

Kainai Wellness Centre

Healing Our Communities

Reserves in Canada with an International Alliance
with the Native Wellness Institute
February 27 - 28, 2019



Training provided by the Native Wellness Institute
www.NativeWellness.com

*The Native Wellness Institute exists to promote the well-being of
Native people through programs and trainings that embrace
the teachings and traditions of our ancestors.*

Meet the Trainer



Theda New Breast, M.P.H. (Montana Blackfeet)

Theda is a founding board member and master trainer/facilitator for the Native Wellness Institute (NWI). She is one of the pioneers in the Native training field and an original committee member for the Men's and Women's Wellness gatherings. Theda has been a leading authority on Indigenous Cultural Resilience Internationally and has worked with over 500 Tribes in 34 years on Proactive Healing from Historical Trauma, Post Traumatic Growth, Mental Health Healing, and Sobriety/Recovery/Adult Child of Alcoholic (ACOA). She is the co-founder and co-writer of the GONA (Gathering of Native Americans) curriculum, one of the Ten Effective Practices and Models in Communities of Color. Theda has facilitated over 600 GONA's. She lives on the Blackfeet Reservation in Northern Montana and is a Khan-nat-tso-miitah (Crazy Dog) Society member, herbalist, Sun dancer,

Pipe Carrier, and lives as Niitsitapi, like all her Ancestors for thousands of years. In 2013, The Red Nations Film Festival Honored Theda with a Humanitarian Award for her lifetime of healing work with tribes and with a Red Nations statuette for her documentary short called, "Why The Women in My Family Don't Drink Whiskey." The Blackfeet Tribal Council has recognized her Leadership skills and appointed her unanimously to The Board of Trustees for Blackfeet Community College for years 2014-2017.

Agenda

Day One



NATIVE WELLNESS
Institute



Agenda

Day Two



NATIVE WELLNESS
Institute





First Nations 101

By Lynda Gray

Treaty 7

Treaty 6

First Nations

Indigenous

INUIT

Treaty 8

Aboriginal

First People

Off-Reserve

METIS

Status

On-Reserve

Non-Status

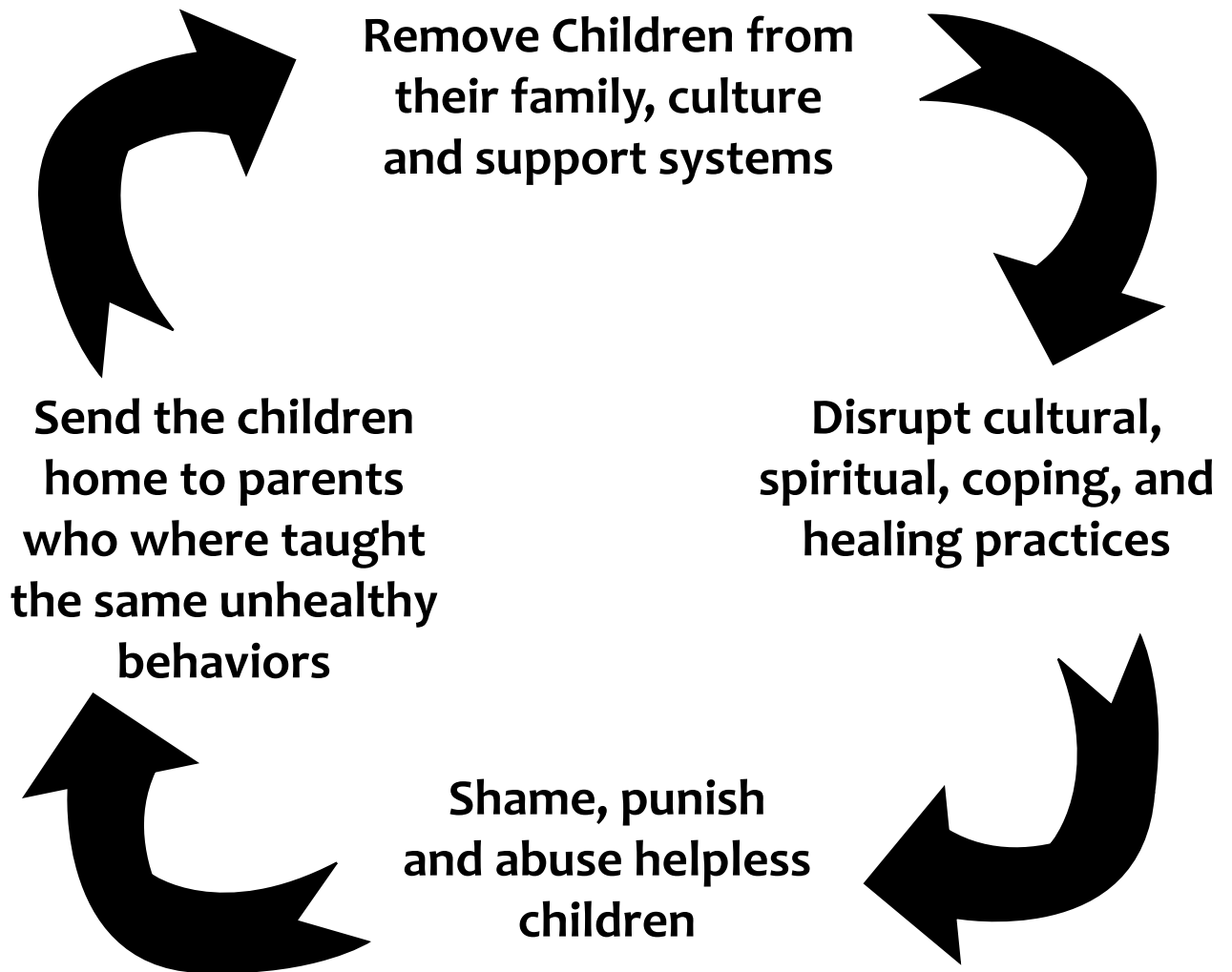
NATIVE

**BLACKFOOT
CONFEDERACY**



First Nations 101 - 2

By Lynda Gray





Emotional Energy Centers of the Body

Burden Area

Burdens & Responsibilities

- ◇ Carrying a heavy load
- ◇ Weight of the world on shoulders

Burden Area

Burdens & Responsibilities

- ◇ Carrying a heavy load
- ◇ Weight of the world on shoulders

Throat Center

Self Expression Issues

- ◇ Lack of Trust
- ◇ Inability to speak feelings
- ◇ Lack of nurturing

Heart Center

Grief, Sorrow, Sadness, Loss

- ◇ Emptiness of Heart - Lack of Love
- ◇ Helplessness, Aloneness, Disillusionment
- ◇ Embarrassment, Shame, Humiliation
- ◇ Repressed feelings, Disappointment
 - ◇ Genetic or Ancient memory
 - ◇ Cruelty, Meanness

Fear Center

Fears & Phobias

- ◇ Loss of Control/Fear of losing Control
- ◇ Giving our power to another person
 - ◇ Relationships

Old Stuff Center

Family Sexual Issues

- ◇ Childhood conditioning
- ◇ Violation of body or personal space
- ◇ Something done to us/ Something taken from us without our permission
 - ◇ Molestation, abuse, rape
 - ◇ Impotence, frigidity

Survival Center

Feeling we won't survive a life-threatening incident

- ◇ Violations related to surviving (accidents, abuse, violence, rape)
 - ◇ Impotence, frigidity
- ◇ First year of life/Basic Creativity

Anger Center

Anger and Rage

- ◇ Anger at others
- ◇ Anger at self
- ◇ Jealousy
- ◇ Resentment

Support Area

- ◇ Lack of Financial Support

Rejection Center

Abandonment

- ◇ Criticism, judgement by others
- ◇ Self-rejection
- ◇ Abandonment - pain in the heart

Guilt/Shame/

Unworthiness Center

- ◇ Unacceptance
- ◇ Self-judgement; self-criticism
- ◇ Not deserving of the good life has for us
- ◇ Inability to accept and receive

Support Area

- ◇ Lack of Emotional Support

Betrayal Center

- ◇ Betrayed by someone we trusted
- ◇ Self-betrayal

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

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

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

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



Trauma Web

The column on the left lists various types of trauma that can affect our lives. The column on the right lists characteristics of trauma. Any of these may have affected you, your parents, grandparents or other people who have had a significant impact on your life. For each of the traumas and characteristics that have affected you, your family or significant others draw a line connecting the trauma or characteristic to “you” in the center of the page.

Death of a loved one

Gambling addiction

Emotional abuse

Drug addiction

Physical abuse

Verbal abuse

Cultural loss

Alcoholism

Neglect

Racism

Divorce

Poverty

Violence

Disability

Relocation

Foster care

Adoption

Oppression

Sexual abuse

Loss of a job

Boarding school

War experiences

Loss of spirituality

Discrimination of any kind

Frequent periods of depression

Difficulty hearing positives

Fear of conflict and anger

Continuing sense of guilt

Need to be in control

Fear of dependency

Overly responsible

Very irresponsible

Overachievement

Poor self-images

Need to be right

Fear of trusting

Perfectionist

Chaos junkies

Fear of feeling

Fear of intimacy

Underachievement

Denial of problems

Fear of incompetence

Compulsive behavior

Heavily depends on others

Repetitive relationship behavior

Unable to relax, let go, and have fun

Hypersensitive to the needs of others

YOU



21 Characteristics

In 1979, Jane Middleton-Moz and Lorie Dwinell identified the following 21 characteristics that adult children of alcoholics may exhibit. These characteristics may also be exhibited by anyone that has lived life and suffered any pain. Because of our unique experiences growing up, we will all react differently to different traumatic events in our lives. In fact, what one person finds to be extremely traumatic, another person may not find traumatic at all. Without healing intervention of some kind, as traumatic experiences happen in our lives our behavior may be affected and we may begin to exhibit some of these characteristics.

1. Fear of trusting. Some of us grow up believing that people are unpredictable - that others cannot be trusted because when we trust them, we are let down and hurt. These people may have great difficulty in trusting any responsibility to others or trusting that their feelings or needs will be taken care of.
2. Continuing sense of guilt. Some survivors of trauma believe that they have caused the trauma in their lives - that they are responsible for the behavior and actions of others, rather than being a victim of that behavior. They generally won't do anything to "rock the boat" for fear that they will be blamed for any failure, but this also means that they won't take an opportunity to create positive change.
3. Hyper-responsibility or chronic irresponsibility. Some of us learn that we must become extremely responsible at an early age - the "20 year old, eight year old". We believe that we must take responsibility for getting everything accomplished or it won't get done. Conversely, some of us have learned not to accept any responsibility for anything. That way, if anything goes wrong "It wasn't my fault. You can't blame me for anything."
4. Perfectionist. Depending upon the trauma, some of us grow up believing that we must do everything perfectly. We develop a fear of making mistakes or doing something wrong because when we made a mistake there were severe consequences. We may spend way too much time on inconsequential details, drawing attention away from other important issues.
5. Counter-dependence or fear of dependency. We may learn through our experiences that "I don't need to depend on you, I can do it myself." Some may learn to fear depending on others and will not share responsibilities or emotions as a result.
6. Need to be in control. Because of feelings of not having any control of life in younger years, some of us may overcompensate in later years by wanting to control everything around us. This can lead to micro managing, overbearing parenting, etc.
7. Difficulty hearing positives. Because of poor self-images, some of us have difficulty accepting positive feedback from others. We may ask ourselves, "What do they really want?" or feel pain or loss upon hearing others speak positively about us.
8. Overachievement or underachievement. Some of us may try to improve our self-esteem and sense of not being loved by seeking praise for our accomplishments. This could be getting good grades in school, joining every club and excelling in sports; or spending extra time at work and volunteering for every committee. Conversely, some of us may attempt to do very little so we can't fail and can't be blamed for anything.
9. Poor self-images. If we internalize the abuse, neglect or emotional distance that others direct at us, we may form a self-image that we "just aren't good enough". This could greatly impact our motivation to accomplish positive things.



21 Characteristics (continued)

10. Compulsive behaviors. Some of us may become alcoholics or workaholics, compulsive gamblers, over-eaters, over-spenders, or behave in other compulsive and unhealthy ways. We may use these behaviors to avoid feeling grief and pain from the past traumas of our lives.
11. Need to be right. Sometimes we may replace the need to feel loved with the need to be right. We may fear being wrong or inappropriate because of baggage from the past. We may even place being right as more important than relating well with others.
12. Denial. Through denial we try to protect ourselves by ignoring the pain of reality. We may choose denial over issues with those around us, rather than dealing with the issues because that may lead to an end of the relationship and feelings of abandonment and failure.
13. Fear of conflict and anger. Because of fears of the consequences of conflict and anger, or fear of their own unexpressed rage, some people will develop behaviors that avoid conflict. This could include isolating from others or always accepting blame, but ultimately losing their own identity in the process.
14. Chaos junkies. If chaos was the norm growing up, we may find ourselves more comfortable with chaos and conflict than with peace and cooperation. Or we may use chaos to hide from other feelings. Some of us will choose professions that are always dealing with chaos.
15. Fear of feeling. Some of us were not safe to express or allow feelings, being hurt or abandoned as a result. We learned to withhold feelings, or even lost the ability to feel or express emotions. Without intervention we may continue to act very coldly or emotionless today.
16. Frequent periods of depression. Depression has been described as when our expectations are not being met and we begin to believe that they never will be. Eventually our feelings of anger or disappointment are turned inward against ourselves and may show as symptoms of depression.
17. Fear of intimacy. We may have learned that intimacy leads to being emotionally or physically hurt. We may become unwilling to feel close to anyone and find ourselves pushing others away.
18. Fear of incompetence. This may also be called the “impostor syndrome” - when we begin to believe that if people really knew us they wouldn’t like us. We may act in ways that we feel aren’t our true nature, putting on a false face hoping to be more acceptable to others.
19. Hypersensitivity to the needs of others. Some of us learned that life was much safer by being extremely aware of the changing moods of those around us. Today, we may still be scrutinizing the behaviors of others in our attempt to predict how they will behave next. This affects our ability to focus on other issues.
20. Repetitive relationship patterns. This may be an attempt to recreate the painful experiences of childhood - returning to what was normal. This could also be a reflection of our feelings of low self-esteem. We may look to find or create unhealthy relationships over and over
21. Inability to relax let go and has fun. When others were playing and having fun, some of us were learning to survive in difficult situations. Not only did we not learn how to relax and play, we may have a fear of doing so.



Hidden Rules Among Class

	POVERTY	MIDDLE CLASS	WEALTH
POSSESSIONS	People.	Things.	One-of-a-kind objects, legacies, pedigrees.
MONEY	To be used, spent.	To be managed.	To be conserved, invested.
PERSONALITY	Is for entertainment. Sense of humor is highly valued.	Is for acquisition and stability. Achievement is highly valued.	Is for connections. Financial, political, social connections are highly valued.
SOCIAL EMPHASIS	Social inclusion of people he/she likes.	Emphasis is on self-governance and self sufficiency.	Emphasis is on social exclusion.
FOOD	Key question: Did you have enough? Quantity important.	Key question: Did you like it? Quality important.	Key question: Was it presented well? Presentation important.
CLOTHING	Clothing valued for individual style and expression of personality.	Clothing valued for its quality and acceptance into norm of middle class. Label important.	Clothing valued for its artistic sense and expression. Designer important.
TIME	Present most important. Decisions made for moment based on feelings or survival.	Future most important. Decisions made against future ramifications.	Traditions and history most important. Decisions made partially on basis of tradition and decorum.
EDUCATION	Valued and revered as abstract but not as reality.	Crucial for climbing success ladder and making money.	Necessary traditional for making and maintaining connections.
DESTINY	Believes in fate. Cannot do much to mitigate chance.	Believes in choice. Can change future with good choices now.	Noblesse oblige.
LANGUAGE	Casual register. Language is about survival.	Formal register. Language is about negotiation.	Formal register. Language is about networking.
FAMILY STRUCTURE	Tends to be matriarchal.	Tends to be patriarchal.	Depends on who has money.
WORLD VIEW	Sees world in terms of local setting.	Sees world in terms of national setting.	Sees world in terms of international view.
LOVE	Love and acceptance conditioned, based upon whether individual is liked.	Love and acceptance conditioned and based largely upon achievement.	Love and acceptance conditional and related to social standing and connections.
DRIVING FORCES	Survival, relationships, entertainment.	Work, achievement.	Financial, political, social connections.
HUMOR	About people and sex.	About situations.	About social faux pas.



Characteristics Of Generational Poverty

- ◇ Background “noise”: TV always on, conversation participatory, several people talking at once.
- ◇ Importance of personality: Individual personality is what people bring to the table, because money is not brought. The ability to entertain, tell stories and humor is highly valued.
- ◇ Significance of entertainment: When one can merely survive, respite from the survival is important.
- ◇ Importance of relationships: One only has people upon whom to rely and those relationships are important to survival.
- ◇ Matriarchal structure: The mother has the most powerful position in the society if she functions as a caretaker.
- ◇ Oral-language tradition: Casual register is used for everything.
- ◇ Survival orientation: Discussion of academic topics is generally not prized. There is little room for the abstract. Discussions center around people and relationships. A job is about making enough money to survive. A job is not about a career (i.e., “I was looking for a job when I found this one.”)
- ◇ Identity tied to lover/fighter role for men: The key issue for males is to be a “man.” The rules are rigid and a man is expected to work hard physically—and be a lover and a fighter.
- ◇ Identity tied to rescuer/martyr role for women: A “good” woman is expected to take care of and rescue her man and her children, as needed.
- ◇ Importance of non-verbal/kinesthetic communication: Touch is used to communicate, as are space and non-verbal emotional information.
- ◇ Ownership of people: People are possessions. There is a great deal of fear and comment about leaving the culture and “getting above your raising.”
- ◇ Negative orientation: Failure at anything is the source of stories and numerous belittling comments.
- ◇ Discipline: Punishment is about penance and forgiveness, not change.
- ◇ Belief in fate: Destiny and fate are the major tenets of the belief system. Choice is seldom considered.
- ◇ Polarized thinking: Options are hardly ever examined. Everything is polarized; it is one way or the other. “I quite” and “I can’t” are common.
- ◇ Mating dance: The mating dance is about using the body in a sexual way and verbally and non-verbally complimenting body parts. If you have few financial resources, the way you sexually attract someone is with your body.
- ◇ Time: Time occurs only in the present. The future doesn’t exist except as a word. Time is flexible and not measured. Time is often assigned on the basis of the emotional significance and not the actual measured time.
- ◇ Sense of humor.
- ◇ Lack of order/organization: Many of the homes/apartments of people in poverty are unkept and cluttered.
- ◇ Lives in the moment—does not consider future ramifications: being proactive, setting goals and planning ahead are not a part of generational poverty.



Poverty And Community Change

POVERTY

MIDDLE CLASS

WEALTH

“The difference is not just money.”

We must strive to truly understand the impacts of poverty in our communities if positive change is going to happen. Poverty has affected Indian Country for generations. It affects the way we think, talk and behave which ultimately affects the decisions we make and how people respond and react. Understanding poverty, historical trauma and lateral oppression are a must for any community agent of change.

Poverty: Key Points to Remember

- ◇ Poverty is relative. If everyone around you has similar circumstances, the idea of poverty is vague.
- ◇ Poverty occurs in all races and in all countries.
- ◇ Economic class is a continuous line, not a clear-cut dimension.
- ◇ Generational poverty and situational poverty are different.
- ◇ An individual brings with him/her the hidden rules of the class in which he /she was raised. Even though the income of the individual may rise significantly, many of the patterns of thought, social interaction, cognitive strategies, etc., remain with the individual.
- ◇ Schools and businesses operate from middle-class norms and use the hidden rules of middle class. (Do you think your tribe/ organization operates from middle-class?)
- ◇ For people to be successful, we must understand their hidden rules and teach them the rules that will make them successful.
- ◇ To move from poverty to middle class or wealth, an individual must give up relationships for achievement, at least for some period of time.
- ◇ Two things that help one move out of poverty are education and relationships.
- ◇ Four reasons one leaves poverty are: it's too painful to stay, a vision or goal, a key relationship, or a special talent or skill.

Poverty: The extent to which an individual does without resources.

- ◇ Emotional
- ◇ Mental
- ◇ Spiritual
- ◇ Physical
- ◇ Support systems
- ◇ Positive relationships/role models
- ◇ Knowledge of hidden rules

Situational Poverty

A lack of resources due to a particular event like a death, illness, divorce, etc.

Generational Poverty

Having been in poverty for at least two generations, however, the patterns begin to surface much sooner than two generations if the family lives with others who are from generational poverty.

Based on the work of Ruby K. Payne, PhD
“A Framework for Understanding Poverty”
(which does not include research from Indian Country)

In Indian Country How Do We Make Sense Out of Relationship Dynamics Within Addicted/Traumatized Family/Clans/Relatives/Co-workers?

By

Theda New Breast, MPH

Since December 2008, I have facilitated the certification of Healthy Relationship curriculum to hundreds of participants for the Native Wellness Institute. I receive questions like, “What do you do when someone shows up drunk to work and no one does anything?” And “How do you bring back Courtship?” Or “How do you help LGBTQ youth who attempt suicide?” And “How do I leave someone who is too controlling?” and so many other questions that I wished I could pull out the answer sheet and give it to them. Life is not that easy, so I thought it might be helpful to summarize behaviors that some Native people learn in childhood from generations of addiction and traumatic experiences.

In any Native community you will find families that are functioning in emotional extremes. Feelings can explode and get very big, very fast or implode and disappear into “nowhere” with equal velocity. Often the situations that don’t matter can get unusual focus and attention, while what does matter gets swept under the rug. You see families take small, insignificant behaviors and blow them way out of proportion while outrageous, horrific, and even abusive behaviors are entirely ignored and unidentified. Things don’t really get talked about but instead become shelved, circumvented or DENIED.

Living the Native experience can turn our sense of “normal” on its head, put us regularly on emotional overload, and cause us unusual fear and stress. This can be traumatizing. Living with addiction, whether its eating bad, drinking or living at the casino disturbs our sense of an orderly and predictable life. Normal routines get thrown off, feelings get hurt, doors get slammed, car windows get bashed in, hearts get broken and families get torn apart. Family members are all too often left staring, dazed, and disillusioned, as they witness the lives of those they love, in spite of their best efforts to stop catastrophe, fall apart and end badly. “Don’t Talk, Don’t Feel, and Don’t Trust” become the norm.

The Cost of “No Talk” Rules

Because alcoholic family systems are often steeped in defenses such as denial and minimization, Indian families resist talking about the fear and anxiety they are experiencing. Instead intense emotions explode into the container of the family and get acted out rather than talked out. Though acting out brings temporary relief, it does not lead to any real resolution or understanding, so nothing really gets fixed, mended, or amended. Walls go up and the battle lines get drawn as family members silently collude to keep their ever widening well of pain from surfacing, blaming it on anything but what’s really going on. They avoid talking about their worries, thinking that if they don’t get discussed, they aren’t really that bad or might just disappear on their own. Perhaps they worry that talking is a “call to action” that they don’t feel ready to take. But by avoiding discussing what is going on and how they feel about it, they lose one of their most valuable and available routes for processing and relieving pain; namely using their thinking minds to translate powerful feelings into words so that they can be made conscious and brought into balance through insight and understanding.

Because they don’t have healthy ways of finding emotional middle ground, they tend to achieve balance by swinging from one end of the pendulum to the other. When feeling closeness becomes too claustrophobic, for example, they disengage for space and breathing room because regulating intimacy is tough for them. When emotional chaos gets too overwhelming they shut it down with rules and regulations that seem to appear out of nowhere because handling feelings of anger, hurt, or sadness

makes them feel to vulnerable and out of control. Their emotions and behaviors seesaw back and forth from 0-10 and 10-0 with no speed bumps in between. Some Indians have trouble self regulating and living within a range of 4, 5, and 6.

The Trauma Extremes: High Intensity vs. Shutting Down

In Indian Country we see “chaos junkies” who hardly sleep, always going, and listening to the scanner. Then there are some who never talk. How does the dynamic of seesawing between emotional and behavioral extremes get set up? Here is one explanation that grows out of trauma theory.

The intense emotions of fear and terror are common living with addiction. They ignite our natural fight or flight trauma response. These emotions flood the body with adrenaline so that we can prepare to flee for safety or stand and fight. When we can do neither, when fighting seems exhausting and pointless or when children or spouses feel that they are trapped and cannot really get away, which is often the case with familial trauma, we may simply shut down or freeze so that we don’t have to feel such intense pain, fear, rage, or helplessness. Shutting down is also part of the trauma response, it is the freeze state. It is our body/mind system trying to preserve itself from overheating, with too much emotion. Watch any frightened cat, dog, freeze because it senses danger and you are seeing a natural trauma response.

When these swings from feeling flooded with feeling to shutting down, happen over and over again, they can become central to our personal operating style and the operating style of the family.

Here are some examples in which see sawing from one emotional extreme to the other, may influence our thinking, feeling and behavior of the family.

Impulsivity vs. Rigidity

Impulsivity can lead to chaos.....then.....family members try to manage their chaos by clamping down and becoming rigid and controlling. They see saw between intense emotional behaviors and shutting down behaviors.

Impulsive behavior can lead to chaos. Painful feelings that are too hard to sit with explode into the container of the family and get acted out. Blame, anger, rage, emotional, physical or sexual abuse, over and under spending, and sexual acting out, are some ways of acting out emotional and psychological pain in dysfunctional ways that engender chaos.

“Only Serial killers have a clean house, and everything is super organized” Rigidity is an attempt to manage or shut down that chaos both inwardly and outwardly. Adults in an addictive/traumatizing family system may tighten up on rules and routines in an attempt to ward off the feeling of falling apart. Many Indians who went to Boarding schools adopt a lifestyle of becoming both controlled and controlling. There is a lack of spontaneity and middle ground, where strong feelings can be talked over or even explodes momentarily but then be worked through toward some sort of tolerable resolution. Black and white thinking with no gray becomes the extremes.

Self-regulation is a basic developmental accomplishment that allows the growing Indian child and eventually the adult to regulate their thinking, feeling and behavior. That is why we sometimes have a 40 year old Indian Man or Woman, who behaves like a teenager.

Despair vs. Denial/Dissociation

When addiction makes family members feel despairing, because they feel that nothing they are doing is making a difference or they are too afraid to openly address their mounting problems, they may use denial or dissociation as a way of distancing their pain. They see saw between intense emotional behaviors and shutting down behaviors.

Denial is a dysfunctional attempt to ward off ever growing feelings of despair. Reality gets rewritten as family members attempt to bend it to make it less threatening, to cover up their increasing anxiety, guilt, resentment, and fear. Denial takes the place of honest self-disclosure, worries and anxieties are hidden rather than talked about and as a result, and despair deepens. Suicides in Native LGBTQ's community are an example of this despair, being rejected and ignored by family and community. Dissociation actually creates a wall of oblivion between consciousness and unconsciousness because undesired emotions get literally thrown out of conscious awareness. Native families learn to deny rather than develop the skills of confronting and managing problems, the more despairing they become the greater their need to fall back into denial or dissociation. Denial/dissociation and despair feed off each other in a vicious circle.

Reality orientation or an ability to live with life on life's terms is an important part of recovering one's balanced sense of self and a balanced orientation toward the world.

Enmeshment/Disengagement

One way that frightened family members may attempt to ward off fears of aloneness and abandonment may be to become enmeshed. When a house full of family becomes suffocating, some Indians disengage to regain a sense of personal space. They see saw between intense emotions and behaviors and shutting down behaviors.

Enmeshment is a relational style that lacks boundaries and often discourages differences or disagreement, seeing them not as healthy and natural but disloyal and even threatening. Some Indian families will defend the Sexual abuser and take their side, "because they are family". Enmeshment can also be a way of coping with fear that the family is falling apart in which certain family members huddle together for a sense of safety and may develop traumatic bonds. Enmeshment styles of relating formed in childhood tend to repeat themselves in adult relationships.

With disengagement family members are seeing the solution to keeping pain from their inner worlds from erupting as avoiding subjects, people and things that might trigger it. They retreat into their own emotional and psychological orbits and they don't share their inner worlds with each other. They isolate. Some Indian families disengage when they move to the city, and they never move back to the reservation.

Many addicted families cycle back and forth between enmeshment and disengagement, they yearn for closeness but lack the kinds of healthy boundaries that would let them take space, hold different points of view or hang onto a sense of self while in each other's presence and allow others to do the same.

Balanced relatedness is neither a withdrawal from another person nor a fusion with them. It allows each person their own identity and to move in and out of close connection in a natural regular flow.

Over functioning vs. Under Functioning

Over functioning can wear many hats; spouses may over function to maintain order and “keep the show on the road” while the addict falls in and out of normal functioning. Children may over function, taking care of siblings when parents drop the ball. Or they may work over time striving to restore order and dignity to a family who is becoming increasingly neglectful, irresponsible or strange. One might see an acting out child (a scapegoat) as over functioning on behalf of the system to take focus off the family’s real problems.

Under-functioning may be associated with the learned helplessness that is part of the trauma response, in which one comes to feel that nothing they can do will make a difference or make things better, so they give up. Family members may freeze like deer in the headlights, unable to mobilize, think clearly or make useful choices.

The addict themselves, along with others in the system, may do both, over functioning to make up for periods of under functioning. Here we see a lack of ability to self regulate as a family unit, to work as a team where each member is expected to carry their load, to suit up and show up.

Balanced functioning is the obvious in between of over and under-functioning. When we do what is appropriate to the circumstance and when we have conscious choice around the degree to we function.

Caretaking vs. Neglect

Caretaking can be an attempt to attend to, in another person, what needs to be attended to within the self. We project our own unconscious anxiety or pain onto someone else, seeing it as about them rather than understanding it as our own. Then we set about fixing in them what actually may need fixing in us. It is a form of care that is all too often motivated by our own unidentified pain rather than a genuine awareness of another’s. Because this is the case, neglect can be its dark side. We neglect or don’t see what is real need within another person because we can’t identify real need within ourselves.

Neglect can take the form of ignoring or not seeing another’s humanness, withholding care, nurturing and attention or a shutting down of the relational behaviors that reflect attunement and connection.

Neglect can be particularly difficult to address in recovery because there is no obvious parental abuse to point to. Some recovering Indians are left feeling that they have too many needs for anyone to meet and are often mistrustful of deep connection. Consequently, they may push away the very vehicle that might help them to heal, mainly relationships.

Balanced care of self and others is part of living a healthy life of Wellness.

Abuse vs. Victimization/Collapse

The line between who is abusing whom can get very fuzzy in a pain filled family system. Abuse is part of the impulsivity that characterizes families where feelings are acted out rather than talked out. The victim is the person who is being abused. When individuals are unable to process personal pain, anger and hurt and talk it out, they are at risk for acting it out instead. These roles are traded back and forth, as family members bully and hurt each other over and over and over again. Hurt people hurt people. They see saw between intense emotions and behaviors and a shutting down, or collapsing into helplessness.

Sometimes the roles become stratified and certain family members become the obvious abuser while others become the obvious victim, small children are sitting ducks for being abused and victimized by out of control parents and older siblings. Both roles can become personality styles or relationship dynamics that get carried along through life.

Unfortunately, the abused child, the victim, is at risk, without recovery, of becoming an abusing parent. Rather than identifying and feeling their own helplessness and rage at being a victim of abuse, they act out their childhood pain by passing it on in the form in which they received it, (e.g. the abused child becomes the abusive parent). All of these patterns reflect a lack of emotional and behavioral balance. Eventually, whether alcohol and drugs are present or not, painful patterns of relating continue to insidiously move down through the generations and become inter-generational trauma.

Balance can be achieved when intense emotions can be tolerated both within the self and within the emotional container of the relationship or family. When this is possible, painful feelings, even if they explode momentarily, can be worked through toward some sort of resolution. After a disconnection occurs a reconnection can occur which will represent a slight step up in relating, healing, wellness, or interpersonal awareness and understanding.

So What Is The Good News?

Emotional modulation is a skill that we learn literally in our parent's arms and within our family systems. When children have extreme emotional responses they are "wooded" back into emotional balance through the nurturing and sustained actions of mature parents and caring adults. Over time they absorb the skills of self-regulation through these healthy family interactions. As we see in this article the opposite is also true, we can equally learn the skills of emotional toxic behaviors if we live with toxic patterns for long enough. The good news is that skills of Wellness and balance can be relearned in recovery through regulating activities like sweats, renewal ceremonies, twelve step programs, therapy, meditation, yoga, massage, deep breathing and exercise; activities that quiet and soothe the emotional system and teach skills of mind/body/spirit balance.

Cultural Pain and Wellness Issues for Native People

Our country's history of the treatment of American Indian people, including genocide, institutionalized racism, and lateral oppression, has resulted in many challenges we face as Indigenous people. These challenges produce cultural pain and must be recognized, felt, grieved, and accepted in order to move toward wellness. Cultural pain causes us to feel insecure, embarrassed, angry, confused, torn, apologetic, uncertain, shame, or inadequate because of conflicting expectations and pressures of being an Indian person.

Below are examples of what is said, felt, or observed when an Indian person is experiencing cultural pain:

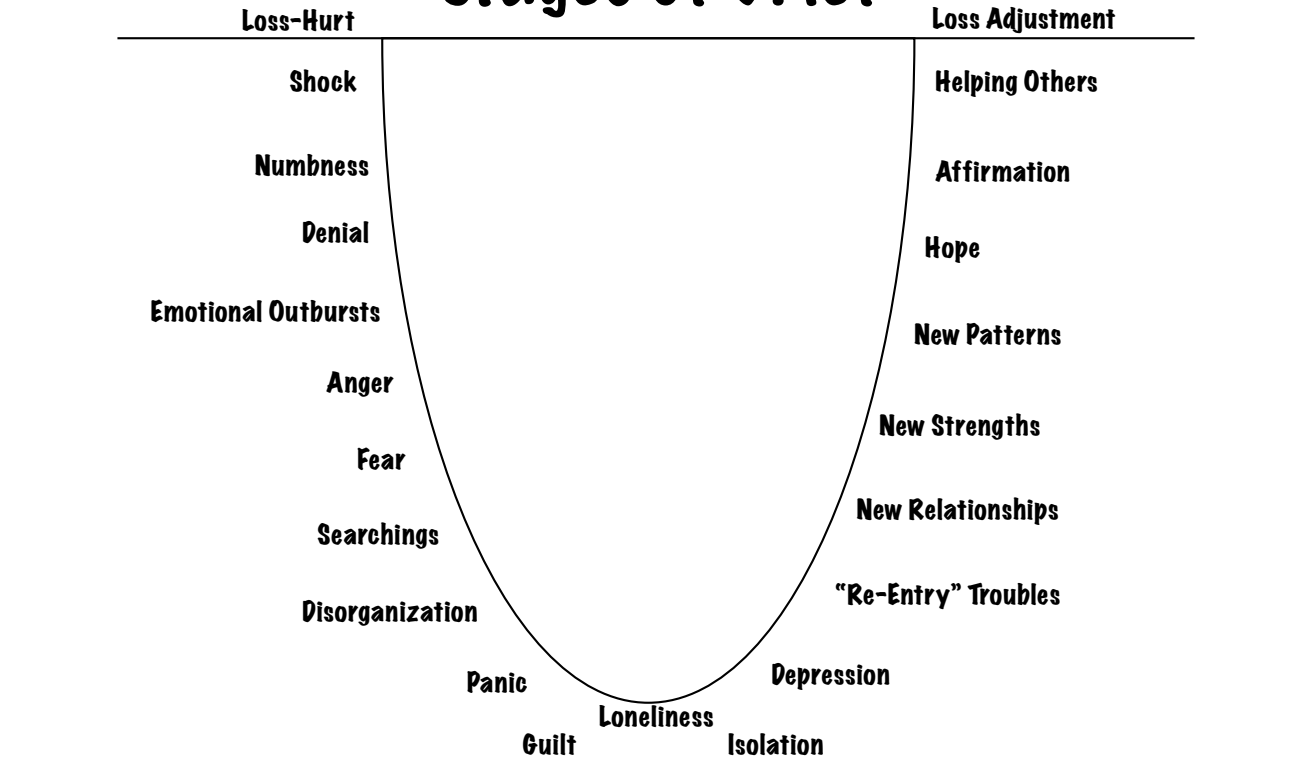
- ◇ "I am not your paycheck." (A youth from a tribe with a casino.)
- ◇ "I am not enrolled. Does that mean I am not Indian?"
- ◇ Resentment when another Indian person seems to be denying his or her Indianness.
- ◇ Discomfort when an Indian uses "broken English" in the presence of non-Indians.
- ◇ Embarrassment when a non-Indian tries to act Indian or like a "wanna-be."
- ◇ Discomfort when a non-Indian is patronizing on racial issues. For example, "Your people and their jewelry-making talent is so wonderful. Did you make what you're wearing?"
- ◇ Anxiety when a non-Indian expect an Indian to explain or defend questionable behavior by other Indian people.
- ◇ Anxiety when we wonder if we have done enough for our Indian community.
- ◇ Internal conflict when we have two different sets of mannerisms, speech, slang, and humor: one set is used when around other Indian people and the other set is used when around non-Indians.
- ◇ Anger and discomfort when an Indian faces overt or covert racism.
- ◇ Discomfort, anger, or shame during discussions of the "drunken Indian" or all the "awful statistics of Indian people."
- ◇ Feeling awkward about not speaking one's tribal language and hurt when someone says, "You're not saying that right," or "That's not how you say it."
- ◇ Feeling inferior if you're "light complected" or "dark complected."
- ◇ Feeling embarrassed by the conditions of the rez and what people must think when they see it.
- ◇ Confusion or discomfort when an Indian or someone else says, "Those days are gone. That Indian stuff is just devil worship."
- ◇ Feeling embarrassed and shame about not knowing one's own culture. For example, "I don't have an Indian name, and I'm scared to ask. Who and how do I ask for one?"
- ◇ Engaging in shameful behavior, such as the embezzlement of tribal funds.

The above issues can be healed and talked about in wellness circles. Welcome to the healing.



My Experience with Grief

Stages of Grief



My Experience





Grieving Myths

- ◇ Our grieving is influenced by a number of myths. Therese Tando lists these myths:
- ◇ All losses are the same
- ◇ It takes months to recover from grief
- ◇ All bereaved people grieve in the same way
- ◇ Grief always decreases steadily over time
- ◇ When grief is resolved, it never comes up again
- ◇ Family members will always help grievers
- ◇ Children grieve like adults
- ◇ Feeling sorry for yourself is not allowable
- ◇ It is better to put painful things out of your mind
- ◇ You will not be affected much if your parent dies when you are an adult
- ◇ Parents usually divorce after children dies
- ◇ It is not important for you to have social support in your grief
- ◇ Once your loved one has died, it is better not to focus on him or her but to put him or her in the past and go on with your life
- ◇ You can find ways to avoid the pain of your grief and still resolve it successfully
- ◇ You should not think about your deceased loved ones at the holidays because it will make you too sad
- ◇ Bereaved people only need to express their feeling to resolve their grief
- ◇ Expressing feelings that are intense is the same as losing control
- ◇ There is no reason to be angry at people who tried to do their best for your deceased love one
- ◇ Because you feel crazy, you are going crazy
- ◇ Only sick people have physical problems in grief
- ◇ You should feel only sadness that your loved one has dies
- ◇ Infant death shouldn't be too difficult to resolve because you didn't know the child that well
- ◇ Children need to be protected from grief and death
- ◇ Rituals upset and grieving means that you do not believe in god or trust your religion
- ◇ You and your family will be the same after a death as before your love one died
- ◇ You will have no relationship with your loved one after the death
- ◇ The intensity and length of your grief are testimony to your love for the deceased
- ◇ There is something wrong if you do not always feel close to other family members since you should be happy that they are still alive
- ◇ There is something wrong with you if you think that part of you has dies with your loved one
- ◇ Of someone has lose a spouse, he or she know what it is like to lose a child
- ◇ When in doubt about what to say to a bereaved person, offer a cliché
- ◇ It is better to tell a bereaved people to “be brave” and “keep a stuff upper lip” because then they will not have to experience as much pain
- ◇ When you grieve the death of a loved one, you only grieve for the loss of that person and nothing else
- ◇ Grief will affect you psychologically, but in no other way
- ◇ Losing someone to sudden death is the same as losing someone to an anticipated death

You know you are getting better when...

There are clues that will help you to see that you are beginning to work through your grief. These ever so slight clues can be missed unless you are aware of their importance. Such clues might be:

When you are in touch with the finality of death	When you can find something to be thankful for
When you can review both pleasant and unpleasant memories	When you can establish new and healthy relationships
When you can enjoy time alone	When you feel confident again
When you can drive somewhere by yourself without crying the whole time	When you can organize and plan your future
When you realize that painful comments made by your family or friends are made in ignorance	When you can accept things as they are and no keep trying to return things to what they were
When you can look forward to holidays	When you have patience with yourself through "grief attacks"
When you can reach out to help someone else in a similar situation	When you look forward to getting up in the morning
When the music your loved one listened to is no longer painful to you	When you can stop and smell the flowers along the way and enjoy experiences in life that are meant to be enjoyed
When you can sit through a religious service without crying	When the vacated role that your loved one filled in your life are now being filled by yourself or others
When some time passes in which you have not thought of your loved one	When you can take the energy and time spent on the decease and put those energies elsewhere, perhaps on helping others in similar situations or making concrete plans with your own life
When you can enjoy a good joke	When you can acknowledge your new life and even discover personal growth from your grief
When you're eating, sleeping, and exercise patterns return to what they were before the death	
When you no longer feel tired all the time	
When you developed a routine to your daily life	
When you can concentrate on a book or a favorite television show	

If you observe some of these behaviors in yourself, you can take heart in the knowledge that you have started to put your life together once again and to find new important directions for it. As you work with your grief you can experience new personal growth and a new awareness of the pain and suffering of the people around you. You will find others who are experiencing a loss sometimes turning to you for help and comfort, knowing that you are someone who has been or is going through something similar to what they are experiencing. Helping others in like circumstances can help you to further resolve your own grief and to accept that the loss you have suffered is, regretfully, a common human experience.



Sexual Attitudes

Sexual Abuse Mind-set (Sex = Sexual Abuse)

Sex is uncontrollable energy

Sex is an obligation

Sex is addictive

Sex is hurtful

Sex is a condition for receiving love

Sex is "doing to" someone

Sex is commodity

Sex is void of communication

Sex is secretive

Sex is exploitative

Sex is deceitful

Sex benefits one person

Sex is emotionally distant

Sex is irresponsible

Sex is unsafe

Sex has no limits

Sex is power over someone

Healthy Sexual Attitude Mind-set (Sex = Positive Sexuality)

Sex is controllable energy

Sex is a choice

Sex is natural drive

Sex is nurturing, healing

Sex is an expression of love

Sex is sharing with someone

Sex is part of who I am

Sex requires communication

Sex is private

Sex is respectful

Sex is honest

Sex is mutual

Sex is intimate

Sex is responsible

Sex is safe

Sex has boundaries

Sex is empowering

From: The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse by Wendy Maltz



A Colonized Ally Meets a Decolonized Ally This Is What They Learn

by Lynn Gehl

1. A colonized ally stands in the front. A decolonized ally stands behind.
2. A colonized ally stands behind an oppressive patriarchy. A decolonized ally stands behind women and children.
3. A colonized ally makes assumptions about the process. A decolonized ally values there may be principles in the process they are not aware of.
4. A colonized ally wants knowledge now! A decolonized ally values their own relationship to the knowledge.
5. A colonized ally finds an Indigenous token. A decolonized ally is more objective in the process.
6. A colonized ally equates their money and hard work on the land as meaning land ownership. A decolonized ally knows that land ownership is more about social hierarchy and privilege.
7. A colonized ally projects guilt. A decolonized ally knows it is their work to do.
8. A colonized ally projects emotions. A decolonized ally knows Indigenous people have too much to deal with already.
9. A colonized ally has no respect for Indigenous intellectuals. A decolonized ally knows Indigenous people have their own intellectuals.
10. A colonized ally has no idea they need to decolonize. A decolonized ally understands they have to continually decolonize.
11. A colonized ally has no idea of the concomitant realities of Indigenous oppression. A decolonized ally understands the many, layered, and intersectional oppressions Indigenous people live under.
12. A colonized ally speaks for Indigenous people. A decolonized ally listens.
13. A colonized ally takes on work an Indigenous person can do and is doing. A decolonized ally takes on other work that needs to be done.
14. A colonized ally makes things worse. A decolonized ally understands.
15. A colonized ally says, "It is time to get over it." A decolonized ally realizes one's relationship to the harm is subjective.
16. A colonized ally appropriates another nation's Indigenous knowledge. A decolonized ally does the hard work to uncover their own Indigenous knowledge.
17. A colonized ally will loath this truth offered. A decolonized ally will recognize the hard work telling this truth is.

Lynn Gehl, Ph.D., is an Algonquin Anishinaabe-kwe from the Ottawa River Valley, Ontario, Canada. She has been an Indigenous human rights advocate for over 30 years. She has a doctorate in Indigenous Studies, a Master of Arts in Canadian and Native Studies, an undergraduate degree in Anthropology (summa cum laude) and a diploma in Chemical Technology. Lynn worked in the field of environmental science for 12 years in the area of toxic organic analysis of Ontario's waterways.

www.lynngehl.com

<http://www.lynngehl.com/black-face-blogging/a-colonized-ally-meets-a-decolonized-ally-this-is-what-they-learn>

Grief Stages for Natives: Discover Help & Hope

**By
Theda New Breast, MPH
And
Deb Van Brunt Oreiro**

It's 2016 and Indian Country is still experiencing ripple affects from historical traumas. These affects often reveal themselves as shootings, suicides, pill addictions, meth addictions, romance break-ups or betrayals. Sudden death of mentors and murdered love ones push us into the grief process so fast we feel confused and just want to run away. Below is a journey through grief of "feelings" for most Native people, and those who complete their grieving, either on their own or with help, will one day learn to live and laugh again.

SHOCK

The first reaction of family and friends to a tragic, unexpected death is shock. The effect is that far away look in their eyes (much like being hit on the head or sticking one's finger in a live socket). The tragic news impacts us spiritually, mentally, emotionally and physically.

A Native perspective of this stage of the grieving process is softer. Traditional teachings tell of loved ones crossing over the Milky Way (Wolf's Trail) and they are being greeted by all of their loved ones who have crossed over with hugs, smiles, feasts, gatherings.

PANIC

After the initial shock, panic often sets in. In this stage, the person is not able to think clearly, can't sleep and will even run around the room crying or screaming. They cannot make up their own minds or organize themselves for action.

To soften this phase, one should ask permission to hold them, sit by them, take them by the hand and guide them through this phase. Family members should take turns, de-brief, light a smudge, look into their eyes, and tell them, "We will get through this together."

DENIAL

The denial phase is almost automatic. Once the news sinks in, the natural reaction is to say it is wrong. Some feel it is a shock absorber for the soul and is a form of protection. By saying "NO" to the tragedy, they are able to absorb the facts more slowly, allow themselves time to adjust. In this phase we think it must be a mistake, we just seen them very much alive. There is no way they could be dead.

To soften this phase, one should ask permission to hold them, sit by them, take them by the hand and guide them through this phase. Family members should take turns, de-brief, light a smudge, look into their eyes, and tell them, "We will get through this together."

NUMBNESS

A third phase of grief is numbness. The unexpected tragedy temporarily overloads the emotional circuits. The survivor is left somewhat dazed or numb. Often this reaction may carry them through the burial arrangements and the funeral without any display of emotion. People will make comment on how brave and strong someone is looking composed, when in reality they are in this phase of numbness, no tears because they are unable to cry. This numbness may be expressed in a physical sense where parts of the body lose a measure of feeling. The length of this phase may be as brief as a few hours or as long as several days, and it is sometimes delayed in happening. In some cases, it may not appear until several

months later when all of a sudden the hands, feet, or some other part of the body begins to feel numb. To be safe, get checked by a doctor, but most often it is grief-related and will disappear in time.

The way this can be softened is to maintain contact with the family and offer support. Be aware of changes that may be occurring with the individual. There might be an opportunity to refer for counseling or to offer an opportunity for a smudge or a sweat or perhaps to see a traditional healer.

RAGE

Rage is totally opposite to numbness. It burns and boils and often strikes out unreasonably. Violent acts, abusive acts, blaming relatives, doctors, nurses, physically hurting self or others comes out sideways. Turned inward with drug or alcohol use can become suicide. Several days may pass before it appears, but it may always come. It is at this point where many Indian people get stuck in the grieving process. Their rage comes, but it won't go away. It continues to churn inside until they find a way to resolve it or it destroys them. Rage against self can be long periods of drinking or using pills to blank out. Another example of rage and behavior while grieving from being sexually abused (a trauma that is complicated) comes out with obesity and managing emotions with food. So we find the raging might be eating the whole gallon of ice cream, eating the whole bag of cookies by our self or in secret.

ANGUISH-DESPAIR

Another phase of grieving that many Native people have trouble with is the anguish and despair. This is where the pain and sense of loss hit them full force. People may experience long bouts of depression, not wanting to get out of bed, take a shower, wash and clean themselves. They may stop answering the door, don't answer the phone, and shut the world out. For many, it is more than they can handle.

Information to family members about the signs and symptoms of depression would be key, so that the family can refer for therapeutic support and assessment for depression and suicide ideation.

BARGAINING

Bargaining is the phase of grief that begins to wrestle with the acceptance of the loss, in an effort to get on with living. This phase the griever might try to make contracts with Creator or God. Pledge to Sundance, pledge to stop drinking, pledge or vow to live right if only Creator will make it not true, or give some peace to the heart. As the mourner works through this phase of grief, they might say, "I could accept the death if only we had not had a fight the last time we saw each other" or "I know he can't come back, but why did he have to be drinking when he died?"

It is important to reflect back that this was an earlier time in the person's life and that to focus on this as a last memory of the person is not healing or positive for the person or the deceased as well. Offer to pray or smudge or sweat to address these thoughts.

FORGIVENESS

Another difficult phase for those who are grieving over a tragic, unexpected death is forgiveness. During grief of this type, a lot of blame is laid in many directions. Before the mourner will be able to finish grieving, they will need to forgive those that they have been blaming for the loss. Sometimes it is the person who died. Sometimes it is the boyfriend or girlfriend who caused it.

Sometimes it is God, and they lose faith, or get angry with God. Sometimes the griever blames himself or herself, like there was something they could have done to prevent it???? Whoever, or whatever, they feel is at fault must be forgiven or the grief will continue to haunt them.

Forgiveness is a gift that we give to ourselves and those around us. Letting the Creator help us deal with our feelings and again offering a smudge or sweat or the power of prayer. Sometimes the Dragon of anger keeps breathing fire on our life or injustice torments us. The trick is not to force forgiveness-you will feel a lessening of that dull constant pain. Keep talking and feeling with people you trust. You will notice the anger and bitterness that clutch your heart dissolve as you talk and “let go”. Forgiveness is an act of grace-and grace can only flow into an open heart.

ACCEPTANCE

Acceptance follows logically once a person has taken the step of forgiveness. Suddenly, at this point, a realization comes that no amount of grieving will bring back the deceased or change the past. The person can realize that going to the gravesite every week, keeping their room the same for years. Acceptance is moving on and life begins again. The cycle of life. You notice the sunshine; you can be joyful at ordinary things. You have gratitude for life, health, a good laugh, a good meal, a good night's sleep.

GROWTH-MATURATION

Once grieving starts, personal growth and development stop, and it stays that way until the grieving process is completed. This is why it is so important for Native people to mourn and finish their grief work. Getting stuck in painful phases like rage, anguish-despair, bargaining and forgiveness leave us in a 50-year-old body with a teenager maturity. Moving through these stages and feeling all the feelings that go with it allows the grief work to be done. And when it is done, the person can begin to grow again and develop meaningful relationships. The Amazing thing about life is we can begin again, and having gone through these phases we learn compassion and are a better person for it.

It must also be noted that we can have complicated grief which is perhaps generational, or multiple losses. Grief isn't always about death, it can be the loss of employment, the loss of a relationship, the loss of belonging.

When we heal from grief we have the sense of belonging again to the universe, the world, our community, our family and our lives.

Perfect Daughters (Adult Daughters of Alcoholics)

Thoughts by Theda NewBreast

Native Women have always had power within their tribes. Historically, we have taken on some outside culture's diseases, gender values, gender beliefs, and may have limited our own personal growth and ability to live a Joyous and fulfilling life. For 30 years, I have facilitated Native women's groups, and have found The Perfect Daughter Syndrome to be one of the biggest challenges. A resource for great healing is from Dr. Robert Ackerman and these worksheets have been adapted to what Native women face in everyday day life, in cities, reservation or communities.

Understanding Oppression and "The Perfect Daughter Syndrome"

- ◇ Do you ever find yourself exhausted, not able to say "No", and guilty for not meeting everyone's needs?
- ◇ Are you attracted to high-risk relationships?
- ◇ Are you ever overwhelmed with your schedule? And expected to organize family or community events?
- ◇ Do you take on too much responsibility?
- ◇ Are you still trying to have a relationship with your mother or father? Or is the person you married or your domestic partner just like your mother or father?
- ◇ Do you feel different from other Native women?
- ◇ Are you very self-critical, and do you struggle with perfection?
- ◇ Do you feel as if something is "missing" in your life?
- ◇ Are you unsure of your parenting skills, but don't know why?
- ◇ Do you have relationship problems and are always attracted to the wrong people?
- ◇ Are you incredibly competent in some areas of your life, but feel vulnerable in other areas?
- ◇ Do you secretly try to hide your low self-esteem?

If you answered yes to any of these questions, then you may have unresolved issues from your childhood that still affect you today. Native women, who choose a wellness path, must re-look at repeated self-defeating patterns in relationships (romantic, siblings, child-parent, co-workers). So, if you choose moving through the deeper wounds, really feeling them and forgiving those for things they did or didn't do, you can move on and begin to heal.

Getting Started By Understanding Some of Our Behaviors:

Common themes of childhood trauma can leave us with the following feelings and issues (sexual abuse, parental alcoholism, divorce, eating disorders, violence):

Characteristic	Indicator
Learned helplessness	Losing the feeling that you can affect or change what is going on
Depression	Unexpected emotion, agitated, anxious, feeling flat
Emotionally constricted	Numbness and shutdown as a defense against overwhelming pain and threat and a lack of range of expression of emotion

Distorted reasoning	Convuluted attempts to make reason out of senseless pain
Loss of trust and faith	Deep rupture in primary, dependency relationships and breakdown of an orderly world
Hyper vigilance	Anxiety, waiting for the other shoe to drop, constantly scanning environment and relationships for signs of potential danger or repeated chaos
Traumatic bonding	Unhealthy bonding style resulting from power imbalance in relationships and lack of other sources of support
Loss of ability to take in support	Fear of trusting and depending upon relationships and emotional shutdown
Loss of ability to modulate emotion	Going from 0 to 10 and 10 to 0 without intermediate steps, rashness, loss of control, black-and-white thinking
Easily triggered	Stimuli reminiscent of trauma like yelling, loud noise, criticism or gunfire trigger person into shutting down, acting out or intense emotional states
High-risk behavior	Sexually acting out, thrill seeking, fighting relationships risks, gambling
Disorganized inner world	Disorganized object constancy and relatedness, fused feelings like sex/anger
Desire to self-medicate	Attempt to quiet and control turbulent, troubled inner world with drugs/alcohol
Survivors guilt	From witnessing abuse and trauma and surviving, from “getting out” of a particular family (moving from the reservation)
Development of RIGID	Dissociation, denial, splitting, withdrawal aggression
Cycles of reenactment	Repetition of pain-filled dynamics (same relationship chaos, different person)

Childhood Lessons Learned If Your Mother Was Alcoholic

- ◇ I am angry with my mother.
- ◇ I wanted to love my mother, but she and her behavior kept pushing me away.
- ◇ I learned to be disappointed and disgusted with my mother, and I have difficulty respecting her.
- ◇ I learned how to be responsible for my mother’s duties, and I resented always being in charge.
- ◇ I was denied information about my own sexual identity, how to be a woman and how to prepare for my future roles.
- ◇ I was unhealthy ways to relate to other people.
- ◇ I experienced poor parenting skills, and I am unsure of my own parenting skills.

- ◇ I find it difficult to trust other women.
- ◇ I felt abandoned and let down.
- ◇ I am not sure of how to give and receive nurturing, because I was not nurtured.

The seven issues that daughters of alcoholic mothers most commonly focus on are role models, relationships, parenting, identity, trust, trying to please and shame.

Childhood Lessons Learned If Your Father Was Alcoholic

- ◇ I still want to understand my father. I still want his acceptance and approval.
- ◇ I want to love him, but I hate what he does.
- ◇ I have a low opinion of marriage and relationships. I fear I cannot find a successful relationship.
- ◇ I am aware that I have issues with my nonalcoholic mother.
- ◇ I have difficulty relating to males positively.
- ◇ I learned to tolerate too much inappropriate behavior from males.
- ◇ Am I good enough to be loved?
- ◇ She who gives away the most is the best.
- ◇ I find “healthy” males boring, and the “wrong” available.
- ◇ I never received enough attention.
- ◇ I missed not having a “father-daughter” relationship.
- ◇ I have difficulty expressing anger to my father
- ◇ The greatest fear that adult daughters express is that they will wind up in a similar relationship similar to their parents. They share their issues and concerns about males in the following ways:
 - ◇ How to relate to controlling men
 - ◇ Understanding healthy relationships
 - ◇ Distrust of males
 - ◇ Looking for Father in their relationships
 - ◇ How to have a male friend
 - ◇ No male is good enough
 - ◇ Seeking unavailable men
 - ◇ Addicted to relationships

Experience Emotional Incest (occurs when a parent shares information with his child that should be shared with the spouse)

The Following Nine Resiliency Skills Help Develop Protective Factor For Healing:

All resiliency skills are based on self-esteem. You must think enough of your self to try new behaviors and skills. You must believe that not only can your life be different, but that it also can be better. Set your goals for yourself high—intellectually, physically, emotionally, and spiritually. No one rises to low expectations. Set your bar high:

- 1. Resiliency includes knowing what you want. What would your new self look like? How would you like to feel? How many new emotions would you have? Make a list of how you would like to be in your recovery? Do you need to change jobs? Go back to school? Go on road trip? Pow wow all summer?**
- 2. Resiliency includes letting go. You cannot hold on to the past and expect to grow in the future. A person in recovery is not past-oriented, but growth-oriented. Let go of negative emotional baggage, past relationships, how your family should be, living poor, not learning your language, chaotic jobs, let it all go. Letting go makes room for new feelings such as being comfortable with your self, and others. You will have a higher self-worth and more energy.**

- 1. Resiliency includes balance. Your previous life was out of balance. Your new self is searching for balance. Your old adult daughter was willing to go to any limits to accommodate a lot of unhealthy behaviors, which kept you out of balance and a stranger to yourself. Get enough sleep, eat better, meditate, do Zumba, dance, join a support group, date for a year without commitment.**
- 2. Resiliency includes healing. Face your pain and injuries, get doctored, and forgive people who have injured you. Ask yourself, how will forgiving help me to heal? Healing takes time. Do not be too anxious. When you are injured and you return to your normal activities too soon, you risk another injury. Pray for patience. Listen to other woman who have gone through this, to get encouragement.**
- 3. Resiliency includes giving. Resiliency means that you are able to find all the things that you missed and then give them to your self. Who has your gift? You do, not this conference, but in your heart, you're spirit, and your emotions.**
- 4. Resiliency includes developing your sense of "self." You will know it when you begin to believe and feel that you can be yourself without fear. Celebrate yourself, make peace with yourself, and look in the mirror and say, "I like you." You know you are developing a healthy sense of self when you start to do some of the following:**
 - ◇ You no longer feel that you must be controlling.
 - ◇ You begin to have the kinds of relationships that you always wanted.
 - ◇ You begin to feel more and think less about your emotions.
 - ◇ You no longer fear your memories.
 - ◇ You have internally made peace with people who have harmed you.
 - ◇ You trust your own judgments.
 - ◇ You no longer live in fear of me phobia.
 - ◇ You are able to affirm your qualities.
 - ◇ You no longer think of your self only as an adult daughter.
 - ◇ You are beginning to respect yourself.
 - ◇ You are learning to like and love yourself.
 - ◇ You can receive love and intimacy from others.
 - ◇ You can say "no" to others and "yes" to yourself.
 - ◇ You learn to embrace the spirit of recovery.
- 5. Resiliency includes learning to like you. The most devastating impact from alcoholic families is that they produce people who do not like themselves. If you do not like yourself, you will find living with yourself harder than living with an alcoholic. Celebrate yourself as a survivor and not a victim. Enjoy humor that is not rooted in painful sarcasm. You will improve your relationships because you will feel that you deserve the best and that you have a lot to offer. The perfect you is not codependent. The perfect you is not controlled by others. The perfect you is not afraid of herself.**
- 6. Resiliency includes developing boundaries. Healthy boundaries are made, not born. Establish personal, professional, and spiritual boundaries. A key to autonomy is boundaries. "If you don't stand for something, you will fall for anything."**
- 7. Resiliency includes learning to receive. Your greatest barrier to self-worth will be your inability to receive. You can try to change yourself and attend Wellness workshops forever, bottom line know how to accept it. Break down the barrier. You cannot expect others to be able to help you if you insist on doing everything yourself. Letting others into your life and accepting their contributions takes growth. You must be able to receive what you want in order to change. If you want to feel good about yourself, you must be able to receive good feelings. If you want healthy relationships, are you prepared to receive love when it is offered? Can you accept a relationship with a healthy person? Joy, love, beauty, compassion and peace are gifts. Receive them.**

Are You a Silent Son?

By

Theda New Breast, M.P.H.

These Handouts are to help Native Men and Women who love them to begin making Healthier choices in their lives and relationships. They can also be used for same sex relationships. The first step in Change is Awareness, then Admitting, then Acceptance, and finally Action .

Some of the dominant characteristics of a silent son are:

- ◇ He keeps things that bother him to himself, “Strong, Silent Type”
- ◇ He denies that unpleasant events occur.
- ◇ He fears letting people know him.
- ◇ He has difficulty interacting with parents, spouse, or children.
- ◇ He has a strong fear of criticism.
- ◇ He is angry.
- ◇ He can't express his feelings.
- ◇ He disproportionately fears failure.
- ◇ He is obsessively driven to succeed.
- ◇ He desperately wants his life to be better but doesn't know how to change.

A Silent Son may be in pain, but has many positive Characteristics:

- ◇ He is good under pressure.
- ◇ He is Adventurousome.
- ◇ He is Independent.
- ◇ He is a survivor.
- ◇ He is empathic.
- ◇ He is a hard worker.
- ◇ He is a loyal friend.
- ◇ He is willing to help others.
- ◇ He is a problem solver.
- ◇ He has a good sense of humor.

Indicators Of Silence

Silent Sons believe that they're just like everybody else, many either believe that their family was not dysfunctional (when in fact it was) or believe that it was dysfunctional, but they are not affected.

Classic behavior patterns:

- ◇ Limited Expression (Men are hospitalized for stress-related disorders such as heart attack, stomach problems, or addictions.)
- ◇ The Strong Silent Type: Negative silence is the silence of a man in pain. Your silence keeps you locked in and others locked out.
- ◇ The Silent Treatment: Do you know when you are giving those around you the silent treatment? I'll bet you do, but you won't admit it. We can give people the silent treatment for many reasons, but usually is because we are upset about something.
- ◇ Target Practice: The opposite of silent treatment is taking out our frustrations on others, who become targets of our internal struggles. It means that instead of dealing with what is really bothering us, we project our negative feelings, usually anger, on others.

- ◇ The Impostor Syndrome: At the core of the impostor syndrome lies low self-esteem, a feeling of unworthiness and the belief that appearance comes first and substance, second. We don't believe that people will like us for who we are. We don't believe that we are good enough. So being anyone other than ourselves must be an improvement.
- ◇ One-dimensional Man: Do you often feel out of place when you are not working? Do you think all non-work time is nonproductive time? This is not an unusual belief for many Silent sons, and it exemplifies the problem of one-dimensional identity. No matter how good we are at work, we can be painfully aware of not being as good at other things, so we either work more, or view non-work time as unimportant. We can discount our children, relationships, interests, and ourselves.
- ◇ Hidden Feelings: How many times do you think, I'll just keep it to myself? For many silent Sons, keeping our feelings and thoughts to ourselves became a way of protecting ourselves and our families from exposure to the outside world. It was also a way of trying to minimize the problems within our families, by not communicating with each other. This is especially true in families that talk about everything but the dysfunction.
- ◇ Short Fuse: Are you often angry, but don't know why? Do you get upset over "small things" very quickly? When it comes to your temper, do you have a short fuse?... .. unresolved anger inside... few alternatives for dealing with stress.

OK, Why Should We Want Change?

Trouble in romantic relationships, be they heterosexual or homosexual, is the primary reason why most silent sons seek help. Even when talking about mothers, and fathers, silent sons turn the discussion to the impact their dysfunctional parents had on their current relationship abilities. The problems they identified were:

- ◇ Excessive caretaking behavior directed toward their partner
- ◇ Need to dominate or control
- ◇ Fear of intimacy
- ◇ Infidelity
- ◇ Lack of honesty
- ◇ Inability to express emotions
- ◇ Lack of communication
- ◇ Anger
- ◇ Fears of abandonment, getting too close, rejection, or self-disclosure
- ◇ Leaving when it "gets too tough"
- ◇ Low self-esteem
- ◇ Fear of commitment
- ◇ Inability to keep the relationship going
- ◇ Mistrust
- ◇ Boredom after a few years
- ◇ Lack of respect for women
- ◇ Inability to confide
- ◇ Lack of knowledge about what a healthy relationship is
- ◇ Performance anxiety

So What Are We Shooting For In A Healthy Relationship?

When we realize that our excess baggage has limited our capacity to love and beloved, we have to begin with understanding the characteristics commonly found in a healthy relationship:

- ◇ You feel you are respected as a person.
- ◇ Your physical and emotional needs are met.
- ◇ You like the other person and you feel liked by them.
- ◇ You are appreciated and not taken for granted.
- ◇ You are not afraid to be yourself.
- ◇ You can communicate effectively with your partner.
- ◇ You can affirm and support one another.
- ◇ Trust is mutual and continual.
- ◇ There is a sense of humor and play.
- ◇ Responsibilities are shared.
- ◇ Privacy is respected.
- ◇ You are not constantly fighting for control.
- ◇ You both admit and seek help for your problems.
- ◇ You want to spend time together.
- ◇ Love is a verb, not a noun.
- ◇ You are both growing and the relationship is growing.
- ◇ You feel good about yourself.

To start, what is your definition of Male Intimacy?

The key is not our capacity to love but our ability to express it. In his book *Male Intimacy*, Michael McGill points out five common ways men show love and share with others, these five ways can also be used to withhold love in relationships:

- ◇ **Sex:** Intimacy, love and emotions are confusing. Men can have sex without intimacy. Men can have intimacy without sex. If you ask men what they want in their relationships, many will say “more sex”. How many ways do you know to be intimate that are not sexual? How well do you communicate in your relationship? Can you communicate with more than your organ?
- ◇ **Giving:** Do you mostly give material possessions, or a part of yourself? A man and woman may see another man walking down the street carrying flowers. While the woman may think, oh isn't that sweet, the man sees the flowers and thinks, Boy, did he screw up! Are gifts given out of guilt, substitutes for affection?
- ◇ **Touch:** Men are very conscious of the power of touch, but we are also afraid to use it too much. We hesitate to touch another man beyond a handshake, to hug a boy after a certain age, or to touch a woman in a platonic way. We often use touch not as a means of expression, but also as the testing ground for how close we can get. Touching is one of the most confusing ways of sharing for men.
- ◇ **Intellectualizing:** The intellectualizer talks about everything but his feelings Common to men is focusing on logic and rationality. Intellectualizing keeps you in your head and out of your heart. The next time an issue comes up in your relationship, don't jump to intellectualize. Be spontaneous, and tell your partner what you're FEELING right from your heart.
- ◇ **Listening:** Some men have a difficult time listening to anything. Ironically, these same men want, and often demand, to be listened to themselves. When you don't listen you are telling your partner that he or she is not important. When you do listen, you communicate RESPECT.

Taking Control Of Your Life

No matter how you go about taking control of your life, you will be faced with at least four major issues along the way:

1. **Making Peace with Pain and Reality.** One Man has said, “ I have come to realize that I have used my adult relationships and experiences as a stage to play out my unresolved trauma from childhood. This path of escapism has led me to alcoholism and addiction which nearly killed me, but I have discovered that the only way out is through it”
2. **Making Peace with Yourself and Finding Power.** True peace comes from within and begins by learning to like your self. How can you be at peace with someone you don't like?
3. **Making Peace with Your Family.** Once you have completed the first two stages, you might want to or need to move on to the third stage. Making peace with your family must always be an addition to your growth, not a substitute for it. Your issues and potential must come first. Diffuse guilt, retrain your emotional habits, understand your parent's childhoods, break free of the approval trap, develop your own support family, your life first, theirs second.
4. **Achieving Your Potential.** When you make it to this stage, you are ready to fly. Join a support group, establish male relationships, and use **SPIRITUALITY.**