

INTERGENERATIONAL AND INTERCULTURAL RESILIENCE FRAMEWORK: CREE MEDICINE WHEEL APPROACH

The Intergenerational and Intercultural Resilience frameworks are informed by a Cree Medicine Wheel¹ approach. These consist of two medicine wheels, each of which has complementary strengths. *The Individual and Family Healing Medicine Wheel* is grounded in the everyday realities of service users and is aimed at individual and family healing and capacity-building with immigrant and refugee communities. *The Community and Organizational Change Medicine Wheel* provides a larger-scale means of capacity-building in that it is intended to: **1.** facilitate ongoing conversations between Indigenous and immigrant and refugee communities to strengthen and refine the Individual and Family Healing Medicine Wheel, and **2.** facilitate community capacity building to challenge colonial approaches to immigration and settlement.

Origins of and Spiritual Values underlying the Cree Medicine Wheel: The basis for the (Cree) Medicine Wheel used here has been developed by the Project's Research Advisory Group. It is informed by the teachings of Elder Herb Nabigon (Pic River First Nation, Northern Ontario) of the *Nishnaabeg Peoples*² whose self-informed Indigenous healing approaches have contributed widely to the wellbeing of Indigenous and non-Indigenous peoples. (The colonial Indigenous diaspora within Canada means that many Indigenous Peoples are not always able to learn the traditional ways of their own people). Like many Indigenous peoples displaced by colonization, Herb received some of his traditional teachings from Elders of the Cree Nation on the Canadian Prairies.

The Cree medicine wheel conveys the therapeutic goal of promoting balance and harmony within individuals and groups of people, including communities. Herb envisioned the possibility of its use to assist in taking action to relieve pain in the communities and nations of the world. The Medicine Wheel provides a circular template with which to understand the problems being faced and the directions for finding the solutions. The four quadrants of the medicine wheel cover four quadrants of human life – feelings (vision), relationships (time), respect (cognition) and caring (action: physical / spiritual), around the core fire of the person, or what is considered the central location of the 'healing heart'. Working at the intercultural levels, the four quadrants can represent key cultural collectives of people and the centre is the Earth Mother (Nabigon and Nabigon, 2014).

Based on the ancient Indigenous ceremonial medicine wheels of the North American Prairies in which circles of stone beings were carefully placed, the medicine wheel is powerful for both its physicality and spiritual energy. It is not just a concept, but rather a living body of knowledge handed down from the ancestors. It therefore should be treated with great reverence; it's qualities respectfully drawn on with the guidance of those who have received the teachings, and with gratitude to the elements and helping spirits shown.

CONCEPTS AND PRACTICE PRINCIPLES

¹ See Nabigon & Wahwiney, (1996); Nabigon, & Wenger- Nabigon. (2012). "Wise practices: Integrating traditional teachings with mainstream treatment approaches". *Native Social Work Journal*, Vol 8, 43-55

² The Nishnaabeg (or Anishinabek), meaning "the people," refers to an indigenous nation encompassing the Ojibwe, Odawa, Potawatomi, Mississauga, Saulteaux, and Omàmiwinini. At different points in history, the peoples of this nation have formed confederacies. They reside in the lands today colonized by the "United States" and "Canada (Anarchy in Action, 2019). <https://anarchyinaction.org/index.php?title=Nishnaabeg>

The following concepts and practice principles underpin the application of the Intergenerational and Intercultural Resilience Medicine Wheels:

- **Identity:** the story we tell ourselves about ourselves.
- **Resiliency** is the ability to withstand trauma and turmoil and being able to proceed with living and engaging to live a productive life. (GoForth, 2007, p.17 in Linklater, 2014, p.25)
- **Intergenerational resilience** is the positive adaptive capacities or knowledge that has been meaningfully transferred to the “recovery repertoire” of the next generation, equipping and empowering them with vital tools to overcome future adversity (Denov et al, 2019).
- **Indigenous-led intergenerational resilience** refers to connectivity and knowledge transmission between human generations, and between human and other than human entities (both seen and unseen), in ways which centre Indigenous worldview, traditional ecological knowledge, lifeways and leadership (Williams & Claxton, 2017). This is a holistic and process orientated definition.
- **Traumatization** implies there is an after effect. “In traumatic circumstances all those integrated components of the embodied response – arousal attention, perception and emotion – tend to exist in an altered and exaggerated state long after the specific danger is over (O’Neill, 2005: 75 in Linklater, 2014)”.
- **Intergenerational and multi-generational trauma** is the cumulative emotional and psychological wounding over time which is transmitted from one generation to the next (Rakoff, Signal and Epstein, 1966, in Linklater, 2014).

PRACTICE PRINCIPLES

- Simply put, to be Indigenous is to be “of place”. For further expansion see “Indigenous Worldviews below” and read the definitions of First Peoples and Indigenous Peoples in the main project report.
- Indigenous and holistic approaches to wellness encompass mind, spirit, emotion and body.
- Relationships are the essence of wellness – relationship with ourselves, other people and our other than human kin (the universe, the natural world, ancestors). The Indigenous Life-World is a relational worldview which sees things in a more than human to human context. It is a perspective that involves human beings, animals, plants, the natural environment and the metaphysical world of visions and dreams” (Fixico, 2003:2).
- Indigenous world views arise out of deep and profound connections with an Indigenous world. Accordingly, to acquire an Indigenous worldview and exist from this location, we must acquire knowings from our land, language, people, land, ancestors, animals, knowledge, stories, medicine culture, and spiritual environments. It is only within the context of Indigenous communities that an Indigenous worldview can be maintained (Linklater, 2014).
- All peoples have at some-time been Indigenous to place. We all have that capacity to be in intimate relationship with place – it’s in our DNA and is a body memory. This is why it is possible for non-indigenous peoples to develop a reciprocal and healing connection to place.
- Indigenous Peoples or peoples who are still Indigenous to place, are the traditional guardians of that place, and of the knowledge and life-ways that come from that place.

- Narrative Medicine or the Storied Approach – the answers lie within each and every person who has a problem and that the proper role of the external healer is to draw out those answers.
- Strengths based approach - Indigenous peoples have protective factors that increase resiliency such as relationships, family networks, community support systems, cultural and spiritual resources and a shared collective history that bonds people together and creates belonging (Linklater, 2014, p 26).
- If identity is the story we tell ourselves about ourselves (Mehl Madrona, 2007b, 146 in Linklater, 2014), then helping people connect with a community that is inherently cultural will help them heal their feelings of isolation and disconnection.

WORKING WITH THE FRAMEWORKS

As consistent with Indigenous worldviews, the two medicine wheels are essentially about processes and practice principles that should be adapted to the user’s therapeutic and community development contexts. The questions in each segment of the medicine wheels are all designed to facilitate strengthened cultural connectedness. While the questions in each have been organized to have some fit with each of the ‘four directions’ and their respective meanings and the suggestion of moving through the wheels in a clock-wise direction is implied as a means to guiding healing and relationship-building processes, each wheel is intended to be used fluidly, guided by the needs of the individual or group. *Italicized questions* in the Community and Organizational Change Medicine Wheel are intended for members of immigrant and refugee communities, while those in normal font are intended for First Peoples of Canada. ***Creating Safety*** is one of the most essential aspects in using the Medicine Wheels with individuals and groups. This includes setting clear ground rules within the facilitation process, taking the time to build up trust between participants, and making it clear that the medicine wheels can also be used as a means for self-reflection as well as dialogue.

SOME PRACTICE EXAMPLES

The following are examples of some of the pertinent types of questions that some members of immigrant and refugee communities are asking as they begin to envision what a de-colonial approach to making their home in Canada might look like in practice. Some of these are integrated into the Medicine Wheel templates and other questions may be substituted.

Individual and Family Healing	Community and Organizational Change
<ul style="list-style-type: none"> • Settlers vs. Settlement. How do you define settlement within both the context of Indigenous communities and newcomers? • How can do you reconcile the trauma and loss experienced by immigrants/refugees and move to settlement and belonging? • How will immigrants re-claim their knowledge and history? Especially addressing the loss in the second generation. • How can we address the challenges experienced by newcomer families within a white settler state? 	<ul style="list-style-type: none"> • If our wellbeing is tied to land, environment and community, how do we build resiliency for dislocated people? How can we establish it in an urban environment? • How do you define belonging in a new country? • How do we interpret what land means for immigrant and refugee communities?

Example One: *Developing holistic approaches to intergenerational resilience for dislocated peoples in urban environments.* Coming to know and understand the land on which one is living, its stories and the Indigenous knowledges, and colonial histories of that land and its First Peoples is important for belonging and resiliency; coming to understand “self in place”. Even in cities (or concrete jungles) where it is challenging to connect with nature and the indigeneity of a place, this can be done! For cities are on Indigenous Lands. All quadrants of the medicine wheel would be utilized, the order being dependent on process. The Eastern quadrant would be about spiritually grounding, perhaps using First Nations ceremony, but also taking time to honor one’s own cultural ceremonies that help you be at home. The social / psychological sphere could be about hearing pre-colonial stories of place, while the physical quadrant would entail physically going to those places, getting to know them and developing a personal and reciprocal relationship with those places (i.e. coming to know what lies below the colonial-scape). The emotional quadrant could be about processing and integrating the stories and the visceral feel of those places into your own cultural narrative and life-ways³. While its grounding to be welcomed through the cultural ceremonies of the Indigenous Peoples of that place – for example, with smudge and prayers as in Canadian First Nation traditions -it is also grounding to articulate your own cultural ceremonies within these. An example of this, for Maori immigrants in Canada would be to say their *Pepeha*. A pepeha is a formulaic means of expression that recites the genealogy (both in human and other than human terms) of where a person comes from and expresses values that are central to Maori society; such as existing in and through relationship. Other cultures will have other ways of arriving and spiritually grounding which can and should be drawn on in the East (quadrant one).

Example Two: *Addressing the intergenerational challenges encountered in a White Colonial State.* Living within a White colonial nation state means that immigrant and refugee families experience inter-personal and systemic racism on a day to day basis, as well as loss of cultural knowledge and intergenerational conflict, often around cultural change. Working with this issue within the medicine wheel for example will orientate the questions and processes in particular ways. For example the therapist might externalize the issue by describing colonialism and racism as societal issues which can drive personal behaviours because of the need to belong (The South or quadrant 2), and then work with the underlying identity issue of belonging and the thinking, behaviours and relationships that will facilitate a sense of cultural connectedness and belonging for the family in the new context of Toronto (the West and the North, quadrants 3 and 4). Some First Nations communities might also be able to advise on strategies for managing cultural change and fostering resilience. Indigenous knowledge is comprised both of traditional and contemporary knowledge in response to continually changing environments.

Example Three: *Gender and Sexual diversity.* One possible response could be education around colonialism and homophobia and introduction of the Canadian Indigenous view of Two-Spiritedness. Medicine Wheel directions, South, West and North or quadrants 2,3, and 4, would be focused on re-shaping the societal narrative (South), working with self-identity and related experiences, and integrating relevant elements of Two Spiritedness (West), and facilitating supportive external community connections and relationships respectively (North).

³ See Williams, Bunda, Claxton and MacKinnon (2017) for an example of a “Decolonial Reality” tour with First Nations and Settler groups.

The medicine wheel can be utilized in many ways. Several or all of a session may be spent in one quadrant. Or the whole wheel might be moved through in one session. Additionally, it may not be moved through sequentially. The key for the practitioner or community is to be aware of which quadrants they are dwelling in and moving through and why, drawing on the attributes of each segment as they proceed.

Alternatively, in a group or community situations, storytelling methods might be used which move the group or individual telling the story through the quadrants at different times. The basis of supporting ceremonies used would be established and grounded in segment one.

METHODS AND DEPTH OF APPLICATION

Methods used can include any of those the therapist or community are skilled in. For examples narrative inquiry, somatic approaches to trauma, psychodrama, socio-drama, arts-based approaches, and land-based learning and therapeutic methods.

The depth of application of the medicine wheel will develop over time as the practitioner's understanding grows and importantly as decolonial relationships and solidarities are developed and strengthened with local indigenous communities. Use of the Community healing and organizational change medicine wheel will facilitate this, and could for example result in partnerships where Indigenous practitioners come and facilitate deeper spiritual and cultural understandings of the Medicine Wheel which could include use of particular Indigenous medicines, education re pre-colonial knowledge of the land base of Toronto, or ceremony on Indigenous lands.

TEN STRATEGIES FOR ADDRESSING TRAUMA

The following is a very condensed version of strategies included in Renee Linklater's book "Decolonizing Trauma Work" (see reference list). This may be a helpful resource in understanding the thinking behind the Individual and Family Healing Medicine Wheel.

- **Prayer and Spiritual connection:** Grounding in own spiritual beliefs and practices.
- **Love** or the quality of one's therapeutic, family and everyday relationships.
- **Relationships:** Supporting healing through developing and maintaining relationships. Providing opportunities to community members to support relationships and connecting people to other community members.
- **Cultural and ceremonial resources:** Ceremonies and cultural rituals, artefacts orientate people to a strengths-based approach.
- **Cultural assessment:** Cultural learning is also a transformative part of the healing process. Cultural assessments and cultural remedies. Restorative Justice (violence).
- **Cultural Identity and Decolonization:** Starting out with helping people understand their histories, understanding what they know are tied into their understandings. Accepting all of whom one is – history, ancestors.
- **Depression/disappointment** – "Searching out what has brought sadness to them".
- **Consulting with elders and medicine people and being open to a different reality** – Bringing these people into the healing conversation as needed

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