Ars Medica

A Journal of Medicine,
The Arts, and Humanities

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Volume 11
Issue 1

Searching for Answers in the Garden of Bioethics

Lisa Boivin

I am a Dene woman who finds it difficult to balance the study of bioethics and traditional knowledge. Periodically I find myself navigating my academic program around my Dene teachings. I have been taught to look to nature for bioethical answers.

Lisa Boivin is an artist and a graduate student at the Rehabilitation Science Institute at the University of Toronto.

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Editorial

Space for Indigenous Healing and the Healing of Healthcare

My people will sleep for
one hundred years, but when
they awake, it will be the artists
who give them their spirit back.

—Louis Riel[1]

This is a very special issue of *Ars Medica*. With honour and care, we turn our attention to stories of Indigenous health and healing, sharing the voices of practitioners, students, researchers, and others who have been "patients" in Western medicine. The field of healthcare humanities creates a space to reflect on our common experiences of *being* in a body, of engaging with healthcare, and of witnessing the experiences of others. And yet, too often we choose narrative genres and anticipate narrative arcs that reinforce perspectives of privilege. When we turn to literature and art to make sense of medical experiences, we often overlook subaltern forms and practices of representation, or voices that depict a worldview we do not recognize. By overlooking these perspectives, we miss many opportunities. First, we keep the canon of the medical humanities small and constrain the possibilities to challenge our own paradigms. Second, we limit our community and the expansive possibilities of inclusiveness. And third, perhaps most importantly, we reproduce a colonial approach that has often shaped medicine, including its historic and ongoing (mis)treatment of Indigenous peoples.

In the 1990s, the federal government of Canada established a Royal Commission to identify factors responsible for the social inequities experienced by Indigenous peoples in Canada (see Canada, 2016). One of the key areas examined by the Commission was health. Health inequities were acknowledged as resulting from colonial policies and practices of oppression and assimilation that continue to be felt into the present, and that account for ongoing social suffering. Colonialism, cultural loss, economic disparities, the reserve system, and the child welfare system have impacted every aspect of the lives of Indigenous peoples and their communities, including health. The Indian Act and related policies resulted in Aboriginal peoples having a unique relationship with governments relative to other Canadians. Along with the legislated inequality and discrimination within these documents came statutory obligations of the federal government toward Indigenous peoples. This paternalistic relationship reinforced the structure of colonialism. While healthcare was offered to Indigenous peoples, it was offered within the frame of Western healthcare's values and practices. Indigenous knowledge and medicine was excluded, leading to fractured experiences for Indigenous peoples within the healthcare system. Such healthcare can never equal healing.

As Canada moves toward reconciliation, the hope is for increased autonomy for Indigenous peoples, and a generous and enriching collaboration that repairs the paternalistic, exclusionary relationships that shaped the past. The arts have an important role in opening up spaces for new ways of understanding, representing, and relating. Art offers the possibility of creating what Homi Bhabha calls a "third space," a space of meeting and engagement (Rutherford, 1990). Third space explains the uniqueness of each person as a composite of their different locations of experience in the world. We explore what it means to form identities through belonging to multiple places and contexts that include spaces of health outside of the biomedical space. A third space does not require one to relinquish identity or autonomy by leaving one space for another; it is a new hybrid space for exploring how one's different social locations and identities come together.

To enter into a new space requires great trust and respect. Through our collaborative relationships with community members, and through our own social locations as a physician of European descent who considers herself to be an ally and an Indigenous physician, we have aimed to create a space of trust, respect, and honour in this issue of *Ars Medica*. We hope that this space will be inviting for Indigenous and non-Indigenous peoples alike. Much credit for building and sustaining that space goes to Lisa Boivin, a Dene woman who studies bioethics and traditional knowledge, and who was a Student Editor for the issue. She reached out at many community events to tell people about the project and to invite them to submit pieces. She reminded us often of the obligation we have to honour and respect the stories we receive.

We think you will encounter memory, vibrancy, innovation, and resilience in these works of prose, poetry, and visual art by Lisa Boivin, Brenda Isabel Wastasecoot, Raven Crow, Amy Desjarlais, Kacper Edward Niburski, Jesse Thistle, Celina Carter, Jennifer Lapum, Angela Mashford-Pringle, and Jordan Snyder. Their works spark surprise, wonder, celebration, joy, pain, transformation, and promise. They invite us to rethink healing, and through that reflection they enlarge what we are able to achieve in this new space of possibility.

Meegwetch,

Allison Crawford
Lisa Richardson

Note

1. In Wyman (2004), p. 85.

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Searching for Answers in the Garden of Bioethics

Lisa Boivin

I am a Dene woman who finds it difficult to balance the study of bioethics and traditional knowledge. Periodically I find myself navigating my academic program around my Dene teachings. I have been taught to look to nature for bioethical answers. It is a way of making sense of what is around me. The remedy to most ailments is found on the land, whether that remedy be medicinal or cultural. With this understanding of nature and culture, I paint a path where Indigenous knowledge and bioscientific medicine can meet.

I painted *Searching for Answers in the Garden of Bioethics* during a seminar course in clinical bioethics. We were studying end-of-life decision-making, with a focus on the withdrawal of care for terminally ill children. There were discussions spring-boarding from various bioethical standards of paternalism, agency, informed consent, dying with dignity, autonomy, and so on.

At that time there was a case in the news about an Indigenous child who refused chemotherapy, which eventually resulted in her death. Academic and medical experts recklessly authored harmful articles about what the parents of this dying girl should do. The majority of these experts had no understanding of Indigenous worldviews or cultures.

I am reluctant to impose my view on this specific case. There are intimacies within a family and information about this child I will never know. I explicate my painting of the withdrawal of care from a terminally ill child with the broadest of interpretation. I strive to illuminate the importance of agency, consent, and a respect for end-of-life decision-making.

As I considered conversations I had with clinicians and community members, I envisioned two doctors, one white and one red, searching for answers in the garden of bioethics. A sunset and a timer hover over the doctors, as death hovers over the terminally ill.

The baby's feet acknowledge the heart-wrenching decision to withdraw treatment from a terminally ill child. As human beings, we naturally have an aversion to this action. If we perceive the withdrawal of care as hastening the death of a child, we cannot resist the urge to embrace a paternalistic view. This is a view that forsakes a young patient's right to a peaceful and dignified death.

The clipboard represents consent. I see informed consent as a ceremony between physician and patient. There is a ceremonial process that houses the sacred observance of agency. A child can be very insightful. It is possible for her to participate in this ceremony and give informed consent.

Above the clipboard is a butterfly. This is a symbol of vitality. An Elder told me that butterflies were created to teach children to laugh and play. When the first children arrived on earth, they were cared for so lovingly that they didn't learn how to walk. So a handful of stones were thrown in the air and they turned into butterflies. All of the children laughed and jumped up to chase after them. In contrast, chemotherapy ravages vitality. Mobility is greatly decreased, and the capacity for joy is hindered; the ability to laugh and play like a child is gone.

The butterfly also symbolizes transformation. In illness, there is the transformation from healthy to unhealthy and eventually from life to death. I painted the butterfly next to the clipboard because when an individual consents to the withdrawal of care, she knows what she is consenting to. She knows what transformation will take place.

Looking to nature, I come to the conclusion that the preservation of life at all cost is not an absolute good. There are no plants receiving chemotherapy. The syringes and medications in this painting are an eyesore. They are an intrusion into the placidity of nature. Prolonged suffering is unnatural. In this interpretation, nature is giving us an answer.

Lisa Boivin is a member of the Deninu K'ue First Nation in NT. She is an interdisciplinary artist and a bioethics specialist at University of Toronto. Lisa strives to humanize clinical medicine through image-based storytelling as she situates her art in the Indigenous continuum of passing knowledge through images. Email: lisa.boivin@mail.utoronto.ca

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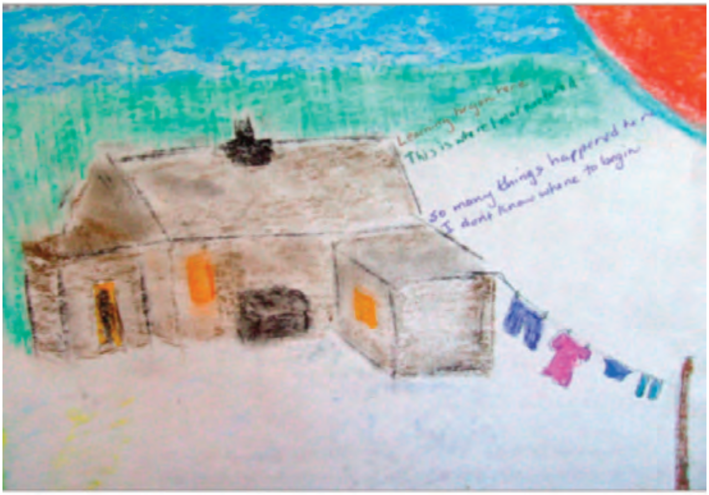
Nikis Memory Map: A Cree Girl Speaks from the Past

Brenda Wastasecoot

I dedicate this to my mother Maria, who devoted her life to ours, her husband and children, and to my brother Frank (Blondie) Wastasecoot.

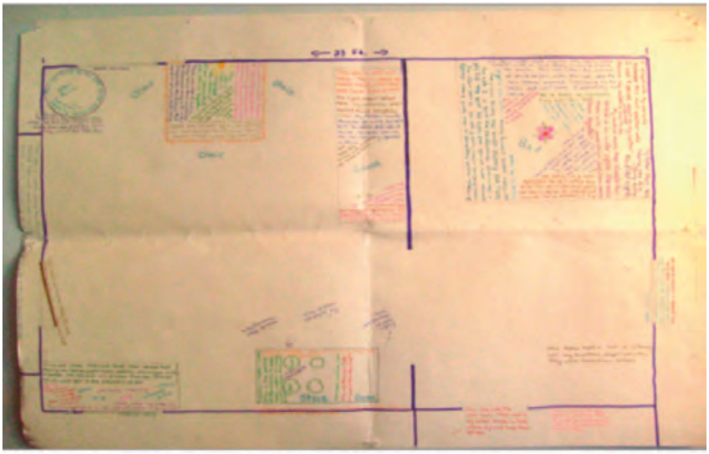
This was my house in the sixties. I grew up here just outside the town of Churchill until I was ten years old. After that, in 1973, we moved to town into a brand new house: two stories, electricity, running water, a bath tub, shower, stove, refrigerator, and three bedrooms. In town we had a front door and a back door. Each door had a doorbell. You wouldn't know how miraculous that was until you saw my old house.

I want to talk about this house, the one that stood down the Flats by the Churchill River. Our house was at the centre of the small Indian village. It had one door, a wood stove, an oil lamp, a table with three chairs, and one bed and one pull out sofa. In this drawing of the house or Nikis (Cree for my little house) you can see a wooden box; this is a coal bin. Some nights I hid in this coal bin, I slept in it.

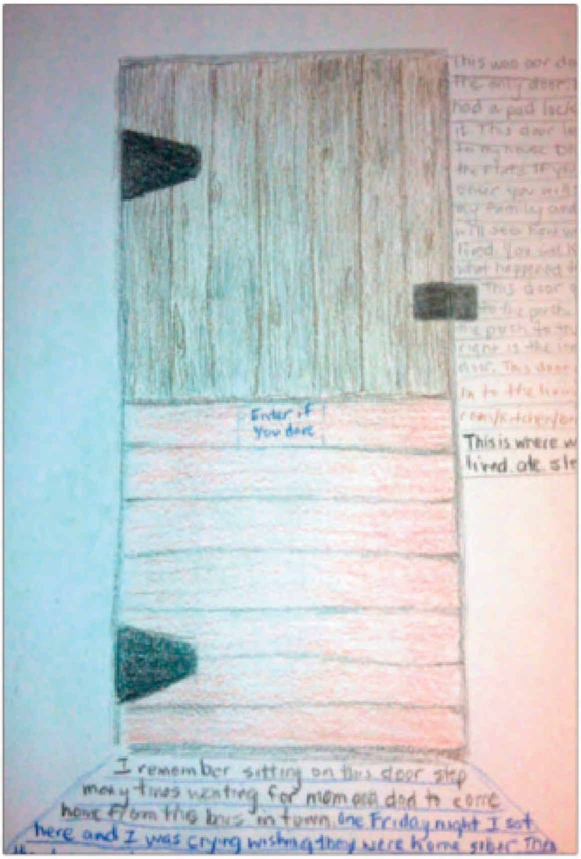


For a long time I did not have a photograph of Nikis. Our family did not have a camera to take any photos of it. I do not have any photos of myself as a child. Photographs have been scarce and hard to find. So I just drew pictures of Nikis, my little house. I have always remembered it, and all of its contents, and everything that happened in this house I have held in my memory for all this time.

I lived here with my mom and dad. I was their youngest child, and their only child who did not go to Residential school. All my older siblings, nine of them, did go to a Residential school. They came home every summer, and this is a story about the times when they were away and the times when they were home. Like that book says, "It was the best of times, it was the worst of times."

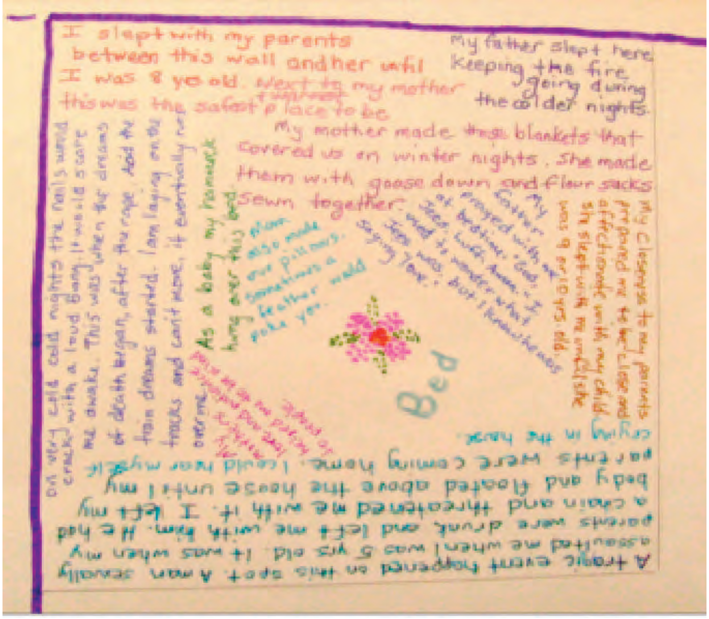


I constructed a memory map of Nikis, and wrote stories in each piece of furniture. What developed was a journey back to a time and place I had long survived and cherished as my birthplace. Memories of my mom skinning rabbits to make rabbit stew. Memories of her blankets and pillows on the bed, which she had made with her own hands. There were other memories as well, ones I did not want to remember but could never forget. I wrote all of these memories into the lines on this map of Nikis. I told these stories out loud in the Arts Informed class at OISE. Tears trickled down some of their faces, and I knew I had to continue with this memory-mapping project.



One of my favourite memories from back then in the sixties, was about this door. It tells the story of a miracle that happened on a Friday night, the scariest night of the week for a child living down the Flats. When I thought everyone was in town at the bars getting drunk my mom and dad were home. They were home sober on a Friday night, which never ever happened to me before. Just when I sat on the front step and began to cry out in despair, the door opened, and it was my dad!

This is a door I found on the mound of rubble, which used to be the Brandon Indian Residential School. It was a very heavy steel door! I wanted it to tell its own story about the children who lived there and what they would remember about their school if they did their own memory maps.



I slept with my parents between this wall and her until I was 8 yrs old. ~~Next to~~ my mother this was the safest place to be.

My father slept here keeping the fire going during the colder nights.

My mother made these blankets that covered us on winter nights. She made them with goose down and flour sacks sewn together.

On very cold nights the nails would crack with a loud bang. It would scare me awake. This was when the dreams of death began, after the rape. And the train dreams started. I am laying on the tracks and can't move, it eventually runs over me.

As a baby my hammock hung over this bed.

Mom also made our pillows. Sometimes a feather would poke you.

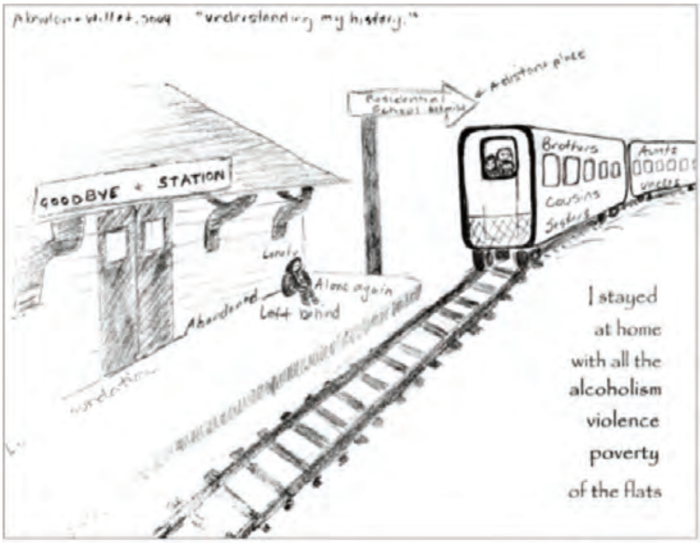
My closeness to my parents prepared me to be close and affectionate with my child. She slept with me until she was 9 or 10 yrs old.

A tragic event happened on this spot. A man sexually assaulted me when I was 5 yrs old. It was when my parents were drunk and left me with him. He had a chain and threatened me with it. I left my body and floated above the house until my parents were coming home. I could hear myself crying in the house.

This is the bed where I slept beside my mom and dad. If you turn it upside down you will read about a tragic event that happened to me when I was five years old. This happened on one of those nights when mom and dad went out drinking. The good things are also written here on this map of the bed. My mom and dad cherished me so much, they were sober and home most of the time, and I remember those times too.

One time, the windows were smashed by my brothers and sisters; they smashed everything that time. They even tipped the water barrel over, and water was all over the floor. They were very angry at the world, and it seemed they were angry at our mom and dad the most.

This time in the sixties was a very confusing time. I missed my sisters and brothers especially when I had to face tough situations alone. But when they were home from school in the summers, they also frightened me with their violent outbursts and destruction of everything in my house.



This train took my family away from me to the residential schools. I was left behind to survive alone. I felt alone a lot of the time, and I was targeted by sex offenders because I was alone. My parents were not always there for me when I really needed them to be.

Another favourite memory of growing up down the Flats was playing with my cousins, we always played outside together, making mud pies, swimming in the river, picking goose berries, and we even found a rare wild strawberry patch. I had my cousins when I did not have my siblings, they replaced my sisters when they were away at residential school.

Source: University of Manitoba Archives & Special Collections, Winnipeg Tribune Fonds, PC 18 (A81-12).

I never had any photos of myself or of my house. This is why I had to draw it from memory and this is why I chose to do arts informed research.

This is my house as it stood down on the Flats in 1968. It is how I remembered it all these years.

Brenda Wastasecoot is a Cree mother, grandmother, and PhD candidate from Manitoba. She teaches Aboriginal studies at the University of Toronto. Email: bwastasecoot@live.ca .

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Night Nurse

Freya Manfred

He lies in sheet-blue shadows, barely moving,
not always remembering
to swallow his small aloof pills,
white, yellow, pale green, and gray.

He's glad we came, but keeps his eyes closed,
as I gather him into my eyes,
and try to understand that he's my brother,
my brother as before, as always.

He seems so far away he could be anyone –
a native hunter, alone in a bleak land
crouching by an icy river,
severed bear paws with curved black claws

beside him, sticky with blood,
his sharp knife cutting raw meat,
taking it to his tongue –
the whole earth as wild and brutal as always,

smashing into our eyes
when the night nurse comes
with her fierce blond hair and long white teeth –
and turns on the light.

Ants

Freya Manfred

I first learned life wasn't fair
when I discovered ant hills along our driveway,
millions of sand grains shaped into miniature brown volcanoes.
Some ants trudged uphill in long meandering lines,
carrying beetle legs, breadcrumbs, and fat nuggets of corn,
while others streamed out of their holes to seek more.
One ant lay crippled.
Another lugged a dead brother home.
Another stood on the tip of a blade of grass,
antennae trembling with news of the universe.
When I dropped a gigantic bread crumb on their mound,
two ants danced around it
until a phalanx of ants arrived to carry it away.
I knew I could kill any one of them,
or the whole tribe, with one foot.
But I didn't.
And I never showed their cities to the boys next door.
I didn't realize I'd someday feel as tiny as those ants.
But the more I watch TV,
or spend time in hospitals and rest homes,
the more ant-like I become.
I, too, have sensitive feelers,
and carry loads bigger than my body.
I, too, try to drag the sick and the dead
back where they belong, to homes they helped to build.
I don't know why I do it
beyond them not wanting to live, or die, alone.

The Helper

Freya Manfred

My friend is hardworking, but sick and hungry.
When I tell him I have little food left, he says he'll eat later.
No! I protest. I'll buy bread and cheese from a shop down the street.
But block after block, nothing is open –
so I dive into the subway, where I'm lost in a maze of tunnels.

Young men and women roam far and wide,
but I'm old, tired, and claustrophobic, on my knees,
scraping my belly down dark, descending passageways.
My head is bursting. My heart attacks me.
There's no food here, not even much air. I give up.

I turn back, climb a cliff, leap a crevasse, cross a river.
I hope I'll find the strength to scramble on,
but maybe I've come too far, and can't return?
I wish I hadn't left my own work behind –
my peace, my joy – the last fearless place I've ever known.

Freya Manfred's eighth book of poems is *Speak, Mother* (Red Dragonfly Press), and her latest memoir is *Raising Twins: A True Life Adventure*. Website: www.freyamanfredwriter.com

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Who I Am Today: Raven Crow and the Gifts from My "Strokes"

Raven Crow
Edited by S.Victoria Herrera

I freak out sometimes because I am not an artist. I am a doodler. I like to do my own art, my own way. I have always been that type of person. Once a teacher said I made a mistake on my painting. She told me to do something blue on my painting. I was offended. I cannot honour what is coming out in the art when someone is telling me what to do. It is a sacred gift that is coming out. I have to honour it as much as I can.

I understand self-doubt, especially if someone isn't there to tell you not to have self-doubt. I tried to commit suicide many times. I was heavily into drinking and drugs too. I split my head on a train track and died when I was 18. I went to the spirit world and came back. At 19 people thought I was mute because I was shy: shy and introverted. I did not learn to read and write until I was 40 years old, and then when I was 52 years old, I lost it again. All I ever wanted was to get a degree and provide for myself.

Before I had the strokes, I was a dance instructor. I had my own business too. And I also led ceremonies for the community. I never asked for money. I did what I was supposed to do to help people. When I help people, I help myself. I was asked to leave after some time. I was heartbroken because these ceremonies were about helping the people. I needed that medicine. I carried the pipe but then those things stopped. I hoped it would come back.

I had gangrene twice. They were about to amputate my arm the first time. The second time I had gangrene was after I had a breast reduction. I am a diabetic and they didn't take care of me properly. They were negligent. I was scared as hell. The smell of the infection was so rotten. The infections led to seizures and strokes. I could barely talk. I could barely say anything. I was told I would have to be on medication for the rest of my life. People ask me, "Do you think it is because you're Native?" Guaranteed.

If it were not for the strokes, though, I wouldn't be doing this. At the hospital almost everybody lived in their room watching television. I could not afford it, so that's why I started to draw. Things always happen for a reason and I'm okay with it. This is the path that Creator has made for me. That's why Creator kicked my ass a couple times. "You're not listening to me." So Creator says it is time for us to get back together.

I never had an art lesson in my life. The art came out of the strokes. A year after my first stroke, I had another stroke again. I thought, "Oh, cool! More new gifts." That's the first thing I had in my mind after the stroke. What gifts are going to come my way? And then a year later another stroke, and I said to myself, more gifts are coming. I had six strokes in a row and multiple seizures. I have always been a positive person, but since the strokes I'm even more positive.

After the strokes, I had reading and writing problems. It improved dramatically with the help of the art. It's interesting how things come out and things come in. With the strokes, the ceremony left and the dancing left, but the art came in. The only way I know how to help now is through my art. If I can help one person lift their spirit, I have accomplished what I need to do. So that is the way it is. At the end, it all created who I am today and I love it. I am perfect the way I am.

Blue Morning Star a.k.a B-Star

Blue Morning Star is one of my spirit names. I made this for a friend of mine who lives in Sweden. We have been friends for 32 years, and she's always taking care of me and helping me out.

The Power of your Ancestors

This bird is looking back to our ancestors and honouring our medicine people. To me, everyone is a medicine person, and we must honour those who have gone home to the spirit world. They are always there looking over us.

Einstein and Friends

It took a long time for this painting to come and I didn't realize right away what it was about. The spiky haired one on the left is a female and the one on the right is a male. The middle one is a Two-Spirit bird with the medicine wheels. By claiming their sacred identities, Two-Spirit people are restoring balance between the male and female genders and bringing balance to the world.

Bear Medicine

Another one of my spirit names is Bear Woman so I drew myself here. Like many of my paintings, this one has spikes. The spikes are a form of armour and protection for myself.

The Courage to Be Me

I always felt like the ugly duckling and the black sheep. I never felt like I fit in with anyone. I never had a place to belong. This is me honouring my own uniqueness. There is a reason why the Creator created each one of us. The Creator wants us to be who we are. It's about honouring who you are, and you are perfect. We are all perfect just the way we are.

Raven Crow is Aboriginal/Métis spiritual healer, ceremony leader, and artist. Website: www.ravencrow.ca Email: ravencrow@gmail.com

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Too Much

Christine Smith (McFarlane)

I'm sitting on a gurney in the emergency room. I've lost count of how many visits this makes. It could be my tenth or could be my twentieth. A flimsy blue cotton gown is wrapped around me. I feel the chill from the opening in the back and shiver.

The gurney is covered in thin white hospital-issued sheets, the hospital name stamped but faded at the worn corners. My arms are wrapped tightly around myself, and I am rocking back and forth. It is something I do to comfort myself. Tears burn a path down my cheeks as once again a nurse checks my blood pressure and then readies an IV to put in my arm. I feel the TAP … TAP of her finger against my clammy skin as she checks for an entry site. I do not question her, but flinch as I feel the pinprick of the needle enter my vein.

The nurse tries to engage me in small talk. "Christine, what could possibly be so bad that you keep on doing this?"

I am silent. I refuse to talk. The nurse doesn't know that keeping silent is what I've been taught. I can feel my sinuses begin to constrict. It gets harder for me to breathe, and I am scared. She shakes her head as if to say *tsk, tsk*. The IV is put in, and the nurse hands me a cup filled with a black chalky substance.

"Down the hatch, Christine, you know the routine."

My hands shake as I grab hold of the cup. I briefly look down at the contents of the cup. I don't want to drink this awful concoction, but I know it's in my best interest. When I refused in the past, I was threatened with the use of a nasal tube and/or restraints. I know that I don't want to be strapped to my bed because it brings back memories of when my foster parents would hold me down. I hated the thought of not being able to move of my own free will.

I have long ago learned that the substance I am made to drink is activated charcoal and that it is an emergency measure used when someone swallows a toxic drug or chemical. Activated charcoal is given in the form of a thick, black, liquid suspension, either orally for conscious victims or through a tube and into the stomach for those who are unconscious or unwilling to swallow the liquid.

As I start to ingest the charcoal, I can't help but think of the bottles that I know are left scattered on my bathroom floor and the pills that are floating through my system. I swallowed whatever I could think of—gravol, extra strength Tylenol and my anti-anxiety medication clonazepam. I remember thinking, as I took each pill, *I'm so tired of feeling this despair.*

Depression has been a part of my life for so long now, and by taking the pills I wanted to escape. The nurse gets a bedpan and puts it beside me on my bed. She stands and watches me from about a foot away, as though standing any closer would make her catch what I have. I know she won't leave until the cup is empty. I drink it as fast as I can, just to get it over with. Again, the nurse tries to get me to speak. When I don't acknowledge her, she says quite crossly, "We don't like giving this stuff. Why do you keep on doing this to yourself?"

I can't tell her why I keep on overdosing, why my thoughts are consumed with darkness and doom. I can't tell her that I feel like I'm drowning and no one can help me. In my head, I'm telling myself, "She won't understand—she'll just think I'm being melodramatic."

The nurse shakes her head in frustration and says, "You know better, Christine. You know this doesn't make things any better." And then she says, "The doctor will be in here soon. Stay right where you are."

She leaves the room. I hear the sounds of the ER around me. I hear patients moaning in pain; the whispered voices of the doctors in consultation with specialists, discussing lines of treatment; and nurses chirpily asking patients, "Are you warm enough, ma'am? Are you warm enough, sir? Would you like me to bring you a blanket?"

This courtesy doesn't extend to me. I get a cursory glance as the nurses pass by, their annoyance palpable. As an overdose patient, I know I am an annoyance to the ER staff. I have been in the emergency room way too many times. The doctors once told me, "You just do this for attention."

As I sit on the gurney in the ER, waiting for the doctor, I'm angry and I'm confused. My thoughts are racing, and I ask myself over and over again, "Why can't I just die? No one cares anyways."

I look around me. I'm tired. I want to sleep. I feel the crust of the charcoal around my lips and clumsily try to wipe my mouth. My eyes begin to droop. I curl up on the gurney, grabbing the sheets and pulling them tightly around me. My knees are drawn as close to me as possible. The last thing I see before I drift off to sleep is the tubing from the IV. I faintly hear the *drip… drip* of the sodium chloride in the IV going into my arm.

Darkness envelops me, but it doesn't last long. I feel someone's hand upon my arm gently shaking me awake. It's the doctor at last. It's a doctor I'm not familiar with, but he seems to know me and says, "Christine, you're here again. What's going on?"

"I don't know," I mumble.

"Well, something is going on, for you to have overdosed," he replied.

"You wouldn't understand," I say.

"Try me, Christine," he says back.

Tears well up as I try to tell him how tired I am of fighting my depression, my anxiety, and life in general. "I just can't do this anymore!" I say.

He stands there listening, and then out of the blue he asks me, "Have you ingested anything other than your medications?"

I look at him quizzically and ask, "What do you mean?"

He says, "Have you drunk anything, you know, anything like antifreeze?"

If I hadn't have been so doped up, I would have yelled at him, but I shake my head no and wonder, *Why would he ask me something like that? Is it because I am First Nations?*

I've encountered racism many times in the ER, and out and about, outside the confines of the hospital, but this is the first time a doctor has come out blatantly and asked me something like this.

Still, I think, *that's no reason to ask me something like that*. Can't he see that I'm in distress? It has nothing to do with ingesting antifreeze, nor would I ever do something like that.

As the doctor starts to turn away to go to see another patient, he tells me, "I have to admit you this time. I hope you realize that."

I shake my head yes and look down at the cold tiled floor of the small, cubicle-like room I'm in. Not long after that, a service attendant comes into the room to get me. There's no warmth in his voice as he says, "Come with me, Christine."

Once more I am admitted to the hospital.

Today I realize more than anything that the hospital served as a safe, albeit punishing, haven. It was a place where I knew I could be saved, however briefly, from the incessant torment going on within my mind. I didn't know then that it was the same me who swallowed those pills who would have to climb up from the darkness of depression and despair and undertake a journey that would help me come out into the light.

This meant adopting a new way of living. Adopting my culture and learning it despite objections from some who were close to me, and knowing that by sharing my story with others, I could give hope to others. Today I reflect on those days and know that there are many other youth who have the same struggles as I have had.

Youth often deal with everything from isolation, to identity crises, depression, and substance abuse. I overcame my addictions by learning that not everyone was out to get me, but most of all I had to learn to care about myself and want recovery so that I wouldn't slide down the slippery slope of darkness anymore. In 2012, I won the Centre for Addiction and Mental Health Transforming Lives Award and stood in front of 900 people, saying, "Obstacles can be overcome!"

No one is truly alone. Someone is always walking with us—we just have to believe.

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The Unlearning: Deconstructing Fear and Insecurities

Amy Desjarlais

> In my dream, I saw my uncle's house. My parents used to visit my uncle often and we'd go to his house. It was old, dank, and never seemed to have any light inside. I was always afraid when I had to go to this place. During my first visit to Dreamer's Rock, the memory of this place came to me. In my dream I had sketched this house many, many times. I saw dozens of sketches. When I told my teacher what I saw, she asked me what I thought it meant. I told her. "It is my home, inside. It is how I feel about my own sense of security and love." She nodded in agreement.
>
> —Amy Desjarlais, *Starblanket* (2014, p. 139)

This piece will focus on communicating about my healing journey. Rather, my "unlearning."

I ask the questions: "How do I make myself heard to the western medical community in a way that is easy to understand?" Medical practitioners are people who have dedicated their lives to learning, who have filled themselves with many different medical practices, terminologies, and methodologies designed to save lives, to heal our physical bodies. Western medical doctors are the people who many of us visit when we hurt; when our bodies are broken. What happens though, when the hurt is invisible? When our spirit is broken? When intangible life energy drains our will to live? How do we heal our spirit? Whom do we visit?

Reconnection

I see myself as a spiritual being who often uses dreams as a way to interpret subconscious messages and move toward self actualization. Reflecting back on the process of unlearning trauma, I see that it was sparked by my first visit to the fasting grounds at Dreamer's Rock and the subsequent conversation with my teacher; it seems like eons ago. I was a different person then. One thing has remained the same. I respect the messages contained in my dreams. I trust them. The sketches I discuss in this article were drawn between 2009 and 2011. In 2009, I had just reconnected with my artwork. While I enjoyed the process of creation, I have never taken formal training in art. At the beginning of my healing journey, I found it necessary to use artwork to explore and express my innerworld. I enjoyed the challege of trying to draw a feeling, an idea, or the images I saw in the back of my mind. By releasing feelings and emotions through my art, I saw my subconscious begin to emerge. At the same time as

I was connecting to my art, I was also learning how to connect and recognize my emotions. I had never consciously been aware of my emotions, nor had I ever learned how to identify what I was feeling when I was feeling an emotion. So I was building an entirely new process of expression. My early teachings indicate that negative emotions that are not expressed or transformed continue to sit as dormant energy within the body and eventually contribute to detrimental physical ailments.

The Fasting Ceremony

Fasting ceremonies differ from teacher to teacher. It takes many years of studying for a fast conductor to learn how to conduct the fasting ceremony. The fasting ceremony is said to be a spiritual journey. Individuals forego food and water for a predetermined amount of time and enter ceremony as a way to reconnect with their inner self. They are visiting the spirit world, and, in fact, have become spirits themselves. Fasting helpers continually visit the individual who is doing their fast in order to provide guidance or assistance throughout the ceremony. Ceremonies often last from one to four days, sometimes longer.

The Sketches

This series of pieces was completed over a period of two years. During that time a prominent grandmother and elder in the community took me under her wing. Lillian Pitawanakwat became my teacher. I had the dream of my Uncle's house that first night on Birch Island. I had camped on the fasting grounds. While I ended up being a helper during my first visit to Dreamer's Rock, I received a great deal of guidance from the vision of my uncle's house. My first fasting ceremony occured a year later.

> I don't remember very much of my childhood, though from what I am told our home was very troubled. I grew up in an alcoholic home. Often there were drunken parties where strangers would troop through our house. Most of my early life, I have the feeling I tried to be invisible, the least threat. This invisibility started when I was seen by a relative and was molested. Giiwabama [You are seen] I began to hide.
>
> —Amy Desjarlais, *Emptying the Cup,* (2012, p. 23)

It was also during this time that I began learning cultural teachings, and I began the work of healing childhood trauma. In May 2009, I had been working as manager of a cultural facility called Dodem Kanonhsa' (Clan Lodge). I had just moved to Toronto following a devastating breakup. I was a recovering co-dependent and newly single mother in a strange city. I had no family and no close friends nearby. I found that I was thirsty for the traditional teachings of our elders, and I immersed myself in learning. I attended many open teachings and individual appointments with elders. I joined weekly hand-drum circles and attended talking circles facilitated by community grandmothers. While

I enjoyed the teachings, I also did the work on myself. I continued to sketch and, through the process of expressing myself, was able to visualize the emotional and spiritual journey I had embarked upon.

I found that I began to practise many of the cultural teachings the elders were sharing, such as smudging, drumming, and carrying a small medicine pouch on my person. These practices were grounding, and material representations for the knowledge I now embodied as a result of replacing negative habits.

The First Piece: May 16, 2009

This piece speaks to the conversation I had with grandmother Lillian Pitawanakwat that year; it is a crude representation of my uncle's house. This was the first time I realized that the foundation of my early life created many insecurities. I acknowledged how fear dominated my life. By acknowledging the message contained in this vision, I was able to understand how fear underscored the many aspects of my life that prevented me from fully enjoying it and embracing love in all forms.

The house in this sketch is dark, old, and worn down. I described the house in my dream as dank, dark, and that it “never seemed to have any light inside.” If we relate the sense of security to a tangible symbol, the home is the place where you can feel most like yourself. A home is the most safe and secure place possible in your waking life. In this sketch, the house from my dream does not seem very secure. The darkness in the sketch could signify a great deal of negative or dark emotions. Emotions like fear, shame, sadness, loneliness, and insecurity. This awareness of the inner realm shed light on the mechanisms of insecurity and fear, providing me with an array of relationships and fundamental bonds that needed to be deconstructed piece by piece. Essentially, I had to unlearn what I had learned about love and security.

You will notice that the tree is very prominent, situated in the foreground of the piece. Like the house, the tree is also dark, a little twisted, and essentially lifeless. The tree could represent knowledge or family and ancestry. The bushes around the home are unkempt and growing wild, the front steps are decayed and askew. The lawn is unmanicured, the home is not well cared for. Metaphors shown in the piece are indicative of the self-perception of the artist. Not well cared for, in disarray, surrounded with much darkness or negativity.

The Second Piece: August 23, 2009

The next piece illustrates that the process of deconstruction has begun. The house from my dream no longer appears fearful. It is sketched in the same location as the initial piece, though the house is no longer dark and scary. The empty frame of the home is now light, airy, and flooded with movement. The work I was doing in my waking life seems to have given me the added confidence to begin deconstructing the dark, dank place within. As a standalone, this piece could also be mistaken for construction. One might wonder why only the frame exists. Why did the artist leave the building unfinished? This piece represents that (de)construction is incomplete, a work in progress. It was during this time that I also began to acknowledge, accept, and process the experiences associated with childhood traumas. I began the process of forgiveness.

You will notice the tree still remains dark, twisted, and lifeless though the pencil strokes are not as pronounced as the previous piece; making the tree look a bit lighter. More of the tree and area surrounding the house can be seen. The land looks very well kept in this piece. The bushes at the front of the home have been replaced by even pencil strokes that could represent earth or a short, well-manicured lawn. Even though the frame of the house indicates empty space, the background and surrounding area do not show through the framework, this area remains blank, almost as a "space-holder," although it throws a shadow, as evidenced on the lower right area of the home. The shadow that this empty frame throws is uniform and even. The shadow is not at all frightful, but indicates balance.

The Third Piece: September 7, 2009

This piece is again similar to the previous one; however, we see the house is completely deconstructed. The land has returned to a very natural looking state. The tree also looks very natural; while the branches are still devoid of life, the perspective reveals more of the tree. It is a very large, very old tree. Perhaps the tree is indicative of a long line of knowledge and ancestry. The frame of the house has been replaced with something that appears as a natural clearing among the grassy brush. This piece is created using light pencil strokes with gentle pressure. It appears the darkness has been replaced with a lovely, natural looking retreat. A small clearing where one might enjoy a nice picnic or it could be a place to enjoy sitting in contemplation. In my waking life, I began hand drumming and had continued to attend the talking circles. I had received my spirit name and I'd attended the fasting grounds more than once. I had also begun confronting and working through identity issues as part of my work in my master's program. As a standalone sketch, one might find this piece a very comforting and enjoyable scene.

The Fourth Piece: February 28, 2010

In this piece we see a dark circular object. The dark shape is deliberate, prominent, and controlled. The tree in this sketch is very light; all darkness has been removed from it.

The eye seems captivated by the circle; the shape appears well formed.

This piece speaks to the process of rebuilding. The oval shape represents the beginnings of a sweatlodge. The darkness is freshly exposed earth. I began the process of relearning what "love" and "security" mean to me and my overall well-being. I was learning how to become more grounded in the present and less overwhelmed with fear, shame, and insecurity.

This piece is indicative of a renewed sense of security and balance. The formal and rigid square-shaped house has been replaced by a circle. This is also a visual representation of my journey back to my Indigenous roots and culture. As a standalone piece one may wonder what the circle represents. Some may feel frightened at the large black circle, and it may appear out of place in the clearing. During this time, I had been incorporating traditional healing ceremonies, such as the cedar bath, incorporating guided meditation, and continuing my inner-child work. This piece illustrates a very deliberate choice, centring on circular thought, tendencies, and practices. We can see that much of the former wild and unruly vegetation has been replaced by the grassy clearing, indicative of more conscious intention toward self-care.

The Fifth Piece, May 2, 2011

This final piece incorporates the tree. Once again, more of the trunk is revealed and there is also a new perspective of the circular object. The grasslands have disappeared. Within the whitespace, we see a new structure, an oval with archways representing the inner foundation of a sweatlodge. Surrounding the sweatlodge we can see many different images. Near the top we see seven shapes that resemble human torsos, shoulders and heads; these seven beings represent many things; the seven generations that came before me, as well as the seven generations that will follow me, they represent the seven grandfather teachings, seven stages of life, and seven directions. These people represent my ancestry. Below that in the clockwise direction we see two paw prints (one large and one small) representing bears as my spirit helpers and my healing nature; we see another circular shape known as the Ourobouros, or the snake eating its tail which represents rebirth and unity; we also see a small campfire respresentative of the Three Fires Confederacy of the Anishinaabeg people; at the bottow right we see the figure of a White Raven head, indicative of my spirit name; above the Raven we see a small round object representative of the astrological sign of Taurus; finally in the top right corner of the piece, we see a small animal representing the beaver—my clan animal which defines my place in the community. Beavers are said to be warriors and master strategists. Beaver clan members work to build strong, healthy communities. All of these depictions are a result of connecting with my higher self and the Great Kind Mystery (Gzhe Manidoo).

It was during this time that I had been processing the deaths of my parents in 2010. As a result of this process, I had embraced more fully my Indigenous cultural teachings, established a blog writing routine, and welcomed the awareness that the unconditional love received from my parents has been replaced by the supportive nature of my culture, ancestors, spiritual guides, and helpers. I was learning how to deal with depression and beginning the process of parenting myself through the different crises I found myself in. I was learning how to discover my relationship with my spirit helpers and building an intangible support net-work by establishing relationships with all of these helpers. With these many new areas of awareness and enlightenment, we can see a lighter representation of intangible supports.

Conclusion

The elders I worked with at Dodem Kanonhsa' (Clan Lodge) say that Indigenous teachings are a "way of life," one cannot separate the knowledge from the people and the practices contained within. There is an intricate web of relationships between spirit, ancestral work, dreams, and the tangible world. While our bodily needs can be adequately cared for by physicians or healers in the community, our spiritual needs also require deliberate inner work. These pieces of artwork are a small homage to the teachers who helped me to understand that I have everything I need within myself to perform the delicate work of transforming negative inner thoughts to a positive, loving, and more secure outlook.

Since the final piece was complete, I have found many valuable tools within my culture to assist in processing negative emotions or stress, which improves my overall well-being and health. I have found many intangible methods that I can use to process intangible hurts. I have since incorporated a variety of different tools such as writing, dancing, ceremony, and drumming in order to process negativity, and to continuously promote a positive mindset and healthy, balanced lifestyle.

I became aware of self-determined definitions of "love" and "security," which enhanced my self-confidence and self-esteem. By working through my childhood traumas with skilled guides in the form of Indigenous elders, healers, and energy workers, and expressing the journey through my art, I found a welcoming and supportive foundation for my journey through the darkness—all of which enabled me to have the confidence to persevere through the deconstruction process and come to an understanding of universal love. Self-love eventually replaced my deepest fears and insecurities and brought a greater sense of inner peace, and confidence.

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Smudge

Kacper Niburski

There is a place where people never die.

Sunshine stretches in every direction. Birds of various types bathe in endless blue. Large mountains fill whatever remains untouched by the sky.

There's an electric air that hums throughout the land; it warms you, senses you, and breathes with you. Your hairs stand on end, but no storm approaches. There is nothing to fear. Your body is telling you that you are alive and that life is beautiful.

Here every need is met, every sickness cured. No wars, no conflicts, no battles ensnare this place. There are no people rich or poor, intelligent or dumb. Differences have long been forgotten, lost somewhere in the sunlight and sky. Instead, all are equal because all is equal.

The place is real. It is the inevitable whisper caught on a dying man's breath, the thump-thump-thumping of a baby's kick inside a womb, the cricket's violin played on a hesitant soldier's trigger, the crackle of wood in a fire, the silent religion of a sunflower bowing toward the sun. It is in every laugh and every cry that ever was, every baseball swing missed and all the home runs that have struck out of the park, every little boy's ice cream cone and every grown man's promotion, every smile, kiss, and song that makes you snap your fingers back then forth then back again.

It is in me. It is here in these words, and here too, and if only I try hard enough I might just be able to reach it and nestle among the birds and drink the ocean of a sky and bask in the sunlig …

"Vee, 'member hun. You gotta very 'portant job."

But there is no sun, no sky. A dim, hungry light greets me instead. Much of the rest of the room is dark. The little lamp placed in the corner creates long shadows. They are pointed my way. I stare at the light, but feel no warmer.

"Translate please Vi."

My eyes move toward the monotone voice. A tall white male with gray hair, soft hands, and a steady face looks back at me. A brief smile surfaces. He nods.

"You're going to do great. Let's get going, shall we?"

I open my mouth but close it. There's a bit of shuffling in the room. I can hear the faint *beep-beep* now.

"Ya Vee. Doc Schoulz knows best. You'za supa' star."

"Yes, Nurse Jenna. She is."

Nurse Jenna beams at me. Despite the poorly lit room, her teeth shine.

"I…" My lips quiver. Even "I" sounds clunky in my mouth. I look down to the tiled floor.

"*Gu'lash ki bounaka?*"

The light flickers as the words echo. My eyes continue to glance to the ground, unable to look at the voice.

It repeats in a softer tone, almost as though the words were breathed rather than spoken.

"*Gu'lash ki bounaka?*"

Each word is carefully weighed. Each syllable individually warms me like a hug. Even here, they almost make me feel happy.

I try to breathe out. The stress seems to escape with my exhalation.

"*Ka dhuhic guana plo,*" I answer.

Though my eyes anchor themselves to the floor, I know that worn leather for lips crack into a faint grin. The *beep-beep* recedes. I can no longer hear it.

"*Heti oblala ko?*" Again, the question comes like an orchestra playing to me alone. In that dark little room, the rhythm is nurturing.

"*Heti.*"

I gaze to Dr. Schoulz as I reply. His stoicism fades, and he looks sad all of a sudden; a wrinkle has appeared on his otherwise unblemished face. A light hum escapes him, and he writes something down on the clipboard in front of him.

"See, look at dat. She want'za to speak. Yo Ma …"

"Please, Jenna, let's let Vi decide that." Dr. Schoulz's face has warped back into its fixed state, and his speech has regained its streamline.

I dart my eyes back to the floor just as the *beep-beep* returns. There's a little black smudge on the ground I didn't notice before. With my foot, I try to rub it out. Nothing changes. I rub harder but still the smudge remains.

A cough booms above the *beep-beep*. I hear Nurse Jenna shuffle to the voice. She whispers something and begins to click an assortment of buttons.

I scrub more furiously.

The *beep-beep* climbs in intensity until the mashing of buttons can no longer be heard.

I scrape my foot on the floor faster and faster.

Dr. Schoulz kicks into action; I can make out his feet marching toward the now silent voice. He says something. Jenna replies. The *beep-beep* is screeching now.

Suddenly I feel hands dragging me out of the dark room. They are Nurse Jenna's. She says something, but I can't hear it over top of the wailing beeps.

"Wait, wait." I scream. We stop before we are about to exit the room. With my eyes still stuck to the floor, I run to where I was standing and slam my foot on the smudge. It finally disappears.

Then, I collapse to the squealing of *beep-beep*.

*

I awake. Nurse Jenna is sitting across from me, greeting me with that same endless smile she had in the dark room.

"You'za had a hard fall. Happens." She shrugs her shoulders gently.

I feel stiff, except for a migraine creeping its way to my skull. Still a bit disoriented, I snail my hands toward my forehead. Two large bumps find themselves underneath my fingertips. I look to Nurse Jenna.

Again, she shrugs, "You'za bounced." Her smile recedes, and for the first time, I notice how stretched the area around her mouth is.

I think about my head hitting the tiled floor. Up and down. Up and down again. The welts on my head align with my imagination. I wonder how long I was on the floor. There was so much happening. The beeping. Dr. Schoulz's frantic movements. The smudge.

I open my mouth to ask about the smudge—whether it was gone or not—but no words stumble out. A slight groan is all that escapes.

"Oh, it'za okay hunny. It'za okay."

What were the last things I remembered? A single word stands out in my mind. *Heti*. It belonged to the voice.

Where is the voice now? Where is she? Is she okay? Is she healthy? Did the beeping stop? Did Dr. Schoulz take good care …

"Don't worry. Really. You'za hero. Mah hero."

Jenna's disconnected speaking interrupts my thoughts. I repeat *Heti* over and over in my head.

Jenna pats my hair, and for the first time, I absorb my surroundings. I'm in a hospital room, not too different from the one I was in before. An IV runs into my arm and a clear liquid runs through it. My clothes are folded onto a green plastic chair, and I am dressed in a pale hospital gown. The smell of antiseptic soaks my nostrils.

"Feelin' discomfortable?" Nurse Jenna reaches behind me and whirls a few buttons into action. All of a sudden there's a faint, familiar *beep-beeping*. It is much calmer than before.

"We'za had to bring ya here," she leans back and grabs my hand. "You'za stressed iz all."

A sweeping tiredness rolls over me. The *beep-beep* grows louder.

"Rest. Rest, hun. It'za okay. I understand why you stressed with her being in da hospital n' all."

Her. I see the English word forming in my mind. By itself, it's a silly little thing meaning almost nothing at all. It's indistinct, a reference to a gender rather than someone in particular. Funny how the skeleton of the syllables fills up, though. The word's black ink becomes a bubble of cooked meals, *H'jashi* lessons, and long drives to sunny places. There in the H was a universe of moments touched by calloused hands whose fingertips I had travelled up and down with my own. E brimmed with large dishes of pork mixed with *jusho*—a stuffing of mashed up palm leaves and coconut—a mountain of sweets, and family yapping around a large plastic lawn table. The R held my first memory when I was three and she was wishing me a happy birthday in H'jashian. *"Go loomety, Viani. Go loom-ety."* The last syllables stretched on and on. Ety. Ety. Ety. Day. Day. Day. The English and H'jashian mixed together in my mind. One was smooth, careful, and unique, while the English felt chunky, unfinished.

Her, I was reminded. It meant nothing at all.

I could do better. That's why I was here in the first place, wasn't I? To translate. Her in H'jashian? I searched my mind for the equivalent, but I couldn't find it. Instead, all I found was a lovely face battered by the sea, a rat nest for hair that somehow maintained its gentleness, and a voice—the voice—singing me to sleep. *Heti*. It calls out.

Loud footsteps halt my thinking. Dr. Schoulz, with his still unperturbed face, stands at the end of the door. "Vi, are you ready to begin again?"

The *beep-beep* grows louder. I close my eyes.

"Vi?"

The word comes to me. *Uluia*. In H'jashian, it means eternal. And it is the name of my mother.

*

The smudge hides underneath the heel of my shoe.

The room hasn't changed. The colours are still muted in a creeping black save for a single yellow glimmer of light. Dr. Schoulz and Jenna stand at the edge of the bed, looking at the machinery. And my mother's vitals are defined in coarse electronic hiccups. All that is different is me in my flimsy hospital gown.

"So, Vi. We need you to translate for us, alright?"

Dr. Schoulz's sentence is diced by the steady oscillations coming from behind my mother. The two congeal as though his voice is calibrated to the machine's tempo.

"Uluia? Uluia? You'za there?"

I want to tell Jenna that such a question is stupid because my mom is right there in front of her and look how she's breathing and look how nice she looks with her eyes closed and in a few days it'll be fair to ask such a question because she'll have moved home and we'll be together, mother and daughter, and we'll fill the emptiness of the languages between us. We won't be here. Away from these walls, this room, and the beep-beeping, we'll find the words to describe the experience.

A moan escapes. Another wheeze follows. My mother opens her eyes, those green eyes tinted with yellow, and she looks around the room slowly. Once perceptive and aware, she seems disoriented, almost lost.

"Vi, her condition has worsened, unfortunately. We have put her on drugs that make it so she no longer knows where she is."

Where she is. I look back to my mother with her green eyes. In H'jashia, green eyes are the sign of royalty. Those who have them are said to be sent by the seven spirits from *Kyun'um*, or heaven. After spending the better part of eternity there—in the place where people never die—they have seen every realm of the Earth. Every tree, plant, and bush is known personally. They are the connection to nature. Nothing escapes their eyes, for their eyes are everything. They are infinite. And they can never be in one place, just as my mother can't be now.

My mother coughs. Nurse Jenna applies a napkin to my mom's mouth; it slowly soaks to a light red.

"Guess who'za 'ere, Uluia?"

Nothing changes. Not understanding Jenna's slurred speech, my mother continues to wheeze. Her eyes climb the ceiling of the room. Dr. Schoulz is right. She has forgotten where she is.

"Okay, Vi. Let's begin. Please translate this: Dear Mrs. Iggvim, I'm your doctor, Mr. Schoulz."

"*Huto Uluia Iggvim. Yet'gh terl me quiked, Mr. Schoulz.*"

My mother moans again. Her eyes are still glued to the ceiling, searching for something only she can see.

"Now I know you're disoriented; that happens with a case like yours."

"*Jiji ubuv weft doopu parundom po ik heti bunhm.*"

Another groan.

"There's no easy way to say it: you have inoperable stage-four lymphatic cancer."

The *beep-beep* picks up. Other than it, no other sound fills the room.

"Vi?"

I lift my foot to look back to the smudge. It surprises me that the janitorial staff wouldn't clean it up. Isn't that their job? Instead, here I am scrubbing it when no one else is looking.

"Vi? Do you want me to repeat that?"

My voice scratches out. "No."

"Okay. Then can you transl …"

"I can't."

"Is there no word for inoperable or lymphatic or cancer in Heejas …"

"H'jashian." I pick up my gaze from the floor.

"Right. Sorry. Yes, H'jashian."

The *beep-beep* towers above the silence. Dr. Schoulz looks down at his clipboard, writes something, and looks back up. My mother erupts again, her breaths fading like wind hitting a windowsill.

“You khan do it, Vee.”

“Jenna, I don’t think it’s possi …”

“*Opja tutu.*”

My voice rises above the clanking of the machines and my mother’s hacking. My mother’s wild stare stops at one point. I repeat.

“*Opja tutu.*”

My mother continues to look at the ceiling, unwavering in her focus.

A third time. “*Opja tutu.*”

“Wat you sayin’, Vee?”

“*Tutu,*” I whisper.

“What was that, Vi?”

I look to Dr. Schoulz then Jenna. “I’m telling my mom she is home.”

The *beep-beep* has quieted. It can no longer be heard. All three of us look to the floor.

“*Tu-tu.*” The voice is a struggled heave. My mother is staring directly at me.

“*Tutu,*” she breathes. “*Es ugga te hoper.*”

Somehow, I smile.

“Wat, Vee? Wat?”

“She said, ‘Home—that’s why you’re wearing my clothing.’” I fiddle with the hospital gown.

My mother coughs. “*Es gee toulka?*”

For the second time, I’m silent. The smudge tickles the sole of my shoe.

“Vi, was that a question?”

I shuffle my feet. “Yes.”

“Well?”

“She asked how much time?”

“Oh. I see.”

Dr. Schoulz peeks into the papers in his clipboard, ruffling a few. He scrutinizes one of them, scribbles something at its side, and continues. He lets out a hum on a red sheet, and then moves on to a yellow one. For a while, the only sound is his pen hitting parchment.

"Not much." Dr. Schoulz's eyes widen as though he is surprised at the words himself.

I peer at my mother with her hair in disarray, her red, worn hands, and her deep green eyes. How could Dr. Schoulz's answer be true? Mom was healthy just a few weeks ago. There was a bit of coughing, but nothing too serious. She always said as much. Here, though, she had gotten worse. If she were home, maybe everything would be different. Maybe she wouldn't seem so sick. Maybe she'd be okay. And maybe I'd be okay too.

Maybe. Maybe. Maybe.

The H'jashian have a word like the English "maybe": *yuth,* which means "sadness in if." It is used very infrequently back home. No one likes to be sad there, it's often said. My mother was no exception. Even here, I think she looks as though she has just finished laughing from one of the greatest joke ever told and her mouth is loose as a result and her gut is heaving in a joyous spasm and there is a faint grin—red and wet—still licking her lips.

And yet after everything, "not much" is all Dr. Schoulz has. He cannot see my mother laughing. Instead he sees her tired, exhausted, and in pain. He sees her case, her clipboard. He sees her cancer.

My mother, with her eyes still tacked on to me, repeats her question. "*Es gee toulka?*" The words are broken from before, almost as though she has understood Dr. Schoulz's answer and was just asking for clarification.

"*Pil nun.*"

No one moves. Dr. Schoulz's clipboard remains still. Nurse Jenna doesn't shuffle her feet. And I stop trying to scrape the gunk on the floor. Even the machines stop their mumbles. We all wait.

My mother continues gazing at me. She moves slightly toward me but her arms drop soon after. A creak escapes the bed while she moves. The dim light in the room casts a shadow over her eyes now. Most of her face is veiled.

"*Viani.*"

"*Yu.*"

"*Lut …*"

I rush to my mother and cry on her shoulder. The *beep-beep* comes back, eventually, until one day it doesn't.

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Where I Am From

Angela Mashford-Pringle

I am from the dirt, from Tembec and water.

I am from the hearth where it is warm and cozy.

I am from the birch, the Quebec forests.

I am from berry picking and Bear Clan, from the Hunters and the Robinsons and Youngs.

I am from the “dem there people’ and “take yer time and figure it out.”

From the Algonquins close to the land and those crazy French guys.

I am from Toronto and my family’s from Quebec, with rabbit stew and moose roast.

From the canoe builders of my grandfather, who built a canoe for a Prime Minister, and the trapper, and the bush educated.

I am from Creator, the grasses and trees, the two-legged and the four-legged,
We have introduced ourselves over our lifetimes,
But now I say hi to concrete and asphalt in their place.
Balancing precariously between concrete and nature,
I am forced to make decisions about who I will be.

Being Aboriginal

Angela Mashford-Pringle

There is a stillness sometimes,
When I sit and listen to everything that surrounds me.
You see, not only do the living speak, but everything can.
I have trouble sometimes hearing,
As there is so much change and interference in my life.
I must balance between colonial and traditional,
Which doesn't seem right that I have to choose.

I am from a lot of places,
Temiskaming, Hunter's Point, Niagara Falls, Toronto,
Etobicoke, Kitchener
These are all places, but I know there are spaces.
Spaces in time, environment, and heart.
I am from my parent's love, which grew from a chance
encounter
That Creator put in their path to allow me a chance to come
to Earth.

I am from the land,
Which raised generations of my ancestors without a cellphone
present.
I think of my space as a start and an end with so many loops.

Trees, birds, plants, animals are a part of me too.
I relish the days that I can be among everything that is a part
of me.
For you see, I am Aboriginal.

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An Intergenerational Christmas Tale

Jesse Thistle

When the police asked me for my father's dental records via email on December 23, 2013, my heart sank. It was two days before Christmas and the ill-timed query was, to put it bluntly, inconsiderate. Although the police didn't outright say they suspected my father was dead, and they needed his teeth configuration to identify old remains, their line of questioning strongly suggested it. Lack of consideration aside, and apart from the identification issue, I understood why the detective contacted me right before Christmas. I had reported Dad missing four months prior in September, something my family could not do for 34 years because of grief and denial, and his missing person's investigation was now bearing its grim fruit. Moreover, the detective was simply trying to resolve his last bits of work before the holidays and the New Year. I couldn't blame him, it was timing. But still, his blunt inquiry had ruined this year's Christmas by sending my mind reeling into a thousand tragic scenarios about Dad's demise. It was a reality I didn't like to entertain at any time, especially Christmas.

As I read the detective's email my mind drifted back to holidays at my grandparents' house as a young boy. We always had such reliable Christmases in the old Thistle-McKenzie household. At 7:00 a.m. we kids would rush downstairs to open our presents; some gifts were greeted with gasps of genuine elation and squeals—the recipients truly astounded they had actually received what they asked for, no expense spared—but most were welcomed with the half-hearted smiles of disappointed children, sour that we got practical items like underwear, socks, or some cruddy oversized long johns. It was, after all, Christmas with my grandparents, and they always bought us grandparent-like things. At 8:00 a.m. we had our customary bologna, bacon, egg, hash brown, and pancake breakfast. We kids would eat until our little bellies were bursting and our vision blurred from way too much corn syrup. Corn syrup, for those who don't know, is the ghetto equivalent of real maple syrup, and our humble household had it by the bucketful. And we kids always made sure to toss the extra scraps of food under the table so Yorkie the Wonder Dog, our most trusted friend and ally, could partake in the morning gluttony, his frenzied grunts, wet licks, and frothy chomps our only thanks. Then at noon our extended family began to arrive. One by one they came, accumulating over the course of the afternoon, absorbed in the boisterous conversation, embarrassing stories, cruel jokes, and ceaseless laugher in my grandparents' squished house. They were such good times. Secretly, though, amidst all the holiday cheer and Christmas spirit, in the back of all our hearts and minds, we waited.

I remember wishing Dad would come home the instant I opened my eyes on Christmas morning. I always pictured him arriving in a black overcoat, with rosy-red cheeks, a gentle yet rugged Marlborough man-esque look about him, and a long knitted scarf like Tom Baker from Doctor Who. His grand entrance always occurred at the perfect time—just as we little boys were unwrapping our treasured gifts. He would pause in the front alcove for a moment, scrape his boots on the doormat, brush the imagined gigantic Hollywood-style snowflakes off his broad shoulders then look me right in the eye and smile—all without saying a word. Then we kids would dash aside our yearly bounty of G.I Joes and Transformers and rush into his open arms, the toys rendered worthless in comparison to the prospect of seizing our long-lost dad. Before we embraced though, my brothers and I would give him "what-for," berating him for abandoning us in Sudbury. He would retort with all the right answers and all the sweet apologies we longed to hear, and he always finished by promising never to leave us again, and we always believed him. Afterwards, we would hug and all would be forgiven; father and sons together after all those lost years—that was my yearly Christmas wish.

My grandmother also dreamed the Thistle-McKenzie Christmas dream. Every year she waited, just like us boys, for her lost son to return home and every year, fuelled by boundless motherly hope, she over-prepared in the kitchen making way too much turkey, mashed potatoes, carrots, veggies, holiday cookies, and butter tarts. We watched in awe as she marshalled forth a formidable armada of gravy boats followed by a parade of squared sandwiches armed with little plastic hors d'oeuvre swords; and all was to be washed down by wave after ceaseless wave of coffee, tea, punch, milk, and eggnog laced with rum. The sheer volume of food was ridiculous and quite impossible for our mid-size family to eat. Sadly, we all understood what the cornucopia of food really represented, but none of us had the courage to name it and stop its annual inundation: it was my father's welcome home feast, befitting of his princely arrival. It was so sad. I remember sitting at the dinner table watching my grandmother out of the corner of my eye. Between laughter and smiles she discretely and periodically scanned the front door, poised to spring up at the turn of the knob, ready to welcome her lost son home with a slather of kisses, forgiveness, and love, but that never happened. Instead, Christmas passed and she carried on, as she always did, and the extra food and drink she laid out for his triumphant return was collected, embalmed in cellophane, then interned in the fridge, to be periodically exhumed as leftovers well into February. Similarly, the unopened presents addressed to her beloved "Sonny Boy" lingered under our abnormally long-erected Christmas tree until about mid March. Food, gifts, and a St. Patrick's Day Christmas tree were ominous yearly reminders that something horrible had happened to Dad and that he wasn't ever going to come home. Yet, my grandmother, conscious of the emotional torture she put herself through, just couldn't stop herself from her enacting the annual Christmas ritual. It was her way of dealing with my dad's disappearance and, in its own compulsive way, probably preserved her sanity.

My grandfather, however, had a different way of dealing with it. During Christmas he sat glued to his purple armchair swilling snub-nosed bottles of Labatt 50 beer, silently cursing my father until his speech slurred and his inner thoughts became belligerent public announcements. To his credit, he did joke and laugh sometimes, but for the most part on Christmas he looked like some intoxicated cross between Archie Bunker and Fred Flintstone: an injured alpha male without the comic relief. I knew why he drank so much, it was no secret. He was a stubborn man, and he could never show weakness or admit to himself—sober or drunk—that it was his unforgiving iron expectations and fist that had driven his firstborn son, my teenaged dad, to needles, addiction, and ultimately death. No, he couldn't face that reality. Instead, Grandpa hid from the truth on Christmas, his ritual involving denial and alcohol, and lots of it, and every year he did the same thing—just like Grandma.

The detective's ill-timed email had taken me back to those repressed, bittersweet memories, and after the sorrow in my heart dissipated, I bowed my head and mourned for Dad's death, thanking the police for their hard work. The emotional pain that seared in my chest was almost unbearable, but ultimately I knew it was healthy. It made me think of Dad during Christmas again, and that was a good thing. Thinking of Dad was something I dared not do since my grandparents died and I got sober for fear of relapse. I had to be cautious when I evoked the spectre of his memory; reminiscing about Dad had always made me want to use. It was a massive trigger that had on many occasions driven me into the streets seeking amnesia in the form of chemical or alcoholic oblivion. But this time was different, something within me had shifted. Thinking of Dad this year didn't mar my mind like before; the tone and subject of the police's email had changed that. The request for his dental records made me realize that I didn't have to wait for Dad this year, and it gave me a real reason to forgive him for not coming home all those Christmases long, long ago. It wasn't that he didn't love my brothers and me, something I had believed my whole life since childhood—no—he didn't come home because he couldn't, he was dead and probably had been since he went missing in 1982 when I was four. I thought to myself: what better excuse could there have been for a father not coming home to his waiting sons? In an instant I understood that all those painful memories, all those unknown lost years, all those resentments, they were all lies. I had only believed them because they were all I had, explanations conjured up in the mind of a broken little boy who was confused about the loss of his father, and now the truth of his disappearance was with me—the darkness finally fading.

As I sat in my study chair with teary eyes, a clarity of thought descended upon me and I realized that those tragic Christmases, those loveless childhood lies, those malevolent and deceitful spirits, they were much older than me, my father, or my grandparents; they were something ancient, something supernatural, they were living manifestations of intergenerational trauma passed down through our family, and we were by no means unique. Something I now understood from my own research in the field of historical trauma. The denial, the shame, the unresolved grief, the shunning, the misogyny, the mental health issues, the incarceration, the physical abuse, all had been standard practice in the Thistle-McKenzie household way before my brothers and I ever came around and all were characteristics of intergenerational trauma known to plague contemporary Indigenous families, and that was what really had taken Dad away all those years ago. In knowing this, I truly came to forgive Dad and I felt him smile on me for the first time in many, many years. I could feel his heart glow white-hot within my heart, filling every corner of it; it was the same feeling I had when I was three and he carried me on his shoulders, or when he'd tickle me, or play hide and seek with my brothers and I. With the back of my hand I wiped the tears that now flowed uncontrollably down my cheeks then shuffled through my bedside drawer searching for his picture, the only one I have of him. In it, he is only about 8 years old, five years older than I was when he was taken from my brothers and I. "I love you, Dad," I whispered. "I miss you." I then fit his photo in the silver picture frame Maria, a dear friend and close kin member, gave Lucie and me as a wedding gift and placed it next to the bed. In an instant, sweet childhood memories flooded my mind, memories that had been locked away for this very moment, memories I thought I had lost.

*

When Walking is a Prayer

My right foot still hurts ten years after "the accident." I guess it always will. Every morning when I place my foot on the ground, a shock of electricity shoots up my leg and spine into my brain like a bolt of chain lightning striking a rusty country weather vane. That first step is always the worst, always the most torturous, and the jolt of pain it produces hijacks my cerebral cortex and causes my face to wince as I try to gain my balance. Once I find my bearings, I hobble lop-sided toward the bathroom with my hands braced on the apartment walls; the cat slithering between my legs. I must look like a wobbly peg-legged pirate caught in a sea storm tangled up with a cat as I pivot down the hall. Sometimes when I can't face the pain I simply hop on my left leg, leaving my right leg dangling behind me like some useless limb injured in a long-forgotten war. Bone grinding on wire, grinding on surgically constructed upper right ankle joint, grinding on deformed calcaneus bone (heel): that is my morning cup of coffee, that is what wakes me up every day, and that is what reminds me that the fall from my brother's three-and-a-half story apartment window was real and that I'm lucky to be alive. The pain also keeps me sober by reminding me what it was like ten years ago when addiction, infection, and homelessness almost did me in after a failed surgery. For the constant physical pain in my foot and the harsh reminders it brings, I am thankful. The psychological pain, however, is just too much to bear sometimes. Occasionally I have nightmares where my leg is amputated just below the knee and I'm begging for change on Rideau Street and no one hears me. Other times I dream that a colony of maggots is eating the gangrenous flesh around the surgery incision and my toes are nothing but exposed bone. And sometimes I dream that I'm scraping the skin off my dying foot like I would scrape soft candle wax off a glass table with my thumb. When these nightmares visit me, I feel like I'm drowning in some uncharted region of the North Atlantic; I feel asphyxiated and helpless and utterly alone—just like I did when I was homeless. It's like the ocean surrounds and pulls me down then robs me of my breath and strength while I helplessly flail my arms and legs; and, just as I'm about to give up and lose consciousness, I awake gasping for breath, sweat soaked, and frightened. When I have these kinds of nightmares, I always wake up frantic and cast aside the blankets to catch a glimpse of my foot to see if it's healthy, that all my toes are there, and that it's still attached to my shin and knee. Without fail, my foot is always there waiting for me; my toes smiling back, wiggling and full of flesh, assuring me that we've made it, and that Leviathan can never drown us as long as we're together.

My wife, Lucie, is equally if not more assuring than my toes. She always knows when I've had one of my nightmares. Her method of comfort is always the same: she smiles, rubs my back, and tells me it's OK, then she shuffles across to my side of the bed, opens the covers, and pulls me in and squeezes me until I fall asleep. Lost at sea, the bastion of her arms has rescued me from drowning on several occasions. She's also there in the morning when I step on my foot to receive my morning jolt; however, she's not so understanding then, as she almost always shoos me out of the room to catch those precious last five minutes of sleep. And when the pain in my foot is too much to bare after a hard day of construction work, Lucie is there to offer me an arm to walk with, or she makes me wear my special brace from Dr. Gutzlaff in Germany, which helps ease the pain.

I often wonder how I came to run marathons with my foot the way it is and people often ask me how it is possible (the doctors told me I'd never walk on my own again without medical aid). The truth is I don't know, I don't have those answers, but what I do know is that my mangled foot and the pain it brings has forced me to challenge and push myself when I was utterly defeated; it taught me to trust my body, myself, and my wife; and everyday it forces me to remember what happened when I gave up and blamed the world for my problems and expected something for nothing; when I let addictions take hold of me. In these ways, the pain in my foot, and the nightmares it brings, has been a blessing, and, although it sounds cliché, I value each and every step I take. Every one is as a gift, is sacred, and, in its own little way, is a prayer for me.

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Telling the Truth

Barbara Ridley

Daisy died during the night. It wasn't unexpected. She'd been going downhill for days. The bronchitis developed into pneumonia and her frail little body was overwhelmed. Her kidneys shut down and those bright blue eyes sparkled no more. Back then—back there—ventilators and dialysis machines did exist in some remote section of the hospital, but no one considered calling them into service to treat a ninety-two-year-old admitted six months earlier with a fractured hip. This was London, 1976. Apart from a bit of IV fluids and antibiotics, Nature was allowed to take its course.

I wasn't there when Daisy died, but I knew the routine: the curtains would be drawn around the bed, and the neighboring patients, just six feet away in the long open ward, were expected not to notice that the rasping breathing had come to a halt. Two nurses—we always worked in pairs—would wheel in their cart and wash her one last time, turning and drying and wrapping in a silent, synchronized ritual. When they were done, they would leave the curtains closed and call for the porter. It could take twenty minutes or longer for him to navigate the endless, straight corridors to reach MB1, the female orthopedic unit. Twenty minutes, during which the nurses would bustle about, changing dressings, emptying bedpans, and passing out pain medications, ignoring the curtained bed in the middle of the ward.

At three o'clock in the morning, there probably wasn't too much bustling. It was much more awkward at the peak of daytime activity. The porter would stand at the entrance to the ward, hovering in the shadows, waiting for someone to notice him. If Sister was on duty, she would be there to greet him and would stand with him until the nurses stopped, finished whatever they were doing, and drew the curtains around every single bed. We were supposed to smile inanely as we enclosed patients and visitors alike, with no explanation, only instructions not to move. Then we would stand to attention in a line down the length of the ward while the porter made his entrance with his special gurney, a sort of coffin on wheels.

Once he left, the curtains were opened again—except for those around the bed of the recently departed. Two nurses would wash the bed and apply clean sheets, still behind closed drapes. The clean, empty bed might not be unveiled for another hour or more. And then no one was supposed to acknowledge that anything unusual had occurred.

"What happened to Daisy?" Lillian asked me the following morning.

Lillian was an anomaly on the unit. She wasn't demented. Yet she was on the long-term "chronic" side of the ward, which was full of old ladies going nowhere, most of them utterly confused. We helped them out of bed each morning and wheeled them down to the day room at the far end of the unit, where they took their meals. Lillian and Daisy had sat next to each other every day for months. Daisy faded in and out of making sense, but Lillian was sharp as a button. She'd had a stroke, I believe, but it hadn't affected her mind.

"What happened to Daisy?"

I knew what I was supposed to say: "She was transferred to the ward upstairs."

But I just couldn't do it. Every day for the past eight months, I'd helped Lillian with bathing, dressing, cutting her meat, walking her to the bathroom. She'd told me about her career as a primary school teacher. We'd talked about her two cats, now staying with her niece in Cornwall. She was an avid reader and had played the flute. We discussed the "troubles" in Ulster, the death of Mao, the election of Jimmy Carter. Yes, she must have had a stroke. I'm not sure what she was doing on the orthopedic ward, but I clearly remember her stiff hemiplegic gait, left arm dangling at her side, as we slowly made our way down the ward and passed the empty bed.

"What happened to Daisy?"

"She died," I said.

"Oh, no. I'm sorry to hear that. I hope she didn't suffer too much."

"I think she went in her sleep."

"Was somebody with her?"

Daisy had no family, no visitors. But I knew that one of the nurses would have sat with her while she was dying. Staff Nurse Balewa was in charge that night; she probably held Daisy's hand herself.

"One of the nurses was with her."

Lillian was seventy-eight years old. She had heard of people dying before. She missed Daisy at lunch but sat next to Louise instead.

Later that afternoon, Sister Thomas summoned me into her office. Sister's office: a glass-enclosed sanctuary in the middle of the ward—separating the section for acute orthopedic patients from the long-term boarders. The nurses gathered here for report at the beginning of each shift.

Sister bellowed from her doorway, "Miller! Come here!"

We all went by our surnames. I was still using my married name then. On good days, it would be "Nurse Miller."

This was not a good day.

"Yes, Sister."

When I say *Sister*, Americans assume I'm talking about nuns. But they weren't nuns. *Sister* was what the Head Nurse was called in England back then. They weren't nuns at all. More like army sergeants. Sister Thomas was the Senior Sister. She was West Indian. The Junior Sister, who was actually several years her senior in age, was Sister O'Brien, Irish. They hated each other.

"Miller!"

She used a high-pitched screech whenever she was angry. She was angry a lot of the time.

Especially with me. I think she may have hated me even more than she hated Sister O'Brien.

"Did you tell Lillian Jenkins that Daisy Worthington had died?"

Caught red-handed. Lillian must have unwittingly ratted on me.

"Yes, Sister."

"I have told you before that you must never, ever, answer patients' questions. You are to refer them all to me. You must never, ever, tell a patient that another patient has died. You must never, ever … ."

This was her favorite phrase. She used it a lot with me. She went on and on. And she ended up, as she often did, threatening to report me to the School of Nursing, where I was due to start my nurse training in a few months. I was an auxiliary nurse: a nurse's aide. The lowest on the totem pole. But I had been accepted into the training program to become a real nurse—to start in the New Year.

"You'll never make a nurse," she said.

I did everything wrong in her eyes. I didn't make the beds with all the pillowcase openings facing away from the ward's main entrance. I scrubbed the bedpans in the wrong way. I scrubbed the bedpans in the wrong order. I scrubbed the bedpans at the wrong time. Sister O'Brien wanted me to do it before the other nurses wheeled patients down to the big open bathroom, to be hoisted into the tub baths. But Sister Thomas wanted me to wait until after.

Why did I put up with it? All my friends wanted to know. None of them were nurses. They were school teachers, social workers, aspiring writers or photographers, academics or perpetual students, or full-time political activists.

“How can a feminist be a nurse?” one asked.

It wasn’t as if I’d always wanted to be a nurse growing up. I had never considered it. But when I graduated from college with a degree in sociology in 1971, there was no work. I drifted through temporary jobs waiting tables, stuffing envelopes, and once even going door-to-door for a sociology research survey. When that all dried up too, and I was getting divorced and needed money, I took a job in the local hospital in the sterilization department. It was like factory work, except we cleaned and packed sterile instrument trays for surgery and procedure trays for the hospital units.

It was just a job, but it gave me my first glimpse of hospital life. And I was fascinated. We were all “girls” in the department—some, women in their fifties—except for the boss and the two men who delivered the sterile packs to the clinical areas of the hospital. When one of the men was on vacation and the boss asked for a volunteer to take his place, I jumped at the chance. As I stuffed dressing packs and catheterization trays into the racks in the storage room on each ward, I stole furtive glances at the nurses in their competent crisp uniforms, calmly going about the business of tending to the sick, and I wanted to be like them.

I had one friend who had entertained the notion of nursing school. She, like me, was an unemployed college graduate. All the nurse training programs in those days were attached to hospitals. The student nurses spent six weeks a year in the classroom, but the rest of the time they served as cheap labour for the hospital, staffing every department, working all shifts. The programs were not academic in focus. Most of the students were eighteen, new immigrants from Jamaica or Dublin. When my friend applied, and owned up to her college degree, she was turned down because she was "over-qualified."

So I lied on my application. I explained the gaps in employment by saying I'd been a housewife. This was the seventies; they believed me. I was accepted. But there was a long waiting list to start. I had to wait over a year.

That was how I ended up on MB1. As an auxiliary nurse. With a brown gingham uniform, not blue like the real nurses. And with no belt or stripes on my cap. Those came with increasing rank: Student Nurse Year One, Two, or Three; Enrolled Nurse; Staff Nurse; Sister.

"Nurse Miller, go and help Staff with the dressing on Mrs. Perkins."

Staff Nurse Mahoney was already at the bedside, meticulously opening packages of paraffin gauze and laying out her forceps and sterile scissors. Sister Thomas liked to banish me to cleaning missions in the bathrooms during the "overlap," the three hours in the afternoon when both the early and late shift nurses were on the ward. But Sister O'Brien, when she was in a good mood, let me help with the complicated or labor-intensive tasks that were saved for that time of day: washing the hair of a patient confined to bed in traction, changing the lining on a halo jacket, or attending to large-scale wounds.

Ethel Perkins had a very large wound. Her leg had been mangled somehow; I don't recall the details, a car accident, I believe. I do remember that the attending surgeon thought she would require an above-knee amputation. But one of the young house doctors had advocated for trying to save it. It smelled terrible and looked worse. The wound had to be cleaned at an awkward angle, with one nurse elevating the ankle, and two others at the top end trying to keep the patient still and calm.

It turned out I was good at that. If I rubbed her temples and sang nursery rhymes, she would relax a little. And if I spoon-fed her, encouraging her to take each additional mouthful, one by one, she took in enough protein for her wounds to begin to heal. If I offered her a bedpan every hour-and-a-half, she would avoid soiling the bed and contaminating the dressings. We saved that leg.

I had a lot of patience, because what was the point of being there if I did not? I was shocked at the attitude of some of the more jaded nurses. I remember one enrolled nurse in particular, I think her name was Evelyn, who screamed at Daisy each time she wet the bed. I was the complete opposite. No, it was never too much trouble to get another bedpan, another cup of tea, another box of Kleenex, to re-position the pillows one more time. It was all very straightforward: smile and be kind, and the patients adored you. My personal life might be a mess, but this was guaranteed instant approval.

My own grandmother had died a couple of years before this, suddenly over a weekend, before I had a chance to say goodbye. On my last quick visit home, a few months before her death, I had not even bothered to go across the street to see her. The least I could do was take good care of other people's grandmothers.

On Christmas morning, I was up early, before dawn. It was still pitch black in the deserted streets of North London as I cycled to work: no buses, no newspaper delivery, everything stopped for Christmas Day. Just the milkman out making his rounds.

"Merry Christmas, Nurse!" he waved.

We had all volunteered to come in an hour early to let the night shift go home. Both sisters were on duty; neither wanted to let the other get all the credit or have all the fun, and for once they were able to shelve their animosity towards each other. Everyone pitched in to complete the morning routine as quickly as possible, the full bed bath replaced with a "quick spit and polish." The nurses then sat down to a cooked breakfast prepared by the sisters themselves. Stuffed with scrambled eggs, bacon, and toast, we were out on the ward again getting the patients ready for lunch. Instead of using the day room, we set up tables in the middle of the ward so that the bed-bound patients could join in the festivities. We hung tinsel and jingle bells from the traction weights. There was plenty of food and drink—yes, even alcohol flowing freely—and gifts and carol singing and charades. The nurses covered their caps with those colored paper hats from Christmas crackers. All the doctors came in with their families and Sister O'Brien danced a jig with the Senior Registrar. The patients laughed and cried with delight. By one o'clock, the day shift nurses were told to take off. My housemates were still rousing themselves by the time I got home. I'd already had a great Christmas.

One month later, I started my training in the same hospital, a huge, rambling complex with three additional satellite facilities in other parts of the borough. After a brief introductory course, we were out on the units, with thirteen-week rotations in every specialty, including obstetrics, pediatrics, psychiatry, and emergency. But I never returned to MB1. I occasionally ran into Sister Thomas in the corridors; she ignored me.

We learned most of the technical skills by the old *see one, do one, teach one* method. As a second-year student, I was expected to show the first-years how to insert a Foley catheter or a naso-gastric tube. We didn't cover nursing theory and we skimped on microbiology, but it was an excellent clinical education. By the time I was a third-year student, I was used to being "in charge," especially at night, and had already experienced my fair share of drama.

One memorable night, I was in charge of two second-year students and an auxiliary nurse taking care of twenty-five sick children. The Night Sister carried the narcotic keys as I was not yet qualified to hold them. She had ten wards to cover and made her rounds as best she could, the echo of her footsteps in the dimly-lit halls heralding her return. In the middle of the night, I became worried about an eight-year-old who'd had his tonsils removed the day before. He didn't look good to me. I didn't like the sound of his shallow breathing; I noticed he was swallowing constantly in quick involuntary movements, and his pulse was weak, thready. I knew he was bleeding. I positioned him on his side to prevent aspiration and tried to reach the house doctor. No response. I instructed one of the students to stay at the bedside and maintain the patient in position, while sending the other off to search the halls for Sister. I kept up constant efforts to reach the doctor on the phone. By five o'clock, we were preparing the patient for emergency surgery. Sister told me my prompt intervention had saved that boy's life. It wasn't until I got home and tried to sleep—never easy after night shift—that my heart pounded in my chest, the "what-ifs" swirling around my brain.

Some of the sisters were wonderful: wise sages who took their teaching responsibilities seriously. Others were dragons in the Sister Thomas mould. On one of my first days in the theatre (the operating room), I was working as assistant scrub nurse with the sister, who spent most of the day yelling at me. She was especially exasperated with me for not knowing which instrument to pass her when the surgeon asked for a Volkman's, a McEwan's, or a Langenbeck's. She wanted me to guess which forceps or retractor was which, and rolled her eyes and clucked behind her surgical mask when I inevitably got it wrong.

The last case of the day was a minor orthopedic case, a screw removal from an ankle. She told me to stand to the side and not get in the way. The surgeon opened up the foot and exposed the repaired ankle. Six screws could be clearly seen protruding from the joint.

"Phillips!" he demanded.

Sister hesitated, hand hovering over the sterile tray.

"I said Phillips, Sister."

I could see the Phillips screwdriver in the center of the tray. I pointed at it but she ignored me.

"Come on, Sister, we haven't got all day."

She couldn't find it.

"I think it's that one, Sister," I said.

She glared at me. The surgeon reached across and grabbed it himself.

"You should listen to your student nurse, Sister. She obviously knows more about carpentry than you do."

She made my life miserable after that. I decided I didn't like the operating room anyway. I preferred my patients to be awake.

In addition to working forty-plus hours a week on rotating shifts, we had to study. I had a university degree, but I had shunned most science classes in school, and I certainly had to apply myself to memorize the bones and the muscles, the stomach enzymes and the cranial nerves, to understand lab values and medications, and to prepare for tests. We also had to write extensive essays—case studies on selected patients under our care. It didn't take me long to figure out what they wanted: a detailed review of every system of the body and how to address the nursing needs associated with each. We had individual tutors to whom we submitted these case studies. I had Mrs. Papadopulos: Greek, tiny, white-haired, she seemed ancient to me. I suppose she was in her sixties. At the bottom of one of my essays, she wrote: "You will make an excellent Ward Sister one day."

But my life took a different turn. I ended up in California. After many bureaucratic delays, I was finally cleared to take the State Boards and qualify for my California license. I took a job at a large inner-city public hospital and assumed it would be similar to working in London. But I hated it. I wasn't daunted by having to learn American terminology and different brand names for most of the medications. But I found it disconcerting to work in isolation, with each patient sequestered away in individual rooms. The other nurses, and especially the nurses' aides, were reluctant to help with anyone who wasn't "their patient." I missed the camaraderie of the big open wards and the team spirit that I'd taken for granted. When I worked Christmas Day, I was expecting something akin to what I remembered from England. Instead, it was dour and depressing. No senior staff came in. The kitchen closed early. When we had new patients admitted late in the day, we had nothing to feed them. We sent their family members out to get Chinese food.

I thought I was going to have to give up working as a nurse in the U.S. But then I stumbled upon rehabilitation nursing. I met someone at a party who told me about a spinal cord injury rehab unit. They were hiring, and I got the job. I immediately felt at home. The nurses worked in a team with physical and occupational therapists, with physicians, psychologists, social workers, and recreation therapists. Nurses had to work together; it took two or three people to turn a patient in a halo vest, transfer a quadriplegic onto the commode, manoeuvre a patient on a ventilator into a wheelchair. Patients were grouped in four-bed rooms, and encouraged to interact with each other in the gym and the dining room. We had holiday parties and outings into the community. We endeavoured to create an environment where the patients could come to terms with their disability and move on with their lives.

That was thirty years ago. I've been a rehabilitation nurse ever since, witnessing patients cope with devastating injuries in myriad different ways. I went back to school; my undergraduate degree was finally useful. I didn't have to hide it; it enabled me to enter directly into a Master's of Science in Nursing program at UCSF. Deep in the stacks, I discovered hundreds of journals devoted to analysis and research on clinical issues closely related to the work I'd been doing for the past ten years. I loved it. It was as if disparate sides of my life were merging into one. Two papers I wrote in graduate school were published in peer-reviewed academic journals. I went on to become a clinical nurse specialist and then later a nurse practitioner.

Nowadays, many of my patients are like Rodney, paralyzed by a bullet on the killing fields of Oakland. He's been discharged from the hospital and is working in physical therapy. His legs have started to jerk at night.

"My legs are moving again," he tells me.

I examine him and confirm my suspicions: these are involuntary spasms, and unfortunately no predictor of return to purposeful movement. I have to tell him. I know he's been told before, but he will have to hear it many times before it sinks in: he is unlikely to ever walk again.

"What about stem cells and that shit?" he says, avoiding eye contact.

Yes, maybe. He is very young after all. I won't squash all hope. But I can't sugar-coat it either. He deserves the truth. I tell him stem cell treatment is not going to be available any time soon. And I can't see it being covered on MediCal. I suggest we focus instead—for right now—on increasing his upper body strength, preventing skin and bladder complications, getting him decent equipment and figuring out what he's going to do with the rest of his life. I promise to help him work on these things.

Out in the waiting area, as I tell him when to schedule his next appointment, I notice Carlos. Another paraplegic, injured four years ago. Carlos plays wheelchair basketball and is taking classes at the community college; he volunteers at a local radio station. I introduce him to Rodney. I pause briefly and remember my HIPPA Compliance training. Federal privacy guidelines supposedly forbid me to ever tell one patient anything about another. But that doesn't always make sense to me. They're soon telling each other everything anyway, swapping tips on catheters and wheelchair cushions. I suggest Carlos invites Rodney to attend the spinal cord injury support group next week.

I think back to my days on MB1. I'm still doing things my way, Sister Thomas. And to tell you the truth: I'm a damned good nurse.

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Acupuncture

MaryAnne Wilimek

I am going to unblock your energy pathways, he says, and I want to believe him. I'm weary of my chronic pain and I want this to work. I am lying face-up on a padded exam table wearing a cotton clinic gown that is comfortably crisp. He aims a silent heat lamp at my bare feet and asks if it feels okay. *Yes,* I say, *very warm, very nice*. He steps to an iPod dock set on a stainless steel cart. Ethereal notes float into the room and he asks, *Is it too loud*?

No, it's just fine, I say. The warmth and the sound are soothing and he tells me to relax. I close my eyes. I appreciate his kind efforts to soften the sterile edges of this clinical space, and I allow my mind to trail the music as it drifts on solar wind to the outer realms of comets and asteroids.

His voice is gentle as he tells me that life is a golden orb of energy that pulsates with potential. Each person is born with just a limited amount, so we need to be purposeful with its use. *When the energy orb runs out,* he says, *that's it. No more. We die*. To walk, to sit, to simply exist in a moment of time, diminishes the size of the orb. So I think of the tight-at-the-wheel night I drove back in a panic from Duluth during an ice storm, and I realize I probably jettisoned a week's worth of energy in just a few hours. *Worrying counts too*, he tells me, so I try not to think about how many sessions I'll be able to afford.

Meridians are the body's energy pathways—the rivers of your chi—and your meridians are blocked, out of balance. This is probably causing your pain, he says, and I want to believe him. I sense confidence in his fingertips as he prods my legs for points of pain. A sudden whimper from me triggers an instant prick from him as the hair-thin end of a needle goes in. He explains that he is now twirling the top of the needle to send it in deeper, to find my chi. *Tell me when you can feel it*, he says. Nothing. Nothing. Then I am aware of an unpleasant ache where the needle is twisting. *Right there, I can feel it*, I say. He releases his hold, and his fingers move to another spot and insert another needle. And another, and another, and soon I lose count of the needles he's planted. I focus on breathing, extending my belly and chest with deep inhales and drawing them flat with measured exhales. Needles in the legs, the feet, the hands, the hips. I am only mildly startled when I feel a needle poke into the center of my scalp.

Are you okay? he asks, and I say, *Yes, fine*. He tells me that he is going to augment the treatment with electrical current. I am lying perfectly still and cannot see what he is doing with his clips and his wires. I think of lightning storms and

Frankenstein's monster. *Tell me when this becomes unpleasant,* he says. Nothing. Nothing. Then a slight tingling in my left leg. Then a crescendo of hot pins and prickles and I say, *I can feel it*. He sets the current at that level and repeats the process with my right leg. Both legs are now buzzing, and he assures me that the sensation will weaken over the next twenty minutes. He steps to the door, dims the overhead lights, and asks, *Will you be okay*?

Yes, I say. I hope so, I think. He steps out of the room and closes the door.

I am motionless, afraid that any movement I make might disturb one of the needles, might accidentally reroute my chi. My ear starts to itch, but I refrain from scratching. I think of my breathing. I think of my warm feet. I wonder what I look like, and imagine a photo taken from above.

He said this would clear my meridians and, in so doing, it would ease my pain. I want to believe him, but I can't help thinking that my meridians will never look like his. I'll bet his meridians are mountain streams rushing fresh and furious with glacial meltwater. Mine are the crust-rusted sewer pipes of downtown Chicago in the heat of July, stagnant with sludge. He said this would strengthen my energy orb and, in so doing, would ease my pain. I want to believe him, but my energy didn't come all wrapped up in a pulsing ball of golden light. I'm quite sure, in fact, that it hasn't been assembled in any one place for quite some time. My energy, I fear, is stored inside of me in a scattering of little tattered sacks, and I can't help thinking that he might have pricked a few of them open with his needles. Even as I lie here, they might be leaking.

I am not sure how long I have lain quiet with closed eyes. At one point I hear the door open and he says, *How are you doing?* and I say, *I'm fine*. The door closes. More time passes. The music seems louder in the quiet. I think of the twelve moons of Jupiter. At some point I realize I don't feel the buzzing in my legs any longer, and I'm not sure if the machine has shut off or if I've become accustomed to the sensation. My breathing is deep and rhythmic and I realize I'm no longer focused on making it that way.

The door opens; my eyes stay closed. I know that he's moved the heat lamp away from my feet because I instantly notice its absence. *I'm removing the needles,* he says, and if he hadn't told me I would not have known—his touch is barely perceptible. *There*, he says. *Now, take as much time as you need to get up and get dressed. And drink plenty of water for the rest of the day*.

I open my eyes and look at him. *Aren't you going to take the needle out of my head?* I ask.

It's already out, he says. He smiles and leaves the room.

I raise my arms off the table and rotate my hands in front of my face. I wiggle my fingers. I raise my head and shoulders and look down at my legs and feet. I wiggle my toes. Everything seems okay. I sit up, and in spite of the lightheadedness, I swing my legs off the table and stand up. The floor is cold on my lamp-warmed feet. I wait a few moments until I feel steady, then I run my hands up and down the sides of my arms, legs, and hips. I touch the top of my scalp. No needles.

As I start to get dressed, I sense that I'm moving more slowly than I normally do. I feel utterly calm, and I'm not entirely sure, but it seems like the chronic ache in my legs has subsided. I walk around the exam table several times, trying to ascertain my level of pain. It's not there. At least, I don't think it's there. I pull a small paper cup out of the dispenser by the sink, fill it with water, and drink. Something seems skewed. I fill the cup a second time, look in the mirror, and study myself as I drink. Something seems slanted. It's as if my actions precede my intent—like I'm raising the cup to my lips before I *think* to raise the cup to my lips. Or something like that. I feel so relaxed that I question whether it's safe for me to drive home. I'm moving more slowly, but I'm thinking more clearly. I think. And so far, my pain is diminished. At least, I think it is.

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The Willies

Verne Ross

In the early part of a cold winter morning I woke up needing to pee. Sleepily, I tried to convince myself that I could wait it out, but once I started to squirm around under my covers I knew I would have to get up. It was bad enough the house I was living in had an eerie presence, or so I thought, the house did not have an inside toilet. Instead you had to go outside to a little house called an outhouse where you went to pee. That was the part I hated the most. The reason being that I was always afraid to go outside when it got dark. By that I mean I imagined the bogeyman was waiting outside to get me. I was afraid of this thing I had never met and, even if it had never existed, it had always controlled my mind. I was indeed afraid of it.

I looked around the room to see if anyone else was moving, but everyone was fast asleep. I thought about asking my aunt to come with me to the outhouse, but I knew she was not feeling well so I did not want to disturb her sleep. I would not even dare to wake up any of my older cousins or I would run the risk of being made fun of. This meant I was on my own. I slowly put on my brown checker coat and my black winter boots and headed toward the door. I first had to pull out the knives from the doorframe that my famous uncle used to keep the door locked. To me it was cheap security. Yeah, like I really felt safe. After I took the knives out, I slowly opened the creaking door and took a peek outside. I tell you, it was sure cold out there; you could feel the cold air coming in. When I stepped outside I was sure glad to see our dog Duke, a German shepherd, come right out of his doghouse. Duke was glad to see me. I felt so bad for Duke because he was not allowed to come into the house when it was cold. Duke was not even allowed to sleep on the porch. If it was not for his thick, dark brown fur coat Duke would have frozen to death for sure. As I walked with Duke toward the outhouse, I stopped to look around and I noticed that off in the distance the whole village was silent. I just hoped Duke would not bark. If he did, it would mean someone was around, and I'd have to hightail it back to the house, and I did not want to. I was always told that dogs can see things that we normally cannot see. I really believed that, because I knew that Duke did not bark for nothing. Sometimes I had to tell him to keep quiet, however in this case, Duke was my "be on the alert" button. I loved that dog; he made me feel safe at all times. So there I was finally peeing when all of a sudden I heard Duke growling outside of the outhouse door. I asked him, "Boy, what do you hear?" I was starting to get nervous, and there I was still peeing. I swear I must have drunk a whole lake because it was taking me a long time to finish. Then I heard Duke growling again, and I noticed that Duke was no longer outside of the outhouse. He had gone back to his doghouse. I found myself alone, and I could feel the silence crowd in on me. I started to get scared because I did not know who or what was outside of the outhouse that Duke was growling at. Then I heard the frozen ground crunching, and I knew I was about to meet the bogeyman. I tried calling for Duke but he did not respond to my call. I said to myself, "This is the end for me, the bogeyman is going to take me away." I decided to call out one more time for Duke and this time he responded. He came back to where I was, and when I stepped outside of the outhouse I was so glad to see him that I hugged him. After that I noticed again how silent the village was. There was no one around. I could not understand, or anyways I did not want to think about, the sounds I had heard outside of the outhouse or the silence that surrounded me. All I knew was that the crunching of the snow outside of the outhouse did not sound like a person.

I started to make my way back to the house, and I took my time. When I reached my front doorstep Duke went to his doghouse. I looked back at the outhouse one more time, and there was still no one around. The only thing I could see was my own breath sending smoke signals into the air. It was time to get back inside. I tried to be quiet but my aunt heard me come in. She said to me, "What were you doing out in the cold night?"

I replied, “I needed to go to the outhouse.” I was so cold I was answering her in a language that was hard for her to understand. I was talking a cold language. I began to tell my aunt what I heard at the outhouse, and all she said to me was that I was not to ever go outside alone at night. After she said that to me I was even more spooked. My aunt told me to get to bed and cover up and go to sleep.

That same day, later in the morning, I was back outside playing because there was no school. Apparently, when the temperature drops the buses cannot run properly. I did not mind this at all. This gave me the opportunity to go and see my friends. I met up with Ernie, who was one of my best friends, and we decided to go sliding because that was where many of the other children were. We had to dress warm for sliding or else we would freeze in no time. For sure my aunt would be mad at me if I did not wear proper clothing. In fact she would stop me from going sliding. To have frostbite on your ears is not so pleasant.

Before I left home my aunt said I must be home before it got dark. She said it looked like it wanted to snow so I could not be gone long.

While I was walking with Ernie, I decided to tell him what had happened in the early morning. After I told him, he told me that it must have been the ghost of William. I asked Ernie, “Who was he?” There was a pause and silence. Finally, Ernie told me he was not allowed to talk about him and that he was dead. I said to Ernie that that was ridiculous. Who was he anyways? “Come on tell me, Ernie, I need to know.” Then he finally gave in.

He told me that William had been found frozen to death after he went missing in bad weather. The whole village had gone out looking for him but he was not to be found. This gave me the chills. Ernie told me that William was around our age and that he was always going away from home. By this time we had arrived at the hill, so we started to get the toboggan ready. I soon forgot what we were talking about, I was having so much fun. I did not realize that the time was starting to pass by fast. I did notice that bad weather was moving in on us, so I told Ernie we better go home before it got any worse. Ernie said not to worry that we would go soon. He told me to hang on, and that he wanted to go down the hill one more time. I said just one more, and that we better get going or else my aunt was going to kill me. I was getting tired and hungry but Ernie was so full of energy; I could not figure out where he got it all. When we arrived at the top of the hill for our final run, Ernie positioned the toboggan and told me to get on first. Before I got on, I noticed the wind was picking up and all of a sudden I became nervous. I told Ernie, "Let's get going," but the only answer I could hear was Ernie laughing and hollering. While he was doing that, I was getting a snow face wash. It was too bad I did not have a pair of windshield wipers on my glasses. When we arrived at the bottom of the hill I noticed the wind was picking up even more, and it was getting near dark. I said to myself, "Oh no." As I watched the sun slowly going down, I grabbed the toboggan and started heading home. It started to snow hard and the wind was starting to blow more. I told Ernie that we better hurry up. We both started walking faster pulling the toboggan, but the wind was getting the best of us. It became a tough job pulling the toboggan. Ernie was telling me he had never seen such bad weather come so fast. I noticed that Ernie was getting scared, so I told him we must keep moving. The weather was starting to get really cold, and I was starting to get really tired. I told Ernie that we must ditch the toboggan and come back for it later. He told me I was crazy to do that. It took me awhile to convince him that our lives were far more important than that old toboggan. At this point Ernie had no choice and he agreed to leave the toboggan behind. By this time we had wasted valuable time. As the weather got progressively worse, Ernie and I got colder, so I told him we had to keep moving. Then all of a sudden we were not able to see anything in front of us. I knew we were in big trouble, in fact doomed. I told Ernie to hold on to me and not to let go no matter what. My face was so cold but I was still putting up a fight, struggling through the snow. Ernie was barely moving, and then he started to cry. I told him to hang in there. We were both still moving, but then it became completely dark. I did not want to believe that we were lost, and that we just could not move anymore. The path was no longer a path for us, so we huddled together and shivered. I figured if we didn't move someone would come to our rescue, but no one came. I sat there with Ernie and started to pray. I was telling the Creator that I was too young to go. "Please, Creator, help me and

Ernie to get home." I promised I would be a good boy, and I would listen to my aunt. Ernie just kept quiet. After I was finished I noticed this tiny little light in front of us. It looked foggy at first, but then the light got closer and closer. When it came close enough, I noticed that it was not a man but a little boy causing that light, but I could not see his face. He told us he would see that we found our way through the storm. He pointed us toward the village. Then the little boy told me to call out to Duke. So I yelled out his name real hard, "Duke." I was answered by his bark. I told Ernie that Duke was coming, "Do you hear him?" He said no. "Do you see the little boy?" I asked. His answer was yes, and then he said he could hear Duke.

The little boy said we must wait for Duke then he must go. When Duke arrived at my side I was glad. Ernie was so glad himself that he started to pet Duke. Before I could thank the little boy he was gone. Ernie asked me, "Where did he go?" I told him I guess he had to go. Once again, I told Ernie that we must go. I grabbed Duke's collar and I had Ernie hold on to me as we struggled through the snow and wind. Ernie and I continued the journey home. Duke kept pulling us toward the village, and as we got closer I could see some lights. I did not let go of Duke until I knew that we were really close to our village.

When we arrived in the village we headed toward the village centre. I tell you when we went in it felt so good. My hands, feet, and ears began to thaw out. Ernie was warning up too, but was shaking. We were not the only ones in the centre; there were other people already there. Apparently they were in search of us. The people from the village asked where we were and how we wound up in the storm. I could not answer them, in fact I had my head down. I asked one of the other people to let Duke in and the person said that there was no dog around. I thought maybe Duke went on home. Later my aunt walked in the centre and she grabbed a hold of me. Ernie's mother and father grabbed him when they saw him also.

They asked if we were alright, and I said that I just wanted to go home. The police called off the search, and the community members all went home. When I arrived home with my aunt I filled my frozen belly with nice hot rabbit soup and scone. My other cousins were glad to see me, and the next thing you know I fell asleep on the couch.

The next morning I went outside to check on Duke, and there he was just wagging his tail. I went over to give him a hug. My aunt came outside, too, and started to take some clothes, which were all stiff like cardboard, off the line. She told me not to go very far. She asked me how was I able to get through the storm. It was impossible for anyone to see where they were going. I told her that it was the little boy who had shown me the way, and that the little boy had told me to call out for Duke so I did, and he came and led us to the village. My aunt did not ask anymore and became very quiet. I asked my aunt, "What's wrong?" There was no response; she was very quiet. Later she told me that the little boy I saw probably was the missing boy from the snowstorm many years ago. I told my aunt that it must have been him who saved Ernie and me. My aunt told me that I should not mention this to anyone, that if I did I might upset the family. So I did what she wanted.

That evening when I had to go outside to the outhouse, I was not afraid. So when I heard the footsteps and Duke was not with me, I called to the spirit and I thanked him for saving our lives and for showing us the way home. To this day, I am no longer afraid and I do not get the willies anymore. I believe that noise at the outhouse was the spirit of the missing little boy, and he taught me not to be afraid anymore.

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Loving You Is InvokingArt

S. Victoria Herrera

You asked me once:
Is this serious or is this just fun?
Seriously. This is fun.
I asked you once:
Do you know what love looks like?
      "Like this."
                    this

What is this? I lay beside you,
writing poetry with my eyes
One glance is erotica.
Taking ink from a well
The sensuous weight of the pen
Smearing ink on the sheets
Clasping onto every word
Arousing creation
The tongue pleading to be heard

It is the beckoning of art
Birthing prose
Not falling in love
Rising in love
Transforming nations
In you
          I see beauty
          Find beauty
                    Become beautiful.

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The Child Eclipsed

Mindy Watson

On the Light Side

We named him Raistlin after Dragonlance's beleaguered but brilliant dark wizard—a testament, perhaps, to intellect, our most cherished attribute, the quality we most hoped he possessed. Unprepared parents-to-be that September sixteen years ago, my boyfriend and I were recent college dropouts—youthfully selfish, transiently poor, recklessly apart from family—so ill-equipped for the adulthood that a harrowing labor and a baby's visceral cry would thrust upon us. However full my present—my three young children teeming about loudly with life, light, and laughter; the errands and worries packed end-to-end—he remains with me always, as he was that early morning, wrapped in my unsteady young arms. My tiny Raistlin, far too small for his imposing name—bright eyes, outstretched fingers, rosebud lips—breathing his warmly oblivious, perfect baby breath as I think, This is impossible, *but glow with unspoken hope.*

Near his neonate's crib, a brand new teddy bear
watches him earnestly.

Part I: Full Moon

Echoes
I appealed longingly, wistfully, to those romanticized memories of recklessness, gleeful irresponsibility. It was February 1997. I was thinking of Chicago, of the hitching mechanical noise the turnstile made when my illegitimate rider's fare—a stolen metal washer the antiquated system recognized as a token—allowed me passage on the L. The satisfying crunch my knee-high boots made when they punctured the snow as I sprinted down Belmont and Broadway in my too-short shorts, always running from something. Compunctions, self-consciousness, guilt, age—they never caught me back then; I'd successfully holed up in that unfurnished studio, smoking, drinking, and stealing them away, brandishing my questionable jobs, questionable friends, the questionable relationship that had landed me there in the first place—as wards against these things, these unforgiveable, unforgiving heralds of adulthood.

I'd left Chicago a month earlier and moved to central Illinois—to get away from all that, I told everyone—but in the rare moments I actually spoke truth, I would admit I only left to follow *him* again. I should have stayed there, I now thought—I should have kept running. Because when I'd paused for a moment, adulthood had insidiously ensnared me—trapped me with this tiny manacle now sprouting inside me. And I *resented* this fetal fetter for divesting me of my beloved freedom—until the morning I gazed into eyes so like my own that I offered myself to the bindings.

Origins

Their beginnings are deceptively auspicious, these rarest of fetuses comprising only one in 100,000 live births worldwide.[1] They bud and blossom like the others, tiny fetal brain cells already proliferating between gestational weeks 15 and 20.[2] Scientists who mine these burgeoning new moons, mapping cranial surface deformations, analyzing budding shapes, will observe in second trimester brains full-scale growth patterns and rapid frontal and temporal lobe development.[3]

At birth, these infants appear physically and developmentally normal, possessing standard sucking, swallowing, crying, and mobility reflexes.[4] Seemingly typical hand-sucking, diaper-clad babies, they blink gummy-eyed into the new world's intrinsic promise.[5] Their heads predictably intact, their brain stems fueling robust baby vitals, they embody all that is a newborn's innate potential.

Part II: Half Moon

Echoes

Born four weeks premature, our new baby boy nonetheless passed every standard vitals test. "He is our grandson," my boyfriend's father declared in fervent, halting English. "You cannot give him to strangers to raise." He turned coolly to me, the girl he had pegged for the last two years as "bad news" due to my prior college smoking, failure to speak Chinese, and inability to use chopsticks or cook duck—despite my Asian features—and croaked, "We will help you." The prospect of parenthood no longer an impossibility, we sent the social worker away and abandoned our plans to put our baby up for adoption.

We completed the necessary paperwork, requested his birth certificate and social security card. It was almost time to take our baby home. The doctor just wanted to run one more test—a previously unscheduled MRI—"just to be sure." We exchanged furtive glances, silently congratulating each other on being such grownups.

And then my hospital door opened. Obscuring its entrance, his expression a spectral pall that smothered our neophyte pride, the doctor said, "I need to talk to you."

Origins

Sometime during the second trimester, a triggering event, sometimes environmental, not only halts but *reverses* certain fetuses' cerebral development. While two opposing theories—*dysontogenesis*, or early organ development disruption,[6] versus *destruction*, cellular brain necrosis[7]—seek to explain this mechanism, scientists overall favor the latter, proposing that a distinct clotting event suffocates and subsequently lays waste to deprived brain tissue.[8]

What causes this initiating vascular event? While scientists implicate factors ranging from fetal brain injury to maternal interuterine infection or exposure to environmental toxins, they can neither agree upon nor identify one single, definitive cause.

A few days to several weeks following birth, the veil concealing these infants' underlying pathology—a rare, congenital condition called *hydranencephaly*—begins to recede. Previously content newborns may suffer seizures, involuntary jerking, and respiratory complications[9] and exhibit discernible new physical symptoms, including upper facial and skull deformations, increased muscle tone, and escalating irritability.[10] At this point, they may also present with associated congenital conditions, joint curvature, kidney absence, polyvalvular heart defect, and trisomy.[11] And at once, the waxing, burnished jewel that is new parents' highest hopes begins to wane.

Part III: Crescent Moon

Echoes

Sometimes I think it must have happened to someone else, someone else's child, because I can barely remember receiving the diagnosis. I perceived both of us jerkily nodding in unison as the overhead lights hummed impassively and the walls became so unbearably white that I had to flee that airless, sterile room. I had to flee from my body, from this pronouncement—but there was nowhere to go.

Though the white seared my eyesockets, I willed them bone dry—don't cry, don't cry, I told them.

My boyfriend's mother wrung her hands dramatically. It was our fault, she reasoned—we'd arrogantly tempted fate by giving him that brilliant dark wizard's name. She keened, "My poor baby, my poor baby," until my boyfriend's sibilant, "He's *our* baby," silenced her. And just like that, the grandparents, along with their offered support and admonitions against strangers raising their grandchild, disappeared.

Repurposed, the social worker reappeared clutching a stack of papers, brochures, "options." She and her cohorts stood straightbacked, peppering the "you-don't-have-the-resources-to-care-for-him-properly" decree with words such as "indigent," "the state," "specialized needs," and "supplemental social security income."

We transferred our baby to a recommended state-funded special medical care center. The nurses there assured us we could visit as often as we liked, and promised—as if relaying a miraculous dream—that with daily work and staff support, our child might someday, should he survive past infancy, "hold his own toothbrush" and "recognize his own name."

And day-by-day, I shrank back into my crescent of life, loathing my milk-dripping breasts, avoiding the stroller-pushing mothers that haunted my bus stop. On most nights after I'd visited the care center, when melancholy wails and scents of urine and sickness prowled my dreams, I shuddered gratefully for waking, for lucidity. But on the worst nights, I woke still sensing a newborn's tiny finger clutching my own—then curled howling into my pillow, remembering that *too* was just a dream.

Origins

Following that pivotal, second trimester occlusion, a relentless, seemingly irrevocable process[12] begins obliterating these fetuses' fully formed cerebral hemispheres in utero,[13] flattening nascent brain waves, darkening embryonic dreams. Unfurling its phantasmic wings, hydranencephaly unveils its devastating handiwork—a stark, hollow, fluid-filled cavity where a cerebral cortex should be.[14] At this point, level II (or higher) ultrasound, magnetic resonance imaging (MRI), or intrauterine computed tomography (CT) can confirm a standard ultrasound's diagnosis.[15]

Postnatally, medical professionals most often diagnose hydranencephaly via MRI and CT, less commonly with high contrast agent CT angiography.[16] Health practitioners may also employ electroencephalograph (EEG) readings to confirm a child's lack of higher cortical activity.[17] In hospital settings without available high resolution neuroimaging techniques, physicians may employ light-based transillumination of the skull as a viable neurological screening and diagnostic tool.

Hydranencephalic infants whose mothers received no standard prenatal diagnostic screening may go undiagnosed for months after birth. However, seizures, blindness, stunted growth, paralysis, or excessive cranial fluid accumulation will eventually betray the ruination within[19].

Part IV: Dark Moon

Echoes

Raistlin's guardian sat in the dark, stroking tufts of her charge's thick, coal-black hair. It was 2001, roughly three-and-a-half years since that then plaintively howling baby boy had arrived at the special care center. Officially a center "Activity Aid" in 1997, she interacted little with him his first year there, noting only how his head swelled, how his interminable crying vexed the station nurses—"That's just his way," she told them gently. Six months after he reached toddlerhood—a milestone most with his condition never achieved—she became his primary Case Manager. She extolled his assets to the skeptical nursing team, massaged him daily with his favorite toy bowling pin. She marveled as he "experienced" new stimuli, eyes widened, lips smacking. His responses were reflexive rather than cognitive, reminiscent of an oil droplet undulating wildly over the ocean waves without ever penetrating the depths. She showered him with all his state-issued income would allow: a form-fitting pillow, a silky-soft shirt. And when she and her husband failed to conceive, he became her surrogate son. Dreading the phone call she soon had to make, she continued stroking his hair, marveling that she'd never before noticed how beautiful, how soft it was. She absently remembered long gone childhood pets, wondering why she could only bear to pet their fur when they died, never cradle their stiffening bodies.[20]

Origins

While medical textbooks literally define it as a "complete or near complete absence of the cerebral cortex and basal ganglia, which are then replaced by a membraneous sac of fluid, glial tissue, and the ependyma in an intact skull,[21]" hydranencephaly, to a suffering child's parent, means unadulterated loss. The scourge that decimates infant cortex, leaving liquefied brain tissue[22] in cerebral hemispheres' stead, is the same that eclipses parents' bright intentions, forces them to mourn their child's prenatally destroyed future and inability to formulate a thought, to perceive existence—to feel love. It means potential destroyed before it's even born.[23]

Since, once triggered, hydranencephaly's path appears immutable, early detection is paramount. Parents receiving early diagnoses may more readily grasp hydranencephaly's stark prognosis—most children die in infancy,[24] while survivors undergo repeated shunt treatments and potentially complex surgeries designed to ease discomfort and drain excess cerebrospinal fluid accumulation[25]—and explore practical and ethical options.

Functionally, healthcare professionals who detect hydranencephaly in utero may provide parental counseling, prevent labor complications, develop disease management plans, and prepare special predelivery pediatric units.[26] Ethically, prenatal hydranencephaly diagnosis affords parents and health practitioners options, but forces them to make excruciating moral decisions. While some medical specialists advise lawmakers to create *specific* "national medical pregnancy termination guidelines" surrounding pregnant women and their hydranencephalic fetuses—congenital conditions generally incompatible with postnatal life and cognitive function currently satisfy late term pregnancy termination requirements[27]—others debate major *postnatal* ethical issues, such as appropriate treatment options, surgeries, and intervention levels.[28]

Statistically rare, hydranencephalic children remain veritably unknown and unknowable, uniquely isolated in their domain of somatic and cognitive emptiness.

On the Dark Side

We named him Raistlin after the brilliant dark sorcerer. The beautiful boy's beautiful name is now cruelly ironic. His reposeful first features belie what comes later—plaintive deaf cries, sightless eyes, bulging forehead, an infant's wheelchair. His world ever silent, ever dark, he absconds from his sliver of life after three years and eight months. While, in my mind, tiny Raistlin remains wrapped in my unsteady young arms—bright eyes, outstretched fingers, rosebud lips, breathing his warmly oblivious, perfect baby breaths—he lies fleshless and alone beneath overgrown grass—in another state, from another life. Engraved on his gravestone, a teddy bear sleeps.

Notes

Pant, Kaur, & De, 2010
Zhan, 2013
Ibid.
Pant, Kaur, & De, 2010
Wijerathne, Rathnayake, & Ranaraja, 2013
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Urban First Nations Men: Narratives of Identity and Well-Being

Celina Carter & Jennifer Lapum

Where are the positive stories about Aboriginal men in Toronto? Why do we so often hear stories in the media, and dominant discourse about Aboriginal men that involve drunkenness, violence, laziness, and entitlement? Have the stories about Aboriginal male warrior-caregivers, fathers, leaders, and healers disappeared? How do urban Aboriginal men find a positive sense of self within the often racist and discriminatory larger society? The first author, Celina Carter, worked as a nurse at a community health centre for Aboriginal people in Toronto. Here, she came to know many male Aboriginal clients and colleagues who did not look anything like the stereotypical images that are often portrayed. As a white settler with seven generations of ancestors living on this land, she wanted to gather stories both for the Aboriginal community she practiced nursing with, and also for her community, whose members so badly need to hear strength-based stories about Aboriginal men. The following excerpts are from interviews with three urban First Nations men *who identify as living a balanced life. These stories were collected during Ms. Carter's Master's of Nursing thesis that was guided by an Aboriginal advisory committee from the community, with ethics approval from Ryerson University. The excerpts share the three men's symbols of identity and narrative typologies.*

GENE: A Quest

Gene loosens his tie and undoes the top two buttons of his collared shirt. He slowly pulls at a little leather string around his neck. He brings it up over his head and out from under his shirt. On the end of the string is a little yellow tobacco pouch. Gene lays the deer hide tobacco pouch on the table; its original tobacco is inside. We look at it in silence. Gene tells me of his childhood growing up on the reserve with his mother, father, siblings, and extended family. He tells me about figure skating and later coming out as a gay man. He tells me of his successful career. He tells me about the way his life is guided by the Seven Grandfather teachings—namely, by honesty and respect. When the story is finished, he picks up the tobacco pouch, puts it around his neck, and tucks it back under his collared shirt.

> So as I wear it every day. … You can't go without feeling it on your body or you can't go without thinking about it. [It] being there is what reminds me continuously where I came from.

Knowing himself and where he comes from, supports his sense of wellness. He tells me:

> My physical health and wellness, my spiritual health and wellness, my mental health and wellness, my emotional health and wellness are all facets of who I am as a person. And if one is off, then I'm not well.

Gene's identity-narrative typology is that of a *quest*. Quest stories describe the storyteller or protagonist as living their life in pursuit of something that can be learned and passed on to others (Frank, 1998). The protagonist lives this quest and, in doing so, experiences changes in their self and beliefs (Frank, 1998). Gene's quest has been to stay on the "good" path, continually learning and evolving: "I want to live a good life, so I want to be in this positive space of happiness and joy and enlightenment." For Gene, part of staying on a good path means embodying the Seven Grandfather teachings. After he heard about the Seven Grandfather teachings in his early twenties, he said to himself:

> "That makes sense!" This is exactly the way that I live my life … that I focus on living my life. And I think without having words before these were the ways, so respect is important to me, honesty is important to me. All of those pieces sort of made sense and it was kind of an "ah-ha" moment for me from a First Nations background to say

> ‘that in words [the Seven Grandfather teachings], is … what I believe my culture has instilled in me.

He believes that these teachings encompass what his world and Aboriginal teachings are all about: respect, treating people well, and balance. As Gene proceeded in his journey, he learned that his Aboriginal identity, including the grandfather teachings, is something that will help keep him on this path. Gene tells a story of a turning point when he was immersed in “gay culture” and he lost focus on his identity as an Aboriginal person.

> The pendulum swung completely to my identity as a gay person and my identity as an Aboriginal person kind of minimized during that period of time. … I think if I stay down this path of being within the LBGT community, it may take me into a negative place because there is just a lot of debauchery. … That’s when I’ve gravitated a little bit more to how can I be re-engaged in what it is that I’m doing with the community as an Aboriginal person, as a First Nations person.

Gene’s Aboriginal identity was once “diminished” and he strayed from his path; he does not want this to happen again. Moving forward, Gene wants to impart these teachings to others, as he believes that they provide the support and guidance that people need in life. He stated that, “In thinking about those traditional values, … to actually impart them into my nieces and nephews, … imparting them with the right support and giving them the right directions is important.” As reflected in Gene’s story, living the teachings is a way of life for him. They are the foundation to making good decisions and staying focused on living the good life; the tobacco pouch hanging around his neck and brushing against his skin reminds of him of that.

STEVE: A Reincarnation

Steve has a black case with the medicine wheel painted on the front. He unzips the case and removes a drum; this is the symbol that he has chosen to represent his identity. He holds the drum in one hand and rubs the surface of the drum with his other. It is a round-dance style drum, but Steve also uses it for sweat lodges. The drum feels cold; he gives it a little tap. Steve turns the drum over in his hands. Finding dirt on the edge, he tells me it is from the sweat lodge from the night before. He brushes it off, apologizing that he is getting mud on the table. Steve tells me that the drum is made of untreated moose hide—it is special, made in the old way, not with the chemically treated hide that so many drums are made of today. He turns the drum around, showing me the inside, where you can see the light coming through to expose the swirling shades and different patterns in the skin. He made the drum, having gotten the moose hide last fall: “You take the hair off and you scrape the inside off, where the meat and the guts all used to be—so they scrape that off. *Fleshing*, they call that." Sinew is sewn through the hide, holding it to the wooden frame of the drum and keeping it taut.

> It [the drum] reminds me of that heartbeat and it reminds me to behave and stay balanced. And it reminds me to [be] a good person. … And when I sing, I try to sing my best and put my heart into it when I sing and when I drum. So yeah, it reminds me of all those good things and I accredit the drumming and the drum to, you know, what helped me to quit using drugs and drinking, right. So it's a big part of my life. … Growing up, I knew little about being Native and as I got older I was curious, and the drum, sort of, it was the gateway.

The drum keeps Steve balanced and is part of his health and wellness. He explained:

> I've learned … health is four aspects of a person: the mental, emotional, physical, spiritual. And if your mental health is unbalanced, it may affect your physical health. Or if your spiritual health is lacking, it may affect your emotional health. And all of those sort of play hand in hand so balance is somewhere being in the middle of all of those things. … It [the drum] reminds me [to] stay balanced.

The typology of Steve's narrative is one of *reincarnation*. I use the definition of reincarnation as defined by Aboriginal social activist and educator Allyson Anderson (2008). She explains that reincarnation is about reawakening Aboriginal male identity and reclaiming the accompanying role(s) within family and community (Anderson, 2008). She defines it as a spiritual journey that involves reconstituting "fragments of traditional masculinities that have survived generations of physical and cultural genocide" (Anderson, 2008, p. 186). Reincarnation can take place through rituals, rites of passage, and the rejection of colonial definitions of Aboriginal masculinity in order to redefine Aboriginal manhood and restore connection to women, mother earth, and the community (Anderson, 2008). Reincarnation is not simply about being reborn; it is the process of reclaiming identity and culture after genocide.

The typology of reincarnation fits Steve's narrative, as he recounted becoming reconnected with his culture and finding a way to reclaim his Aboriginal identity. This reclaiming occurs in the context of colonization having broken the link between his family and their community and their Aboriginal culture. Reconnecting to his Aboriginal identity and culture was a key narrative idea underlying Steve's story. Steve was born "without" his culture and his story reflects the journey of discovering Aboriginality.

> Some of the cultural practices that I use have really helped me to be the person I am, a fairly healthy person. But that

> being said, I didn't grow up that way. I didn't grow up on reserve. I grew up in a very non-Native community. And that community was as diverse as white bread and a glass of milk.

Although supportive, neither of Steve's parents could teach him about Aboriginal culture because his Ojibway mother grew up in a foster home and his father is non-Aboriginal. However, he explained, "My mom was curious [about our culture] and we started going to powwows." Together with his mother, he embarked on his reincarnation. Part of his reincarnation was also returning to his mother's reserve: "It almost felt like reconnecting to a part of my family's history that I never knew before. So … it almost felt like a sense of coming home." The connotation of "home" in his statement reflects a level of comfort and a returning to one's origins.

The typology of reincarnation continued throughout Steve's story. Steve recounted that he engages in rituals, especially related to drumming and promoting rites of passage for his daughters. As reflected in his narrative, Steve reclaimed what it is to be an Aboriginal man living a balanced life and living the teachings of the drum. As Steve's path of the drum became more engrained in his life, he also forged stronger bonds with his community, becoming a leader, advocate, and protector.

JACY: A Romance

Jacy reaches into his black leather and wool work jacket. From within the inside breast pocket he pulls a folded piece of white paper. He slowly unfolds it and lays it on the small round table in the space between us. It's a picture of Buffalo Calf Woman. He positions it so it faces me, saying, "It's a Native American folklore myth; it carries a lot of weight in our community. For us, it represents life, renewal, new lessons ahead—a lot of good things." He shares stories of how this symbol represents learning respect for the community and for women. At the end of the interview, he tells me to keep it, but first shares his own personal Buffalo Calf Woman experience.

> I had a bad feeling. … That girl is pushing her body against me and all of a sudden my stomach went really bad, like it was turning, like someone was opening up a safe…all of a sudden I felt this tap on my shoulder and I looked back behind me and there was this drunk Indian guy and he was like 30 or 40 feet away, just sitting down and drinking his drink and looking at me. … Then I looked around, because my grandfather always said when someone touches you, or you don't know what it is, look around. So I looked around and I noticed there were two guys that were looking at me and [my cousin]. I didn't like the way they looked at us. … "I'm outta here, man. I don't like this place. I don't like this place at all. Let's get … out of here." [The next day] there were police all over the place and

> then we saw those two girls. … She goes, "Yeah, just after you guys left, two other guys came up and they were talking to us and my ex-boyfriend was in the crowd and he came over, and he beat one up and he killed him!"

The typology of Jacy's narrative was that of the *romance*. The romance typology is not about love, as one might imagine, but about the protagonist overcoming obstacles en route to his goal (Lieblich, Tuval-Mashiach, & Zilber, 1998). The journey and the struggle to achieve one's goal is the essence of the romance story. Jacy's narrative reflects a journey of overcoming challenges in which he stays true to himself and his values as his identity evolves. Some of the challenges in Jacy's narrative involved being adopted and separated from his Aboriginal culture, as well as experiencing violence when he returned to the reserve later in life. Jacy cultivated a way of healing himself by seeking out dancing and a community that was respectful and full of laughter and that practiced the traditional ways. The dominant theme in Jacy's narrative is not necessarily about his positive Aboriginal identity, but rather about the strength and perseverance it took for him to get there.

The majority of the stories that he tells involve a conflict that is resolved through trusting his instincts, which requires him to know himself. His narrative reflects the ways that he engaged in various experiences and opportunities that prompted a change of course in his life, as in the many times when he made a decision to leave school, home, the reserve, Winnipeg, a job, and so on, all of which changed his life journey. Through each of these experiences, he recounted learning about himself and emerging more self-assured and self-knowing. For example, while Jacy was living on the reserve, he experienced betrayal and hurt. He explained how he knew when it was time to leave the reserve:

> I'd had enough. … They were fighting
> their chief and his security guards, …
> and I didn't want to be a part of it. …
> There was a big giant eagle wing and a
> head that was pointing towards
> Winnipeg. And I remember thinking, …
> I got to go. The next day, I was gone.

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Trees

Jordan Snyder

My mom says that she likes the shape of the silhouette of the trees against the sunset because they look like capillaries.

Our hearts push blood through our veins, extending life to our limbs. The blood is hidden, or perhaps protected from our exterior by skin and tissue.

Trees are stronger, or perhaps a more brave expression of vitality. The shape of their life extends ever upward toward the infinitely unreachable sky.

Trees carry no shame in their existence, no insecurity about their shape. Trees do not question if they are growing the right way or ask permission to be present. In nature's undeveloped stillness I affirm my own nature.

Jordan Snyder comments: "I can remember the first time I looked through a camera and that was it. I knew there was nothing else I could do in this world." Email: snyderj91@gmail.com