and obstacles which led to frustration, anger, depression and, too often, suicide (Crowshoe & Manneschmidt, 1997, p.1).

Language identifies the history and relationship within the family and extended family. One of the gifts human beings are born with is their original language. From a traditional knowledge perspective, the language connects all the way back to the spirit known as the Creator. In this way the language is sacred and we are reminded to be careful how we use language, as it is a
powerful means to harm or show kindness to another (human and other than human beings) (John Rice, personal discussion, 2012).

Further, “[c]ulture is an expression of a worldview which in turn is the core of a person’s identity....culture provides people with a sense of belonging, a connection to their Creator and each other, and a feeling they are part of something bigger than their individual selves…” (Gray, 2012, p.22). The importance of culture and language is that “true culture...defined us, inspired us, made us accountable, gave us purpose, ensured we were thankful, and ensured that we were mindful as we knew that our actions could either positively or negatively affect the next seven generations to come (ibid, p.23).

**Traditions/Governance**

“Since time immemorial, First Nations people had governance structures that ensured everyone in the community was taken care of; the best interest of the community or Nation was the primary goal. ‘Egalitarian’ is the term anthropologists like to use...[t]he most common governance systems included clans, houses, confederacies and councils (Gray, 2012, p. 30). The tradition of a community in relation to social roles and groups is significant to understanding how the individual, the family, the community, and the nation worked in “cooperation to survive with clear role definitions for each member” (Crowshoe & Manneschmidt, 1997, p.13).

The Family/Clan system as an important structure of governance and traditions within a community, supports the primary goal of well being through clear and transparent roles and responsibilities. As Basil Johnston (1976) explains,

> The bonds that united the Ojibway speaking peoples were the totems. The feels and sense of oneness among people who occupied a vast territory was based not on political considerations or national aspirations or economic advantages; not even upon religion or similarity of view or ceremony; but upon the totemic symbols…(p.72)
5.2.2 Community Design

Community Design is the principle of creating the foundation for community development and capacity building.

Vision can be individual vision or a collective/shared vision in which to address a need.

Vision is the primary generator of the Native value system. Vision is spirit-centered and is equivalent to wholeness. Vision/wholeness recognizes the interconnectedness of all things and the totality of its interrelationships….vision inherently generates an attitude of respect…Indigenous North America is governed in all things by the primary motivators of vision and respect…(Dumont, 2005, p.5)

- Relationships involve articulating cultural resources and local traditional knowledge that establish the values that will provide the foundation for listening and documenting community strengths and needs.
- Both Reason and Intuition are part of Knowledge, this involves setting sustainable goals and mapping the real situation and planning strategic lines of action (including knowledge building) using all of our ways of knowing.
- Action involves building and maintaining sustainable and practical mechanisms for human and community development and application.

Vision

“Vision is always motivated by need. Where there is no need; there will be no motivation to change. All visions result in change” (Gertie Beaucage, personal discussion, 2007).

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109 (Jim Dumont, from Peter O’Chiese, personal discussion, 2005)
Vision is necessary to address stability and provide guidance for identifying short and long-term community priorities and direction. Vision considers realistically, where your community is at now and how it wants to be in the future. It considers the history of a community, as patterns and habits are developed which need to be addressed. It ensures the Vision of the community belongs to all members, including the well-being of the whole person, family/clan, community, nation and environment and incorporates all the cultural concepts of the medicine wheel (unlimited).

The Indigenous Way of Seeing is Spirit-centred. It is a total way of seeing. The Indigenous person has the capacity for ‘total-vision’ which encompasses the whole reality, considers all levels of knowing, is informed by all the senses (physical, emotional, intuitive & spiritual) and maintains the interdependent, interconnected and holistic experience and integrity of the total environment. (Dumont, 2005, p. 4)

**Relationship/Time**

Time is necessary for relationship building; there are no instant relationships. This identifies the past, present and future resources and relationships (partnerships) necessary to build a community plan of action. Establishing and strengthening value foundations guide the relationship with our self, our families and communities and our environment(s).

Healthy relationships are indicated through,

- Strong Connection to extended family and/or clan relationship
- Interdependence within overall fabric of community
- Interdependence within and with the environment/creation
- People highly active on the land and everyday interaction with the environment
- Land and resources are held as relatives and sacred life forms (Dumont, 2005, p.12)

The Indigenous Way of Relating is an all-encompassing way of relating to the world that is personal, caring, responsive and sharing. It is inclusive in all beings; human and other-than-human. This way of relating is respectful of the individual and responsive to the integrity of the collective whole. (p.4.)
**Reason**

This is the inclusive planning stage where individuals (as a community) bring together their “ways of knowing” (knowledge) both intuitive and reason, to develop a plan of action by building on the RELATIONSHIPS inside and outside the community and establishing a timeframe to achieve the VISION. These individuals and communities must understand the “reason” for their existence, as this will affect their relationship and interactions with each other and their environment. (For example, a community with a priority on politics and economic wealth will plan differently from a community focused primarily on social and spiritual well-being (ideally this will be in balance).

Dumont (2005) relates this to “The Indigenous Way of Thinking” which uses to totality of the mind in its intellectual, intuitive and spiritual capacity as well as sensory and emotional motivation. The Indigenous Ways of Knowing involves total-faculty learning and call on total responsiveness of the total person. It is a way of knowing that is inspired from the heart as well as generated from the mind’s intelligence. (p.4)

**Movement (Action)**

Through action (something done) ensures that events and thought (ideas/vision) are put into effect and activates movement. Action may be assessed (evaluation) to determine if movement toward the original vision is being made and to further evaluate strengths and needs.

Jim Dumont (2005) discusses this phase as “The Indigenous Way of Being [as] the total response of the total person with the total environment. It is a way of doing that activates the whole person - body, mind, heart and spirit. This way of being and doing generates the finest creative expression and the highest quality of experience of the individual person within the whole family of being and the total environment” (p.4). This “action” also provides opportunity for movement towards “restoring, re-building…[b]uilding of a health First Nations Community” (p. 16).
5.2.3 Wholistic Aspect

![Diagram of Wholistic Aspects]

(Figure xv)

Wholistic Aspects are the four aspects of the Self,\(^\text{110}\) when these four aspects are in balance and harmony there is well-being. It is important for each human being to be aware and responsible for all aspects of the Self. One approach is to review each aspect and consider all the approaches to achieve balance and maintain harmony. For example,

One elder says that everything has an opposite. For example, you will be laughing one day, one minute - as a kid you laugh so much. It will change in time - you will cry, you will hurt yourself for some reason and you will cry. There is something that happens opposite. First you laugh and then you are say, you’re in joy and then you’re sad, you will be happy and then you will be sad. There is cold and heat, there is dark and light. This was told to me when I was young. So everything has an opposite. There is positive and negative. Some people are very kind and some people are very mean, vicious. People can be strong, and some men can be very weak. The variation is always there. So this is also the stuff they dreamed about. In dreams they got this. (Bird, 2007, p.20) \(^\text{111}\)

Understanding of wholistic aspects is “wholeness and balance and not to bend to the violent means of domination and separation that history has proven...” (Graveline, 1998, p.50).

**Physical (body)**

Balanced weight, physical exercise, nutrition and proper amounts of sleep are important to maintaining physical wellness. It also includes connecting to the environment through outside activities\(^\text{112}\). Physical activity and wellness are important to ensure physical survival; this

\(^{110}\) These aspects can also include the physical, mental, emotional and spiritual aspects of a family, a community or the nation.

\(^{111}\) 0106 Mitewiwin. Date recorded unknown.

\(^{112}\) This may also include the physical structures required for the family, community and nation.
physical endurance connects the mind, and spirit to manifest the “will” to live. This physical connection also means our physical connection to Mother Earth, the gift of the human vessel for the spirit to experience life.

**Mental (mind)**

Mental stimulation, creativity and environment awareness is needed for the mind. Knowledge, education and training are food for the mind. A strong mind and a good mind are needed to be creative problem solvers, which ensure healthy choices in the present; these healthy choices will determine whether the outcomes are positive or negative.

**Emotional (heart)**

Emotional balanced and well-being comes in many forms depending on the individual. Love, respect and caring are universal for emotional wellness. Individuals, whose emotions reflect joy and laughter as a regular part of daily life, live happier, healthier lives. A sense of belonging to the environment is also important for emotional wellness and strength. Through physical activity, the heart becomes strong and through mental health the spirit that resides in the heart becomes strong.

**Spiritual (spirit)**

The true belief in a power greater than us is necessary for spiritual well-being. Faith in a Creator gives hope and strength to understand that everything in life happens for a reason and that the Creator makes no mistakes. Spiritual wellness is needed to make the world a better place.

Smudging, traditional ceremonies, singing, drumming and dancing are very powerful for an Aboriginal person connected to his/her cultural identity. Attending the sweat lodge and longhouse are also very spiritual for First Nations people. Most First Nations people also have to feel a connection with Mother Earth, and respect for elders and traditions are highly regarded by most First Nations people.

The Spirit of an individual is strengthened when there is balance and harmony with the four aspects of Self. The White Buffalo Calf woman story teaches us this balance. In this story, the pipe bundle was gifted to the Lakota people. The pipe represents the physical and spiritual

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connection as it relates to life. The physical making of the pipe, the physical material to create the pipe bowl and stem, and the physical human being to put the pipe into practice. All of these physical movements are needed for the pipe and the human being to make the connection to the spirit within and outside the Self. When there is imbalance, such as the process of becoming suicidal, the medicine wheel can further be used to understanding the root cause of the imbalance,

[The] process of becoming suicidal affects every part of who we are and the four factors of suicide risk match the four parts of the First Nations medicine wheel. Emotional i.e. the pain that drives the suicide, Mental i.e. the intellectual plan, Physical i.e. previous history of suicidal behaviour or substance abuse, and Spiritual i.e. the protective factors that keep the person alive (Thira\textsuperscript{114} cited in Devlin, 2001, pp. 18-19).

The wholistic aspects of this “medicine wheel can be one of the most significant tool on First Nations people’s road to recovery from many of the social challenges that we face today” (Gray, 2012, p.217). As a place of recovery and reclaiming, the wholistic aspect provides an method to visually represent the physical, mental, emotional and spiritual selves and from this knowledge and understanding promote meaningful change in community development and capacity building approaches.

5.2.4 Kinship

(Figure xvi)

Kinship is the fundamental worldview that everything is connected, relational and interdependent. There is no dominion. Understanding this interconnected relationship begins

with knowledge and understanding the relationship with one’s Self, then extends to the family, community, nation, land and universe.

**Individual**

Individuals bring strength to their family and community; individual skills and knowledge are used towards building a stronger community, thereby the individual is interconnected with family/clan and community. As Graveline (1998) reminds us, “what effects one affects the other”,

We as humans

Require plants and animals to Survive

They do Not require us.

We are dependent on Them.

Yet we use them recklessly.

Mother Earth is raped of resources

Forests clear-cut...Fish and fowl mercury poisoned

Animals slaughtered...people starve to death.

All to sustain material wealth.

Aboriginal people Traditionally have responsibility as Keepers of Earth.

Respect for all life must be taught to All people

Survival of Mother Earth depends on it (p.49).

**Family/Clan**

Traditionally, the grandparents or other family members rather than the biological parents often raised children and formal adoptions were frequent. This includes blood and non-blood relationships within a family identity. Such an extended family was based on cooperation to survive with clear role definitions for each member (John Rice, personal discussion, 2012).

“All my Relations” is a statement respecting this kinship/family beyond the human being. It acknowledges and accepts all of life as being inclusive and in relation to each other. This
includes the animals (clans) that offered to help the human beings to have a governance and social structure in which to relate to each other as members within a family, community and nation. In the original Anishinaabe Clan system, there are seven original Clans or animal totems; crane, loon, fish (turtle), bear, marten, hoof and bird (Eagle). Each of these Clans were given a function to serve the stability and order within the community. (Benton-Benai, 1988, pp. 74-78)115 Other distinct Clans that originated among the many Nations should also be acknowledged and recognized such as wolf and snake for example. It is up to each of us to learn the teachings of our clan, including our clan songs and traditions.

**Community**

As a community develops, a shared understanding of the challenges and the commitment to work together is encountered. However, as Johnston (1976) reminds us,

> Communities are not just residents but are members who strive toward a common goal of existing together, usually families, extended families, etc. Communities have their own culture-their own beliefs, attitudes, behaviors and histories. This culture often forms a strong part of their identity- their worldview, behaviour and whom they relate to.

> The individual must be free, so also his community. By having its own leaders, controlling the conduct of its own affairs, following customs of its own divestment, each community was free. No community dared presume to interfere with the affairs of another, even in war. In all matters, a community was free (p. 72).

**Nation/Kinship**

Several communities coming together would form a Nation. Similar to Peigan Tribes, communities would be scattered over their traditional lands, and meet perhaps once a year (Crowshoe & Manneschmidt, 1997, p.15).

It is our inherent birthright to experience life as healthy and thriving sovereign Nations. This inherent birthright is reflected in the Two Row Wampum (1764) of the Haudenosaunee Confederacy. The Two Row Wampum as told by Cayuga Nation, Haudenosaunee Confederacy, Chief Jacob (Jake) Thomas (1992116) states,

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115 Details of the role and function of the Clan system are further explained in Chapter 8 of this research study.

When your ancestors came to our shores, after living with them for a few years, observing them, our ancestors came to the conclusion that we could not live together in the same way inside the circle. So our leaders at that time, along with your leaders, sat down for many years to try to work out a solution. This is what they came up with. We call it Gus-Wen-Tah, or the two-row wampum belt. It is on a bed of white wampum, which symbolizes the purity of the agreement. There are two rows of purple, and those two rows have the spirit of our ancestors; those two rows never come together in that belt, and it is easy to see what that means. It means that we have two different paths, two different people.

The agreement was made that your road will have your vessel, your people, your politics, your government, your way of life, your religion, your beliefs, they are all in there. The same goes for ours.

[One, a birch bark canoe, will be for the Indian people, their laws, their customs and their ways. The other, a ship, will be for the white people and their laws, their customs and their ways. We shall each travel the river together, side by side, but in our own boat. Neither of us will try to steer the other's vessel.]

They said there will be three beads of wampum separating the two, and they will symbolize peace, friendship, and respect.

These “two roads” reflects the importance of the mutual relationship of Nation-hood, further, the two row wampum belt symbolizes the understanding articulated in The Royal Proclamation of 1763 and the Treaty of Niagara 1964. “Since the wording of the Proclamation is unclear about the autonomy and jurisdiction of First Nations, and since the Proclamation was drafted under the control and preference of the colonial power, the spirit and intent of the Royal Proclamation can be best understood after looking at the Treaty of Niagara in 1764.”

The Royal Proclamation of 1763 (pre-dates certain acts of colonization such as residential schools 1880-1990, The Gradual Civilization Act 1857, The British North American Act 1867, The Gradual Enfranchisement Act 1869, and The Indian Act 1876) states that the Crown had an agreement with “several Nations or Tribes of Indians” to which only the Crown could buy land. It further states that all land would be considered Aboriginal land until ceded by a Treaty. Connection to land is significant to First Nations’ sovereignty, jurisdiction and nation to nation relationships; unfortunately “[d]espite the existence of this proclamation, vast amounts of land

were taken prior to the signing of treaties to either create reserves for Indians or to give or sell land to non-Indian people" (Gray, 2012, p. 57).

Importantly, land connection is a life promotion factor and “First Nations across the country are still in the midst of formal land claims with the Government of Canada over lands that were taken illegally and/or without compensation (Gray, 2012, p. 57).

5.2.5 Responsibility

(Figure xvii)

Recently, an elder asked me, how to do you live the seven grandfathers teaching? I told her, “I just live it, I never really think about how I live.” Later, I thought about what this elder had asked me. I started to really think about HOW I live the seven grandfathers.

I live WISDOM by listening to the young people and the elders. I live LOVE from and for myself and my family by taking care of them and providing them opportunity to discover their own sense of self, and by valuing the life I have been given. I live COURAGE by continuing to take risks with positive action (such as finishing my graduate degree) and believing in myself and others. I live TRUTH by following my dreams that guide my life purpose as it unfolds everyday revealing itself to me. I live RESPECT by living in conscious awareness of how I treat people, animals and all of creation. I live HUMILITY by teaching and sharing what I know with others. I live HONESTY by self-reflection and finding ways to walk a good path so that those following behind in my footsteps won’t get lost on the life path. (personal story, 2016).

Responsibility is needed to achieve VISION. This medicine wheel teaches the following aspects are considerable strengths for taking responsible action.

Skills

Skills are important for achieving one’s potential and build on existing life experiences. Skills encompass a wide range of essential skills including creativity, valuing and practical life skills.
Knowledge

Knowledge is related to understanding and awareness that is beyond the immediate sensible world of perception, memory, imagination and feeling. Knowledge is also connected to language.\textsuperscript{118}

Attitudes

Attitudes are the feelings or dispositions towards things, ideas, or people that incline a person to certain types of action.

Values

Values are the internalized sets of beliefs or principles held by individuals or groups. They are expressed in the ways in which people think and act,\textsuperscript{119} core values are expressed in the Seven Grandfathers teaching as an example.

5.2.6 Life Promotion/Suicide Prevention Continuum of Care

![Continuum of Care Diagram]

(Figure xviii)

This Life Promotion/Suicide Prevention Continuum of Care reminds me of the story “Waynaboozhoo and the Search for His Father” from The Mishomis Book (Bento, 1988, pp. 35-51), in particular when Waynaboozhoo finally meets his father after much travelling and realizes that they are to fight,

Waynaboozhoo sensed that his father was more of the Spirit World than he was of

\textsuperscript{118} Web source: (http://mrc.ucsb.ns.ca/battiste1.html)

\textsuperscript{119} Web source: (http://www.tki.org.nz/r/governance/nzcf/attitudes_e.php)
this world. He then understood that as a person, he was more of the physical world than of the world of his father. He understood, too, that in order to receive the answers to all his questions he must fight his father (p.49).

[After much fighting]…they both realized that each had such a power of his own that it would be wrong to destroy one another…’Between your mother in the East and myself in the West, all life from beginning to end is placed. My son, you are the connection between birth and death. All that you have experienced in your search for your Grandmother, for myself, and for your mother represents all of life to mortal man. It is a life that is full of responsibilities and tasks often at odds with personal desires, but a life that can also be full of happiness and fulfillment’ (p.50)…

As his last act, Waynaboozhoo’s father [gives him a pipe] a symbol of peace and goodwill among all peoples and nations for all time. (p.50)

This Continuum of Care represents is the broad range of “responsibilities and tasks” required for a wholistic approach to surviving suicide and strengthening life. It is a “gift” that is not “definitive” but requires “intelligence” to interpret and mobilize the wholistic framework with awareness and intent of restoring the whole community to harmony. “‘Intelligence” being…the wise and conscious embodiment of exemplary knowledge and the use of this knowledge in a good, beneficial and meaningful way...” (Dumont, 2006, p.21).

Therefore the Continuum of Care is adaptable and flexible to meet on-going and changing community needs and strengths. These needs and strengths may include non-Aboriginal agencies and organizations as well as other Aboriginal agencies and organizations outside a single community location as equal partnership.

**Life Promotion/Primary Suicide Prevention**

Life Promotion and Primary Suicide Prevention is the stage of primary awareness; where community outreach, education/training, access and family (extended family) and youth involvement is mobilized. Whole community partners such as loss survivors, lived experience survivors, police services, governance and government leadership, health services, education services, child and family well-fare and Elders and spiritual leaders are essential for primary suicide and life promotion to occur. Working together, Life Promotion and Primary Prevention
strategies encourage individuals and communities to make life choices that support and strengthen their well-being. It provides the whole wellness VISION of the community.

**Risk Management/Early Identification/Secondary Prevention**

Risk Management is the stage that focuses on early identification and secondary prevention, prevention/management, at-risk assessment and protective supports such as life contracts and personal assessments that build on the strengths and needs including protective factors.

**Crisis Intervention/ Referral Intervention**

Crisis intervention includes crisis teams/centres, referral intervention, counselling and family programs, health advocacy, access, education and training. Intervention is the stage that requires immediate action to address a “crisis” and cannot wait for whole community supportive resources to be developed. They must already be in place.

**Post-vention Supports**

The post-vention stage includes case management, human and financial resources identification, networking and coordination of services, policies and procedures, strategies, self-evaluation/Life Action Plan and Safety Plans. These supportive resources ensure promotion of stability through after-care supports. This stage requires “specific” supportive resources to address the “aftermath” of crisis or trauma for individuals, families and communities to restore health and well-being.

Supportive resources such as rehabilitative supports, resource mobilization, bereavement and grief, training and education are included in this stage.

**Promotion of Stability & Sustainability**

This stage promotes sustainability and stability in balance with adaptability and change. Ongoing evaluation and research is needed for reflective action and evaluation of practices. Training and education will build leadership and a strong community of practice. Priority funding will promote stability and protective factors and indicators will be accessible and available.
5.2.6 The Continuum of Care and the Four Directions

The Continuum of Care approach is further summarized from a traditional knowledge perspective of the four directions,

The EAST DIRECTION represented by the child, and new beginning. Therefore, life promotion and suicide prevention awareness focuses on culture (history, identity, language, traditions, identity) as a protective factor that supports and promotes an individual and community vision of wellness. Just as children need guidance toward a full and complete understanding of them self in relation to the whole of life. This direction supports the individual and community to understand that wellness is always a choice regardless of challenges that may be faced throughout the lifecycle.

The SOUTH DIRECTION is the change of life, and the challenges and relationships that youth face in the life cycle. Risk Management and targeting at risk individuals and groups is critical to ensure that challenges being met are short-term and that all of the beauty of life given to a child is still relevant and provides a strong foundation for future decision-making. Crisis Intervention ensures life moving forward towards actions that support continued community wellness and well being.

The WEST DIRECTION is the adult stage of life. From this WEST direction adults can see all the way back to the Eastern direction. Adults bring their knowledge and ways of knowing to ensure life continues to be strengthened for future generations and for those who are already on that good life road. Post-vention includes adult and youth supportive resources in collaborative partnerships. Working together from this direction whole families have an opportunity to impact strengthening life through effective planning and community capacity.

The NORTH DIRECTION is where the Elder stage of life is situated. Elders through their knowledge are a supportive resource within the community. They are a direct connection to the past, present and future. “To move to the ‘doing’ phase, the North, requires that we take the knowledge gained from all the directions and enact it...Evolving a Medicine Wheel analysis of healing and learning demands continuous and ongoing reflection of ourselves In-Relations to
others. Attention must be paid to maintaining a balance while embracing change” (Graveline, 1998, p. 182).

Elders represent a direct connection to youth and with their wisdom, love, courage, truth, respect, humility and honesty they demonstrate strength required for spiritual reflection that binds together and balances the heart, mind and body. This north direction builds leadership within the community. With traditional cultural knowledge at the core of protective factors the connection and relationship between Elders and youth will continue to promote and maintain stability and sustainability in an ever adapting and changing society.

5.3 Conclusion

The Surviving Suicide – Strengthening Life Medicine Wheel praxis as traditional knowledge methodology affirms communities traditional knowledge as self-determination in action. (Crowshoe & Manneschmidt; 1997; Anishnawbe Health, 2001; Benton-Benai, 1988; Corbiere, 2007; Courchene, 2007; Devlin, 2001). The Surviving Suicide – Strengthening Life Medicine Wheel praxis also supports;

• Building on the commonalities of a medicine wheel approach; which is flexible, evolving and adaptable while respecting diversity among Aboriginal communities.

• Contributing back to Aboriginal communities by providing a community-model (plan of action) and for knowledge sharing with other communities.

• Raising awareness as to the legitimacy of Aboriginal traditional knowledges and worldview in a contemporary context, including academic research.

• Building on protective factors against suicide through cultural values and beliefs that support community health, well being and survival. (AFHJSC, 1993; AHWS, 1994; Chandler & Lalonde, 1998; Crowshoe & Manneschmidt, 1997; Lerat 2007; Graveline, 1998; RCAP, 1995, 1997)
6. Knowing: Reason (The West: Community Research Methods)

*From this western direction is the strength of life of the Anishinaabe, the buffalo who protects the life road. Our faith, memory and determination for the future are given meaning by how we live our lives.*

*Duh zuwaynimawd Gi nee jawnisi-imi-nawnig duh mino bimaadiziwaud duh bimiwidooyawung Anishinaabe bimaadiziwin (look after our children to have good lives so that we may carry this Anishinaabe life).*

6.1 Community-based Research Methods

This section summarizes the community research methods and protocol proposed to develop the Surviving Suicide – Strengthening Life Bundle. These methods and protocols were developed following “best practices” and ethical standards for research, and are informed by the principles of the Seven Grandfathers teaching with respect to “seeking mino bimaadiziwin”. Deborah McGregor (2013) explains this seeking knowledge approach “[w]ith mino bimaadiziwin as the vision and thus context for research conduct involving responsibilities, reciprocity and accountability...[w]ith a good heart and a good mind, research can support the goals of Anishinaabeg” (p.107).

Therefore, “with a good heart and a good mind” these community research methods connect the medicine wheel praxis for community research, yet they are not definitive of a single research approach to articulate the Medicine Wheel praxis into a Surviving Suicide-Strengthening Life Bundle for all communities. Aboriginal communities research approaches will vary depending on local history, identity, language, culture, traditions and community readiness to participate and mobilize action items. Therefore, Aboriginal research methods to answer, “How is the Medicine Wheel praxis a promising traditional knowledge approach to mobilizing surviving-suicide strengthening life bundle respecting the cultural diversity of the local community?” are variable, flexible and evolving.

Ideally, the flexibility of Aboriginal research methods and methodology will include community input to determine research approaches and protocols to gather knowledge and inform their community-based Surviving Suicide-Strengthening Life Bundle.
The following research methods and protocols are intended to elicit data through community participation respecting “best practices” and the Seven Grandfather teachings to guide the Medicine Wheel praxis into community directed Life Bundles.

However, these community research methods were not used in one particular community; the commitment to “my grandfathers drum” through initiated research work with the Barrie Area Native Advisory Circle (BANAC), the Aboriginal Health Circle (AHC) and the Ontario Federation of Indian Friendship Centres (OFIFC) focused on individual organizations approaches that aligned with their organization’s mission statement to meet a specific outcome to address suicide prevention/life promotion.

6.2 Community Research Protocols

Working with community, the following research protocols (Webster & Nabigon, 1993) informed the method:

1) Respect is the one of the primary core traditional teachings that defines this research protocol. This respect is inclusive of the land, Aboriginal people, their culture (cultural teachings, practices, beliefs and values) and all of Creation.

2) The research protocol will maintain a wholistic approach with consideration for the physical, mental, emotional and spiritual aspects of a person and includes looking at the interconnected relationship between the individual, family, community, and nation.

3) Community ownership with regard to the research outcome will be respected.

4) Community will participate in the review of the research proposal and make revisions as needed.

5) The community and researcher will agree on the following;

- Role of the Elders
- Role of the Community
- Role of the Researcher
• What is the method of data gathering, analysis and ownership?

6) Community will be involved in the review of progress reports and discussion on process.

7) Contracts signed upon acceptance of research proposal include Band Council Resolution/ Research Agreement Form (see sample Research Agreement Appendix D) as required.

5) Final Research results will be given back to the community and approved by Band Council (as outlined in the Research Agreement) prior to submission or publication.

6) Conduct of the researcher will be based on The Seven Grandfather teachings/ The Seven Sacred Teachings. In following these teachings, the researcher’s overall research proposal is designed to be inclusive of the whole community and community driven, with the focus on well-being and rebuilding of Nations

**6.2.1 Role of the Elders**

The Elders/Traditional teachers are the keepers of the culture and they inform the community cultural context. The role of the Elders is to engage as knowledge carriers towards ensuring the wellbeing of their community. The intent is to engage at least four Elders/Traditional teachers in discussion of their responsibilities as knowledge carriers within the community.

Traditional knowledge and stories informs the cultural framework and all aspects of research i.e. methods, evaluations, local approaches, interpretation, etc.

Respect to accommodate the Elders in-home discussions and protocols of tobacco offering, gifts or other requests are required. The role and significance of Elders/Traditional teachers as knowledge keepers should not be undervalued.

As Traditional Knowledge keepers, Elders are the essential link to the past and to the future. From a traditional knowledge perspective, Elders provide the connection to the youth, as shown in the following Figure (xix), the Life Cycle.
The Life Cycle (Figure xix)

This Life Cycle shows the continuity and relationship connecting Elders as spiritual knowledge keepers with the Youth. Unfortunately, generations of grandparents and parents who went to residential school were denied and disconnected from traditional backgrounds resulted in, “the marginalization, dispossession and cultural devaluation of the Native way” (Devlin, 2001, p.16). This disconnection (breaking of the circle) also resulted in,

Colonization creat[ing] a fragmentary worldview among Aboriginal peoples. By force, terror, and educational policy, it attempted to destroy the Aboriginal worldview-but failed. Instead colonization left a heritage of jagged worldviews...Many, collective views of the world competed for control of their behavior...modern Aboriginal people had to make guesses or choices about everything. Aboriginal consciousness became a site of overlapping, contentious, fragmented, competing desires and values. (Little Bear, 2000, p. 84-5)

Significantly, colonization and policies of cultural genocide, expunged Aboriginal people from their inherent connections, however, the lived experience of Elders and those who continue to hold the traditional knowledge should still be acknowledged and valued. Involvement of Elders or Traditional teachers to participate in community discussions provides the cultural context to support individuals who experience difficulty with their personal connection to “talking about death by suicide or suicide ideation” with the potential to trigger lived experiences.

The following describes the significance of this role and relationship of the Elder in the community,
A Traditional Elder is someone who follows the teachings of our ancestors. It is said Traditional Elders walk and talk the good way of life. Traditional Elders teach and share the wisdom they have gained of the culture, history and the language. The sharing of their wisdom is healing. An Elder does not have to be a senior but could be someone younger who has many teachings and who has earned the respect of their community by contributing to its spiritual development.\textsuperscript{120}

While the Medicine Wheel praxis provides a broad cultural framework rooted in traditional knowledge, local Elders or Traditional teachers are the keepers of the culture and provide specific (local) knowledge and insight into the history, identity, governance, land, culture as well as insights into what is needed for the next generation.

The connection between Child and Adult is generally that of parent, however, even within this relationship the grandparent [Elder] also holds a position of value and respect, as Peat (2002) explains, “…[w]hile the parents provide love and shelter, the responsibility for bringing up a child generally resides with the grandparent, aunt, or uncle” (p.70). When the Child moves into the stage of Youth-hood, the relationship with their grandparents and often their great grandparents, is strengthen, adding to protective factors for life promotion.

\textbf{6.2.2 Role of the Community}

The role of the Community is participation from all levels; Band Councils (if applicable) will ensure Resolutions (or Memorandums of Understanding) and monitor Research Agreements and community research protocols through a community contact. Additionally, the community contact would assist in recruitment of community members and locating community Elders and Traditional Knowledge keepers for inclusion.

The role of the community is participation and engagement in the data collection that is structured around a consultation workshop (see sample Workshop for Community Bundles Appendix E) and responding to Informed consent permission.

\textsuperscript{120} Web source: (http://www.aht.ca/resources/traditional_teachings/approaching_a_traditional_healer_elder_or_medicine_person)
This level of participation supports ownership and accountability for mobilizing action items identified through the data collection and guides the level of community readiness for participation and action.

6.2.3 The Role of the Researcher

The role of the Researcher is to ensure the following,

1) Details of the discussion such as written responses, oral traditions and storytelling are accurate and articulated with respect to the community. From the collected material, content is analyzed to identify common themes (trends) and storylines that unify a pathway to wellness community approach to the Life Bundle. Information translated is then returned to the community for review and accuracy. All material is the property of the Community, and permission to include research information will be solely decided by the Community through their own decision-making process.

2) Provide a research environment to gather information and engage the Medicine Wheel praxis to identify; a) The community vision of life promotion/premature death prevention, b) Community resources strengths (protective factors) and needs, c) The roles and responsibilities of the family, community and leadership, d) Timeframes and action items for planning and mobilization, and e) Methods for evaluation and community capacity for sustainability.

6.3 Outcome Challenges and Community Readiness

Outcome challenges that impact community research are mirrored in the social analysis of Rainy River First Nation in, Currents and Still Waters A Manitou Rapids Manifesto (2007) by Robert Horton’s (Bebaamoyasah). This manifesto is a documentation of Horton’s research using observation and in-field experience from May to October of 2007. One research benefit of the manifesto is understanding the relational social dynamics of the community; dynamics that have historical roots in “the realities that our families still face in the wake of culturally genocidal residential schools, unjust relocations, and the variations of multigenerational traumas such as domestic abuse, alcoholism, and breakdown of family structure...”(Horton, 2007, p. 4).
Horton’s (2007) main observation is that as a result of these historical traumas, Rainy River youth are put at risk due to the loss of cultural identity and the ‘cultural vacuum’ that results in ‘futureless’-ness.\textsuperscript{121}

Cultivation of our culture in the community is not a recommendation for the betterment of the present circumstances, it is a need for the continuity of the existence of us as a People as we know it, as well as the quality of life our Youth face...in turn, it is our Youth who the focus should be on-they are our future. (p.7)

Another observation by Horton (2007) is the “shared dissatisfaction (by some, by no means all) with the communication flow between administration and staff and generally Council and the general citizenry of the community” (p.7). Further, he states “the vast majority of RRFN employees are very dedicated and committed to the community, but many question the reality or even accountability of employees [drinking, using drugs, being absent from work]...as well as leadership who have stepped far out of acceptable conduct and decent representative behaviour” (p.8).

Without stable and consistent governance and infrastructure and without cultural continuity, Horton (2007) observes that the Rainy River community has “converged on a social reality to self-oppression” (p.10) resulting in family divisions that are “greatly a community-wide hindrance...” (p.11). This self-oppression plays out considerably when “families” are elected to Chief and Council and further projected onto our children and youth who “will inherit the inter-family wars and divisions that we did not stop on our watch” (p.12).

This summary of Horton’s manifesto provides important insight to understanding challenges impacting community readiness (in research), and highlights important factors that contribute to “futureless”-ness” as a disproportionate experience through the loss of our children and our youth. Unfortunately, “the disturbing fact that factions of society have systematically internalized the colonial mind-set and have overtly or covertly benefited from the oppression and subjugation of other groups of people” (Hingley, 2000, p.101) demonstrates the importance of individuals

\textsuperscript{121} “Futureless can be thought of an expectation, or lack their of, when one or many have gone without the foresight to dream, set goals, so follow initiative based on incentive” (Horton, 2007, p.9).
and communities to affirm their belief in original teachings and ways of knowing, rather than continued participation in Canada’s need for Aboriginal peoples continued dependency to government and “outsider” beliefs.

In addition, evaluating the effectiveness of the methodology and methods to engage community participation was challenging, researching from a highly academic approach meant variables measured by a single outcome. Originally, this research study was premised on the belief that to answer the research question required following (pre-determined) research methods as a single outcome.

However, the research study focus did not account for these variables,

1) Research outcomes that accommodate the expanding knowledge and strengths of a community, not as passive participants responding to active research questions but as active participants responding to passive research that is designed singularly to support the research question outcome.

2) Community readiness and level of interaction with the subject of the research topic namely; the word “suicide” in relation to life promotion.

3) Community capacity to mobilize traditional cultural knowledge.

4) Community Leadership and community governance barriers.

5) Current Community Resources and Community of Knowledge on the subject of “suicide”.

Evaluating flexible and adaptive research methods and methodology must balance both subjective and objective outcome indicators that reflect the level of community readiness, individual community needs and strengths and community capacity to move forward with their community action items. Flexibility and adaptability in research ensures strengthening community research outcomes and demonstrates reciprocity with the balance aligned with research that benefits the community rather than the researcher.
6.4 Conclusion

The complexity in community-based research requires community participation in all stages of research including pre-planning, a reminder that “knowledge has no function in isolation from use. For this reason, knowledge creation carries with it a moral purpose, as well as a responsibility for its application or use for the betterment of community or environment.”

From a traditional knowledge perspective, working with Aboriginal communities using the Medicine Wheel praxis as a collective approach builds community capacity using protective factors that promote and strengthen the Pathway towards Life.

The Pathway towards Life another approach to articulate the community Life Bundle informed by the Medicine Wheel praxis. The Pathways towards Life is a data collection method, a visioning method, a planning method and an evaluation method demonstrating several themes (at once) based on community readiness, community needs and strengths, resource capacity and further mobilizes the Medicine Wheel praxis.

The Pathway towards Life balances the risk factors that threaten to “take life” ultimately removing an individual from their life path (premature death) and the protective factors that pull an individual towards mino bimaadiziwin. As a methodology the Pathways towards Life intersects with the cultural concepts of the Medicine Wheel praxis and wholistic teachings, as an adaptable and interchangeable methodology to move from context to practice.

In Figure xx, Pathways towards Life identifies A) What pulls an individual or community towards Life? and B) What pulls an individual or community away from Life? From this approach, individuals and communities can create safety plans and strategic action plans to ensure life promotion and strengthening protective factors as the primary the focus of the Life Bundle.

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123 Pathway towards Life builds from ‘Pathways to Wellness’ concepts articulated by the Yukon Health and Social Services, Web source: (www.yukonwellness.ca)
Pathway towards Life (Figure xx)

B) Identifies the risk factors. i.e. What pulls a community away from the Life Pathway?

- suicide
- drug and alcohol abuse
- racism
- bullying
- lack of access to mental health
- etc

A) Identifies the needs and strengths of a community (protective factors).

As Aboriginal people have learned to adapt and evolve in the changing world of science and technology, then working from connection to traditional knowledge approaches to support cultural continuity and create a Medicine Wheel Surviving Suicide-Strengthening Life Bundle is achievable. Connecting and mobilizing traditional knowledge as a whole community approach was foretold by the “prophet of the Seventh Fire”, as the time when “this younger generation is discovering the common thread that is interwoven among traditional teachings of all natural people (Benton-Benai, 1988, pp. 111-112). Benton-Benai, (1988) describes this prophecy as the time when a new people (Osh-ki-bi-ma-di-zeeg) would emerge to “trace their steps to find what was left of the trail” (p. 111).

This New People would renew the strength of the Chi-bi-shi-kee (a giant buffalo) that stood as guardian at the western doorway looking over the lives of Indian people everywhere. At one time this buffalo was very powerful and the source of
much strength for the natural people. His four legs were planted powerfully in the ground like trees. With all his might the buffalo pledged to stand firm in his protection of the natural people. When Black Coats came to this country the buffalo lost one of his legs. He sacrificed it so that the Native people could go on living. Still the giant buffalo stood firm at the western doorway even though he only had three legs to support him. Then the armies of the Light-skinned Race came to this country and the giant buffalo in the West sacrificed another leg. He had to stand as best he could on two legs. He was getting weak but he was determined not to fall.

When the Native people began to turn their backs on the teachings, the buffalo lost yet another leg. Only one leg remained so that he could balance and hold his position. (pp.111-113).

The time is now for this generation to move towards action, and pay attention to “all that precedes us and all that comes after depends on us. What we do matters so powerfully that to evade our responsibilities is to call down chaos” (Suzuki, 1992, p.48).

It is time to put our collective and shared vision of strengthening life into action, to strengthen the pathway to wellness using the knowledge of the past to survive our future. Just as the great buffalo is strong and powerful, so too the Aboriginal people still are. We must continue to move forward with strength and determination and ensure a strong leadership for the generations to come. These are the teachings given to our people, moving towards the time the Eighth Fire will be lit.

From this northern direction comes healing and blessing to the Anishinaabe people. The healing comes from this direction without fear. It is from this north direction that we find meaning and responsibility and the belonging of home.

Yu'ow ahsaymaw nibugidinaw odawpinawd manitou 'geewaydinoong' ayzhi-gikaynimind (I am offering this tobacco so that it may be accepted by this spirit 'Geewaydinoong' as s/he is known.) Waubizid mukwa gaynuwayndung ay- onji noojimod anishinaabe baymawdizid. (White bear protects that from which Anishinaabe life receives healing).

7.1. Picking Up Our Bundles

Understanding that perhaps, not one community will mobilize the entire Life Bundle articulated by the research proposed specific methods or methodology, the following Barrie Area Native Advisory Circle, “FNMI (First Nation, Métis, Inuit) Community Wellness Bundle” (BANAC, 2011), the “Feather Carriers Leadership for Life Training” (BANAC, 2016), and the Ontario Federation of Indian Friendship Centres (OFIFC, 2011) “Strengthening Life in Water Teachings” demonstrate the capacity of the communities to participate and engage following their own methods and methodology based on;

• their individual level of readiness,

• their organization strengths and needs,

• their community of knowledge,

• the relationship with leadership and

• the availability and accessibility of community resources that support cultural continuity and protective factors.

This recognizes the community as a community of knowledge determining own initiative and capacity to “vision” from community priority and needs and build on their strengths.

The following are examples of using the broad wholistic foundations of the Medicine Wheel praxis and traditional knowledge to inform life promotion approaches.
7.2 Barrie Area Native Advisory Circle Community Wellness Bundle

The Barrie Area Native Advisory Circle (BANAC) “FNMI (First Nation, Métis, Inuit) Community Wellness Bundle” responded to the request by the Task Group for FNIM inclusion in the “High Risk Suicide Protocol for Youth” (2011) developed by the Suicide Risk Recognition and Prevention Task Group for Simcoe County.

BANAC presented An Anishinaabe Perspective that recommended changes to the Protocol be drafted, and allow time for First Nation community workers to answer “Questions for FMNI Advisory Committee Community Planning” (Appendix F) for input and feedback to finalize the recommendations for implementation.

Using the broad wholistic and cultural foundations of the Medicine Wheel praxis for drafting the “FNMI Community Wellness Bundle”, a plan of action was developed that included FNMI community needs and community wellness vision, including recognizing mainstream protocols. While, the overall process of responding to and gathering information proved to be effective in its outcome, BANAC acknowledged their lack of original inclusion in the development of the mainstream Protocol for Simcoe County as well as the lack of funding for any follow-up meetings with the FNMI participants after the FNMI Advisory Committee Community Planning

124 Sections reprinted with permission.

125 The following list of the identified FNMI service and program providers had been invited in an Advisory capacity:

BANAC
Enaahtig Healing Lodge and Learning Centre
Enaahtig Mental Health Program
Georgian Bay Native Friendship Centre
Barrie Native Friendship Centre
Biiminawzogin Regional Aboriginal Women’s Circle
Rama First Nation
Beausoleil First Nation
Georgian Bay Native Women’s Association
Orillia Native Women’s Association
Métis Nation of Ontario
Simcoe County District School Board
Simcoe Muskoka Catholic District School Board
Georgian College
Catulpa Community Support Services
Simcoe CAS
Kinark Child and Family Services
meeting. The community consultation process in response to the High Risk Protocol represents a FNMI community engaged and directed approach. The engagement process also reflects the collective vision of the FNMI organizations to work in joint partnership with non-FNMI organizations and agencies.

One major barrier to the joint partnership is FNMI organizations have no long-term access to human or financial resources to implement the FNMI response to the High Risk Protocol, which leaves the responsibility to integrate the FNMI response to the original creators of the High Risk Protocol.

It was important the Simcoe County High Risk Protocol did not simply state, it respects or acknowledges cultural “diversity”, but outlines how cultural “diversity” will be inclusive and included. The first questions asked were, “Who are the key Aboriginal organizations that have programs and services to support/encourage culture and spirituality?” “What has been their relationship with the non-Aboriginal services providers in the past and how will this role transform during the implementation of the Protocol?” “How does the Protocol include culture as protective factors against suicide?” “How will culture be included in the Protocol?” and “Will there be cross-cultural training to encourage an understanding of an Aboriginal perspective?”

Further questions asked were, “How will the Protocol include the lack of family, parenting and sense of belonging for Aboriginal children?” and “How does the Protocol include land, culture and the language?” To simply say protective factors such as belonging and identity are missing in the lives of FNMI youth and therefore these youth are high risk (is not enough); these protective factors must be addressed and included in the overall process and structure of the Simcoe County High Risk Protocol.

A follow-up meeting was scheduled (October 2011) with members of the Protocol working group with a second meeting (November 2011), to discuss “How will the FNMI Wellness Bundle be implemented in partnership with the established Protocol?”

The discussions resulted in identifying priority areas that need to be addressed, such as
• cross-cultural education,
• practical approaches to networking and communication,
• more visible opportunity of partnership development, and
• entering into Memorandum of Understanding’s with the involved First Nation communities.

Movement towards networking and partnerships would be considered a great success outcome as established coordination of agency and organization relationships have been sporadic at best.

**The Community in Action**

Although, the High Risk Protocol is a community model in progress, this community directed initiative to implement a collaborative community response is a good example of the changing relationship among mainstream service providers both internally and externally within their agencies and organizations and outreach to FNIM communities.

This community-initiated approach has the potential to transform the relationships between Aboriginal people and mainstream communities moving towards an inclusive community vision of wellness and well-being. Being asked for FNMI inclusion in the High Risk Protocol was a first positive step for Aboriginal communities to have a shared dialogue and to document the results.

**FNMI Advisory Committee Community Planning Meeting**

The FMNI program and service providers within the Simcoe area participated in a one-day consultation process to answer a number of questions toward the design and development of their Barrie Area Native Advisory Circle “FNMI Community Wellness Bundle.” From this work (Appendix G), the following Plan of Action identifies themes and recommendations compiled to reflect the current position of the FMNI program and service providers in the Simcoe area.

**Plan of Action**

1. **Community Collaboration and Outreach**

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126 Summary from “FNMI Community Response to Questions for Community Planning” (Appendix G).
One of the issues is no FNMI specific program/workers to address suicide prevention, intervention and post-vention and also no coordination of current programs and services that address issues of suicide. Also in the past there has been no significant contact between mainstream and Aboriginal service providers, therefore, there is general concern that Aboriginal program and service providers are unaware of what resources are available beyond their local community.

Having opportunity to share among the FNMI program and service providers was a significant step towards creating a process in which these workers coordinate and collaborate, however, more work is required in establishing a formal working group to address FNMI suicide prevention, intervention and post-vention supports. FNMI organizations need to clarify and define their role based on their limited/fragmented services.

**Recommendation:** That the BANAC Aboriginal Capacity worker continue to work with FNMI groups to establish formal processes and procedures. That suicide prevention, intervention and aftercare programs and services are identified and shared within the community. Throughout the development of a coordinated approach, the distinct needs of FNMI people need to be taken into consideration. That a database including the roles and responsibilities of Suicide prevention, intervention and aftercare programs and services be established. Discussion on the role of Traditional teachers, Elders, ceremonies and culture needs to be further clarified.

2. **Systemic Barriers**

There are several systemic barriers identified including the role of the Police, the intake process at the RVH (Royal Victoria Hospital) and the general lack of respect for Aboriginal people who come into contact with these systems. For example,

- Band numbers (proof of status) are required to access services,
- Improper diagnosis at the Hospital,
- Intake and Assessment forms currently used do not take into consideration the distinct needs of FNMI people,
• Police “charge” FNMI people who attempt suicide or do not refer them to safe places for care, they are treated as “criminals”.

**Recommendation:** Mainstream providers need to identify their roles and responsibilities to work with FNMI partners. Outreach among both FNMI program and service providers and mainstream programs and services are required and essential. This may be informal such as ensuring contact information is up to date and that all stakeholder organizations are invited to community events and awareness sessions. Having one-to-one contact may help to reduce the perceived gap in coordination among service and program providers.

Aboriginal service and program providers need to be included as partners in processes that impact their communities, although they may be perceived as not having the “credentials” as recognized by mainstream, they are experienced and knowledgeable in significant ways which support their communities well-being.

**3. Training and Education**

Training and education is required in several areas such as FNMI front-line workers requiring more suicide specific training and education, and mainstream workers requiring more cultural awareness training and education. There is a need to move beyond ASIST training towards training that aligns with FNIM worldviews and traditional knowledge and moves FNMI communities to a more balanced life.

**Recommendation:** Peer training such as one group hosting training for the other group i.e. mainstream hosting a working group on a topic that pertains to current issues in suicide prevention, etc and the FNMI group hosting an information session on cultural teachings and its application. This could be a monthly event to provide an economic approach to bridge this gap.

Involvement of youth in training and education such as Youth peer training was identified as being an essential tool for protecting the life of youth. Also, community awareness for individual, family and FNMI communities is required. One approach is to create community outreach programs that include cultural context as well as available community programs and supportive resources that exist for FNMI community members.

The following best practices, high risk factors and protective factors were identified by the FNMI working groups. Immediate consideration for these are needed when planning a community responsive process for high-risk FNMI individuals and includes their family members.

<table>
<thead>
<tr>
<th><strong>Best Practices</strong></th>
<th><strong>High Risk Factors</strong></th>
<th><strong>Protective Factors</strong></th>
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</thead>
<tbody>
<tr>
<td>• Cultural teachings</td>
<td>• History, stigma of suicide</td>
<td>• Education</td>
</tr>
<tr>
<td>• More resources developed to support High risk and Protective factors.</td>
<td>• Loss of culture</td>
<td>• Leadership</td>
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<tr>
<td>• More recognition and inclusion of FNMI ceremonies, teachings and cultural practice</td>
<td>• Intergenerational trauma</td>
<td>• Celebrating rites</td>
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<td></td>
<td>• Lack of coping skills</td>
<td>• Ceremonies, traditions, culture and Language</td>
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<td></td>
<td>• Domestic violence</td>
<td>• Community spirit</td>
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<td></td>
<td>• Sexual abuse</td>
<td>• Positive role models</td>
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<td></td>
<td>• Family breakdown</td>
<td>• FNMI help-lines</td>
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<td></td>
<td>• Lack of access to cultural teachings</td>
<td>• Safety networks</td>
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<td></td>
<td>• Lack of transportation</td>
<td>• Empowerment</td>
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<td>• Racism</td>
<td>• Teachings</td>
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<td>• Poverty</td>
<td>• Youth engagement</td>
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<td></td>
<td>• Environment</td>
<td>• Outreach Building community</td>
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<td></td>
<td>• Mental health/Addictions</td>
<td>• Inclusion</td>
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<td></td>
<td>• Loss of identity</td>
<td>• Shared knowledge</td>
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<td>• Lack of education</td>
<td>• Elders involvement</td>
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<td></td>
<td>• Isolation Loss</td>
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<td>• Timing</td>
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**Recommendation:** Ongoing support and resources are required for FNIM communities to continue to develop Medicine wheel approaches that include prevention, intervention and postvention. Current approaches have significant barriers that include systemic racism, and must be addressed.

5. **Working with Families**

The FNMI group recognized the importance of the role of working with families. This requires building trust and addressing financial resources in order to ensure high-risk individuals are supported and cared for throughout their plan of care. This is a challenge when there are limited services and resources available within our own communities to address even basic individual needs.

**Recommendation:** Collaborative programs and supportive resources need to include families in their plan of care. This requires a balance between family connections that can limit a plan of care for an individual and family connections that are identified as a supportive resource.

6. **Promote Collective VISION**

The FNMI collective vision is rooted in their understanding of traditional knowledge approaches to suicide and must be acknowledged and formally recognized as part of the overall process. The cultural foundation of respect for Life, and subsequent teachings about the Stages of Life is required. The FNMI working group identified that the process must come from our own teachings. Further FNMI programs and services focus on wellness and this can be challenging when working with mainstream service providers whose foundational mandate may not include Aboriginal worldviews or a life promotion lens.

**Recommendation:** Creation of a common community vision of wellness that respects the mandates and initiatives and foundational beliefs of all FNMI community participants. Working groups need to break down the institutional barriers of working within their own mandates and expand to incorporate cultural approaches and traditional knowledge approaches.
7.2.1 Conclusion (BANAC)

Initial discussions with BANAC indicated many FNMI people (including community workers and leadership) do not have cultural understanding of suicide and many do not know traditional teachings. Working from a Medicine Wheel praxis requires only an understanding of wholistic approaches (inter-connectedness) and an ability to utilize the Medicine Wheel praxis to process for developing a community plan of action ensures a comprehensive and wholistic approach to identify cultural components. In this way, the Medicine Wheel praxis is also a teaching tool for affirming and sharing traditional knowledge and as a medicine wheel framework that is “user” friendly, adaptable, flexible and evolving to meet community readiness.

As BANAC moves forward with their initiative, the recommendations will require immediate and long-term implementation. It is agreed that a multi-level implementation plan to assist FNMI communities mobilize is required; with BANAC committed to a community response that prevents “an event” rather than responding to “an event” that is going to happen.

“There is a difference between a community response to an event where you are waiting for the ‘bad’ event to happen and a community response to prevent an event. Pro-action is taking action that prevents the event. For example with the teachings we can build children’s ability to make choices…there are no guarantees, but I guarantee if we do nothing then we starve the spirit of the human being (Gertie Beaucage, Personal discussion, July 2011).

The focus of BANAC Community Wellness Bundle is to continue developing a wholistic approach that is “beyond ASIST training”. Their initial plans include:

1) Developing a Resource video that is a “frank documentary discussion” on myths and misconceptions about suicide. We have heard that suicide is considered “taboo” in many communities, and this video is intended to answer the question, “Why is it taboo?”

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As traditional teachings and knowledge are ‘local’, it is more important to understand the cultural components from the perspective of each community location, rather than make generalizations. Although, the medicine wheel framework is a ‘general’ tool or framework, it is not intended to define or determine a community’s cultural knowledge.
2) Securing funding for a Community worker that will assist FNMI communities in Simcoe County develop a local Community Wellness Bundle, including supports. i.e. resources, research, etc. to put their plans into action. This worker will also coordinate the FNMI communities’ participation in collective discussions such as an Advisory Circle to provide on-going evaluation and collective planning sessions.

3) Support for the development of content for a proposed “Simcoe County FNMI Community Wellness Bundle” website/network. The website design\textsuperscript{128} is intended as a foundation for FNMI promoting and protecting life network. This web-based network will serve as a communication tool for coordination, networking, on-line discussions and self-initiated learning. The website will include training resources i.e., traditional teachings for on-line and in-community training. The web-based network is not a substitute for human contact, it remains vital that community supportive resources continue to be developed and that human contact i.e. traditional teachings, and sharing discussion are not replaced by technology.

4) Development of a Simcoe area Youth Council. While the focus of the Youth Council is not specifically for suicide prevention/promoting life, it will provide a structure to apply for future funding, for example the Dreamcatcher fund. The Youth Council will conduct youth related activities such as special events to promote youth as future leaders, i.e. a youth water walk that promotes suicide awareness or promotion of protective factors that promote life i.e. traditional teachings gathering with Elders.

### 7.2.2 Summary (BANAC)

What does the research talk about, when all we become are statistics of high risk just by the ‘fact’ that we are Aboriginal? When I was younger my father used to tell me stories of his childhood experiences in residential school...but they also gave me a lot of understanding of who I was as Anishinaabe.

I remember Jim Dumont talking about a time when there were clusters of suicide pacts on Wikwemikong and one of the families asked for a sweat. In the sweat Jim was visited by one of the young people who said that ‘when I looked back I saw nothing, when I looked around me I saw nothing, and when I looked ahead I

\textsuperscript{128} See (Appendix H) for detailed description of the website design.
saw nothing...so I just ended it’ (Gertie Beaucage, Personal Discussion, October 2011).

Strengthening the life of Aboriginal people individually and collectively within a community requires a broad availability of resources, time and approaches. For BANAC,\(^{129}\) their community engagement methods were responsive both to the request to review the mainstream protocol as well as determine community readiness, identify strengths (cultural practices) and needs (training, collaborative partnerships) and, identify community resources (lacking specifically in “suicide”).

Based on all of the information gathered, the general recommendations need to be implemented in order for the process to proceed in a manner that is efficient, collaborative and respectful of all organizations involved and which will be of greater benefit to the overall Simcoe County community. Community capacity to move towards mobilization of a Surviving Suicide-Strengthening Life Bundle will require participation and willingness on the part of leadership and the community, working from a wholistic approach using the Medicine Wheel praxis as the foundation.

In summary the application of the Medicine Wheel praxis as the foundation of the FNIM Community Wellness Bundle can be articulated in the following themes; and further identifies areas that require more community participation to mobilize a wholistic community approach that is sustainable and FNMI inclusive.

<table>
<thead>
<tr>
<th>Vision</th>
<th>Life Promotion Suicide Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Memorandum of Understanding</td>
<td>- Outreach</td>
</tr>
<tr>
<td>- Participation in Community working groups.</td>
<td>- Cultural awareness training</td>
</tr>
<tr>
<td>- Youth Council</td>
<td>- Video on language of suicide</td>
</tr>
<tr>
<td>- FNIM worker</td>
<td>- Youth Peer training</td>
</tr>
<tr>
<td>- Whole community collaborative partnerships</td>
<td></td>
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</tbody>
</table>

\(^{129}\) BANAC update (2015) although none of the four recommendations have been implemented, a “Feather Carriers” one-year traditional knowledge approach training program has been initiated that continues to work beyond ‘ASIST’. Further, the FNIM Community Bundle continues to provide base cultural awareness but limited community linkages within in the High Risk Protocol.
Taking into account the variables learned as a teachable moment; the “FNIM Community Wellness Bundle” using the Medicine Wheel praxis as a collective approach with community participation in all stages of the planning responds to community readiness, their strengths and needs and, community “vision” at the present time and in response to the High Risk Protocol.

### 7.2.3 Feather Carriers Leadership For Life Training (Extending BANAC Community Wellness Bundle)\(^{130}\)

#### 1. Introduction

In January of 2015, The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) approved the recommendation from the LHIN Mental Health and Addictions Coordinating Council to increase annualized funding to First Nation, Metis and Inuit (FNMI) communities.

In February of 2015, the Bimaadziwin Committee met to consider community priorities within our region (Simcoe, Muskoka and York) that would address the needs of Indigenous communities for mental health and addictions services. These recommendations were sent to the Aboriginal Health Circle (AHC), where the priorities were discussed. By consensus, the AHC

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<table>
<thead>
<tr>
<th>Relationships</th>
<th>Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Approaches to address systemic racism</td>
<td>- Database of FNIM organizations that have capacity to support life promotion/suicide prevention action items</td>
</tr>
<tr>
<td>- FNIM resource development in all areas</td>
<td>- Cultural inclusion in Family and Individual Plans of Care</td>
</tr>
<tr>
<td>- Youth and Family engagement</td>
<td>- Youth and Family inclusion</td>
</tr>
<tr>
<td>- Coordinated resource approach among multiple agencies and stakeholders.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Ways of Knowing</th>
<th>Crisis Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Role of Elders/Traditional teachers</td>
<td>- Protective Factors recognized and included</td>
</tr>
<tr>
<td>- Cultural teachings</td>
<td>- Risk Factors recognized and included</td>
</tr>
<tr>
<td>- Ceremonies</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action &amp; Evaluation</th>
<th>Post-vention</th>
<th>Supportive Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>- On-going medicine wheel approach towards a more comprehensive Community Wellness Bundle</td>
<td>None identified</td>
<td>- Website</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- FNIM Training and education to build community of practice.</td>
</tr>
</tbody>
</table>
established allocations to enhance mental health and addiction services for First Nation, Metis and Inuit people. These allocations were approved by the NSM LHIN.

One of the priorities established was the need to address suicide prevention in our communities. There was a growing sentiment that mainstream Gatekeeper Training, was not effective within the FNMI communities. Gatekeeper Training involves educating helpers such as teachers, social workers, guidance counselors, etc. to recognize warning signs for suicide and then somehow know how to respond to suicidal youth. A Gatekeeper should be able to provide the link, or gate, between the person who is contemplating suicide and anyone who can help. However, emerging discussion from the FNMI community in our region identified that this approach was not culturally appropriate. There was a greater need for an effective way to prevent death by suicide.

The annualized funding approved by the NSM LHIN supports this initiative. In the winter and spring of 2015, the development of culturally appropriate training, combined with a community mobilization strategy was developed by a team which included Dr. Ed Connors, John Rice and Debby Wilson Danard.

The following report is in two parts. The first part of this report outlines the steps for a community mobilization strategy so that our annual training is translated into action and needed system changes that will involve whole communities. The second part addresses a new approach to training that is developed and designed from an Indigenous perspective.

The authors of this approach would like to thank the Barrie Area Native Advisory Circle for leading this work to-date. The next phase, which is the testing of the curriculum design, development of training manuals, and community mobilization, will be rolled out in FY 15/16 and in subsequent years moving forward. Miigwech, Nya:weh.

2. Background

Recent research reviews of Gatekeeper training program draws into question their effectiveness and questions their potential for promoting harmful outcomes (J. Sareen et.al, 2013; Y. Wei et.al,
In fact, one of the researchers, Stan Kutcher (2015) points out that a study of the popular SOS (Signs of Suicide) programs found 5 students who had received the training attempted suicide after the training while none in the control group attempted.

In addition, Sareen's (2013) study conducted with an on reserve group of First Nations youth found no differences in help seeking behaviours' between the group of youth who received gatekeeper ASIST training (Applied Suicide Intervention Skills Training) and the control group. The training group also expressed more thoughts of suicide in follow-up than the control group. These findings support the researchers’ theory that these programs might increase suicidal ideation, normalize the act of suicide and increase a sense of hopelessness (J. Sareen, et.al. 2013).

Both researchers conclude there is no evidence that these gatekeeper programs prevent suicide and caution academics and organizations not to overstate the positive impacts of these programs when the evidence is lacking. It is also concerning that there is evidence of possible negative impacts associated with these programs.

In light of these findings we are proposing that additional approaches to gatekeeper training be explored and offer another approach to gatekeeper training from a First Nations worldview. This perspective presents a life promotion lens to replace a suicide prevention viewpoint.

Accompanying the life promotion lens is a language that supports this perspective. For example, it is proposed that the word “suicide” be replaced with preventing premature death. This concept refers to life that ends in advance of its fullest potential and that this premature death is contributed to by the individual’s behaviours'. By definition, this includes premature death that

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occurs as a result of behaviours' that fail to protect and promote optimum health or life promoting conditions (e.g. addictions such as alcoholism, smoking and overeating).

The name “Feather Carriers: Leadership for Life" reflects this perspective and draws on Indigenous concepts of leadership for protection and promotion of community health and well-being. Feather Carriers are individuals within Indigenous communities who have been presented by their community with an Eagle feather in recognition of their efforts to protect and promote community wellness. It is in this spirit that we develop and promote the Feather Carriers: Leadership for Life initiative.

3. Message About the Training

Collectively, the Feather Carriers Training is an approach that speaks to the heart and minds of people working with individuals and families who are at risk of premature death; as well as loss survivors.

Gathered from all directions, the Feather Carrier training brings the knowledge and experience of the whole community into practice. It builds on the values and belief that in this present time; life is worth living. As such this training is meant to develop community leaders who will help promote life and prevent premature unnatural death.

From this place of strength and resiliency the voice of the life spirit is heard in the stories of the attempt and loss survivors who continue to walk the path of mino bimaadiziwin.

It also involves respecting our ancestors who have left through the western doorway before us and sending into the future the message of the seven grandfathers to have wisdom, love, courage, truth, respect, humility, and honesty as we walk in balance on mino bimaadiziwin miikane.

It is the hope that the Feather Carriers Training will “pull” individuals and communities towards life through promotion rather than “push” them towards suicide prevention through criminalization, stigma and guilt/shame. The strength is to acknowledge the thoughts, ideation and behavior that are considered ‘suicide’ while maintaining a full understanding of the balance of life and death in the sacred circle of life.
4. The Life Promoting Environment – Mobilizing our Community

The Feather Carriers Training is an approach that works collaboratively with the following measures.\textsuperscript{132}

It therefore is not “stand alone” training. The following Five Measures are identified as essential and effective to mobilize a whole community approach to Mino Bimaadiziwin (specifically for those individuals at-risk for premature unnatural death and families who are loss survivors):

**A. Enhance Crisis Services - Offering an Alternative to Hospitalization**

Crisis services include all types of services offered to people in a suicidal crisis, including (social media) telephone support, face-to-face support and crisis housing. Crisis housing relieves pressure on the health care system by providing vulnerable people with a place to stay and the support they need, using an approach that draws on their strengths.

**Recommendations:** Organizations providing crisis services must create and provide a coordinated and cooperative approach to provide unfailing support for people in crisis, whether they are facing psychosocial problems or thoughts of taking their lives.

A coordinated approach includes creating an inventory of programs and services and pathways to effective service provision with multiple entry points.

This information should be promoted throughout the FNMI communities in our region of Simcoe Muskoka and York.

**B. Provide Follow-up Services for People Who Have Attempted to take their lives - Monitoring and following up with those at higher risk of premature death.**

In the year following a suicide attempt, people who are hospitalized for their attempts are the highest risk group for premature death - and they remain vulnerable afterward. Close follow-up requires strong ties between the various organizations providing services after the person's

\textsuperscript{132} Adapted from information collected from 10 Essential and Effective Measures, Plea for suicide prevention in Quebec, Association quebecoise de prevention du suicide (2013, updated 2014).
release from the hospital. Although the need for priority care is clear, follow-up services are necessary.

**Recommendations:** Action plans must be developed by those responsible for providing support and following up with people who have attempted to take their lives. Strong partnerships and agreements between FNMI service providers and mainstream services must also be established, with clear procedures.

An accountability framework must be created to designate the organizations responsible for following up with people who have attempted to take their lives.

The participation of families, extended families and caring community support such as Elders, traditional knowledge keepers, and others as directed by the individual need to be included as an essential part of programs and services provision in after-care.

**C. Develop Postvention and Services for Bereaved Survivors of Unnatural Premature Death - Taking care of those left behind**

Following an unnatural premature death, the people closest to the deceased may become destabilized. Services are offered to survivors and direct witnesses of a premature death, primarily to ensure their safety. Many schools have introduced postvention protocols in recent years and work to maintain them. Few such protocols exist in other work and community environments.

**Recommendations:** Support and education must be provided among FNMI program and service providers, promoting a focus on youth and men with these support systems. Once articulated, these programs and services need to be widely promoted.

**D. Improve Access to Training for Practitioners - Increasing the quality and quantity of the services**

Making widely available, the "**Feather Carrier**" training that develops mino bimaadiziwin to reduce the numbers of individuals choosing death by devaluing their own lives. The training
teaches a wholistic approach while increasing intervention techniques rooted in culture-based approaches and solution-focused therapy that focus on promoting life and wellness.

**Recommendations:** All stakeholders should take this training course without delay. Organizations should provide their staff with the time necessary to attend this training.

Training must also include provision to accommodate the specific needs of certain professions i.e. police, fire, ambulance, social workers etc.

**E. Weaving a safety net**

There is a need to identify natural caregivers in the FNMI community who, can reach out to people in distress and connect them with help resources. Some areas have not yet adopted these practices and implementation has been difficult in certain environments. The Feather Carrier program will address aspects of this role as well.

**Recommendations:** More networks are needed in the local region, with more financial resources dedicated to creating these networks. Once natural caregivers in the community are trained, ongoing support should be offered.

It is also an important opportunity to provide research from an Indigenous worldview that includes evaluation and outcome indicators that are culturally relevant and provide the foundation for evolving, expanding and moving towards community mobilization that is centered on cultural technologies that promote life and mental wellbeing in our communities.

**5. Training At A Glance**

**Vision**

To increase the capacity of human beings to support each other throughout the lifecycle by promoting “mino bimaadiziwin” to reduce the numbers of premature deaths and understand our life as a human right and inherent right.
**Number of Participants** 15 to 20 participants targeting...youth, organizational leads, community service providers, community participants.

**Prerequisite (if applicable) or Post-requisite**

Connecting to the Land. Participants will be asked to do the Sitting on the Land activity in preparation for this Training. Participants who are unable to sit on the land due to health reasons will be encouraged to sit in isolation/quietude/meditation for the same amount of time (20 minutes, 30 minutes and 1 hour).

The focus of the activity is to strengthening our connection to our Mother Earth. (Find a clean quiet place and sit for 20 minutes the first time, 30 minutes a second time, and 1 hour the third time. Journal what you experienced using your senses; taste, touch, sight, hearing, smell, feeling and intuition. How has the environment changed because of your presence there? How has the environment changed you?)

**Schedule of Feather Carriers training**

<table>
<thead>
<tr>
<th>Day One</th>
<th>Day Three (3 months later)</th>
<th>Day Four (6 months later)</th>
<th>Day Five (1 year later)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Two</td>
<td>Day Three (3 months later)</td>
<td>Day Four (6 months later)</td>
<td>Day Five (1 year later)</td>
</tr>
<tr>
<td>8:30-5:00 pm</td>
<td>9:30-3:15 pm</td>
<td>9:30-3:15 pm</td>
<td>9:30 - 3:15 pm</td>
</tr>
<tr>
<td>9:00-5:00 pm</td>
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</tr>
</tbody>
</table>

More than one Feather Carriers Training may happen throughout the year, depending on the number of participants requesting training.

**Expectations**

- Respectful consideration for others perspectives.
- Attendance for all 5 training dates.
- Refrain from using distracting devices during training.
- Spend time in reflective thought.
• Participate in discussions being attentive and engaged.

• Participate through active listening.

**About The Training Style**

It is the intention of the developers of this program that the learning experience is interactive (didactic) and experiential.

It is our belief that effective learning experiences within First Nations communities rely heavily upon teachings, modelling and experience.

This is the style of teaching and learning that we intend to promote within this program.

**Activities and Assessment**

As articulated in the Training style participants are expected to maintain their journals and reflective thought and the content is to be shared at the discretion of the participant as they intend the information to be beneficial to their own learning. However, sharing will be encouraged for knowledge transfer and positive interaction.

It is further hoped these participant stories will be shared as the foundation for the overall evaluation process.
7.3 Ontario Federation of Indian Friendship Centres (OFIFC) Strengthening Life Through Water Teachings\textsuperscript{133}

Working with the Ontario Federation of Indian Friendship Centres (OFIFC) \textit{Strengthening Life through Water Teachings} (2011) builds on the connection of youth suicide prevention and traditional teachings on water as the lifeblood of Mother Earth, to inform their “strengthening life bundle”. This community approach demonstrates the flexibility of the wholistic and cultural contexts within the Medicine Wheel praxis to meet community strengths and needs. This section outlines the methodology to the completed curriculum, facilitator’s manual and youth workbook.

1. Background

The need for a community directed response to address the issue of suicide in Aboriginal communities is long overdue. In 1995, the Commissioners (Royal Commission on Aboriginal Peoples) heard suicide was one of the most urgent problems facing Aboriginal communities (existing data excludes non-status). With lack or minimal access to supportive resources and funding, Aboriginal communities, urban and on-reserve struggle to find ways to ensure their youth continue to have a future. We need to find ways to talk about choosing life in a good way. We need to encourage our youth to see life as an option. Statistics indicate that suicide completion is 3.3 times the (Canadian) national average for registered Indians and 3.9 times for Inuit. Adolescent and young adults are highest risk with 10 – 19 year olds, 5-6 times higher than among their non-Aboriginal peers.\textsuperscript{134}

Over a six-month period recently, there were at least 100 suicide attempts among teens in Moosonee, and many others in the neighbouring reserve of Moose Factory. At last count, eight youths in Moosonee have been “successful.” They’ve hanged themselves in closets, sometimes in trees behind the high school. It appears a death cult is taking root. More than 100 attempts. Eight suicides. In a community of 2500. Yes, it appears to be a death cult.

If this statistic darkened non-Indian towns across, say, British Columbia or Manitoba or Prince Edward Island, if this epidemic struck one of our communities, it would be national news, the media frenzy so saturated that

\textsuperscript{133} Reprinted with permission.

Canadians would suffer empathy burnout within months. My quick Google search—suicide rates on Canadian reserves—pulls 36,000 results in 0.28 seconds. Within minutes, I can learn that since at least the year 2000, many experts have declared that the northern reserves of our country are the suicide capitals of the world. Statistics on these pages, I think, quickly stun then numb us.

And the reasons why our Aboriginal youth are strangling themselves in closets, are shooting themselves in the head, are drowning themselves in icy rivers? A few more minutes of keyboard tapping on Google and it becomes so obvious: miserable socio-economic conditions, psycho-biological tendencies, and the post-traumatic stress of a culture’s destruction. (Joseph Boyden (2010 as cited in “The Hurting”))

2. Risk Factors

The following is a list of the secondary and primary risk factors that contribute to the high rates of suicide, self-injury and self destructive behaviors among First Nations, Métis and Inuit (FNMI) youth as presented by (The Royal Commission, and Suicide Among Aboriginal People in Canada: National Aboriginal Health Organization).

Secondary Risk Factors

• FAS/FASD
• Major depression/Bipolar disorder
• Post Traumatic Stress Disorder
• Anxiety disorders
• Panic disorders
• Schizophrenia disorder
• Personality disorder
• Emotional distress
• Seasonal Affective Disorder (SAD)


## Primary Risk Factors

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psycho-biological</td>
<td>Low self esteem, unresolved grief, helplessness, hopelessness, hostility, unhappiness, sexual orientation, gender (male), age (over 12), marital status, no children/siblings</td>
</tr>
<tr>
<td>Situational</td>
<td>Stressful life events, disruptions of family life, boarding school, adoption, gambling disorder, fly-out hospitalization, drug use, alcohol use, poor school performance, solvent use, family breakdown, community breakdown, physical abuse, sexual abuse, violence disorder, family history of suicide, recent loss to suicide, parents criminal behavior, previous attempts, suicide ideation, poor care by father, parental loss (prolonged separation), involvement with prostitution, beliefs that suicide is an option</td>
</tr>
<tr>
<td>Socio-Economic</td>
<td>High rates of poverty, low levels of education, limited employment opportunities, inadequate housing, homelessness, inadequate sanitation, inadequate water quality, no child care, low levels of social supports</td>
</tr>
<tr>
<td>Culture Stress</td>
<td>Loss of confidence in the ways of understanding life and living, Loss of land, loss of control over living conditions, suppression of belief systems and spirituality, weakening of political and social institutions, racial discrimination, suppression of language, identity (disorder), weak identification with culture and community, suppression of cultural identity</td>
</tr>
</tbody>
</table>

## Barriers

- Community Readiness i.e. leaders more interested in economic development and self-government NOT social problems
- Suicide shame and secrecy
- Lack of Role models
- Community conflict and rivalries
- Non-aboriginal control over programmes and resources
3. Protective Factors

Primary Protective Factors

| INDIVIDUAL          | Sense of meaning, Future orientation, direction and determination, Self-continuity, Positive attitude towards school, Non-materialistic orientation, Good school performance, Learning ability, Coping/problem solving skills, Emotional stability or regulation, Positive reasons for living, Belief that suicide in not an option (fear of suicide), Survival and coping skills, Internal locus of control, Self-esteem, Sense of meaning or coherence, Having many reasons for living, Good emotional health |
| FAMILY              | Family attention, support and care, Positive parental expectations, Father/Parenting, Family attention and cohesion, Connectedness with Family |
| COMMUNITY           | Peer support, Caring exhibited by other adults and community leaders, Social support, Alcohol and Drug treatment, Mental Health supports and services, Collective responsibility, Community development, Job creation, Self-governance and government, Addressing internal and external racism, Training Front Line Workers, “Break the Silence”, Improving youth/community involvement |

4. An Inuit Perspective

_We shouldn’t just be promoting human life, but life in the world around us, in our environment and on the land. It’s contradictory; he said to talk about ‘life’ while we poison our environment._ (Mr. Tapardjuk 137)

In March 2003, approximately 40 experienced practitioners with suicide prevention gathered to discuss the Best Practices in suicide prevention appropriate to Nunavut. The referenced document “Best Practices in Suicide Prevention and the Evaluation of Suicide Prevention Programs in the Arctic” was compiled following the workshops held March 14 and 15, 2003.

137 Best Practices in Suicide Prevention and the Evaluation of Suicide Prevention Programs in the Arctic (2003) pg.35
Significantly, the discussions and resulting ‘Recommendations’ express needs, which are consistent with Anishinaabe (Cree/Ojibway) and Haudenosaunee requirements to address suicide within our communities. Importantly, First Nations, Inuit and Métis communities continue to search for answers to ensure their future generations have all that both worlds (traditional and modern) have to offer and to ensure their survival.

It continues that we must work together from all directions to share information that will move human life forward and recognize our interdependence on our environment. The following is a summary from both Group A and B recommendations, included in chart form are the full Recommendations as presented by Group A and Group B:

- Talk about suicide/Break the Silence
- Promote Life
- Wholistic Approach
- Bridge between Elders and youth
- Family inclusion
- Give young people life skills
- Community inclusion
- Include role of culture
- The importance of language
- Empower people
- Restore Inuit pride
- Culturally appropriate strategies
Recommendations from the “Break-out” Group A.

| Wholistic Approach | Return to a holistic approach, Equate mental health with promotion of wellness of being, Use more than one approach for example, combine outreach, prevention and home visits, Evaluate strategies and conduct research, Have cooperation within circumpolar world, Develop pan-Arctic development of instrumentation to screen and evaluate outcomes, Hold regular workshops. |
| Communication/Integration | Emphasize education about emotional life. Parents need to reclaim this issue and not relinquish it to the education system, Promote life, Build bridges within communities – between young and old, locals and those here for shorter time, white and Inuit, Promote communication through activities and common interests, Families should be taught to deal with suicide, how to talk about it, Teach to talk about emotion. |
| Awareness | Make current knowledge understandable. At present it is too remote, and language isn’t clear. |
| Skills | Don’t forget front-line people, they need training, support, recruitment, Develop core skills, Promote listening and being listened to as they will help people feel valued and respected, Give young people life skills. Some Inuit traditional skills are relevant, other necessary life skills are more modern. |
| Culture | Ask elders to identify suicide-related issues, Recognize that some values from traditional lifestyle are useful and others are not. Some believe that youth shouldn’t talk directly to elders, or only speak when spoken to. This encourages silence and inhibits their ability to ask for help. |

Finally, these recommendations were compiled and included in the *Arctic Suicide Prevention Workshop* (2003)\(^{138}\).

\(^{138}\) (pp. 41-42)
5. Purpose and Objectives of the Suicide Prevention/Strengthening Life in Water Teachings

Purpose

The overall purpose of the Suicide Prevention/Strengthening Life in Water Teachings will be to promote skills, knowledge, attitudes and values development and enhancement that will contribute to suicide prevention for youth and create strong SELF-awareness. Values and attitude enhancement will be reflected in the water teachings to encourage wholism, ways of know, a sense of belonging or connection to the land, and everyday good living or cultural identity.

Using traditional knowledge approaches such as circles, story telling, culture-based activities and fasting, the goal is to connect youth to culture, identity and respect for the sacredness of life. By this, means this workshop will work to contradict the anger, despair, sadness and spiritual emptiness of suicide, using the “Cultural Framework of Suicide Prevention” approach.

The focus of the Suicide Prevention/Strengthening Life in Water Teachings will be for youth to view themselves as positive role models by working to ensure the continued protection of water and for life.

Objectives

1) For youth to make a connection to their past, present and future through their own history in relation to waters and promote the sense of belonging.
2) For youth to identify their roles and responsibilities of caring for waters/caring for life now and into the future.
3) For youth to identify their skills, knowledge, attitudes and values in relation to waters and life.
4) To understand the direct relationship between waters, the environment, and SELF.
5) To understand the various types of waters and that role in the lifecycle of human beings.
6) To promote giving voice to waters therefore giving voice to SELF.
7) To understand the importance and value of waters in relation to life.
8) To describe the role and responsibilities of men and women in taking care of the waters and the relation to the SELF.
6. Protective Factors addressed in the Suicide Prevention/Strengthening Life in Water Teachings

✓ Traditional teachings
✓ Ceremonies
✓ Awareness
✓ Teaching Sacredness of Life
✓ Break the Silence
✓ Connection to Mother Earth and our Ancestors
✓ Respect for Life
✓ Honouring youth and celebrating achievements
✓ Treat person as a whole
✓ Re-learn original and natural way of life
✓ Promotion

7. Background Information of The Water Teachings

The cultural context of the water teachings focuses on the similarities of basic values of life and the relationship in which Anishinaabe and Haudenosaunee view water.

Through the understanding and acceptance that water is alive; water is valued and sacred within the context of all of life. You may want to include other Indigenous Nations who live in your region. Also included is a ‘scientific’ context understanding of water.

8. Cultural Framework Of Suicide Prevention

From an Aboriginal perspective maintaining a balance between the physical (body), the mental (mind), the emotional and the spiritual is essential for a healthy well-being. When these aspects of the Self are out of balance, an individual may choose high-risk behavior or self-harm, including taking their own life. The medicine wheel diagram illustrates how contributing factors for high-risk suicide are actualized in the Self. We must be aware of how these life experiences and challenges may put Aboriginal youth at risk in order to understand how to provide approaches that will bring the aspects of Self back into balance.
From a cultural perspective, it is equally important to provide youth with opportunities that will strengthen and support them in facing life’s challenges and help them to make healthy choices, including choosing life. Sharing information, raising awareness and providing a strong foundation that supports identity, traditions and culture is one approach to suicide prevention that focuses on promoting and strengthening life.

The “Suicide Wheel” [Figure xxi] represents the dysfunction of a healthy balanced wheel. These four factors contribute to thoughts of suicide, which may lead to suicide completion or suicide attempts. To address suicide in a culturally appropriate manner, one must address each aspect of this Wheel.

9. Words of Our Elders

In 2006, a group of Elders from Haudenosaunee and Anishinaabe communities responded to share their knowledge on taking care of water. The following relationship to water was agreed upon: Water is alive, and is life itself. All life on this earth depends on healthy water for survival. Some of the words for water in First Nation languages reflect this worldview. Water is a relation, and it connects us to all other living things in the ‘web’ of life. As we humans co-exist

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with the water, we have to care for the water in order for water to be clean. The presence and sanctity of water infuse all aspects of First Nations’ existence.\textsuperscript{140}

Specifically, the Elders indicated the following relationships to water:

- Water is wholistic and we cannot affect water without affecting ourselves.
- Water is described as a living, spiritual entity, not a natural resource. It can be calm or become angry when it is not respected.
- There is no greater medicine than water. Water is our first environment in the womb.
- Each water form has a unique personality.
- Water never rests; it is always trying to purify itself.
- In their original stories water was the only element that the Twins (who shaped the earth’s landscape) couldn’t change. They could change the direction of water, but not the water itself.
- Without water there is no life.
- Water is sacred, for it is life.
- We are caretakers of water.
- Water is a gift from the stars, and the earth is the culmination of billions of years of accumulating the gift of water from them.
- If we abuse water we will lose it. Humans are supposed to use only what we need.
- Water will mirror the climate or mood we are in. It becomes the quality in which we shape it.
  We humans may say that “water is hurting us” but it is only giving us what we have asked of it.
- Water is a relation, our brother and sister, and as such must be protected, respected and cared for.
- Water is life giving. All natural things need water.
- Women as life-givers have a special connection to water. Water is linked with Grandmother Moon and connects the moon with women.
- Children are the voice of water.
- Keeping water clean is the responsibility of everyone.
- Dams are a major disruptor of water and ecological systems.
- People have traditional responsibilities for water that must be maintained through ceremonies.
- There has been a change in the relationship between the people and water because of being disconnected to the water.
- Decisions about water are no longer part of the role of the community.
- The Creator must always be honored for the gift of water.\textsuperscript{141}

\textsuperscript{140} (Ibid, p.49)

\textsuperscript{141} (Ibid, pp.11-26)
10. Teaching Approach

Creating a safe learning environment where youth can experience themselves in relation to the world around them and create a sense of belonging is an important aspect of the Suicide Prevention/Strengthening Life in Water Teachings.

Youth benefit from feeling valued and are able to build on their knowledge and skills in a positive environment.

The teaching sessions are designed to be user friendly for both facilitator and participants. This means that learning can happen together. The facilitator does not necessarily require a formidable culture-base of knowledge, simply an understanding of the values and attitudes in relation to the water teachings that each module relates to. Although, being a good role model and a sense of humour are qualities that will encourage a positive and safe learning environment.

These teaching sessions are designed for participants ages 10-18, but many can be adapted for older youth or even adults. It is suggested that you deliver the sessions to smaller age groupings, for instance, delivering to 10 to 12 year olds, another session to 16 to 18 year olds. Grouping the workshop by age will help you as the facilitator deliver the material to the needs of the youth.

Keep evaluation notes on what worked and didn’t to ensure on-going positive results for all training.

Set the ground rules (i.e. no put downs, listen to others, arrive on time, bring your workbook or leave it with the facilitator) and have the participants list their expectations.

Haudenosaunee say ohneka, all the water in the world comes to mind: what it is used for, its ability to quench our thirst and that of all life.

James Bay Cree say sah-kemah-wapoye, which translates as spiritual water, refers to living water.

Anishinaabe say biish or nbiish, which means water.
The goal of the teachings are to encourage participants to become more aware of their choices they can make now and understanding their values in relation to their own life and the life of water.

7.3.1 Summary (OFIFC)

Initiating the *Strengthening Life Through Water Teachings* for youth, supports the overall vision of the Friendship Centre movement which began in the early 1970’s. This vision of the Aboriginal Friendship Centre movement is,

To improve the quality of life for Aboriginal people living in an urban environment by supporting self-determined activities which encourage equal access to and participation in Canadian Society and which respects Aboriginal cultural distinctiveness.

The process of developing and delivering the Strengthening Life Through Water Teachings, from its initial conception to delivery of the modules, is consistent with other program development and delivery approaches within the OFIFC and Friendship Centre movement. All initiatives undertaken by the OFIFC are within their vision and scope to improve the quality of life for Aboriginal people living in urban areas.

The following themes emerged that created the Teaching sessions for the *Strengthening Life Through Water Teachings* (OFIFC Life Bundle);

**Session One: Values Check**

**Goal:** To explore individual values about life and water and to share results to see how others experience values in their lives.

**Objectives:**

1) To understand how the Anishinaabe Seven Grandfathers Teaching and the Haudenosaunee Thanksgiving Address can contribute to how you experience values in your life.

**Protective Factors:**

- Sacredness of Life
- Respect for Life
- Traditional teachings
Session Two: History Of Water

Goal: To look at the Creation Story (both Anishinaabe and Haudenosaunee) and highlight that everything has a purpose and role in Creation including human beings. It will also establish that water; the animals, the water beings, the winged ones, the crawlers, the plant life and human beings have history and share interdependence with one other.

Objectives:

1) To make a connection that everything has a purpose and role in Creation including human beings.
2) To make a connection of interdependence with their own history, their family tree and the natural world.
3) To make a connection to participants ancestral home/lands and the past, present and future relationship to water.

Protective factors:

- Sense of meaning
- Connectedness with family
- Understanding Self in relation to family/community

Session Three: Taking Care Of Ourselves And The Water

Goal: To understand that we are the caretakers of our own lives and caretakers of the water.

Objectives:

1) To make a connection to the water inside our bodies and the water outside our bodies.
2) To acknowledge the importance of taking care of the water for our communities and ourselves.
3) To relate taking care of the water as like ‘parents’ taking care of our children.

Protective factors:

- Future orientation
- Self-Continuity
- Connection to community
Session Four: Water Gives Life And Can Take Life

Goal: To understand the strength of water and strength of life. To share the impact of those who have taken their own lives.

Objectives:
1) To understand how respect for the water is vital to life.
2) To understand the different ways water gives life and takes life.
3) To allow participants time to share their experience of loss.

Protective factors:
- Break the Silence
- Promote life
- Sense of meaning

Session Five: Water Flows Forward (Forever Promise)

Goal: To create a positive perspective of the necessity of water and its relationship to life now and into the future.

Objectives:
1) To relate the importance of water now and in the future.
2) To identify their role within the community to ensure water continues to flow forward now and into the future.
3) To understand the traditional value of life and the sacred relationship to water.

Protective factors:
- Hope for the future
- Strengthens traditional values respecting life
- Strengthens identification with culture and community

Session Six: Water Is A Terrible Thing To Waste!

Goal: To understand that water is a terrible thing to waste: Let’s do something about it. Mother Earth does not need us; we need her and need to care for her.

Objectives:
1) To reflect on the interdependence of the environment, the water and the Self, both positive and negative influences and its effects.
2) To collectively work to create a Water Declaration using participants’ own words.
3) To understand our inherent right to clean water.

**Protective factors:**

- Understanding control over living conditions
- Strengthen Self-identity
- Understanding relationship between water quality and Self.

**Session Seven: Silent No More**

**Goal:** To understand the need for water in our lives and how youth can no longer be silent about this need for water.

**Objectives:**

1) To experience listening and talking to water.
2) To connect to the land/mother earth and to their own Self through sitting by the waters source.
3) To make a connection to where the water flows from (not just the tap.)

**Protective factors:**

- Sense of meaning
- Positive reasons for living
- Spiritual revitalization

**Session Eight: The Life Of Water**

**Goal:** To understand the different types of water for life and to “think outside the (water) bottle”.

**Objectives:**

1) To compare different types of water, i.e. bottled, tap water.
2) To identify the different type of waters that sustains life.

**Protective factors:**

- Learning ability
- Problem solving
Session Nine: Water Is Life

Goal: To understand that to be without water is to appreciate what you have. (Tell the students ahead of time not to have or use water in the morning (2-3 hours for younger participants, 3-5 hours for older participants) of this session and to journal their feelings in their workbooks.) To acknowledge the participants completion of the water for life teachings.

Objectives:

1) To experience what it feels like to not have water for several hours i.e. shower, brushing teeth, drinking, etc.
2) To participate in a water ceremony.

Protective factors:

✓ Self Esteem
✓ Non-materialistic orientation
✓ Coping/problem solving skills

7.3.2 Conclusion (OFIFC)

The development of the OFIFC teaching modules for youth knowledge, skills, attitudes and values strengthening their connection to life through water teachings demonstrates a significant approach to traditional knowledge mobilization to address a contemporary issue. The connection to the land as a teacher through water, teaches respect to care for Mother Earth and to care for our self and others. This connection to the Mother Earth is the connection back to our Creation stories through memory. Basil Johnston (1976) explains the significant interconnectedness of memory, land and identity,

There are four orders in creation. First is the physical world [the sun, moon, earth and stars, four directions, northern lights, thunders, lightnings, rains, winds, mountains, and fires]; second, the plant world; third, the animal; last, the human world. All four parts are so intertwined that they make up life and one whole existence. With less than the four orders, life and being are incomplete and unintelligible. No one portion is self-sufficient or complete, rather each derives its meaning from and fulfils its function and purpose within the context of the whole creation. From last to first, each order must abide by the laws that govern the universe and the world (p. 21).

So strong is the relationship with Aboriginal peoples to the natural world that Cajete (2000) describes it as “ensoulment.”
The ensoulment of nature is one of the most ancient foundations of human psychology...The psychology and spiritual qualities of Indigenous people’s behaviour reflected in symbolism were thoroughly ‘in-formed’ by the depth and power of their participation mystique with the Earth as a living soul. It was from this orientation that Indian people developed ‘responsibilities’ to the land and all living things, similar to those that they had to each other. In the Native mind, spirit and matter we not separate; they were one and the same.... They understood the roots of human meaning as grounded in the same order that they perceived in nature. They experienced nature as part of themselves and themselves as part of nature. They were born of the earth of their place (p.186).

He further describes this “ensoulment” relationship inseparable and when separation occurred the result is a “soul death”,

Relationships between Native peoples and their environments became so deep that separation by forced relocation in the last century constituted, literally, the loss of part of an entire generation’s soul. Indian people had been joined to their lands with such intensity that many of those who were forced to live on reservations suffered a type of ‘soul death’. The major consequence was the loss of a sense of home and the expression of profound homesickness with all its accompanying psychological and physical maladies. They withered like mountain flowers pulled from their mother soil. (p. 188)

This physical and spiritual “soul death”, separation and loss has a lasting impact on inter-generations. Recognizing that “our people are hurting and desperate” (p. 102), Art Solomon (-iban) dedicated his life to ensure that “the oral tradition from which he has learned throughout his life will be passed on to those who share his concern for the well-being of Creation” (p.13).

In Solomon (1990), *Songs for the People: Teachings on the Natural Way*, he shares his healing and hope for this and future generations, reminding us of our purpose in Creation and the devastation that separation and loss causes,

Once we are born we are to grow to our greatest beauty, spiritually, physically, emotionally, intellectually. We are to reproduce ourselves and our bodies will go back into the earth eventually. Just as with a plant: the seed falls; whether the seed grows is conditioned by rain, warmth and environment. In the arctic there are flowers just so high but in different environment they grow higher. In an environment we can grow or get destroyed. That’s why there are suicides, people are in an environment where they cannot grow. We can’t read their hearts. They self-destruct because of their environment.
We wonder why youth act so strangely and commit suicide. They are prevented from growing to their greatest beauty, physically, spiritually, emotionally and intellectually. This is their right from the Creator. They realize that inheritance is stolen. (p. 102)

Cajete (2000) shares a similar view of the impact of losing connection to the land and ultimately the connection to life. He also reminds us that to reconnect with “nature and its inherent meaning” is to ensure our survival as Aboriginal people, alive with the spirit of life,

The connection of Indian people to their land was a symbol of their connection to the spirit of life itself. The loss of such a foundational symbol led to a tremendous loss of meaning and identity; only in the most recent generations has revitalization begun. Inner kinship with the Earth is an ancient and natural extension of the human psyche and its severance can lead to a deep split in the consciousness of the individual and the group, in addition to social and psychological problems that can ultimately be healed only through reestablishing meaningful ties. Reconnecting with nature and its inherent meaning is an essential healing and transformational process for Indian people. (p. 188)

7.4 Chapter Summary

These community-based approaches to “surviving suicide - strengthening life bundles” are examples of community work I have been involved in as researcher, consultant and educator. The community-based approaches align with life promotion and cultural concepts of the Medicine Wheel praxis. They reinforce that Medicine Wheel approaches are a paradigm of knowledge that is reciprocal…as communities continue to strengthen and build their life bundles, the Medicine Wheel praxis continues to support and expand its own knowledge.

The work of these communities further demonstrates the Medicine Wheel praxis is culturally diverse as a structure of collective community impact to inform systems that continue to move towards life promotion and community governance approaches.

The message of connecting to life as the foundation for the surviving suicide-strengthening life bundle continues to support “surviving suicide and choosing life”, respecting life and, valuing oneself in relation to all life.
The message is simply, to understand our role in creation, to empower ourselves and help each other, like the natural world we have been given instructions, and gifts and “[w]e can create a new world by starting with ourselves” (Solomon, 1990, p. 102).

‘You are an Indian’
And being an Indian
Is not only a matter of birth,
It is also
a
State
of
Mind.
(Solomon, 1990, p.33)
8. Waking Up Our Bundles

This research study has come full circle (biskaabiiyang) through the difficult and challenging impacts of death by suicide in our Aboriginal communities, towards affirming and recognizing the impact traditional knowledge; history, identity, culture/language and tradition/practices to inform wholistic community-based life promotion initiatives.

The Medicine Wheel is the strength for life promotion and the balance to the intergenerational cultural genocide with the objective to “kill the Indian in the child”. The Statement of Apology (2008)\(^2\), spoken by Prime Minister Stephen Harper to Aboriginal communities is the accountability that creates space to “forgive ourselves for being colonized” and time for settlers to know their “true history”,

Mr. Speaker, I stand before you today to offer an apology to former students of Indian residential schools. The treatment of children in Indian residential schools is a sad chapter in our history. In the 1870's, the federal government, partly in order to meet its obligation to educate aboriginal children, began to play a role in the development and administration of these schools.

Two primary objectives of the residential schools system were to remove and isolate children from the influence of their homes, families, traditions and cultures, and to assimilate them into the dominant culture. These objectives were based on the assumption aboriginal cultures and spiritual beliefs were inferior and unequal. Indeed, some sought, as it was infamously said, "to kill the Indian in the child.”

.... Not only did you suffer these abuses as children, but as you became parents, you were powerless to protect your own children from suffering the same experience, and for this we are sorry.

The burden of this experience has been on your shoulders for far too long. The burden is properly ours as a government, and as a country.

There is no place in Canada for the attitudes that inspired the Indian residential schools system to ever again prevail.

This statement of apology drives this research study and the commitment to build societal capacity on the truth (and reconciliation) for Anishinaabe and the many Nations. As hooks

\(^2\) Web source: (https://www.aadnc-aandc.gc.ca/eng/1100100015644/1100100015649)
(1988) indicates, “even in the face of powerful structures of domination…it remains possible for each of us…to define and determine alternative standards, to decide on the nature and the extent of the compromise” (p.81 as cited in Graveline, 1992, p. 11).

Reclaiming, affirming and recognizing through this research study, All Nations are reminded that building communities from inter-generational and inter-community strength and resilience to surviving suicide and strengthening life is found within the heart of each Nation, the heartbeat of the natural world; and action to mobilize change must happen with responsibility and accountability by All Nations.

**Waking Up the Medicine Wheel**

Waking up the Medicine Wheel praxis is the action of “living research” visioning traditional knowledge at the centre of community development, capacity and mobilization. Strengthening knowledge and ways of knowing both rationale and intuitive supports community ownership and original ways of life through mino bimaadiziwin. Protecting traditional knowledge in practice ensures Aboriginal peoples perpetuity as distinct and sovereign Nations.

The medicine wheel praxis links community capacity and communities of practice in relation to their land, culture, language, history, identity, and ways of knowing. Through mobilization, the medicine wheel praxis becomes the embodied wholistic approach to programs and services planning, development, delivery and evaluation.

The following are two examples of community work\(^\text{143}\) that builds on the Medicine Wheel and traditional knowledge aligned within this research study,

1) The Eight-Pointed Star (Fig. xxii) Anishinaabe Research Methodology framework (“My Anishinaabe Research framework”, Sylvia Plain, 2013, p. 100) integrated the cultural content and traditional knowledge of the Medicine Wheel as research methodology, “which could be passed on and used by other Anishinaabe researchers” (p.98-99).

\(^{143}\) While there are many more examples of Medicine Wheel and wholistic approaches, I have included these three examples as work I was directly involved with personally and professionally.
Eight-pointed Star (Figure xxii)
2) The Barrie Area Native Advisory Circle’s Cultural Strengths and Needs Wholistic Framework (2013) (Fig. xxiii) was designed to visually summarize the cultural concepts that inform their Assessment Tool and reflect the Medicine Wheel themes.

Cultural Strengths and Needs Wholistic Framework

Cultural Strengths and Needs Wholistic Framework (Figure xxiii)

It is intended that these two examples effectively demonstrate the applicability of the Medicine Wheel to expand research and further community strategic action planning. That as a “living
research” the Medicine Wheel praxis as a foundation for traditional knowledge is evolving, flexible and adaptable in changing environments.

Waking up the Land as a Place of Healing

“Waking up our Bundles” concludes with The Land as a Place of Healing that is inspired and informed by The Office of the Chief Coroner’s Death Review of the Youth Suicides at the Pikangikum First Nation 2006 – 2008. This “death review” is the second (First Nations’) Coroner Inquest following the first Sakanee Inquest in 1999.

Following the Sakanee Inquest, a commitment was made by the, then, Assembly of First Nations (AFN) Chief Phil Fontaine,

Suicide is one of the AFN Chief Phil Fontaine's top priorities. ‘We've taken this issue very seriously,’ said Fontaine of the suicide problem. ‘We are very aware of the challenges and every recommendation that has been made and will be made about suicides. I think (suicide) needs to be considered very seriously.’

Despite this commitment by the AFN, and Indian Affairs Minister Bob Nault’s request for recommendations to “deal with suicide”; statistics on suicides in the “death review” (2010), obtained from the Ontario Provincial Police regarding police calls for suicide or parasuicide in Pikangikum reflect an over representation (and possible contagion) of suicide and attempts in a single community;

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144 Ontario Ministry of Community Safety and Correctional Services
Web source: (http://www.mscss.jus.gov.on.ca/english/DeathInvestigations/office_coroner/PublicationsandReports/Pikangikum/PIK_report.html)

145 Nobody Paid Attention: Mother of suicide victim hopes Inquest saves others, Chronicle Journal, Thunder Bay, Ontario, December, 11, 1999 by Kimberly Hicks, Web source: (http://www.mail-archive.com/nativene@gmail.com/msg05291.html)

The Office of the Chief Coroner’s Death Review of the Youth Suicides at the Pikangikum First Nation 2006 – 2008 was submitted to the Chief Coroner Dr. McCallum, by Bert Lauwers, MD, CCFP, FCFP; Project Manager, Pikangikum Youth Suicides; Deputy Chief Coroner – Investigations; Chair, Pediatric Death Review Committee; Office of the Chief Coroner for Ontario on June 1, 2011.

Significantly, The Office of the Chief Coroner’s Death Review of the Youth Suicides at the Pikangikum First Nation 2006 – 2008 proposes 100 recommendations grounded on the following Executive Summary,

...A lack of an integrated health-care system, poor education by provincial standards and a largely absent community infrastructure are uniquely positioned against the backdrop of colonialism, racism and social exclusion arising from the historical plight of First Nations people, including the effect of residential schools. These all contribute to the troubled youth, who appear to exist in a dysphoric state, caught between the First Nations traditions and cultures of their forefathers, and contemporary society which they are poorly equipped to navigate and engage. (p.14)

Significantly, The Land as a Place of Healing shifts the focus on the capacity for foundational Aboriginal relational approaches and medicine wheel praxis to inform and guide communities to be “better equipped to navigate and engage” both the internal and external landscape while acknowledging our “forefathers traditions and culture” and the land in which we are connected to as our inherent birthright.

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8.1 The Land as a Place of Healing

The Land as the Place of Healing expands on the cultural concepts, traditional knowledge and wholistic frameworks presented throughout this research journey, and puts into action Indigenous Intelligence, as described by Elder Jim Dumont (2005),

We need to begin to think, and speak and act from the centre of our Indigenous being, from the centre of our culture and Indigenous way of life. To do this we must become educated in our way of life and the Indigenous knowledge, way of being and acting that flows from it. We should not be activating major change in our communities, instituting governmental formulas and social organizations, initiating potentially culture changing development projects without being well educated in our Indigenous way of being and able to do it from our own traditions. Taking intelligent action has to be informed and driven by our Indigenous culture, traditions and our way of life. (p.5)

Further, the Land as a Place of Healing supports ‘bsani bimaadiziwin’ which focuses on supporting the four essential truths,

1) **Who Am I?** (Vision) What are my Knowledge, Skills, Attitudes and Values, personally that I want to demonstrate in working in harmony and balance with all of Creation? What is my life story? Who are the people who make up my story?

2) **Where Do I Come From?** (Relationship/Connection) What is my Creation story? Do I know my own family and community history? Do I value my language and culture? Does my identity include all my relations and understanding of my connectedness to all of life on the land? How do I work in harmony and balance with the natural governance laws as set out by Creation? How do I put these into action? What is my story of my land?

3) **Why am I Here? What is my purpose?** (Ways of Knowing/Being Anishinaabe) Where am I on my Pathway Towards Life? What are my strengths? Do I live my teachings? Do I know the Seven Grandfather Teachings? Do I live them in my life? Do I know The

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151 Bea Shawanda teaching, presented by Dr. Ed Connors as part of Feather Carriers: Leadership for Life Training, October 21-22, 2015 in Rama, Ontario.
Seven Stages of Life? Do I know the stories, songs, teachings, ceremonies that is Anishinaabe mino bimaadiziwin? Do I listen and receive others’ stories? How can my story be one of transformation?

4) **Where Am I going?** (Action/Doing) What is my personal Vision for community wellness? How do I connect to the relationships around me? Am I living from respect and kindness in my ways of knowing and being? What values do I want to put into action for myself, and the relationships I have with all of Creation? What is the path that my ancestors left for me? What is the path that the Creator gave to me? What is my story of where I am going? Will I leave a good trail (Anishinaabe Mikane) for future generations who are following me?

Answering these four essential truths, responds to the following statement from the Nishnawbe-Aski Nation Youth Forum of Suicide, 1996, reflected in the Death Review (2011), and indicates the importance of young people “knowing who they are and where they belong”. The impact of colonization and cultural genocide have ensured these questions are only known via media and mainstream education, leaving youth only “to wonder who they are and why they exist”.

Many Nishnawbe Aski young people are struggling with questions of who they are and where they belong. They are exposed to lavish lifestyle through the media, while attending urban high schools, and when travelling to larger centres; but the living conditions of the families and communities leave them with only the reality of extreme poverty.

They are called ‘Indians’ but they know that they are not ‘Indians.’ They know that their lifeline should be connected to the land and its resources, but nothing in the mainstream education system or the media helps them build this connection. They wonder who they are or why they exist.

Coupled with the physical, emotional and/or sexual abuse that has become intergenerational as a result of residential schools and loss of identity, it is not surprising that some young people decide it is easier to leave this world than to

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153 Bolded emphasis is mine.
live in it. Suicide comes to be a viable alternative when there seems to be no hope of finding help or relief from an unending cycle of poverty and abuse: social, racial, physical and sexual (pg. 14).

The Land as the Place of Healing challenges the notion that “healing and wellness” is primarily dependent and conditional on wealth accumulation, segregated physical infrastructures within a community as promoted by the mainstream education system or the media to build this meta-narrative. The Land as the Place of Healing strengthens “knowing the lifeline connected to the land” and moves from “being Indian” to answering the four essential questions that affirms and teaches being Anishinaabe.

The Land As a Place of Healing (Figure xxiv)
The theoretical framework of *The Land as a Place of Healing* (Fig. xxiv) is the “Medicine Wheel praxis” or (“Community Wellness bundle) simulated over-layered on the land-base of Pikangikum.

The “Community Wellness Bundle” (Fig. xxv) is the Medicine Wheel praxis enhanced to include the structure of traditional governance for a wholistic and inclusive approach to community healing and well-being.

Community Wellness Bundle (Figure xxv)
8.2 Culture as a Protective Factor

Culture enables people to survive in a given natural environment, and those who are born into that culture understand it best. Unfortunately, in most cultures the need for adjustments and adaptations is more subtle and hence more easily hidden from non-members who assume that the knowledge embedded in such cultures is unnecessary to their own survival (Minor, 1994, p. 21-22).

Building on the relational connection with the land and inherent sovereignty of Aboriginal people, the land as a place of healing, supports Chandler and Lalonde’s (1998) cultural continuity (infrastructure) within the community and promotes stability for “connected communities” rather than “silo systems” infrastructure that disconnect through fragmented “individual” organizations, funding and selective mandates.

The Community Wellness Bundle expands the original cultural concepts of the Medicine Wheel Praxis (Fig. xii) and traditional governance (founded on the Ojibway Clan system Fig. iv) (Benton-Benai, 1988) and the cultural concepts of the mossbag or tikinaagan structure that places the child at the centre of the physical reality, while ensuring space for the spirit to “be present”.

This Clan System Structure of Responsibility (Fig. xxvi) include roles and responsibilities for each Clan family within the community. These Clan functions are identified as Land/Water & Economic Sustainability, Health & Social Wellness, Housing & Infrastructure, Women & Child Well-being, Education (Connecting Elder & Youth), Recreation, Culture & Tradition and Justice & Safety. It also includes the physical, mental, emotional and spiritual aspects of the whole community including child, youth, adult and Elder.

Each Clan is given a place and function to serve “the people” from a collaborative approach, and the following Clan responsibilities are a general guideline for establishing community governance.

Crane Clan

The Crane Clan has the External Chieftainship responsibility. This role will ensure that the Land/Water & Economic Sustainability (Economy) of the community is developed and governed with transparency and accountability that support and maintain Self-Governance, Constitutional Relationships and stability.
Loon Clan

The Loon Clan has the Internal Chieftainship responsibility. This role will ensure and advance the Health and Social Wellness of the community and promotion of stability through Pathways towards Life. Pathways towards Life as the community of practice involves all community members knowledge and participation in their well-being. This moves the community members from ‘clients’ to fully engaged in their health and social wellness and being Anishinaabe.

Fish Clan

The Fish Clan has the responsibility to balance (Mediators) the External responsibilities and the Internal responsibilities of the Chieftainship. For this role Education supports Elders and Youth (Councils) connecting the past, present and future. Intersecting Education is land-based recreation which provides opportunity to education approaches rooted in traditional knowledge and cultural indicators.

Bear Clan

The Bear Clan has the responsibility of maintaining the Justice & Safety systems for the community. This role will maintain wholistic approaches (mind, body, spirit) to support and maximize community healing and wellness. Justice would include whole community ‘alternative’ and restorative justice approaches. Safety would expand to include training and education that promotes land-based survival and life skills. These survival and life skills would include traditional food, traditional medicines, gathering and hunting (use of firearms), boating safety, etc.

Marten Clan

The Marten Clan has the responsibility of Women & Child Well-being; this role of “defender of the people” ensures the fullest development of protecting the safety and survival of family, community and nation through their responsibility of maintaining and promoting the health and well-being of the women and children.
Bird Clan

The Bird Clan has the responsibility of Culture & Traditions, this role ensures that governance supports, protects, and maintains history, culture/language, identity and traditions within all systems and all structures. This function ensures ‘good governance’ through traditional and cultural knowledge and approaches.

Deer Clan (Hoof)

The Deer Clan has the responsibility of Housing and Infrastructure, this role ensures housing and infrastructure for all community members including Elders/Seniors, and others requiring ‘Life’ Long Care. It also includes provisions for housing extended families, youth housing, and single adults. The role of ‘home’ needs to be kept in balance and harmony with ‘housing’ and extends to all planned and developing community infrastructure. It also includes (Green154) building for planning and building infrastructure.

Community Representation

Traditionally, each Clan had its own elected leader or appointed Clan Chief as the spokesperson for the community. In the present Band Council system, the Crane might be the Elected Chief, the Loon an elected Co-Chief, and elected Council members would take up the balance of the Clan functions and responsibility, with community representation by an Elder and Youth individual or Council representative. By establishing a balance with the Elder and Youth representative, priorities are set into motion based on the economic capacity brought forward by the Crane Chieftain and in balance with the health and well-being brought forward by the Loon Chieftain.

Each Clan representative (Council member) would ensure that within their area of responsibility the vision of the community members is given voice within the Council meetings.

Within the present Band Council system, each of the Council members would only be responsible for their area of Clan responsibility and work with community members to maintain the community ‘vision’ and move it forward. Once the overall vision and priorities are set during the Council meetings, each Council member (Clan responsibility) would work with Band administration and program delivery staff, to ensure that priorities are fulfilled. In addition, the Band Council members may require ‘role clarification’ training to ensure all are working toward the common vision of the community. Restructuring may be required in order for administration items such as policy analysis and development and management (community by-laws, treaty rights, etc) are carried out in relation to all areas of Clan responsibility.
8.3 Cultural Continuity and the Life Review

The Value of Indigenous Intelligence is believing in ourselves again and realize that we had something here and we better try to get it back because it is worthwhile. And, I would say, not just for ourselves, but for the world. (Jim Dumont, Lecture, October 18, 2006)

A complete “Life Review” of the 100 recommendations would require whole community collaboration and engagement to mobilize relationships as the foundation for a community strategic plan of action. Ideally, the strategic plan of action would include evaluation indicators and cultural indicators building on “ways tried and true” as a measure to further promote stability within the community.

Putting into action cultural continuity and Clan roles and responsibilities; as an example, the “Community Wellness Bundle” as a strategic plan of action begins dialogue and responds by themes to the 100 recommendations as described here,

- Crane Responsibility: employment, water and land
- Loon Responsibility: lack of integrated health system, lack of inclusion of cultural approaches in health systems
- Fish Responsibility: Poor education by provincial standards, literacy (including cultural literacy)
- Bear Responsibility: Colonialism, Racism, Social exclusion, history
- Marten Responsibility: Parenting and Family protection
- Bird Responsibility: Unclear role of religion and spirituality, and
- Deer (Hoof) Responsibility: absent community infrastructure, housing/water.

For the purpose of this research study this section will provide two examples of a Life Review approach to address the issue of suicide, using cultural continuity Chandler & Lalonde, 1998 and the Clan area of responsibility for community collaboration and mobilization.
In the first example, the Loon Clan would have the overall responsibility (Health and Social Wellness function) for being informed of community issues, needs and participation as on-going evaluation. In the second example, the Bird Clan would have overall responsibility (Culture & Traditions).

These examples are limited to information based primarily on the 100 recommendations, however, they are inclusive of the Community Wellness Bundle which considers the Elders, adults, youth and children needs spiritually, physically, mentally and emotionally within the Continuum of Care.

**First Example Life Review Approach (Issue: Suicide)**

<p>| <strong>Policy/Administration considerations:</strong> | Determine community values and beliefs that prevent (take people off of life) and promote (pull people towards life) using the Pathway towards Life community teaching approach. Review current protocols and practices between the school, police, CAS, and treatment centres, determine best practices to ensure a transparent coordinated approach. |
| <strong>Land/Water &amp; Economic Sustainability Crane</strong> | Continue lobbying for national suicide prevention strategy and priority funding. Support community fundraisers to ensure community outreach supports. Consider land-based burial sites and support community memorial feasts and life celebrations. |
| <strong>Health and Social Wellness Loon</strong> | Ensure children, youth and families have access to Life promotion teachings balanced with traditional ceremonies i.e. talking circles, healing circles, grief and bereavement. Work with urban schools, where youth are relocated to identify supportive resources, community safe spaces, and use of medicines i.e. access to smudge in the guidance office as an example. |
| <strong>Education &amp; Recreation Fish Clan</strong> | Continue to support family and youth engagement through directed community outreach and education. Promotion of awareness of high risk for suicide (Gatekeepers/Feather Carriers). Include support services aimed at suicide prevention for youth and young adults i.e. community hotlines, community crisis teams. |
| <strong>Justice &amp; Safety Bear</strong> | Continue Leadership training that includes life promotion and the value of life through water, fire, and land teachings and connection. |</p>
<table>
<thead>
<tr>
<th><strong>Women &amp; Child well-being</strong></th>
<th>Work with the families and ensure aftercare supports are in place, for those affected by suicide and trauma, through Life Plans and Family plans that include traditional knowledge and teachings of the land. Identify clear Pathways towards Life and encourage a ASK, TELL, ACT community.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Culture &amp; Traditions</strong></td>
<td>Identify ways individuals; families and the community can respectfully honour the life of those individuals that have taken their own lives. i.e. memorial tree garden (plant a tree for those who have taken their own lives as way to encourage growth and healing).</td>
</tr>
<tr>
<td><strong>Housing &amp; Infrastructure</strong></td>
<td>Identify infrastructure requirements that support safe homes for individuals requiring aftercare (post-vention support). Supportive resources to be available for individuals and families to remain in care (extended care), as appropriate, for their well-being. Safe places are required for those in aftermath healing.</td>
</tr>
<tr>
<td><strong>Policy/Administration considerations:</strong></td>
<td>Non-Aboriginal Health service providers to consider the option of a translator, for Pikangikum to communicate in their first language, including reports and recording. Consideration of a long-distance education such as midwife education. Access to the Truth and Reconciliation Strategy to ensure community-directed participation.</td>
</tr>
<tr>
<td><strong>Land/Water &amp; Economic Sustainability</strong></td>
<td>Work with the Health Authority to address jurisdictional issues in regard to funding. Access the National Child Benefit Reinvestment (NCBR) funding (if available). Consider historical trauma of the land and water and measures to ensure sustainability based on traditional knowledge and future generations in decision-making.</td>
</tr>
<tr>
<td><strong>Health and Social Wellness</strong></td>
<td>Creation of community health access points so that community members do not need to leave the community. Seek ‘alternative’ health care such as art therapy, music therapy, and dance therapy. Balance between community (Elder, Youth, Adult, Family) and medical personnel in decision-making committees.</td>
</tr>
</tbody>
</table>
8.4 Conclusion

The Land as a Place of Healing reinforces the cultural concept connecting the community and land-base as the place of healing. It proposes a cross-sector distribution of culture, traditional knowledge and protective factors to enhance community capacity through a whole community approach, not as “clients” but as sovereign individuals collectively and collaboratively on their land.

This collective and collaborative approach is mobilized using the Clan system is a “Good Governance” approach that demonstrates the inseparable belonging to the land as described by Jim Dumont (1999) as the “primary root” of Anishinaabe sovereignty...

...in continuity with our recognition of our original placement and movements in the total Anishinaabe geography, our consciousness and knowledge of our
regional and individual First Nation territories in all of their original extent is of absolute importance to our Anishinaabe identity and for our connection to our indigenous sovereignty...our foremost ‘Aboriginal Right is the right to live our way of life...to claim our indigenous right to place and territory...(p.24-25).

The Land as a Place of Healing reinforces being sovereign through the land and the community strength and “vision to see” all of Creation, all of Mother Earth as the foundation for sovereignty and movement towards health, healing and well-being.

Dumont (1999) explains this connection to the land; its’ responsibilities and primary relationships to creation itself, and teachings including,

- Kindness – the grass, vegetation, medicines and plant life
- Honesty – the tree life or “standing ones”
- Sharing – the animal life (four leggeds, flyers, swimmers, crawlers)
- Strength – the mineral life or “rock life” (above and below the ground)

These rights and responsibilities have not and cannot ever be abandoned or surrendered without disowning our very identity and originality as Anishinaabe people...(p.25).
Conclusion & Future Directions

“Forget everything you think you know” (Peter O’Chiese (iban)).

Letting go

of planned outcomes

original research plans

emerges new levels of understanding

My personal “vision” to answer the question

“What are you asking of me?”

leads to relationships with other communities,

these relationships take time

I continue to ask for guidance

to carry forward the possibilities of our ancestors

rooted in traditional knowledge and ways of knowing.

I allow the research vision to journey its own path.

Seeing community readiness

As readiness within each other

Within Me

Stuck in a pattern

Where outcomes must meet our expectations

And challenges become lessons

*

Despite all the best practices

All the recommendations

I simply must have faith
And experience life as the connection to spirit.

**

When I was lost
in my own research
When I was lost
in my own desire to bring forth
the teaching of my grandfather’s drum
Each time I asked for help
A teacher arrived
A helper arrived
Leading me into the future
The place I am sitting now
A place I could not imagine arriving
so long ago
When I asked that first question...

***

I sit with my feast bundle
And spirit offering for my Grandfather
A beaded belt made by his son, my uncle
And traditional food of rice, berries and maple syrup
I realize the full impact of how much he loves me
For the spirit of his drum to give me
Such a gift of learning to love life
Despite its man-made barriers, conflicts, and control
Life is a wonderful expression
And extension of the Creator’s love for each
And every human being
And other than human being
All of Mother Earth.
****
The mind is the space that holds time
time measured by the
physical body
Inside the heart the sacred space
‘Ode’ (heart)
Ways of knowing
intuitively and with reason
knowledge is knowing
belief and faith
is Being
the heart connection
to the spirit
at the centre of all of life.
*
I don’t have all the answers
yet I know I am strong
because of the land where I was born
Where I come from
My spirit cannot be broken
Who I am
My body can travel all over Mother Earth
Where I am going and what my purpose is
Is up to me, the unlimited potential
I know
I can never truly be lost
When the map is a part of me
Embodied in something simple
As my hand...the map
My heart the guide.
All I know is embodied
In my connection to Mother Earth
My connection to all ancestors who have
returned to Mother Earth
and those yet to be born.
***
Letting go of the suicide spirit
Manifested by the disconnection to the Spirit of Life
We stand by the shores of the water
Offering our spirit bundles to those we love
And who love us
We ask for reconnection to our own spirit
Through ceremony
I release the spirit of my grandfather
offering my tobacco
the words of a grand daughter denied the knowing
her grandfathers’ life, left only to know him in death

I release the wound of my own heart

For my brothers, my sisters, my grandmothers, my mothers and my fathers

I offer a prayer for all of those

Lost and forgotten

Living in their own shadow

The tears fall and heal

Move to love

I release you grandfather

I forgive you

And more importantly I forgive myself

For not always seeing the beauty and light

In my own life, in my own heart

And now we are one

I carry you in the sacred space in my heart.

* 

Meegwetch

The **time is now** for the Many Nations to work together and engage as ‘helpers’ creating sustainable communities to promote and value choosing life, as Kathy Absolon (2009) explains in her personal journey,

Our personal wellness and healing determines our capacity as o’shkaabewisuk [helper]. Years ago, I journeyed within my own personal landscape critically reflecting on my internalized colonialism and knew that ‘something wasn’t right and something didn’t fit.’ I felt that my experiences were not what the Creator intended for us as a people. My only explanation for knowing this comes from growing up immersed in the bush with Creation where Spirit was all around me.
From this place, a small spirit within with a tiny voice began to tug at me and I started to listen. A transformational and paradoxical shift occurred when I became conscious of my own feelings of incongruence. From the outside I heard messages stating that I was inferior, subordinate, stupid, unworthy and incapable. I heard us being called drunken dirty Indians. Yet, inside me was a tiny voice urging me to make my way out of the darkness of chaos (hooks 1993). Deep within me I felt my cocomish and shaumish (grandparents) urging me to seek our truth (p. 175).

To seek our truth, finding the pathway towards life through mino bimaadiziwin is my (our) inherent right, my (our) human right to life, and birthright.

This research study is the “living research” of one learning journey, that found hope through vision, belonging through relationships, meaning through understanding and, purpose in Being. It set out to determine whether the Medicine Wheel praxis informs and impacts creating community life bundles, and it explored the impact and implications of historical factors such as colonization and cultural genocide and reframing “ways of being Anishinaabe” through traditional knowledge sovereignty and understanding this reciprocal relationship with land as a place of healing.

Through review and engagement with two examples of community life promotion bundles and a theoretical case study, the research study concludes that the Medicine Wheel praxis is a significant contribution as a framework to support community life bundles and increase Indigenous knowledge sovereignty.

These research study results have important implications for policy and legislation and community sovereignty and are one way to mobilize wholistic practices and traditional (cultural/environmental) knowledge and move towards indigenizing collective impact.

And finally, this Medicine Wheel praxis is the “gift” of my grandfathers’ drum in response to the “Call to Action” by the Many Nations, over several decades, prior to Indian Affairs Minister Bob Nault’s request for suggestions from ‘Anyone who will give us some recommendations about how to deal with suicide’ (Hicks, 1999). It is a gift to have come full circle “forgetting everything I think I know” and “picking up my bundle” and sharing it with honesty, respect, kindness and strength. meegwetch.
Future Directions

In October 2011, I worked with Elder and traditional teacher Jim Dumont, reflecting back on our personal discussions, I realize a significant amount of time was spent asking questions and answering those questions with more questions. Waiting for our delayed airplane from Thunder Bay to Toronto, Jim indicated, “someone” should research each First Nation with high incidence of suicide and see whether the community is a church-based community.

This question prompted whether colonization of history, culture, tradition, identity and land manifesting as environmental and cultural genocide increases risk for suicide in First Nation communities. According to Deloria Jr. (1999), the notions of “Christian religion and the Western idea of history are inseparable and mutually self-supporting...”

...[t]he land title of the United States relates back to the famous doctrine of Discovery, whereby Christian nations were allowed by the pope to claim the discovered land on non-Christian peoples. To accept a series of pre-Columbian visitations would mean that the lands of the Western Hemisphere were hardly ‘discovered’ by Europeans. It would call into question the interpretations and justification given to colonialism, exploitation, and genocide committed by Europeans during the last five centuries” (p. 303).

Clearly,

...one cannot judge Christianity by the actions of secular Western man. But such a contention judges Westerners too harshly. Where did Westerners get their ideas of divine right to conquest, to manifest destiny, of themselves as the vanguard of true civilization, if not from Christianity? Having tied itself to history and maintained that its god controlled that history, Christianity must accept the consequences of its past. Secular history is now out of control and its influence has become a rather demoniac, disruptive force among nations—this is part and parcel of the Christian religion...(p.304).

Perhaps, this research will be explored as a future direction. After all, despite the Religious Freedoms Act (Canada) similar to the American Tribal Religious and Contemporary American Culture,

“[m]any people [Indians] are trapped between tribal values constituting their unconscious behavioral responses and the values that they have been taught in schools and churches, which primarily demand conforming to seemingly foreign

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155 In America, “In 1934 under the Indian Reorganization Act, Indian people were finally allowed religious freedom.” (Deloria Jr., 1999, p. 309)
ideals. Alcoholism and suicide mark this tragic fact of reservation life. People are not allowed to be Indians and cannot become whites. They have been educated, as the old-timers would say, to think with their heads instead of their hearts. (Deloria Jr, 1999, p. 311)

However, in preliminary research into understanding the impacts and implications of Catholic Church teachings on suicide, according to Aaron Kheriat’s (2004) on-line article, “Depression and Suicide—A Catholic perspective is,

...that suicide is a sin against love of God, love of oneself and love of neighbor...the Church also recognizes that an individual’s moral culpability for the act of suicide can be diminished by mental illness, as described in the Catechism: ‘Grave psychological disturbances, anguish or grave fear of hardship, suffering or torture can diminish the responsibility of the one committing suicide.’

The Catechism goes on to say: ‘We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives.’

It concludes by referring to the Lord’s ministry in imitation of Christ, for individuals to be ‘healers’ and that ‘[t]hose who suffer from mental-health problems should not bear this cross alone. As Christians, we need to encounter them, to understand them and to bear their burdens with them.’

This Catholic teaching on suicide is further articulated in the brochure “Working Together: To support parents when a child is in crisis”, created by the Simcoe Muskoka Catholic District School Board (2015). It states,

Catholic teaching acknowledges the seriousness of suicide and that it goes against the natural tendency to love oneself. We are caretakers of the life God has given to us. Catholic teaching also proclaims God’s merciful love for each of us that never comes to an end. The Christian community, bearing God’s great compassion, prays for victims of suicide and for those who love them…

A common misconception about suicide is that those who make that choice will spend eternity apart from God. A central belief in our Catholic faith tradition is

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156 Refer to Sections 2280-2283 of the Catechism for a nuanced presentation.

that God loves each and every one of us unconditionally. St. Paul in his letter to
the Romans reminds us that ‘neither death nor life, nothing will ever separate us
from the love of God in Christ Jesus.’ (Romans 8:38)

We have been given two gifts by God – God’s great love for us that is unwavering
and our free will, God will never abandon us regardless of the choices we make.

From this preliminary research, a simple question challenged further questioning to seek
answers.

From this research study I hope that many more questions are asked, and through biskaabiiyang
understanding and knowledge creates opportunity that moves towards action with intellegent
reason and choosing life will continue to be a priority.

Understanding the Medicine Wheel praxis as constantly expanding, the future direction of this
research is unlimited and not limited to,

- Map the number of suicides in Ontario, Band-by-Band over a 10-year span or longer. (How
  many churches are there in these communities?)

- Identify First Nation communities in Ontario with low or no suicide rates. What are the
  protective factors in these communities? (are they consistent with Chandler & Lalonde’s
cultural continuity?)

- Identify additional (evidence informed/ways tried and true) traditional knowledge approaches
  in community planning and mobilization strategies.

- Explore more in depth traditional knowledge, teachings and stories in relation to the western
doorway teachings on suicide, abortion, stillbirths, and miscarriages. What are these
ceremonies for healing?

- Research a Pathways towards Life as a “way tried and true” planning and evaluation tool.
To those who ask how and when or where,
I would say there are some many ways and so many places
And so many opportunities
That I can only tell you this story.
There was a man working on high steel
Who made a mistake and fell off,
He landed on a pile of scrap iron and broken concrete,
Virtually every bone in his body was broken
But he was still alive and still conscious
When they brought him in,
Someone asked him the question,
‘Where does it hurt the most?’


Meegwetch

Mii’we minik.

Aazhaawenimishinawn Gizhay Manidoo

Niikaaniginaw!
Bibliography


Appendices

APPENDIX A


Chiefs of Ontario (n.d) *Documentation of the Case Examples of Traditional Knowledge (TK) And Environment Governance in Ontario.*


NAHO, 2005, *Sacred Ways of Life, Traditional Knowledge*. NAHO, Ottawa, ON.


APPENDIX B

The Healing Continuum and Healing Lodges

To demonstrate the Healing Continuum in action, an overview of the six Healing Lodges funded by The Aboriginal Healing and Wellness Strategy (AHWS) is provided from the document “Keepers of the Seventh Fire: Aboriginal Healing Lodges Traditional Models and Approaches” (Danard, 2007) which was prepared with the participation of all six Healing Lodges. While the Healing Lodges represent one program as part of the AHWS network located both on and off-reserve they demonstrate the possibility that wholistic approaches are ‘best practices’ and that first and foremost show respect and honour for all Aboriginal peoples cultures and beliefs.

Overall, the Healing Lodges operate within their own management and governance, with each Lodge providing programs and services responding to their various communities’ needs and readiness. By operating from a client-focused approach, Healing Lodges are able to build and strengthen the individual, family, community and nation. This ensures each Healing Lodge is ‘culturally relevant’ to their local community in which they operate, while responding to cultural diversity among First Nations people.

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158 Today, the AHWS serves approximately 42,000 people every year. Since its launch in 1994, the strategy has also: Created 650 jobs to deliver healing, health and wellness programs in 250 Aboriginal communities, and Established 460 community-based projects across Ontario. The Strategy has established a network of programs located both on and off-reserve including:

- Family violence community awareness and education programs
- Shelters and family violence healing programs
- Healing lodges
- Programs that support health promotion and education
- Crisis intervention teams that respond to high rates of suicide in northern communities
- A youth treatment centre
- A maternal and child centre
The Healing Lodges strongly believe in respect, trust, acceptance and acting to meet the healing needs of all Aboriginal people by providing access to cultural programs and approaches that reflect their distinct Aboriginal identity. With commitment and determination, Healing Lodges regard themselves as “Keepers of the 7th Fire”\(^{159}\) (warriors/guardians) ensuring that Aboriginal peoples traditional knowledge and way of life are maintained and protected.

**Healing Lodges are governed by the following Core teachings:**

1. Respect as the primary core traditional teachings that defines the Healing Lodges operation and governance. This respect is inclusive of the land, Aboriginal peoples and their culture and all of Creation. Each Lodge demonstrates respect for each other’s (staff, board, clients) cultural teachings, practices, beliefs and values.

2. A wholistic approach considers the physical, mental, emotional and spiritual aspects of a person in its programming; this wholistic approach also includes looking at the interconnected relationship between the individual, family, community, and nation.

3. Spiritual Guidance (through personal and group ceremonies) is also a core approach to the overall operation of the Healing Lodges. All Healing Lodges work with the understanding that they are human beings working with the Spirit that provides guidance and direction in working with individuals, families and communities within the Healing Lodge programs and services.

4. The Seven Grandfather teachings are an integral part of the Healing Lodges beliefs and values. In following these teachings, the Healing Lodges overall structure is designed to be inclusive of the whole community and community driven, with the focus on healing and rebuilding of Nations. The Seven Grandfathers Teaching also ensures traditional values are role-modeled and an attitude of inclusion is reflected; not pushing one’s own way on others.

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\(^{159}\) Keepers of the 7th Fire refers to the ogitchidaag (warriors) who will emerge to remember the original instructions given by Gizhe Manidoo to the Indigenous people of Turtle Island (North America). These Keepers of the 7th Fire are the ones reclaiming and protecting the stories, the languages, the ceremonies, and the teachings that have been taken and/or lost over time. By choosing this way of life, the Keepers of the 7th Fire will help to light the 8th and final fire of peace, however, if the way of life is not protected and put into practice the people of the earth will experience suffering and death. (See The Prophecy of the Seven Fires (http://www.geocities.com/whiteaglesoaring/7thFire.html) for one version of this prophecy.)
5. Traditional Approaches in Healing Lodge practices respect the client’s free will/choice to participate. All approaches (traditional and mainstream) are presented in a non-violent, safe environment.

6. Cultural Diversity includes respecting all cultures; including mainstream. Healing Lodges are open-minded to traditional approaches and teachings from different communities.

Through community mobilization and traditional knowledge implementation as a wholistic approach, Healing Lodges represent ‘best practices’ founded in the Healing continuum proving they are sites for knowledge transfer and protection reflecting an approach accountable to address distinct Aboriginal communities healing and sustainable well-being.
APPENDIX C

Medicine Wheel Praxis Works Cited


APPENDIX D

Sample RESEARCH AGREEMENT FORM

STANDARD AGREEMENT FORM

A copy of the research proposal should be attached to this form

Title of the Study: Medicine Wheel Approach to Surviving Suicide

This research agreement establishes the basis of the relationship between Debby Wilson Danard of Ontario Institute of Secondary Studies and XXX.

In signing this document, the principal researcher and the representatives of XXX acknowledge the following:

1. All research activities and reports or publications from research will conform to the research principles (Seven Grandfathers) of the proposed research.

2. All data shall be collected in a manner that ensures confidentiality.

3. Data from the research will be stored in a secure location. Audiotapes and interview notes will be labeled with pseudonyms. Transcripts and other raw data will only be seen by members of the research group. These will be erased or given back to the community as per community request.

4. Upon completion of the study data and records remain the property of XXX. The analysis and interpretation that arises from the raw data will remain the property of researcher, and XXX.

5. Authors of a publication will be listed in the order of significance of their contribution to the writing of the publication and will include all, and only those individuals who have made a significant contribution to the work reported, and with whose contribution the work would not be complete.

6. Any reports or publications arising from the research shall be submitted to the Band Council prior to distribution to communities and agencies or submission for publication. XXX will then have the right to accept or reject the distribution or publication or the report.

7. XXX shall be provided with copies of all reports/papers derived from the research project.

8. The researcher shall report on an ongoing basis to the contact person designate for XXX

9. The data collected and stored may not be made accessible to other researchers and/or used for research purposes other than those agreed upon without XXX knowledge and consent and without informed consent of participants.

__________________________ Signature of Principle Researcher _____________ Date

__________________________ Signature of XXX Representative _________ Date
APPENDIX E

Sample WORKSHOP FOR COMMUNITY BUNDLES

BACKGROUND

Traditional Aboriginal concepts reflect that creation happened over time and at one time there was a relationship of great respect for creation. Aboriginal people lived as part of nature, believing that creation is not part of us but rather we are part of creation. “If we could know what all of the universe knows then we could model that.” (Jim Dumont, 2005)

In order to maintain a collective mind that will move us ahead with harmony and peace among future generations, it is important to understand the impact of what we do in our present decision-making practices. Traditional people have spoken of working with one mind and one heart for the good of the people—seven generations into the future. Again, it is stressed that decisions cannot be made in isolation: they must include the considerations of those individuals who will be affected/effected by those decisions.

Unlike the paternalistic approaches enforced through the government, whose beliefs were that Aboriginal people were like children and needed to be told what to do (hidden by a statement of ‘protection for the people’) Aboriginal people do not need to be protected through government-enforced practices. The Creator was the one who gave us this gift of life the gift of free-will and self-determination.

CULTURAL CONCEPT

Acknowledgement: A special thank you to the (late) Peter O’Chiese for sharing this teaching. This teaching by Peter O’Chiese (as told by Gertie Beaucage and Jim Dumont) is that there are four gifts given to the spirit before coming to earth; they are kindness and sharing, honesty and strength. The teaching explains that it is the parents’ job to teach the children how to use these gifts through role modeling and parental influence. The way of life that the Creator intended are taught through stories, language, traditions, beliefs, culture and the ceremonies that have been passed down through generations from time immemorial. These teachings provide the guidance for living in peace and harmony with all living things.

Through role modeling and parental influences the use of these four gifts are to be taught to children. Parenting is a process of kindness, sharing, strength and honesty; showing the child to learn kindness, sharing, strength and honesty. The first lesson a mother teaches this is when she breast-feeds her child. The act of breast-feeding requires these qualities. If you do not teach these gifts, then it is like the person who puts ‘all the things they love’ on a shelf and never touches them.

The highest value of the Anishinawbe people is KINDNESS. Both KINDNESS AND SHARING are to be given freely with an open hand, while STRENGTH AND HONESTY are
not to be given away, but rather held onto and used to live a kind and sharing life.

At the Centre of these Values is the spirit that is represented as FIRE. The light (fire) that reflects the gift of vision and the ability to see. This ability to see through VISION ensures a continued inner and collective strength among the Anishinaabe peoples. It is considered that conflict will always be there, if we don't gather our strength.

We are not simply to value kindness and sharing, honesty and strength; collectively we must work together to ensure that all individuals have a structure to experience kindness, to experience honesty, to experience sharing and to experience strength. As individuals we are never separate from the collective, the whole community cannot achieve its vision, without the individuals collectively.

“Vision is always motivated by need. Where there is no need; there will be no motivation to change. All vision results in change.” (Gertie Beaucage, 2008)

**GOAL**

The Surviving Suicide workshop goal is to assist communities to focus on identifying a community vision and determining how the community bundle/in relation to the vision will be activated.

**OBJECTIVES**

Participants will identify their community’s cultural concepts through examining ones’ history, culture/language, tradition and identity.

Participants will engage in the identification of physical, mental, emotional and spiritual community resources identification and define their common understanding of wellness.

Participants will identify the physical, mental, emotional and spiritual reason why people are choosing to take their own lives and how this impacts on the family and community.

Participants will examine how their knowledge, skills, attitudes and values relate to suicide and survival (choosing life).

Participants will identify community roles and responsibilities in regard to promotion/prevention, intervention, post-vention and evaluation.

Participants will examine the role of ‘leadership’ and describe community decision-making and how decisions are supported.

The workshop will also provide participants with an opportunity to process thoughts and feelings.
TIMEFRAME

The workshop will be presented in two days. (The workshop schedule is based on an anticipated number of participants between 5-12 people.)

AGENDA

DAY ONE

<table>
<thead>
<tr>
<th>Time</th>
<th>Suggested Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:30</td>
<td>Opening/Introduction (30 minutes)</td>
</tr>
<tr>
<td>9:30 – 10:30</td>
<td>Defining Wellness (1 hour)</td>
</tr>
<tr>
<td>10:30 – 10:45</td>
<td>Nutrition Break (15 minutes)</td>
</tr>
<tr>
<td>10:45 – 11:45</td>
<td>Group Task: Community history, culture/language, tradition, identity. (1 hour)</td>
</tr>
<tr>
<td>11:45- 12:45</td>
<td>Lunch (1 hour)</td>
</tr>
<tr>
<td>12:45 – 1:45</td>
<td>Group presentations (30 minutes) &amp; Visioning (30 minutes)</td>
</tr>
<tr>
<td>1:45 – 3:45</td>
<td>Talking Circle (2 hours)</td>
</tr>
<tr>
<td>3:45 – 4:00</td>
<td>Nutrition Break (15 minutes)</td>
</tr>
<tr>
<td>4:00 – 4:30</td>
<td>Wrap Up/Evaluations (30 minutes)</td>
</tr>
</tbody>
</table>

DAY TWO

<table>
<thead>
<tr>
<th>Time</th>
<th>Suggested Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 9:30</td>
<td>Welcome back/Where are We? (30 minutes)</td>
</tr>
<tr>
<td>9:30 – 10:30</td>
<td>Community Resource Identification. (30 minutes)</td>
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<tr>
<td></td>
<td>Presentation (30 minutes)</td>
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<tr>
<td>10:30 – 10:45</td>
<td>Nutrition Break (15 minutes)</td>
</tr>
<tr>
<td>10:45 -11:45</td>
<td>Why Suicide? (1 hour)</td>
</tr>
<tr>
<td>11:45 – 12:45</td>
<td>Lunch (1 hour)</td>
</tr>
<tr>
<td>12:45 – 1:30</td>
<td>Continuum of Care (45 minutes)</td>
</tr>
<tr>
<td>1:30 – 3:30</td>
<td>Creating our Community Bundle (2 hours)</td>
</tr>
<tr>
<td>3:30 – 3:45</td>
<td>Nutrition Break (15 minutes)</td>
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<tr>
<td>3:45 – 4:15</td>
<td>Wrap/Up/Evaluations (30 minutes)</td>
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</table>
RESOURCES REQUIRED
Flipchart, markers, power point/overhead, comfortable room, masking tape

SUGGESTED ACTIVITIES

DAY ONE

1. Opening/Introduction. (30 minutes) A Talking Circle format will be used. An Elder will conduct the Opening. The Facilitator will be introduced. The Facilitator will record on flipchart the Expectations of the participants. The Facilitator will reinforce or clarify the workshop purpose and scope and answer any questions.

2. Defining Wellness. (1 hour) Large Group. Facilitator will hand-out and present the Wellness Wheel. (15 minutes) (Medicine Wheel, with four aspects of Self, the physical, the mental, emotional and spiritual.) These four aspects of Self, must be balanced to ensure ‘wellness’.

Ask the participants to answer the following questions. (30 minutes) Record on flipchart.

As an individual:
• What is needed in each aspect to be well?
• What are your definitions for each aspect?
• How does a person know when they are in balance?

As community:
• What is needed in each aspect to be well?
• What are your definitions for each aspect?
• How does a person know when they are in balance?

3. Community history, culture/language, tradition, identity. (1 hour) Facilitator will use the “Foundations of Community Bundles” to provide clarification of each point.

Break up Large Group into Four Groups: Record on flip-chart. Each group will present their work.

Group One: List the significant historical events that affect your community? What did we do to ‘heal’ from those events? Was it effective? Where are the gaps?

Group Two: List the factors that most reflect your community identity? What are the approximate demographics? (Children, youth, adults, parents, elders, men/women) (Single parents, married couples, and income level). How would you describe community ‘ownership’ of land, decision-making, etc?
Group Three: List the community traditions that are important now and for the future? What are the traditional values and beliefs? What are the traditional practices/activities that the community participates in?

Group Four: List the cultural strengths of your community? What is the role of Elders? What is the language use in your community? What are the cultural activities? What is the role of youth?

Groups will present their work. (30 minutes)

Participants will be asked if other information needs to be included. These responses will be included as appropriate.

Visioning. Each Group will also answer the following question: What is the vision we have for our community regarding surviving suicide?

Groups will present their work. (30 minutes) Participants will be asked if other information needs to be included. These responses will be included as appropriate.

4. Talking Circle (2 hours)

Participants will answer the question: “How is the individual, family, community/clan, and nation impacted by suicide?

5. Wrap up (30 minutes)

The facilitator will make any final comments and the Elder will have closing words for the evening. At this time questions or concerns will be answered. After-care support will be addressed at this time.

DAY TWO

1. Welcome Back/ Where are we? (30 minutes) A Talking Circle format will be used. An Elder will conduct the Opening. The participants will take time to reflect on ‘where they are at’ (i.e. how they slept, how they are feeling about the workshop, etc).

2. Community Resource Identification. (30 minutes)

Break up Large Group into Four Groups: Record on flip-chart. Each group will present their work. Using the Medicine Wheel, identify the physical, mental, emotional, and spiritual community resources available for children, youth, adult and elders.

Group One: Identify the physical community resources for children, youth, adult and elders.
Group Two: Identify the mental community resources for children, youth, adult and elders.
Group Three: Identify the emotional community resources for children, youth, adult and elders.
Group Four: Identify the spiritual community resources for children, youth, adult and elders.

Groups will present their work. (30 minutes)

3. Why Suicide? (1 hour)

In a Large Group, participants will answer the question: “What are the physical, mental, emotional and spiritual reasons for suicide/attempted suicide?”

4. Continuum of Care. (45 minutes)

As a community, what do we need to do in order to address the following issue? Remind the community, that they are to plan seven generations ahead (250 years). Break into small Councils (allow participants to decide how they will break into groups of 3-4)

The Issue:

The community is suffering from a strange and horrible disease that is spreading rapidly amongst the people, the sickness is suicide and it is destroying families, and communities. There is fragmented programs and services available, but none highly visible. The community is divided among those who are Christians and those who are maintaining a more traditional/cultural way of life. With the community and family infighting, the youth and children are being left out, with lack of funding of programs and services to meet their physical, mental, emotional and spiritual needs.

There is little support from the provincial/federal government and limited funding to address this issue. A surviving suicide plan is required, and this Council must come up with solutions to address this important issue.

Break up Large Group into Four Groups. Record on flip-chart. Each group will present their work. Using the four aspects; Promotion/Prevention, Intervention, Postvention and Evaluation.

Group One will answer the question: What are the roles and responsibilities of the family in surviving suicide promotion/prevention? What are the roles and responsibilities of the community in surviving suicide promotion/prevention? Who is responsible to activate community resources to address suicide issues in this area?

Group Two will answer the question: What are the roles and responsibilities of the family in surviving suicide intervention? What are the roles and responsibilities of the community in surviving suicide intervention? Who is responsible to activate community resources to address suicide issues in this area?
Group Three will answer the question: What are the roles and responsibilities of the family in surviving suicide postvention? What are the roles and responsibilities of the community in surviving suicide postvention? Who is responsible to activate community resources to address suicide issues in this area?

Group Four will answer the question: What are the roles and responsibilities of the family in suicide evaluation? What are the roles and responsibilities of the community in suicide evaluation? Who is responsible to activate community resources to address suicide issues in this area?

5. Creating Our Community Bundle. (2 hours) Groups will present their work. Going back to the VISION and taking into consideration all of the work completed over the past two days. What are we planning to do immediately and in the future?

Seven Flip Charts will be posted representing 7 Generations. Participants will identify “What is our Legacy” for each generation.

i.e.
1. Language, land, life teachings, suicide recovery
2. Language, land, life teachings, education, prevention and intervention
3. Language, land, life teachings, health, clean water,
4. 5. 6. 7. etc.

6. Closing Words (30 minutes) At this time, the facilitator will make any final comments and answer any questions or concerns.
APPENDIX F

Questions for FNMI Advisory Committee Community Planning

1. What are the current FNMI programs and services in place to address the physical, mental, emotional and spiritual needs of an individual, family, community and nation in relation to suicide prevention, intervention and postvention (aftercare)?

2. What are the current roles and responsibilities of the FNMI program and service providers? What are the weaknesses in the current delivery of services? What needs to be improved in programs and services offered?

3. What are the (known) cultural beliefs about suicide of the FNMI community in the Simcoe area?

4. What are the best practices in this community with respect to FNMI child/youth suicide prevention, intervention, and postvention (aftercare)?

5. What are the key cultural factors that put our FNMI children/youth at risk? What are the protective factors and key indicators of success?

Relationship with the proposed Protocol

6. What will be the roles and responsibilities of the FNMI program and service providers in relation to the proposed Protocol? i.e. role in the Conference, MOU’s?

7. What will be the roles and responsibilities of the FNMI program and services providers in relation to the individual and the family in prevention, intervention and postvention (aftercare)? i.e. How and when is the family involved and engaged in the process? How will the plans of care be followed up?

8. What are the barriers for engaging the individuals and families?

9. What are the training and education needs?
APPENDIX G

FNMI Community Response to “Questions for Community Planning”

1. What are the current FNMI programs and services in place to address the physical, mental, emotional and spiritual needs of an individual, family, community and nation in relation to suicide prevention, intervention and postvention (aftercare)?

GROUP ONE
- Circles (Rama First Nation)
- Lack of support services, multiple healers, psychologist, monthly sweats, teachings (not necessarily suicide prevention) “wrap around”, no awareness campaigns, no training for “what if” (Rama)
- Awareness – AACRS, ASSIST training (Georgian Bay Native Friendship Centre, Beausoliel Family Health Centre)
- None of the services currently run are not specific to suicide prevention
- Most services (above) will deal with intervention (dealing with problems as they arrive)
- Arrange plan of care
- Are not aware of a National Strategy

GROUP TWO
- Mental Health Program – Enaahtig Healing Lodge, NNADAP
- Referral support and aftercare
- Training
- Suicide prevention/intervention is usually attached to existing positions/ roles and that we initiate ourselves.

GROUP THREE
- No prevention or intervention
- Aftercare – lodge and program, healing and wellness program, refer to counselor, PMHC (John Rice), CMHA

GROUP FOUR
- CMHA – Crisis line service (Barrie), Aboriginal liaison workers, Crisis Service
- Kids Help Phone
- BNFC – developing a Call-in Support
- SOS – can be directed to other call centres in Ontario
- GBNWA – traditional teachings, Life cycle participation/support, sweats, naming ceremony, monthly moon ceremonies, and language
- Friendship Centres – Drug and Alcohol, Healing and Wellness Counselors
- Simcoe Muskoka Catholic District School Board – Crisis Intervention (by request-local to school – trained staff at school – Cultural projects waiting approval
- Local Hospitals – Midland/Wendat – counselors will be called/mental health supports
- Mental Health/Detox supports in Barrie
• Enaahtig Building Supports – Victoria Harbour, Orillia and Enaahtig North
• Biinbaan – supports youth – not enough resources
• Issues: Improper diagnosis, not timely, accused of seeking drugs only
• Pockets of cultural support – primarily Aboriginal organizations, getting swamped with those seeking “cultural” supports, individual must feel comfortable to access mainstream
• Challenge – need Band # (Status) to access some culture based/mental health supports.

2. What are the current roles and responsibilities of the FNMI program and service providers? What are the weaknesses in the current delivery of services? What needs to be improved in programs and services offered?

GROUP ONE
• FNMI - No one has the Role!!
• Mental Health workers – not enough counselors
• Know the process calling 911
• No suicide workers
• Setting up referral services – next step, to refer
• Listen to suicides – be aware – get trained
• Develop Protocols
• Bring awareness to community, families, youth, and children
• Train the youth and have youth educate us i.e. community, families

GROUP TWO
• Weakness – suicide prevention is not mandated to specific front line workers
• Long waiting lists – falling through the cracks
• Lack of specific funding – Barrier
• Needs to be de-criminalized
• Bias opinion from Healthcare workers/Police/ER at RVH
• Poor Process for “Form 1- Mental Health Admission
• Just wrong! From there it spirals down – End of the Line
• The sacredness of Life represented by that individual needs to be RESPECTED.
• Sensitive process needs to be developed through the whole process.

GROUP THREE
• Identify suicidal ideation and transport to RUH, GBH, etc
• Training/protocols – agencies/families, the systemic issues need to be addressed.

GROUP FOUR
• Need more information – way to share – as a larger community we need to come together to find out what’s happening in other regions that working
• Include Elders
• Include Traditional teachers
• Individual advocacy
• Weakness: so much needs to be done, needs to be coordinated, who will take the lead?
• Cultural sensitivity, link with Corrections, not enough focus on intervention, transition and follow-up, mostly reactive responses, how to recognize, diagnose and support FAE/FAS, etc and relationship to suicide prevention and intervention.
• Improvements: Need Aboriginal staff, with background, Native awareness needs to be meaningful overtime, share resources, more communication, plan how we would work together, proper diagnosis, treatment and referral, mis-diagnosis, cultural norms – not understood/don’t listen
• We need a more coordinated culture based approach
• Intervention – fear of promoting – sensitivity to wording

3. What are the (known) cultural beliefs about suicide of the FNMI community in the Simcoe area?

GROUP ONE
• We do not open the Western Door
• Lack of understanding
• General cultural belief “Aboriginal more likely”

GROUP TWO
• As far as we know there isn’t any race, culture or organized religion who which accepts suicide as an appropriate ending of life. (There is a negative consequence to suicide in our teachings) Remembering medicines, connection to Mother Earth and our ancestors.

GROUP THREE
• Spirit – physical – Spirit
• Respect of life
• Community petition

GROUP FOUR
• Disrespecting life we are given
• Western door not to be opened by us – Creator’s path
• Christian beliefs – hell
• Taboo/shame
• Support given as part of traditional/cultural beliefs
• Cultural practices to support family-circle
• Lack of cultural beliefs
• Years ago tree would be cut down if there was a hanging
• Recognition of need
• Suicide was not part of a culture at one time
• Confusion about learned (unlearned) behaviors
• Cultural belief is that there was a reason/cause to be taken care of – ceremony, traditional medicine
• Takes a community – uncles, aunties, teachers
4. What are the best practices in this community with respect to FNMI child/youth suicide prevention, intervention, and post-vention (aftercare)?

GROUP ONE
- Teaching Sacred Life
- Celebrating Life
- Stages of Life
- Honor milestones, community celebrates you.
- Rites/ceremonies
- Naming ceremony
- Fasting (Berry fasting, Vision quest)
- Intervention – assessment, identification process, immediate referral, safety, remove stigma, Aboriginal network
- Aftercare – continuous care, spirit care

GROUP TWO
- Everybody needs training, beyond just basic – but in addition, to build upon
- We treat people as a wholistically – as a person
- Strong belief in togetherness (our original way of life maintains teaching, education)
- Cultural teachings – mandated in programs and services (back to original and natural way of life)

GROUP THREE
- Strength in traditional practitioners in the county, when the call goes out our people respond – blood memory.

GROUP FOUR
- NONE
- Toolkit – needs to be developed – training, process
- Detox Centre
- Group Homes
- Treatment Centres
- Best practice facilities outside of the area
- Anishinaabe Health (Toronto) We need one in this area

5. What are the key cultural factors that put our FNMI children/youth at risk? What are the protective factors and key indicators of success?

GROUP ONE
- Cultural Factors – history, stigma, lack of coping skills, racism, poverty, environment, abuse, mental health, addictions, lack of education, isolation, LOSS
- Success – leadership, celebrating rites, ceremonies, traditions, culture, language community spirit, positive role models, own help-lines, safety networks, empowerment
GROUP TWO
- Schools, youth, educate churches, non-Native employees, mainstream service providers
- Keep integrity of teachings (honor that)
- Raising awareness
- Language programs – mandated
- Acceptance of cultural ways and teachings
- Protective Factors – keep and honor integrity of teachings, wellness, Peer and community connections, youth engagement and recognition

GROUP THREE
- Loss of culture- intergenerational trauma, addictions, domestic violence, sexual abuse, poverty, family breakdown.

GROUP FOUR
- At Risk: timing, access to cultural/teaching, Friendship Centres have become a catch all, transportation, linking with right people, resources, loss of identity.
- Protective factors: building community, build relationships, gather Elders, do what we know how to do, work together
- Key Indicators of Success: suicide rate would go down – nobody left alone
- Welcoming places, inviting, acceptance, inclusion, support throughout, Code of Conduct/ Ethics, shared knowledge.

Relationship with the proposed Protocol

6. What will be the roles and responsibilities of the FNMI program and service providers in relation to the proposed Protocol? i.e. role in the Conference, MOU’s?

GROUP FOUR
- Next Steps – SMART goals, specific, measurable, attainable, realistic, timely or timelines.
- Mainstream need to consider staffing needs in meeting cultural requirements
- MOU – need to be realistic and implemented
- Conference – more information
- What is our FNMI representation?
- Continuity – need to follow through – needs to be implemented
- Prioritize – pool our resources, short and long term goals
- Formulate our own service – our own Anishinaabe Health – baby steps, developing strong internal relationships (FNMI)
- Basic – cross-cultural training – need to get ourselves organized as we begin – pipe ceremony, sweat.
- Coalition

7. What will be the roles and responsibilities of the FNMI program and services providers in relation to the individual and the family in prevention, intervention and postvention (aftercare)? i.e. How and when is the family involved and engaged in the process? How will the plans of care
be followed up?

GROUP ONE
- Prevention - building trust, individual’s situation and supports or lack of supports, reporting harm to self, positive relationships, positive reinforcement, listen to the community members or individual – they are the experts on their care needs.
- Intervention – making sure trust is gained, reporting harm to self, positive relationships, listen to the community members or individual – they are the experts on their care needs, developing a medicine wheel around present situation and 2nd for future oriented situation where they see themselves.
- Postvention – continual medicine wheel plan for themselves.

8. What are the barriers for engaging the individuals and families?

GROUP TWO
- Assessment, plan of care, education awareness
- Understanding of the Stages of Life and Stages of Grief
- Compassion, offer services
- Educate themselves, training, etc
- Building community relationships and connections
- Access to other services and support (create safety nets)
- Remember to inform rights and responsibilities of families and worker
- Respectful of choices, remain non-judgmental
- Provide support – aftercare – eliminate timelines, ongoing if necessary
- Breaking down language/cultural barriers
- 8. What are the barriers for engaging the individuals and families?
- GROUP ONE
- Confidentiality issues
- Denial by Family members
- Shame
- Conflicting spirituality i.e. religion vs. spirituality
- Lack of family support – no family maybe
- M-F 9-5 work week
- Resources (do not equal) needs
- Unfamiliar with available helps and supports
- TRUST
- MONEY
- GROUP THREE
- DENIAL
- FEAR – don’t feel...don’t talk...don’t trust outside the family
- Blame – everyone, everything
- Lack of understanding of mental illness
- Addictions
- Suitable assessment tool that is culturally appropriate
• Lack of communication
• Isolation and accessibility to mainstream services

9. What are the training and education needs?

GROUP FOUR
• Proper time allotted for the training and education
• What will be involved?
• Consistent and ongoing
• Start with ceremony to help start the process in a cultural way
• Communication, record of meetings and record of discussion
• Need a vision (first) defined by us
• Include spirituality as part of the process, sweats, ceremonies, and pipe ceremony
APPENDIX H

Simcoe County First Nation Métis Inuit Community Wellness Bundle
Website/Network

Goal:
To establish a Simcoe County First Nation Métis Inuit Community Wellness Bundle Web-based
Network that builds community capacity in the Simcoe County area. It is anticipated that this
collaborative site will provide the foundation to meet the needs of Aboriginal residents of Simcoe
County while promoting and developing strategies to improve the lives of Aboriginal youth as
future leaders.

Background:
The Simcoe County First Nation Métis Inuit Community Wellness Bundle Web-based Network
initiative developed from the recommendations found in the BANAC FNMI Suicide Prevention
Community Wellness Bundle established in 2010, as an approach to participate in the Simcoe
County High Risk Suicide Protocol.

While it is acknowledged that a multi-level implementation strategy is required to meet the needs
of the FNMI community members, a website was a significant beginning to achieve the broader
vision while working with financial and human resource barriers.

The Web-based Network will help to mobilize FNMI communities recognizing that both ‘virtual’
and real implementation is further required to meet the longer term needs in the area of suicide/
life promotion/prevention, crisis intervention, aftercare and supportive resources.

Workplan:
1. Website Design and Draft Content Development
2. Community input into design and content
3. Logo Development

Website Promotion and sustainability:
Brochures/Post cards
Posters
Hats (for membership fee)
T-shirts (for membership fee)
Tote bags (for membership fee)

Website Launch Date/Ceremony:
TBD

Community Outreach and Sponsorship:
This will ensure that the website is sustainable in the future without continued sponsorship by
Casino Rama.
Sponsorship will include organizational membership fee (hats, t-shirts, tote bags as membership gifts)

**Capacity Building:**
Networking and Partnerships will continue to be established through regular communications with FNMI community service providers and mainstream social service providers in the Simcoe County area.

**Long-term Benefits:**
The launch of a local web-based network and its success will provide a foundation to move towards a National Support Network for Suicide Prevention/Promotion of Life.

**Website at a Glance:**
The design and content for the website will include the following themes reflecting a wholistic continuum of care approach:

<table>
<thead>
<tr>
<th>PROMOTION/PREVENTION:</th>
<th>CRISIS INTERVENTION:</th>
<th>AFTERCARE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion of Life Brochures/Posters</td>
<td>Warning Signs</td>
<td>Family Support</td>
</tr>
<tr>
<td>Traditional Teachings/Stories</td>
<td>Chat Room</td>
<td>Friend Support</td>
</tr>
<tr>
<td>Myths and misconceptions</td>
<td>Local Resources Linked</td>
<td>Memorial Page</td>
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<tr>
<td>Connecting to Land Activities</td>
<td></td>
<td></td>
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<tr>
<td>Video (documentary discussion)</td>
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