

Healing Journeys: Stories of Urban First Nations Women Overcoming Trauma

by

Kimberly Hart

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Abstract

This Master of Social Work thesis focused on the healing journeys of urban First Nations women who have overcome trauma. The purpose of this research study was to develop a deeper understanding of healing and trauma from an Indigenous perspective. This Master of Social Work thesis created space for Indigenous knowledges so that Indigenous perspectives on the aspects of healing and trauma could be brought forward. At the centre of this created space were the voices of urban First Nations women and their shared stories of healing.

This qualitative research study applied Indigenous research methodology, which also included narrative research methodology. In this study, the stories of five First Nations women who reside in an urban centre in Manitoba and who were well into their journeys of healing from trauma were explored. Manitoba First Nations traditional values, practice and protocol guided this thesis project to ensure that this research was conducted ethically and respectfully.

The Medicine Wheel was used as a conceptual framework to understand the journeys of healing as well as the trauma experiences of the five women within the context of the life stages of human development. The meta-narratives and life narratives of the women provided accounts of their healing journeys. The findings of this research identified the following three overarching themes: *living colonized lives*, *relationships*, and *healing paths*. Recommendations were outlined for future social work research, practice, and education.

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Kinanaskomitinowow.

Dedication

To my mother, Fjola Hart Wasekeesikaw, whom I love greatly, dearly, and immensely.

I am grateful to have such a special person to call my Mom.

To my family, thank you for so much love, laughter, and happiness.

To all First Nations women. In honour of these words as advised from the Sundance:

“Heal the women, you heal the children; heal the children, you heal the community”

(Ma Mawi Wi Chi Itata Centre Inc, 2014)

In memory of my Uncle, Gerald Thickfoot, my Grandmother, Vivian Thickfoot,
and my Great-Grandmother, Edith Thickfoot. You are always in my heart.

Table of Contents

Abstract.....	i
Acknowledgements.....	ii
Dedication.....	v
Table of Contents.....	vi
List of Figures.....	xi
Chapter One: Introduction	1
Statement of the Problem	2
Purpose of the Study	3
The Significance of the Study for the Field of Social Work.....	4
Personal Significance of the Study.....	5
Location of Self.....	5
Researcher Guidance – Inner Knowing.....	8
Study Research Questions.....	10
Definition of Terms.....	10
Summary	12
Chapter Two: Literature Review	13
Trauma and the First Nations Populations of Canada	13
The Traumas Experienced.....	13
Colonization	14
Residential school system	14
Sixties scoop	16
First Nations Women and Trauma	17
The Indian Act of 1876	19
Urban First Nations Women and Trauma	22
Urbanization	23
Healing and the First Nations Populations of Canada	25
Resiliency	25
An Aboriginal Perspective	26
Tension in the Literature	29
The Western Perspective	29
Clinical implications	30
Concepts of Trauma	31
PTSD	31
Historical trauma.....	33
Colonial trauma response.....	35
Summary	36

Chapter Three: Research Methodology and Design	37
Overall Approach and Rationale	37
Indigenous Research Methodology	37
Ethical research with First Nations communities	37
Advisory council	39
Their words	39
Story	39
Self-location	40
Inner knowing	40
Ceremony and protocol	41
Medicine Wheel: A conceptual framework	41
Narrative Research Methodology	41
Story	43
Data analysis	43
The Study Design	43
The Research Setting	43
The Research Participants	45
Data Collection	49
Food	50
Tobacco	51
Yellow cloth	51
Smudging with sage	52
Grandfather rock	52
Spring	53
The interviews	53
Narrative Data Analysis	55
Second level coding	56
Establishing Trustworthiness	57
Credibility	57
Transferability	58
Confirmability	58
Ethical Considerations	58
Research Ethics Board	59
Participant Welfare and Support	59
Elder and counsellor	60
Researcher Self-Care	61
Limitations	62
Summary	64
 Chapter Four: Results	 65
The Medicine Wheel – Life Stages	65
Birth to Childhood	66
Adolescence	66
Adulthood	67
Elderhood	67
The Women and their Stories	67

Participant 1: Katherine	68
Katherine's meta-narrative.....	68
Katherine's life narrative – traumas experienced	69
Birth to childhood	69
Adolescence	70
Adulthood	70
Katherine's life narrative – her healing.....	71
Birth to childhood	71
Adolescence	72
Adulthood	72
Participant 2: S.E.	74
S.E.'s meta-narrative.....	74
S.E.'s life narrative – traumas experienced	75
Birth to childhood	75
Adolescence	76
Adulthood	77
S.E.'s life narrative – her healing	78
Birth to childhood	78
Adolescence	79
Adulthood	79
Participant 3: Anne	80
Anne's meta-narrative.....	80
Anne's life narrative – traumas experienced	81
Birth to childhood	81
Adolescence	82
Adulthood	82
Anne's life narrative – her healing	83
Birth to childhood	83
Adolescence	83
Adulthood	84
Participant 4: Isabelle	85
Isabelle's meta-narrative.....	86
Isabelle's life narrative – traumas experienced	86
Birth to childhood	86
Adolescence	88
Adulthood	88
Elderhood	88
Isabelle's life narrative – her healing	89
Birth to childhood	89
Adolescence	89
Adulthood	90
Elderhood	90
Participant 5: Gerry	91
Gerry's meta-narrative.....	91
Gerry's life narrative – traumas experienced	92
Birth to childhood	92

Adolescence	93
Adulthood	94
Gerry's life narrative – her healing	94
Birth to childhood	94
Adolescence	95
Adulthood	96
Elderhood	97
Common Themes	98
Living Colonized Lives	98
Cleanliness	99
PTSD	100
Relationships	101
Children.....	101
Parents	102
Mothers.....	102
Fathers	103
Grandparents.....	103
Significant other	104
Family helpers	105
Helping professionals.....	106
Society	106
Healing Paths	107
Traditional practices	108
Elders	108
Smudging and prayer	108
Sundance	109
Forgiveness	110
Relationship with the land.....	110
Fading trauma	111
Healing is a journey	111
Summary	112
Chapter Five: Discussion	113
Relationship of the Findings to the Literature.....	113
Living Colonized Lives	113
PTSD	115
Relationships	116
Children	116
Mothers.....	117
Helping professionals	117
Healing Paths	119
Traditional practices	121
Relationship with the land.....	122
Healing is a journey	122
The Conceptual Framework	123
Reflection and Reflexivity	124

Reflection	124
Researcher support	124
First Nations traditions and protocol	125
Shared vulnerability	125
Food.....	126
Participant well-being	126
Remaining connected	126
Reflexivity	127
Dreams	127
Smudging and prayer.....	128
Sweatlodge ceremony	128
Recommendations	128
Recommendations for Social Work Researchers	129
Recommendations for Social Work Educators.....	129
Recommendations for Social Work Practitioners	130
Summary	131
References	132
Appendices	142
Appendix A: Interview Guide – Individual on a Healing Journey from Trauma	143
Appendix B: Interview Guide – Community Elder Participant	145
Appendix C: Informed Consent – Consent Form.....	148

List of Figures

Figure 1. Medicine Wheel – Life Stages66

Chapter One

Introduction

The purpose of this Master of Social Work (MSW) thesis was two-fold. The first purpose of this qualitative study was to focus on the healing journeys of urban First Nations women living in Winnipeg, Manitoba who have overcome trauma. The intent was to develop a deeper understanding of healing and trauma from an Indigenous perspective pertinent within social work's practice and education settings. The second purpose of this MSW thesis was to create space not only for Indigenous knowledges within social work by providing an Indigenous perspective on the aspects of healing and trauma, but it was also to honour the voices of urban First Nations women as they shared their stories of healing.

Applying Indigenous research methodology, which included narrative research methodology, this qualitative research study explored the stories of five First Nations women who reside in Winnipeg, Manitoba and who were well into their journeys of healing from trauma. One of these participants was a female community Elder who holds traditional knowledges about healing and trauma. The participation of an Elder in the study was invaluable to this research. Manitoba First Nations traditional values, practice and protocol guided this project to ensure that this research was conducted ethically and respectfully.

In this MSW thesis, I present a comprehensive explanation of this research study regarding First Nations women who are on a healing journey from trauma and who reside within an urban setting. In this chapter, I provide a statement of the problem, the purpose of the study, the significance of the study for social work, the personal significance of the study, the study's research questions, and a definition of terms.

Statement of the Problem

It has been well documented within the literature that trauma has had an impact on the First Nations populations of Canada since the beginning of colonization (Bombay, Matheson, & Anisman, 2009; Elias et al., 2012; Fast & Collin-Vezina, 2010; Lavallee & Poole, 2010; Wesley-Esquimaux, Smolewski, & Aboriginal Healing Foundation, 2004). Examples such as the reserve system and how it was implemented, the residential school system, and the Sixties Scoop have had successive generational impacts on the First Nations populations of Canada beginning from the individual, expanding to the family, and onward to the community and the nation. However, despite the grief and the numerous losses, which have come with the experience of multiple traumas, the First Nations peoples of Canada have a resiliency and strength, which have carried them through such challenging circumstances. Although the experience of trauma is a common life event amongst many First Nations peoples, families, and communities throughout Canada, it is critically important to acknowledge the well-being of First Nations peoples as well. Just as many First Nations populations throughout Canada live a life of health and well-being, the same is true for the urban First Nations population in Manitoba.

The primary purpose of this qualitative research study was to develop a deeper understanding of healing and trauma from an Indigenous perspective, which would be pertinent within social work's practice and education settings. Winnipeg has the largest urban Aboriginal population in Canada (Winnipeg Regional Health Authority, 2009, p. 2) where 10% of its total population identifies as either First Nations, Inuit or Métis (Statistics Canada, 2008, as cited in Winnipeg Regional Health Authority, 2009). Since Winnipeg has a high percentage of First Nations, Inuit, and Métis populations, it is highly likely that social work practitioners will be offering support to Indigenous individuals at one point and time in their career. Therefore, it is

imperative that social work practitioners have understanding and cultural consciousness regarding the diverse Indigenous worldviews, life contexts, and perspectives of their clients.

Purpose of the Study

In this MSW thesis, I focus on two purposes. The first purpose of this qualitative study was to focus on the healing journeys of urban First Nations women of Winnipeg, Manitoba who have overcome trauma. The intent was to develop a deeper understanding of healing and trauma from an Indigenous perspective, which would be pertinent within social work's practice and education settings. Although the experience of trauma is a common life thread amongst many First Nations peoples, families, and communities throughout Canada, it is critically important to acknowledge the well-being of First Nations peoples as well. Just as many First Nations populations throughout Canada live a life of health and well-being, the same is true for the urban First Nations population of Winnipeg, Manitoba. It is imperative that social work practitioners have understanding and cultural consciousness regarding the diverse Indigenous worldviews, context, and perspectives of their clients.

The second purpose of this MSW thesis is to create space not only for Indigenous knowledges within social work by providing an Indigenous perspective on aspects of healing and trauma, but also to honour the voices of urban First Nations women as they share their stories of healing.

It is important to note that this research focussed on a specific age, gender, and place of residency in order to ensure the study was feasible; however, it must also be noted that there are many other First Nations populations in Manitoba that could be included in this trauma discussion.

The Significance of the Study for the Field of Social Work

As stipulated within their ethical guidelines, the Canadian Association of Social Workers (2005) identified the following aspects for the demonstration of cultural awareness and sensitivity:

1.2.1 Social workers strive to understand culture and its function in human behaviour and society, recognizing the strengths that exist in all cultures.

1.2.2 Social workers acknowledge the diversity within and among individuals, communities and cultures.

1.2.3 Social workers acknowledge and respect the impact their own heritage, values, beliefs and preferences can have on their practice and on clients whose background and values may be different from their own.

1.2.4 Social workers seek a working knowledge and understanding of clients' racial and cultural affiliations, identities, values, beliefs and customs. (p. 6)

Given that Manitoba has such a large and diverse First Nations population, it is crucial for the field of social work to hear the perspectives of First Nations individuals to ensure cultural consciousness and understanding. Social work educators, practitioners, policy makers, and program developers need such knowledge in order to best educate and provide service that is respectful and relevant to First Nations populations.

It is important for the field of social work to continue to move away from a colonial relationship with First Nations populations; this requires a strong understanding of First Nations' history, worldviews, and perspectives. As such, this study attempts to provide insight into the experiences of urban First Nations women as they have experienced multiple traumas and yet found their healing paths.

Personal Significance of the Study

Before delving into what drew me to this research project, I would like to first introduce myself in relation to this research. As a First Nations person it is customary for me to introduce myself so that others have context about who I am. Absolon (2011) explains that, “in Indigenous contexts location does matter” (p. 71) because “[p]eople want to know who you are, what you are doing and why” (p. 71). Absolon (2011) also explains that locating the self is part of ethical “re-search” (p. 72) in regards the damaging history that research has with First Nations peoples (p. 72). She purports that this allows for the audience to “understand the position from which we search” (p. 73). In keeping with Absolon’s explanation, I will take this opportunity to introduce myself:

Location of Self

My English name is Kimberly Hart. I am a Cree woman and a member of the Fisher River Cree Nation, Manitoba. I am a daughter, niece, cousin, and friend. These roles recognize the relationships that are here with me today. I would also like to recognize that I hold relationship with my ancestors as well as loving family members who have built strong ties with me before they passed on. I was born and raised in Winnipeg, Manitoba. There is a lot to this piece about being raised as a First Nations person in an urban context. I have only just begun a journey of self-discovery with the concept of decolonization and I feel that I still have much to learn and understand. I believe that there are pieces of myself that are particularly pertinent to the primary focus of my thesis research.

As a young First Nations person I grew up in St. Vital, a suburb within Winnipeg, attending a French Immersion school. Reflecting back on this immersion experience, I wish I had the opportunity of learning to speak Cree instead of French and English back then. To rectify this

I have chosen to enrol in Cree language classes once I have completed writing this thesis for my Masters degree. Although my education throughout the elementary, junior, and high school years was rooted within mainstream, my most recent post-secondary experiences have been as well. In 2008, I received my Bachelor of Social Work degree. Since then much of my clinical and volunteer experience has been geared towards work in the field of mental health. I decided to attain my MSW degree because I was in search of how to become a social work practitioner who provided culturally relevant and respectful support to First Nations peoples, families, and communities. In order to do this effectively and respectfully, I needed to begin my own journey of decolonization. My experience as a graduate student within the University of Manitoba's Faculty of Social Work, Indigenous Caucus was pivotal in discovering myself as I worked toward decolonization. I am glad to have had the experience within the Indigenous Caucus as it has opened me up to new understandings, perspectives, and learning that has permitted me to grow as a First Nations person in ways I have never been exposed to previously.

Throughout my time in the MSW program, I have come to truly appreciate that I am a Cree person. I believe I internalized other's beliefs that I was "not Indian enough" because I spoke "good" English, grew up in the city, and was well educated. Today I no longer spend my energy believing that I am "not Indian enough"; I know and I feel that I am Cree. Now my energy goes towards the celebration of my identity as a Cree woman. I am engaged with the urban First Nations community within Winnipeg through cultural programming and the connections that have been brought about through these programs. All of this is in addition to the relationships that I have made over my lifetime as a result of my family's connections to Winnipeg's urban First Nations community as well as our home community.

I would like to acknowledge that my mother would take me with her to ceremonies when I was a child. We would travel outside of the city on a regular basis to attend teachings, feasts as well as sweatlodge and Full Moon ceremonies. However, as I reached my teen years, I disengaged from attending ceremonial activities. This was a time in my life where I wanted to blend in with all of my friends. Once I reached my twenties, I noticed that I did not know how to re-engage with this part of my life again. I felt that I had been away too long. Thankfully, in my thirties, I have been able to re-connect with traditional teachings and ceremonies through urban community programming at Ka Ni Kanichihk, Ma Mawi Wi Chi Itata Centre, and Wii Chiiwaakanak Learning Centre.

This thesis research project stems from two important aspects of my life. This first and foremost aspect is that my family is my most important priority. I have an immense amount of respect for the challenges that my family has faced over the generations as well as their successes. Despite the history and continued presence of colonial legislation, residential schools, the reserve system, city relocation, the Sixties Scoop, and racism, my family remains strong and prideful. This is what has been passed on to me and this is what I would like to carry on for our family's future generations and also for those that are here with me today. It is out of gratitude for this good life that my family has provided for me which has inspired me to bring this project forward.

This leads into the second most important aspect in my life: holistic wellness. I believe that the state of our health and wellness as human beings is that one aspect of our being can affect the health and wellness of other aspects of our being. I am of the opinion that our mental, physical, emotional, and spiritual health are all interconnected and therefore, it is important to attend to all aspects of our selves for health and wellness. This way of believing in health and

wellness comes from the Medicine Wheel teachings, which will be discussed in greater detail within the Literature Review Chapter. I wanted to ensure that this thesis project came from a perspective of wellness that celebrated the strength, pride, and resiliency of First Nations peoples rather than to have a focus of struggle, loss, injustice, and hardship as so many others have focused on. As such, this thesis explores the concept of healing. My commitment to community also compels me to focus on this topic.

Essentially, I am on a journey of personal and professional search and I have invited First Nations women from Winnipeg to walk with me and share their stories of healing. It is through these shared stories that I have been able to connect with others who have similar experiences to my own as an urban First Nations woman living in Winnipeg. Through these stories and experiences I have been able to further connect with myself. This personal awareness and knowing lends itself to practicing and being a more conscientious Indigenous social worker.

Researcher Guidance – Inner Knowing

Throughout the journey of conducting this research, I have been guided by three elements: my dreams, prayer, and the turtle. My dreams have provided me with an inner knowing as to how I have been progressing since the time of this project's proposal. I can strongly relate to what Edna Manitowabi says about the significance of her dreams:

Dreamtime has always been a great teacher for me. I see my dreams as guides or mentors, as the Grandfathers and Grandmothers giving me direction in my life. Dreams are how my own spirit guides me through my life. (as cited in Simpson, 2011, pp. 35-36)

Dreams have always been particularly significant for me and it has been comforting and reassuring that they have been a constant throughout my thesis journey.

Secondly, I would greet each day and say goodnight before a night's rest with a smudge and prayer. This was a time for me to send my love to those important relationships in my life, to share my gratitude for the goodness in all of life's creation, and ask for guidance from the Creator so that I could move through this thesis journey in a good way.

Finally, the turtle has been close to me throughout this journey. By this I mean that the image and the figure of the turtle have been constantly prominent in my life over the past few years. The turtle first started to appear in the first year of my thesis proposal work as an art piece from a graduate student colloquium where I made a poster presentation. Within my second year of my thesis work, it had come to me in a discussion of trauma and healing from trauma. Along the way, I have also met people who have a special appreciation for the turtle. Quite literally, at times I felt that I was moving at a turtle's pace with this thesis project. Marlyn Bennett has graciously shared the symbolism of the turtle with me. She shares that the turtle is a woman's symbol, which carries great significance within this thesis project (personal communication, June 16, 2014). Bennett explains the turtle's symbolism:

There are 13 tiles on most turtle's backs and 13, significantly, is also a woman's number. The number of moons in the year is 13 and consequently it is the number of the menstrual cycles a woman will have generally within the year. (personal communication, June 16, 2014)

Over the past few years, I have been gifted with many turtle art pieces unlike ever before. These turtles have come to me during the times that I was feeling doubtful; doubtful of the project itself and/or of my abilities to complete this thesis at the level of depth that it required and deserved. Each time a turtle crossed my path, I became more and more confident that I was on the right

track with this project and that I just needed to move along knowing the final results would emerge as it was meant to be.

Study Research Questions

This study was to develop a deeper understanding of healing and trauma as experienced by First Nations women who reside in Winnipeg, Manitoba. The research questions for this study were as follows:

1. What are the experiences of urban First Nations women with trauma?
2. What is the nature of their trauma(s)?
3. How would urban First Nations women describe and articulate their healing journey of their trauma(s)?

Definition of Terms

The terms Aboriginal, First Nation(s), Indigenous populations, and trauma are used throughout this thesis and are defined as follows:

The term *Aboriginal* will appear within the literature review section of this thesis as it is used by the respective authors. More specific terminology is used whenever identified by the literature. The term *Indigenous populations* is used throughout this thesis to include the First Nations, Métis and Inuit populations of Canada. The World Health Organization (2012) provides the following definition of Indigenous populations:

[C]ommunities that live within, or are attached to, geographically distinct traditional habitats or ancestral territories, and who identify themselves as being part of a distinct cultural group, descended from groups present in the area before modern states were created and current borders defined. They generally maintain cultural and social

identities, and social, economic, cultural and political institutions, separate from the mainstream or dominant society or culture. (Health topics: Indigenous populations)

It is my preference to use the term *First Nation(s)* throughout this thesis rather than the legal definition of Indian. First Nation(s) is a term taken on by the leadership of the Assembly of First Nations (n.d.) to consciously cease the use of the colonial term of “Indian” as used within the Canadian Government’s *Indian Act*. According to the National Aboriginal Health Organization (2012) the term First Nation(s) people only applies to Status and Non-Status Indians and does not pertain to Métis and Inuit individuals (para. 18).

An additional term that will be used in this thesis that requires definition will be trauma. The term *trauma* is defined by the American Psychological Association (2012) as

[A]n emotional response to a terrible event like an accident, rape or natural disaster.

Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. (para. 1)

Trauma can also be defined as “an acute event or insult against a person’s body or psyche.... the emotional insult or shock to the mind resulting from physical and/or emotional injury” (Denham, 2008, p. 395). Furthermore, traumatic events “are outside the normal range of an individual’s experience” (Kessler, Sonnega, Bromet, Hughes, and Nelson, 1995, as cited in Evans-Campbell, 2008, p. 318) which place “exceptional” (p. 318) physical and mental stress on an individual (Kessler, Sonnega, Bromet, Hughes, and Nelson, 1995, as cited in Evans-Campbell, 2008). Synonyms for trauma include: “agony, anguish, damage, disturbance, hurt, injury...ordeal, pain, scar, shock, strain, suffering, torture, upheaval, upset, wound” (Webster's New Dictionary and Thesaurus, 1990, p. 916).

Summary

This introduction has provided a brief overview of this thesis topic: the shared stories of urban First Nations women who are on a journey of healing from trauma. A statement of the problem, the purpose of the study, the significance of the study for social work, the personal significance of the study, the study's research questions, and a definition of terms have been identified. The next chapter will present the findings of the literature that pertain to First Nations peoples, trauma, and healing.

Chapter Two

Literature Review

This thesis research sought to understand the healing journeys of urban First Nations women who have overcome trauma. As such the literature regarding trauma and healing as they pertained to the First Nations populations of Canada will be discussed in this chapter, in addition to the tensions within the literature.

Trauma and the First Nations Populations of Canada

Trauma has had an impact on the First Nations populations of Canada since the beginning of colonization (Bombay et al., 2009; Elias et al., 2012; Fast & Collin-Vezina, 2010; Lavallee & Poole, 2010; Wesley-Esquimaux et al., 2004). This section will discuss the literature that focused on the concept of trauma as it specifically pertained to the First Nations populations of Canada. Aspects of this trauma experience such as colonization, the residential school system, and the Sixties Scoop will also be briefly outlined. The literature that addressed trauma as experienced by First Nations women will be discussed in addition to the context of urban First Nations women.

The Traumas Experienced

Trauma has had a long history in the lives of the First Nations populations of Canada. It is important to note that although many traumas have a historical context, they have had a long lasting impact on First Nations peoples in contemporary society. The following are only a few examples of the individual and collective traumas that the First Nations populations have endured over the centuries: infectious disease epidemics (Mussell, n.d.) such as smallpox, measles, and influenza (Wesley-Esquimaux et al., 2004), “the reserve system, laws banning spiritual practices, the Residential School system... the ‘60’s scoop’” (Mussell, n.d.), in addition

to the “loss of ceremonial freedom, dance, song and other methods that would have helped Indigenous people express and grieve their losses” (Kehoe, 1989; Sullivan, 1989; Ross, 1992, as cited in Wesley-Esquimaux et al., 2004, p. 4). The literature that addressed colonization, the residential school system, and the Sixties Scoop will be discussed.

Colonization. The First Nations populations of Canada have endured a legacy of colonization. As shared by the Canadian Collaborative Mental Health Initiative (2006), “[t]he loss of wellness/wholeness and balance of First Nations people springs from a long history of colonization” (p. 5). Anderson (2000) pointedly states that “[c]olonization in and of itself is a violent process” (p. 97). M. A. Hart (2009) provides the following explanation of colonialism:

[C]olonialism is driven by a worldview and processes that embrace dominion, self-righteousness and greed, and affects all levels of Indigenous peoples’ lives- the national, communal, familial and individual – and insidiously interferes with all aspects of Indigenous peoples’ lives, including their spiritual practices, emotional wellbeing, physical health and knowledge. (pp. 26-27)

What is more, colonization “attacks individuals on the emotional, physical, mental and spiritual levels” (M. A. Hart, 2002, p. 26). Mussell (2008) shares that “[c]olonization created stigmatization of First Nations. Colonizers viewed and treated Canada’s indigenous peoples as lesser human beings” (p. 4). This belief system that First Nations peoples were “lesser than” played out with the residential school system.

Residential school system. The residential school system was a great effort to colonize First Nations peoples. As stated by Elias et al. (2012):

[I]ndigenous children were removed from their families and communities and sent to schools operated by the Roman Catholic Church, Church of England, United Church, or

Presbyterian Church, and later by the Government of Canada. The removal of children from families and communities was a lawful practice, intended to delimit the social and cultural identity of indigenous children. By Christianizing, civilizing, and then re-socializing these children, the Federal government hoped that these children, and subsequent generations, would contribute economically to a modernizing Canada. (p. 1561)

Mussell (n.d.) provides this overview of the residential school system:

Beginning in 1861 and as recently as the 1970s, Indigenous children were removed from their families to be trained in residential schools, often long distances from their home community, where they were forbidden to speak their own language or to practice their cultural ways. The residential school experience inflicted traumatic experiences on the children, their families, and communal life. (pp. 2-3)

Fearn (2006) provides further detail to the residential school experience and its impacts:

The residential school system exposed generations of Aboriginal people to physical, mental, and sexual abuse and resulted in weakened family ties, a weakening of parenting skills, and a loss of culture and language....The conditions that many children experienced, extreme stress caused by abuse and harsh living conditions combined with low quality nutrition, and forced separation from families and communities led to long term health and mental health problems....Most residential schools were closed by the mid-1970s. The last school in Canada was closed in 1996....According to estimates by Statistics Canada, there are at least 85,975 Aboriginal people alive today who once attended Indian residential schools. However, many more people were affected by the inter-generational impact of the residential schools. As young adults came from the

schools back to their communities, a significant portion brought with them what they had learned at school: unhealthy and abusive behaviours, and bullying. Isolation from their parents often had a negative impact on the development of nurturing and parenting skills. This, in turn, negatively affected the way some residential school survivors parented their children and grandchildren. (p. 14)

Stout (2010) articulated further that the “residential schools have had a lasting effect across the generations.... Children would return to their homes after their schooling unable to relate to their families culturally or linguistically. The family and community bonds were severely ruptured” (p. 20). The Report of the Royal Commission of Aboriginal Peoples (RCAP) stated the following:

Residential school policy was strongly opposed by Aboriginal people. Despite the opposition, and evidence of abusive situations, nothing changed for decades. The damage to thousands of Aboriginal people, once children and now adults, continues to the present day. Bad policies always claim victims. But the effects of bad education policies seep through the decades, from child to parent to family to community, and from one generation to those that follow. (Indian and Northern Affairs Canada, 1996e, para. 26)

Sixties scoop. Another significant aspect of trauma for First Nations peoples was the Sixties Scoop. Fearn (2006) provided the following explanation of the Sixties Scoop:

[A] term that refers to the phenomenon, beginning in the 1960s and carrying on until the 1980s, of unusually high numbers of Aboriginal children apprehended from their families and fostered or adopted out, usually into white families. While the authorities of the time considered these apprehensions “to be in the best interest of the child,” adult adoptees have articulated their sense of loss: loss of their cultural identity; lost contact with their

birth families; barred access from medical histories; and for status Indian children, loss of their status. (p. 17)

L. Kirmayer, Simpson, and Cargo (2003) provide more detail to the Sixties Scoop:

[L]arge numbers of Aboriginal children were taken from their families and communities and placed in foster care. Eventually, many of these children were adopted into non-Native families in Canada and the United States.... this practice lasted almost three decades, although statistics indicate that there is still an over-representation of Aboriginal children in the care of non-Aboriginal institutions and foster families. (p. S17)

Shepard, O'Neill, and Guenette (2006) explain that “First Nations mothers came under the scrutiny of child and welfare services and were pressured to improve the care of children within the family” (p. 232). As noted by Fast and Collin-Vezina (2010), “[m]any scholars refer to this time period as a continuation of the residential school system because removal of Aboriginal children from their homes and communities continued” (p. 128).

First Nations Women and Trauma

It is acknowledged within the literature that Indigenous women have faced and endured particular circumstances with trauma. Here is one particular statement that reflects this point:

Colonial policies, based on patriarchal and racist systems, have had different implications for Aboriginal women. By way of the imposition of these systems, Aboriginal women witnessed an internal displacement from their long-held political, social and spiritual positions and responsibilities within their own communities.

(NWAC, 2007a; Amnesty International, 2009, as cited in Stout, 2010, p. 9)

Green (2010) indicated that “[f]rom an Aboriginal women’s perspective, colonization in Canada created cultural, social, economic and political dislocation. Western world views and Aboriginal

world views are polar opposites of each other” (p. 801). Within First Nations communities, women are highly regarded (Manitoba First Nations Education Resource Centre Inc., 2008). In fact, Anderson (2000) states that “[w]e should be aware that every Indigenous society had a sense of a woman’s power and position within the community” (p. 57). Women are considered to be the foundation of First Nations communities and families (Manitoba First Nations Education Resource Centre Inc., 2008, p. 23). The role of women is sacred because they are:

[T]he Life Givers. Women have been blessed with the gift of water. They carry the water inside them and it is the water that flows from within them when they are ready to deliver a baby. This water connects them with Mother Earth and Grandmother Moon...

(Manitoba First Nations Education Resource Centre Inc., 2008, p. 23)

Anderson (2000) further articulated that “[t]he Europeans who first arrived in Canada were shocked by the position of Aboriginal women in their respective societies... in order to dominate the land and the people that were occupying it, they needed to disempower the women” (p. 58). Wesley-Esquimaux (2009) states that “[c]ontact and colonization had an equally destructive impact on men, but the most immediate and least discussed damage radiated from the heart and centre of the family- the women- and temporarily shattered the hoop that ensured balance in life” (p.13). According to the Native Women's Association of Canada (2010):

Aboriginal women are the most at risk group in Canada for issues related to violence. The overrepresentation of Aboriginal women in Canada as victims of violence must be understood in the context of a colonial strategy that sought to dehumanize Aboriginal women. While the motivations and intersections may differ, NWAC has found that colonization remains the constant thread connecting the different forms of violence against Aboriginal women in Canada. The value of Aboriginal women is diminished by

the persistence of patriarchal values that, consciously or not, continue to influence and regulate social norms and gender relations. (p. 2)

Not only have First Nations women experienced the traumas noted above, they also faced another particular trauma - a piece of legislation known as the *Indian Act* (1876).

Indian Act of 1876. According to L. Kirmayer et al. (2003):

The *Indian Act* (1876) is the most comprehensive piece of federal legislation directed towards the management of Aboriginal peoples in Canada. Although established over a century ago, this document continues to play an integral role in the lives and juridical identities of Aboriginal peoples. (p. S17)

Furthermore, the RCAP provides this point about this legislation:

Conceived under the nineteenth century's assumptions about inferiority and incapacity and an assimilationist approach to the 'Indian question', the *Indian Act* produced gross disparities in legal rights. It subjected status Indians to prohibitions and penalties that would have been ruled illegal and unconstitutional if applied to other Canadians.

(Indian and Northern Affairs Canada, 1996e, para. 21)

Although the *Indian Act* affected all First Nations peoples, this legislation had a significant impact on First Nations women with its patriarchal and sexist policies. The RCAP further stated:

If Indian people generally can be said to have been disadvantaged by the unfair and discriminatory provisions of the *Indian Act*, Indian women have been doubly disadvantaged. (Indian and Northern Affairs Canada, 1996f, para. 7)

The *Indian Act* “served as a major tool of institutionalized patriarchy within First Nations communities and resulted in extremely detrimental repercussions for First Nations women”

(Medicine, 1993; Stevenson, 1999, as cited in Shepard et al., 2006, p. 230). The RCAP articulated:

An Indian woman could not even control her own cultural identity because it came to depend increasingly on the identity of her husband. A woman who married a man without Indian status lost her own status. Despite having been born into an Indian community, upon 'marrying out' she was no longer considered an Indian in the eyes of the government or the law. The children of such a marriage would not be recognized as Indian either. But a non-Indian woman who married a man with Indian status immediately became an Indian, as did any children of that marriage. A double standard was at work.

The issue of identity under the Indian Act has been and continues to be a source of personal pain and frustration for Indian women. Through its restrictive and sexist definition of 'Indian' and the selective application of the involuntary enfranchisement provisions, the Indian Act has created a legal fiction as to cultural identity. This has profoundly affected the rights of women of Indian ancestry, denying these rights entirely in the case of the thousands of women and their descendants who were subject, against their will, to loss of status and enfranchisement and to subsequent removal from their home communities because they married men without Indian status. Categories of aboriginality have been created through Canadian law as though Aboriginal identity and the rights that go with that identity could be chopped and channelled into ever more specific compartments or, in some cases, excised completely.

(Indian and Northern Affairs Canada, 1996a, para. 11 - 12)

The *Indian Act* was amended in 1985 with Bill C-31 to address the sexist implications for First Nations women; however, this did not effectively correct the situation for them. The RCAP comprehensively spoke to this amendment:

Today many of those women and their children have been returned to status and to band membership by the 1985 amendments to the *Indian Act* contained in Bill C-31. However, there are still large numbers of non-status Indians, the victims of earlier loss of status or of the enfranchisement provisions, who have not been able to meet the new criteria set out in the current version of the act.

At the same time, many women and their children who have recovered Indian status as a result of the 1985 amendments have been unable to secure band membership. This is because those amendments gave bands the power to control their own membership. Some bands that control their membership have refused to allow these 'Bill C-31 Indians' to rejoin the band. In other cases, people who have managed to acquire band membership have been refused residency rights on the reserve by the band council. Thus, they may now have status and band membership but be unable to return to the community or to vote in band council elections.

Moreover, the children of Indian women restored to status under the new rules in Bill C-31 generally fall into the section 6(2) category of status Indian... this means they are inherently disadvantaged in terms of their ability to transmit Indian status through marriage.

In these and other ways, many Indian women and their descendants continue to experience the lingering effects of the history of discriminatory provisions in the *Indian Act*. (Indian and Northern Affairs Canada, 1996f, para. 22 - 25)

Wesley-Esquimaux (2009) pointed out that “First Nations women are beginning to understand that many of the social problems they deal with every day roots in the extensive historic trauma that was experienced, but never properly voiced out and represented” (p. 20).

What is more Wesley-Esquimaux (2009) articulated:

The fact that First Nations women possess the capacity to thrive and fulfill themselves in undisputable....Native women are very present in First Nations communities, urban settings, academic institutions, and heading families, despite the colonizers’ longstanding attempts at cultural and physical genocide. They play prominent roles in their communities... (p. 27)

Collectively and individually, First Nations women have been affected by trauma. The following section will address the literature that speaks to the context of urban First Nations women.

Urban First Nations Women and Trauma

It has been challenging to find literature that speaks to the experience of urban First Nations women and trauma. Stout (2010) completed a project about mental health and urban Aboriginal women from Winnipeg and Saskatoon as a way to improve mental health programs, services, and supports (p.vii). However, this project report offered too much of a broad scope with “Aboriginal” and “mental health” to offer pertinent applicability to the findings of this thesis project. MacMillan et al. (2008) provided another broad discussion of mental health in relations to First Nations women from Ontario. Brave Heart (1999) discussed the concept of gender; however, it was in the context of historical trauma and the Lakota population. However, there was some literature that spoke to the aspect of urbanization and its implications.

Urbanization. The RCAP states: “[u]rbanization itself can easily undermine a positive cultural identity” (Indian and Northern Affairs Canada, 1996b, para. 8). The RCAP spoke in greater detail to the implications of urbanization for Aboriginal peoples:

Commissioners heard testimony across Canada that urban Aboriginal people are engaged in a major revitalization of culture. This does not mean turning the clock back, but rather selecting aspects of the old ways and blending them with the new. Presenters reported that many elements of traditional Aboriginal cultures are being renewed. Sun dances, sweat-lodge ceremonies, fasting, potlatches, traditional healing rituals and other spiritual ceremonies are all enjoying a revival. The psychological and spiritual wisdom of elders who kept their teachings alive is being recognized. Elders are being restored to their former place of respect in communities, and Aboriginal people are turning to them for guidance as they search in increasing numbers for a meaningful identity.

For the majority of urban Aboriginal people, the result of cultural revitalization is the development of a bicultural identity. Individuals enjoy an identity firmly rooted in the cultural world of their own people, while also possessing the skills and knowledge required to succeed in non-Aboriginal society.... Maintaining cultural identity often requires creating an Aboriginal community in the city.... A number of Aboriginal organizations are attempting to meet the needs of Aboriginal people in cities, including the strengthening of cultural identity. Winnipeg and Toronto both have more than 40 Aboriginal organizations. Many of these are developing culturally based approaches to their structures and program delivery. Friendship centres have a long history of providing cultural programming and have been the most effective urban resource in this regard. (Indian and Northern Affairs Canada, 1996b, para. 16 - 20)

The RCAP discussed how the cultural identity of Aboriginal peoples living in an urban environment can be challenged:

Constant interaction with non-Aboriginal society in the urban environment presents particular challenges to cultural identity. Aboriginal people want to achieve an adequate standard of living and participate in the general life of the dominant society, while at the same time honouring and protecting their own heritage, institutions, values and world view. Sustaining a positive cultural identity is particularly important for Aboriginal people in urban areas because of the negative impact of their often troubled contacts with the institutions of the dominant society. Maintaining identity is more difficult because many of the sources of traditional Aboriginal culture, including contact with the land, elders, Aboriginal languages and spiritual ceremonies, are not easily accessible.

(Indian and Northern Affairs Canada, 1996c, para. 20)

Fearn (2006) builds on this point by addressing language:

Language is fundamental to cultural identity. The loss of language means the loss of key aspects of culture and identity. The assimilation of Aboriginal children into residential schools paved the way for loss of language in Aboriginal communities. The negative experiences of those who attended these schools left large numbers afraid to use their language and ashamed of who they are as First Nation, Inuit and Métis people. Language strength among urban First Nations people is declining... (p. 24)

It is evident that the First Nations populations of Canada have individually and collectively experienced multiple traumas over the centuries, which have been carried into the present day. First Nations women have faced these traumas, in addition to particular traumas that are related to the *Indian Act*. Urban First Nations women are a population that requires more literature that

speaks to their specific experiences, realities, and circumstances. This completes the discussion of the literature of trauma as it pertains to the First Nations populations of Canada. The next section will address the literature discussion of healing and the First Nations populations of Canada.

Healing and the First Nations Populations of Canada

Considering the considerable impact the legacy of trauma has had on the First Nations populations of Canada, it is also critically important to acknowledge the resiliency that they carry as well. This section will discuss the aspect of resiliency in addition to an Aboriginal perspective as it pertained to the concept of healing.

Resiliency

First Nations peoples are more than the traumas that they have experienced. In fact, the Canadian Collaborative Mental Health Initiative (2006) asserts the following:

Not all First Nations people are struggling. Many individuals and communities are thriving. They have drawn on their cultural foundation, ways of knowing, language, and traditions. They have developed ways to manage the burden of the effects of colonization and can see hope for the future. (p. 10)

L. J. Kirmayer, Tait, and Simpson (2009) notably point out that “[d]espite concerted efforts at forced assimilation, Aboriginal cultures have persisted” (p. 22). Grey, Coates, Yellow Bird, and Hetherington (2013) state:

From a strengths perspective, Indigenous Peoples’ resistance to, and continued existence in spite of, colonialism demonstrates a strong will to social justice – to protect and to restore Indigenous territories, natural resources, sacred sites, languages, cultures, beliefs,

values, relationships, systems of governance, intellectual property and self-determination.
(p. 7)

The Canadian Collaborative Mental Health Initiative (2006) asserts that healing is possible despite the legacy of trauma endured: “that history does not need to be our present or our future. There is hope. Healing and recovery is possible... Each person who moves towards health and healing helps their families and their community to heal” (p. 9). Mussell (2008) asserts that the “[g]rieving and healing of the losses suffered through colonization is a further step toward collective wellness and self-determination” (p. 5). Despite the recognition that resiliency and healing are within First Nations peoples, families, and communities, Fast and Collin-Vezina (2010) state that there needs to be more research that deals with the strengths rather than the losses suffered:

What continues to be lacking is the ability to study resiliency of Aboriginal or Native American people living in urban or isolated rural areas....Most of the studies examining the relationship between resiliency and community well-being are done with people living on-reserve. (p. 135)

To address healing and First Nations populations, it is also necessary to address their perspective on health.

An Aboriginal Perspective

An Aboriginal perspective of health is holistic in nature (Overmars, 2010). Mussell (n.d.) explains that “[h]olism includes consideration of physical, emotional, cognitive and spiritual health with particular attention to congruence between the mind and body encompassed by the spirit” (p. 1). The Medicine Wheel model can assist with an explanation of a holistic perspective (Mussell, n.d.). The Medicine Wheel is described as a circle divided into quadrants (Bopp &

Bopp, 2006; Mussell, n.d.). Each quadrant represents equal parts of a whole. The circle of the Medicine Wheel signifies “all life and all that is known or knowable, linked together in a whole with no beginning and no end” (Indian and Northern Affairs Canada, 1996d, para. 51). What is more, “[t]he lines intersecting at the centre of the circle signify order and balance”(Indian and Northern Affairs Canada, 1996d, para. 51). The Medicine Wheel model acknowledges that each individual is composed of the following four aspects: the physical, the mental, the emotional, and the spiritual (Mussell, n.d.). These four aspects of the self are not only distinct but they are also interconnected because of their influence on one another (Overmars, 2010, p. 78). There are two important points that stem from the concept of interconnection. Lavallee and Poole (2010) explain the first point:

Sickness begins with the spirit, if the spirit is wounded - because of the principle of interconnectedness - the mind, emotions and body become sick. Colonization has wounded the spirit of Indigenous peoples and this is one of the reasons for ill health amongst Indigenous people globally. (p. 274)

Mussell (n.d.) addresses the second point: the “[i]ndividual wellbeing is strongly connected to family and community wellness...Aboriginal mental health is relational” (pp. 1-2).

According to Mussell (n.d.), “there is no concept for ‘mental health’ in Aboriginal languages” (p.1). Furthermore, Indigenous communities did not regard mental health issues as illnesses and, prior to colonization, they were treated with traditional practices (Native Mental Health Association of Canada, 2007, p. 5). Mussell (n.d.) explains that, within a historical context, community Elders were vital connection to the health of the community members as within their role as “carriers of knowledge, teachers, and role models” (p. 2). M. A. Hart (2002) asserts the following:

The people must relearn the meaning of the spiritual practices of the previous generations. These practices must be recognized and respected as a bonding force between individuals, families, communities, nations, the ancestors, the land and the universe. Ceremonies and rituals, as direct reflections of these connections and the values and beliefs of the people, must be supported for the well-being of the people....In other words, our people must relearn what it means to be ourselves...This understanding then needs to be implemented in all aspects of our lives. Most importantly, it must be implemented in ways which do not maintain or repeat the colonial processes that are based upon greed, self-righteousness and dominion over others. (p. 34)

More specifically, from an Aboriginal women's perspective, Stout (2010) states that mental wellness combines the following aspects: "happiness, lightness, stability, healing, safety, peace, and a feeling of balance in the mind, body and emotions" (p. 24).

It is important to note that although many First Nations peoples find a common understanding with the Medicine Wheel, Fearn (2006) acknowledges that "[s]ome Aboriginal groups may not use the concept of the wheel, however, the idea of holistic wellness is common to all Aboriginal people" (p. 19).

These are only some points of explanation that help define an Aboriginal perspective of health, and it is possible that there may be more explanations when the diversity that exists amongst the First Nations populations of Canada is taken into consideration.

This concludes the literature discussion of resiliency and healing from an Aboriginal perspective. The next section will address the tensions in the literature as they pertain to the First Nations populations of Canada.

Tension in the Literature

There were two areas of tension within the literature that pertain to First Nations populations of Canada. The first area of tension was the discussion regarding the difference between the dominant Western mental health perspective and the Aboriginal perspective (Crowe-Salazar, 2007; Overmars, 2010). It is a personal preference not to pit one perspective against the other; however, there are clinical implications that stem from this difference of perspective and these will also be presented. The second area of tension in the literature was in regards to a concept of trauma that is most applicable for First Nations populations.

The Western Perspective

At one time, mental health was defined simply as “the absence of disease” (Stewart, 2007, as cited in Overmars, 2010, p. 78). However, in 2000, Health Canada provided this updated definition of mental health:

[T]he capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality. (Stewart, 2007, as cited in Overmars, 2010, p. 78)

These two definitions indicate that the Western perspective continues to evolve in its understanding of mental health. The Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, [DSM-IV], American Psychiatric Association [APA], 1994, Overmars, 2010) is a resource that is regarded as the “gold-standard” (Overmars, 2010, p. 80). First published in 1952, this manual contains the standardized description of mental disorders and their respective symptom criteria (Overmars, 2010). Although the most recent edition of the manual is the DSM-

IV-Text Revision (APA, 2000), the DSM-IV tends to be the source of referral within the mental health literature (Overmars, 2010).

As the predominant tool for Western mental health practice, Overmars (2010) explores the critical role of the DSM-IV with diagnosing mental illness amongst the Aboriginal populations of Canada. Critically analysing the strengths and the weaknesses of the DSM-IV, Overmars (2010) asserts that although the DSM-IV does attempt to be culturally sensitive and adaptable, it does have its limitations. Overmars (2010) explains that even though the DSM-IV does consider the mental, physical, and emotional aspects of the individual, it does neglect to incorporate the spiritual aspect (p. 81). As it was discussed previously with the Aboriginal perspective of health, this spiritual aspect of the individual that is omitted in the DSM-IV is an integral element of Aboriginal worldviews (Overmars, 2010, p. 81). Given that there are differences in perspective, what are the implications for the First Nations populations of Canada and the support they receive from helping professionals?

Clinical implications. Overmars (2010) cautions mental health practitioners that a Western approach to mental health practice with Aboriginal clients may not only be incongruent with their “cultural values and worldviews” (p. 81) but it may also further oppress a group that already experiences marginalization. What is more, as stated by Baskin (2007) “[m]ental health practitioners who are unfamiliar with Aboriginal peoples’ world views, spirituality, etc. may misdiagnose certain behaviours” (p. 1). L. J. Kirmayer, Fletcher, and Watt (2009) make the following statement regarding the incongruence of mental health practice with Aboriginal clients:

[T]he assumptions of conventional mental health practices do not always fit with local cultural understandings of the person. There is increasing recognition that mental health

practices must be rethought and adapted to local social and cultural realities if they are to be effective and not undermine core cultural values. (p. 291)

L. J. Kirmayer, Brass, and Valaskakis (2009) speak to a necessity for the dominant Western perspective to continue evolving in its approach to mental health practice in order to offer more applicable services to Aboriginal clients.

The second area of tension within the trauma literature refers to the various concepts of trauma most applicable to First Nations populations.

Concepts of Trauma

Searching for literature that speaks to trauma and the First Nations populations of Canada brought up numerous concepts of trauma. This particular thread of discussion can be overwhelming to say the least. Although the realm of diagnosing mental health illnesses is it beyond my formal education and practice, it is worthwhile to note this particular tension within the literature as it is pertinent to the Discussion Chapter. It is not uncommon to find acknowledgement of Posttraumatic Stress Disorder (PTSD) within this literature discussion. Another concept of trauma that is often discussed is historical trauma. Both concepts will be discussed.

PTSD. PTSD is a mental illness diagnosis recognized and defined by the American Psychiatric Association. PTSD, also known as shell shock, was officially recognized by the American Psychiatric Association in 1980 as a result of public demand to acknowledge the trauma that the Vietnam War Veterans had experienced (Denham, 2008, p. 395). According to the American Psychiatric Association's (2000) definition, an individual is diagnosed with PTSD if the following criteria are met:

The person has been exposed to a traumatic event in which both of the following have been present: (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person's response involved intense fear, helplessness, or horror. (as cited in Fast & Collin-Vezina, 2010, p. 129)

The individual must also present with the following symptoms: "manifestation of re-experiencing the trauma...avoidance and/or numbing of general responsiveness...amnesia, emotional detachment, loss of interest, and...hyperarousal" (Bombay et al., 2009, p. 9) which cause clinically significant distress or impairs the individual's ability to function for at least one month (American Psychiatric Association, 2000, as cited in Bombay et al., 2009; Waldram, 2004). What is more, PTSD can have primary and secondary symptoms (Duran & Duran, 1995). The primary symptoms derive from firsthand experiences of trauma; the secondary symptoms are experienced by family or friends of an individual who has experienced trauma and are "reactive behaviors" (Duran & Duran, 1995, p. 40) that are generationally passed on to "become the norm" (Duran & Duran, 1995, p. 40).

The issue that arises within the literature is that the diagnosis of PTSD may not adequately encompass the full extent of the trauma experienced by the Indigenous populations (Evans-Campbell, 2008, as cited in Fast & Collin-Vezina, 2010). It is argued that the scope of PTSD is limited by an individualistic perspective and therefore does not take into account multiple traumatic events or the intergenerational transmission of trauma that may be necessary to consider with the Indigenous populations of Canada and the United States (Evans-Campbell, 2008, as cited in Fast & Collin-Vezina, 2010). What is more, Wesley-Esquimaux et al. (2004) state:

According to psychiatrists, the massiveness of suffering experienced by people who “felt” genocide (even if only vicariously, as repeated in memories of their ancestors), extends beyond the bounds of the current diagnostic category of PTSD (Weine et. al., 1995). There are other elements, other factors and even deeper suffering that played a role in disrupting Aboriginal cultural and social continuity in times of first contact.

(p. 52)

Consequently, the concept of historical trauma has been developed in order to address the gaps identified with PTSD to be more useful to understanding trauma experienced by Indigenous populations.

Historical trauma. Historical trauma and historical trauma response (HTR) are concepts that were developed by Lakota Assistant Professor, Dr. Maria Yellow Horse Brave Heart (Wesley-Esquimaux et al., 2004, p. 54). According to Evans-Campbell (2008), historical trauma is a term most often used by scholars of Native American Indian and Alaskan Native trauma (p. 320). Historical trauma is defined as a:

[C]ollective complex trauma inflicted on a group of people who share a specific group identity or affiliation - ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events. (Brave Heart, 1999a, 1999b, 2000; Brave Heart & DeBruyn, 1998, as cited in Evans-Campbell, 2008, p. 320)

As stated by Wesley-Esquimaux et al. (2004):

According to the HTR theory, a set of behavioural and psychological responses is formed in reaction to the trauma that a group of people has endured. It is comparable to the survivor syndrome manifested by Jewish Holocaust survivors and their descendants. The

combination of symptoms may show up differently in communities and individuals, but the roots are still the same, originating from cultural genocide (Yellow Horse Brave Heart, 1999). According to the theory, HTR symptoms include elevated suicide rates, depression, self-destructive behaviour, substance abuse, identification with the pain ancestors endured, fixation to trauma, somatic symptoms that do not have a medical reason, anxiety, guilt and chronic grief. (p. 54)

Evans-Campbell (2008) explains that historical trauma is “collective” (p. 320) in the sense that many community members consider the traumatic events to be “acute losses” (p. 320) and that they also experience “corresponding trauma reactions” (p. 320). Since historical trauma can be passed on from one generation to another, it is explained that the children of trauma survivors “consciously or unconsciously internalize their parents’ trauma experiences into their own lives” (Frideres, 2011, p. 83).

An important aspect of historical trauma is the element of genocide (Evans-Campbell, 2008). Smith (2003) explains that Aboriginal people have experienced “ethnic and cultural genocide” (as cited in Bombay et al., 2009, p. 14) based on the accumulation of the traumatic events and the history of colonization that they have experienced (as cited in Bombay et al., 2009, p. 14). However, Crowe-Salazar (2007) asserts that the genocide experienced by the Aboriginal people of Canada has not been “formally acknowledged” (p. 85) and, furthermore, genocide tends to be referred to as “loss of culture” (p. 85) within the literature. The Oxford Canadian Dictionary of Current English (2005) defines genocide as “the mass extermination of human beings, esp. from a particular ethnic group or nation” (p. 335).

Historical trauma is most notable for its connection to the trauma experienced by Holocaust survivors and their descendents (Bombay et al., 2009; Evans-Campbell, 2008). L. J.

Kirmayer, Brass, et al. (2009) critically discuss this connection made between Holocaust survivors, Indigenous populations, and historical trauma. The authors agree that there is an element of similarity between both groups with regards to their resiliency; however, they also articulate the following four significant differences:

(1) colonization and its oppressive institutions took place over hundreds of years; (2) for Aboriginal peoples extermination was usually not so direct, systematic, and complete; in many instances, the aim of the colonizers was cultural assimilation or marginalization rather than murder; (3) in addition to enduring violent attacks and systematic oppression, Aboriginal peoples experienced non-violent but profound transformations in ways of life that made it difficult for them to maintain their cultures, traditions, and social structures; and (4) there was no end to the war and no liberation, only a gradual and uneven recognition of injustices, limited restitution, and small changes in policies. As a result of these differences, Aboriginal people have many ongoing reminders of historical trauma that are coupled with current stresses that range from discrimination to ambiguous social status; their losses are multiple and intertwined; and the potential communal sources of resilience, coping, and rebuilding have been undermined. Given these differences, the transgenerational effects of the history of ‘historical trauma’ among Aboriginal peoples requires its own study. (L. J. Kirmayer, Brass, et al., 2009, p. 453)

Finally, another concept of trauma has been brought forward: colonial trauma response.

Colonial trauma response. Evans-Campbell and Walters (2006) offer the Colonial Trauma Response (CTR), which builds on

[T]he historical trauma literature to explore the interaction of historical and current traumas... CTR is a complex set of both historical and contemporary trauma responses to

collective and interpersonal events. A defining feature of CTR is its connection to colonization. Indeed, CTR reactions may arise as an individual experiences a contemporary discriminatory event or microaggression that serves to connect him or her with a collective and often historical sense of injustice and trauma.

(as cited in Evans-Campbell, 2008, p. 332)

Bombay et al. (2009) indicate that there are limited amounts of conducted research regarding the intergenerational transmission of trauma and its effects amongst the First Nations populations of Canada.

This concludes the literature discussion regarding the tensions in the trauma literature as it pertains to the First Nations populations of Canada.

Summary

It has been identified that the First Nations populations of Canada have experienced trauma since the beginning of colonization. This literature review presented the literature findings regarding trauma and the First Nations populations of Canada, healing and the First Nations populations of Canada, which included an Aboriginal perspective of health. Finally, the tensions in the literature regarding trauma and the First Nations populations were also presented. In the next chapter, I discuss the methodology used within thesis research.

Chapter Three

Research Methodology and Design

In this chapter, I describe this study's research methodology and design by addressing the following areas: the overall research approach and rationale; the setting and interview participants; the method of data collection; the data analysis process; how trustworthiness was established; researcher self-care; ethical considerations, and; study limitations.

Overall Approach and Rationale

To capture the stories of urban First Nations women who were on a journey of healing from trauma, an Indigenous research methodology was used for this thesis study in conjunction with narrative research methodology. As such, Indigenous research principles, values and protocol were interwoven throughout this study. In the following section I describe an Indigenous research methodology as it pertained to this thesis project.

Indigenous Research Methodology

This research applied an Indigenous research methodology in several ways. The use of story, self-location, inner knowing (dreams and prayer) as well as ceremony and protocol are all elements of Indigenous research methodology. Before discussing these elements of Indigenous research methodology, the ethics of research as they pertained to First Nations communities will be addressed. Finally, a brief overview will be provided of the Medicine Wheel, a framework used to conceptualize the trauma and healing narratives of the interview participants.

Ethical research with First Nations communities. It is crucial to be mindful of the oppressive legacy that social research has had with First Nations communities (National Aboriginal Health Organization, 2007). As explained by Todd Ormiston (2010) "research has been conducted on Indigenous people, culture and lands without the permission, consultation, or

involvement of the people being researched” (p. 50). The experience of First Nations communities participating in outside-driven research has been described as exclusionary, imperialistic, disrespectful, harmful, damaging, stigmatizing, irrelevant, over-researched and ultimately exploitative (First Nations Centre, 2007; National Aboriginal Health Organization, 2007).

To address this legacy of harmful and disrespectful research with First Nations communities, several ethical considerations have been developed for researchers. The First Nations Centre (2007) has compiled a document that addressed integral aspects of conducting research with Indigenous communities by implementing the principles of Ownership, Control, Access and Possession (OCAP). OCAP serves as a “First Nations approach to research, data and information management” (First Nations Centre, 2007, p. 1) and applies the principles of ownership, control, access, and possession (First Nations Centre, 2007). Kovach (2010) provides the following definition of OCAP:

Ownership assumes that a community own the cultural knowledge or data collectively, in the same manner that an individual own personal information, and so the community’s consent is required to use its knowledge. The principle of *control* asserts that First Nations people have a right to control various aspects of the research on them, including the formulation of frameworks, data management, and dissemination. *Access* is the ability for Indigenous people to retrieve and examine data that concern them and their communities. The principle of *possession* refers to the actual possession of the data.

(p. 145)

Just as it is important for me, as a researcher, to abide the University of Manitoba’s Research Ethic Board protocol, it is equally important for me as a First Nations researcher to respect First

Nations' research and traditional protocol. As such, to account for ethical and respectful research, an advisory council was implemented for this thesis research project.

Advisory council. Throughout this research process, I have had informal conversations with peers and academics regarding the development of this research project from an Indigenous perspective that involved First Nations participants. An advisory council was formally developed for this particular research project. This advisory council was made up of four Aboriginal women from Winnipeg, Manitoba and who hold various roles within the community, which also included an Elder for traditional First Nations protocol and teaching guidance. Each of the advisory council members was offered cloth and a tobacco tie to request their participation, guidance, and support for this project. This advisory council has and will continue to provide input into areas of consideration as well as to provide guidance into this thesis project well into the dissemination phase.

Their words. One way to demonstrate ethical research was with the piece of anonymity. In this thesis project, participants were given the option to have their stories attributed to themselves or to remain anonymous. This option was given out of recognition that what was shared by the participants were *their* words, perspectives, and experiences. In order to avoid misinterpretation, the participants also had two opportunities, which will be discussed within the data analysis section below, to review and modify their words and stories to ensure that what they shared was heard with accuracy and in the manner they were intended to be heard.

Story. Stories are a strong part of First Nations culture. As stated by Kovach (2010): “[s]tories remind us of who we are and of our belonging. Stories hold within them knowledges while simultaneously signifying relationships” (p. 94). Smith (1999) shared the following about the value of stories:

Each individual story is powerful. But the point about the stories is not that they simply tell a story, or tell a story simply. These new stories contribute to a collective story in which every indigenous person has a place. (p. 144)

Stories are considered to be “methodologically congruent” (p. 35) within Indigenous research (Kovach, 2010).

Self-location. In the Introduction Chapter I had a self-location section. I took the space to introduce and ground myself within the research. I also introduced myself in the project introduction letter and all email communication that advertised this project to the community, which called upon urban First Nations women to participate. This introduction of self is part of First Nations protocol. In the introduction, I identified my full name, my First Nations ancestry, and my First Nations community membership. Kovach (2010) states that self introduction and identification “shows respect to the ancestors and allows community to locate us” (p. 110).

Inner knowing. Within the self-location section of the Introduction Chapter, I also acknowledged the important role of inner knowing throughout this research process. Kovach (2010) states that “participating in cultural catalyst activities (dream, ceremony, prayer) are all means for accessing inward knowledge” (p. 50). In communication with Maggie Kovach, Michael Hart explained the way in which dreams are so instrumental for Indigenous researchers:

The dream in and of itself has informed me, but the knowledge process is just more than me having that dream. It is more than me taking that dream and talking with an Elder about it. It includes that process of doing whatever I have to do for that dream to become reality. The methodology isn't just the dream, it isn't just you sitting back and coming to understand the dream, but what you do with that dream, how you put it into reality.

(Kovach, 2010, p. 70)

Ceremony and protocol. The aspects of ceremony and protocol played a very important role within this project. It will be explained in greater detail shortly how ceremony and protocol was part of the interview process; however, these two elements were also part of other aspects of this thesis work. I would smudge (this ceremony will be explained in the data collection section below) and offer my prayers each morning as I woke up to greet the day; each night before going to sleep, and; before and after I did any work with this thesis project. I would also put tobacco out wherever I needed guidance from the Creator to ensure that I completed this work in a good way.

Medicine Wheel: A conceptual framework. The Medicine Wheel was used to reflect the timeline for each of the women's life stories. As Lavalley (2009) explains that the Medicine Wheel is a tool that visually depicts four aspects that are not only separate but that are interconnected as well. She goes on to explain that the Medicine Wheel can explain a holistic approach to health and well-being by acknowledging the balance between the physical, mental, emotional, and spiritual aspects of the self (Lavalley, 2009). Rather than implementing a linear timeline with the participant's narratives, which would be more in line with a Westernized method, to reflect the trauma experiences as well as the healing journeys of each of the women, the Medicine Wheel has been incorporated into this thesis data analysis and findings as a conceptual framework because of its alignment with Indigenous worldviews.

Narrative Research Methodology

Narrative research methodology was also applied to this thesis research project. The elements of story and data analysis were in alignment with narrative research methodology. A narrative research methodology has been selected for its congruency with the First Nations value of storytelling. Oral traditions are central and foundational to Aboriginal societies and

Indigenous cultures for transmitting and preserving their knowledge, heritage and ways of being amongst generations (Hulan & Eigenbrod, 2008; Todd Ormiston, 2010). A narrative research methodology has also been selected for its function of including the participant in the research process. Andrews (2007) explains that although there is the possibility to create harm with a narrative research approach, there is also the opportunity for beneficial and positive outcomes for the participants:

[D]epending on the intention of the researcher, narrative can lead to illumination - activity that makes a just difference in the lives of people - or it can lead to parochialism. The challenge is to develop complementary approaches to indigenous narrative so that it is neither exclusive nor insular but instead inclusive and dynamic. The goal, then, of indigenous narrative is to invite participation of native people and their communities in the narrative process. This participation engages the researcher/scholar and native/indigenous people in building relationships that bring to the surface stories of experienced phenomena - concrete evidence - around pressing issues (e.g., historic hurt and pain). Making visible and loud what has been silent and invisible - transcending the concrete - has the power to promote a generative learning process ... that might lead to community transformation. (p. 517)

Furthermore, Bakhtin (1986) points out that narrative opens “up a space for voice, where power, authority, and representation can be heard, in particular the voice and the voices of those most vulnerable, those most often not heard” (p. 519 as cited in Benham, 2007). However, I also take into account what Kovach (2010) recommended: it is important to “transparently” (p. 35) acknowledge that a Western approach, narrative research methodology, is being used in

conjunction with Indigenous research methodology. Therefore, elements of narrative research methodology are present in this thesis project.

Story. Pinnegar and Daynes (2006) define narrative research as “a study of stories or narratives or descriptions of a series of events that accounts for human experiences (as cited in Creswell, 2007, p. 234). Furthermore, Patton (2002) provided the following foundational questions for narrative analysis:

What does this narrative or story reveal about the person and world from which it came?

How can this narrative be interpreted so that it provides an understanding of and illuminates the life and culture that created it? (p. 115)

Data analysis. According to Patton (2002) “the central idea of narrative analysis is that stories and narratives offer especially translucent windows into cultural and social meanings” (p. 116). Patton (2002) explains further that “[h]ow to interpret stories and, more specifically, the texts that tell the stories, is at the heart of narrative analysis” (p. 118). The ways in which the participants’ stories were analysed, which followed narrative analysis methodology will be discussed in greater detail within the narrative data analysis section below.

The Study Design

The research setting, the research participants, the methods of data collection and data analysis will be discussed.

The Research Setting

This thesis project was conducted in Winnipeg, Manitoba, Canada. Also known as the capital city of Manitoba, the First Nations populations acknowledge Winnipeg as Treaty One territory, Anishinaabe traditional land. This urban city is geographically located at the centre of Canada. However, from a First Nations’ perspective, Winnipeg, Manitoba is the geographic

centre of Turtle Island (North America). Winnipeg has the largest urban Aboriginal population in Canada (Winnipeg Regional Health Authority, 2009, p. 2) where 10% of its total population identifies as either First Nations, Inuit or Métis (Statistics Canada, 2008, as cited in Winnipeg Regional Health Authority, 2009). English and French are the official languages of this urban centre; however, considering the diversity of Manitoba's First Nations population there are also several traditional languages that are spoken among the nations, which include Cree, Ojibway, Oji-Cree, Dakota, and Dene.

With the exception of one interview, all of the individual in-person interviews took place at two of the three research centers connected with Dr. Michael A. Hart's role as Canada Research Chair in Indigenous Knowledges and Social Work. One of these research centres was located at the University of Manitoba's Fort Garry campus, Faculty of Social Work and the second one was located at the University of Manitoba's William Norrie Centre, Selkirk Avenue campus. Both research centres were a convenient location for the participants as well as a safe space. I wanted to ensure that the interview space provided was a smudge-friendly environment so that, should it be a preference with the participant, smudging could take place at any point of the interview session. As mentioned earlier, one interview session did not take place at either research centre. This interview took place at the participant's home, as per her request. Having already known this participant for some time, both of us felt that this was a safe location option for this one interview session.

I wanted to create a comfortable environment for the women when they were in the interview space. Whenever possible, I made sure to lay out the smudge bowl, sage, matches, Grandfather rock - should she need some strength as she shared her story, a box of Kleenex, food, and glasses of water before the participant arrived to her interview session. Each interview

session had all of these items present, visible, and easy to reach in order to lessen unnecessary interruption to the individual's thought flow or to avoid sending the message of discomfort or disinterest on my part.

Most of the participants made their own way to the interview location. However, out of respect, I felt that it was important that I drive the Elder participant to and from all of her interviews.

The Research Participants

Before participants were recruited for the interviews, University of Manitoba Research Ethics Board approval was sought and granted. With the exception of the female Elder participant, the remaining four participants were recruited through the snowball sampling process via established relationships and project poster advertising within Aboriginal community organizations. These established relationships included friends, peers, colleagues, community network connections, and acquaintances. Once an individual contacted me with expressed interest to participate in the interview process, I provided potential interview participants with project information via telephone call. Following a telephone script, I provided detailed information about the followings aspects: introduction of myself as the principle investigator and the study; an explanation that their participation as voluntary and confidential, and; an invitation to participate as an interview participant.

This research project had a small sample size to meet the criteria of depth versus breadth, which aligns with narrative research methodology. As such, there was a sample size of five to eight participants set for this research study in order to capture in-depth narrative data. Five urban First Nations women participated in this study, which also included a female community Elder who holds traditional knowledges of healing and trauma.

There were two sets of criteria for the interview participants. The following was the set of criteria for the urban First Nations woman in the healing stage of her trauma experience:

1. Willingness to share personal stories related to trauma and the healing journey. A few examples of trauma include: a familial history in the residential school system or the 60's Scoop, the death of a loved one, a natural disaster or an accident;
2. Female;
3. 18 years of age or older;
4. Self-identified First Nations;
5. Resident of Winnipeg, Manitoba;
6. Self-identified past experience with trauma;
7. Self-identified as on a healing path:
 - a connection with family, friends, and community
 - ability to comfort oneself when upset
 - ability to reach out to someone when in need of emotional support such as a support group for women, an Elder, a counsellor, trusted friend(s) and/or family member(s)
 - healthy choices in daily routine to take care of oneself such as eating regular meals, getting enough rest, and maintaining basic hygiene habits
 - all basic needs are met such as access to food, shelter, and income (if necessary)
 - regular engagement in prideful activities such as volunteering and/or hobbies
 - no current issues that are causing stress or significant emotional distress such as a recent breakup or the passing of a loved one; and
8. Comfortable communicating in English.

The first criterion acknowledged trauma as a sensitive subject to discuss and, as such, participation in this study required a willingness from the participant to speak descriptively, openly and in-depth concerning their experiences related to trauma but, most importantly, their healing journey from trauma. A few examples of trauma include: a familial history in the residential school system or the 60's Scoop, the death of a loved one, a natural disaster or an accident. The second criterion was identified because this study was interested in creating space for women in the mental health and trauma dialogue and as such, women were the focus of this study. The third criterion was identified so that it was not necessary for an individual to seek permission from a legal guardian to participate. Moreover, recognizing the sensitivity of the study topic, it was important to lessen the degree of participant vulnerability as much as possible; therefore, this study was open to an adult population only. The fourth and fifth criteria acknowledged that this study focused on the experiences of an urban First Nations population. The sixth criterion was stipulated as "self-identified" to be in-line with a post-colonial approach; to require a criterion of "diagnosed" would be in-line with a Western mental health approach. The seventh criterion was placed because the purpose of the study was to capture the experience of the process of healing from trauma. Healing could include the following elements: connection with family, friends, and community; awareness of how to manage triggers (i.e. what helps to ease distress and the ability to reach out when upset); ability to make healthy choices in one's own daily routine for self-care such as eating regular meals, getting enough rest, and hygiene management; all basic needs were met such as food, shelter, and income (if necessary); ability to engage in prideful activities such as volunteering and/or hobbies; and, no current matters that were causing stress or significant emotional distress such as a recent breakup or the passing of a loved one (Canadian Collaborative Mental Health Initiative, 2006). Furthermore, since the

experience of trauma is a sensitive area, the potential participants were not to be in an active stage of trauma but already on their road to recovery. The eighth criterion recognized that I am not fluent with First Nations languages and funding was too limited to hire a translator.

The female Elder participant was recruited based on suggested names brought forth from the interview participants and from community members. The names of Elders that were brought forward were to match the following criteria:

1. Willingness to share traditional teachings of trauma and healing from trauma. A few examples of trauma include: a familial history in the residential school system or the 60's Scoop, the death of a loved one, a natural disaster or an accident;
2. Willingness to share personal stories related to trauma and the healing journey;
3. Female;
4. Self-identified First Nations;
5. Resident of Winnipeg, Manitoba;
6. On a path of wellness. For example, behaviour is aligned with their traditional values and teachings in which she consistently displays respect for her whole being (mind, body, emotion, and spirit) and all her relationships (ceremonies, Mother Earth, family, and community);
7. Deemed an Elder by community member(s); and,
8. Comfortable communicating in English.

All of the criteria in this set remained consistent with the rationale specified above; however, there was particular rationale for the first, sixth, and seventh criterion. The first criterion was out of respect and recognition that Elders possess a wisdom and “knowledge that is of equal value to a university education” (Assembly of Manitoba Chiefs, 2012, para. 4). As such, the contribution

of an Elder was of significant value for understanding trauma and healing from a First Nations perspective and their knowledge was considered as equally valuable to academic knowledge. The sixth criterion recognized that although one may be of age to be of Elder status, it was critically important that an Elder lived a life according to the traditional teachings, values, and ceremonies in order to be recognized as such by the community. Although there are many ways to define an Elder, for the purpose of this study, the seventh criterion stipulated that an Elder would be an individual identified by community member(s) out of recognition for their role with cultural and spiritual guidance, knowledge, and teaching.

Based on a suggested name provided, I invited an Elder to meet with me over breakfast at a local restaurant. This meeting provided the opportunity for us to spend some time getting to know each other. We shared where we grew up, who our families were, identified mutual connections, and where we worked over the years. I provided detailed information about the project, its importance, and I also went over the Elder participant criteria. Acknowledging that we both had a mutual interest in her participation in this project, I presented her with cloth and a tobacco tie, as a per traditional First Nations protocol, to request her participation in the project, which she accepted.

The women who participated in these interviews and shared their stories of healing from trauma will be further introduced in the Results Chapter of this thesis.

Data Collection

Data collected for this study was through individual interviews with First Nations women. Before discussing the interview format, it is important to identify the implementation of traditional First Nations protocol within the interview process. The use of food, tobacco, yellow cloth, smudging with sage, the Grandfather rock, and the spring season during the interview

process will be explained to understand the important context of Indigenous practices that supplement the approaches to Indigenous research methodology.

Food. As per traditional Cree custom, it is always important to make sure people are fed, so light nutritious snack food and water were provided at each interview. According to Mawhiney and Nabigon (2011), food plays a very valuable role in that “food is medicine; it doctors us and heals us” (p. 22). When planning for the interviews, I asked myself, “How would I treat a visitor in my own home?”. I would make sure they had something to eat and drink. Before each interview started, there was time for us to eat. The purpose of this was two-fold. First of all, this was a time of building and maintaining relationship between the participant and myself. While we ate we had the opportunity to visit. We would chat about what we did over the weekend, how her day was, and our memories associated with some of the food we were eating such as blueberry picking. At times relief was noted that the participant had a chance to eat. Given their busy schedules, there were times that the women would remark that they had not had a chance to eat for the past few hours and they were starving. Secondly, I felt it was essential to provide energy sustenance to the women before each interview given that it takes energy to share one’s story. As such, I also made sure that the food stayed out for the duration of the interview, should the participant become hungry once again.

A strong value that has been passed on to me from my family was that it is not only important to feed our “visitors” but it is also important that our visitors are given some food for their travel home as well. As such, each woman was given a snack bundle to take home after each interview. Again, the food was to be nutritious in nature and, therefore, the snack bundles included a variety of combinations of cheese, crackers, a juice box, unsweetened applesauce, a homemade muffin, and miniature chocolates for a treat.

Tobacco. Out of respect for traditional Cree protocol, after having a bite to eat, I presented each participant a tobacco tie, one of the four sacred medicines, and two meters of yellow cloth at the beginning of their first interview. Both Lavallee (2009) and M. Hart (1997) discuss the importance of tobacco within the research process. M. Hart (1997) states the following:

Among its many uses, tobacco is used by Aboriginal people as part of an exchange between two or more people, animals, spirits, and/or the Creator. Usually one individual will offer tobacco when requesting or appreciating something. In regards to when requests are made with the use of tobacco, the individual who is offered the tobacco is free not to accept the tobacco. If an individual does not accept the tobacco its [*sic*] means that the individual is not prepared for various reasons to met [*sic*] the request. The inclusion of tobacco emphasized that the exchange will be, amongst many things, honest, respectful, and kind. This inclusion of tobacco coincides with mainstream ethical concepts such confidentiality and the rights of individuals to participate or not. (p. 10)

Yellow cloth. As previously mentioned, along with the tobacco tie, yellow cloth was presented to each woman at the beginning of her first interview. Elder Florence Paynter offered the following teaching about the colour yellow. Yellow is associated with the beginning of life. When a seed is planted, it is a yellowish, greenish colour. After the first rainfall, the seed bursts open. This is similar to the creation of life between mother and child. In the mother's womb is where we, as people, are created. The fetus is surrounded by a sack of yellowish fluid- the amniotic fluid. As such, the colour yellow represents a new beginning (Elder F. Paynter, personal communication, June 19, 2014).

Smudging with sage. Each interview started and ended with a sage smudge. The option to smudge was always up to the participant and each woman genuinely accepted. As shared with me by Elder Florence Paynter, we smudge to purify ourselves and heighten our senses (Elder F. Paynter, personal communication, June 19, 2014). Passing the sage smoke over our head with our hands, we smudge to have a good mind; moving to our eyes in the same manner, we smudge to see things in a good way; moving to our ears, we smudge to hear the good things to help us in life; moving to our mouth, we smudge to speak in a good way- to use our words only for good, and; moving to our heart, we smudge to appreciate who we are as First Nations people and all the knowledge our ancestors have left for us to find (Elder F. Paynter, personal communication, June 19, 2014). We smudge our whole being to prepare ourselves in the best way to present ourselves to the highest power (Elder F. Paynter, personal communication, June 19, 2014). Elder Florence shares that at that moment we are in our purest form.

Sage is one of the four sacred medicines along with tobacco, sweetgrass, and cedar. Sage was most appropriate for use during these interviews for two reasons: i) sage is a women's medicine (Elder Mary Lee as cited in *Four Directions Teachings*, 2006) and, ii) since it is a women's medicine, it can be used by a woman whether or not she is on her Moon Time (menstruating) (Elder F. Paynter, personal communication, June 19, 2014).

Grandfather rock. A Grandfather rock was always left on the table closest to the woman during her interviews. The purpose of this placement was so that she had the opportunity to reach for it and hold on to it should she feel the need at any point of her sharing. Elder Florence Paynter shared with me the teaching of the Grandfather rock (Elder F. Paynter, personal communication, June 19, 2014). Rocks are the Earth's oldest element and because rocks have been around for such a long time, they have "seen it all" (Elder F. Paynter, personal

communication, June 19, 2014). Therefore, rocks hold strength, power, knowledge, and wisdom (Elder F. Paynter, personal communication, June 19, 2014). Rocks are referred to as Grandfathers, which is a term of respect and speaks to the value of kinship amongst First Nations communities (Elder F. Paynter, personal communication, June 19, 2014). When people hold on to a Grandfather rock as they speak, in particular when it is difficult to share certain thoughts or experiences, the energy of strength, power, knowledge, and wisdom from the Grandfather is being drawn upon and all of the difficulty that the speaker is experiencing goes into the Grandfather. This exchange of energy allows for the speaker to share something difficult with strength.

Spring. All of the interviews took place from March 20, 2014 - May 9, 2014. As such, the first interview was conducted on the first day of spring. It is significant that these interviews not only took place during the spring season but that they also started on the first day of spring. Spring is considered the season of renewal and healing (Mawhiney & Nabigon, 2011). As explained by Mawhiney and Nabigon (2011), spring is a time when “[e]verything is healed and all life is reborn during the spring months. New life and new feeling come to all living things in the springtime” (p. 22). Elder Florence Paynter shares that spring is a time of renewal, reflection, and contemplation for people (personal communication, June 19, 2014). She explains that this is a time when people reflect, “I’ve been here. I’ve been there” and this is where I am at now (Elder F. Paynter, personal communication, June 19, 2014). It seems quite significant for the women to share their journeys of healing in the months of spring as they reflect on their paths of where they have been, where they are, and where they would like to go.

The interviews. With the exception of the Elder participant, each woman participated in two interview sessions. Given the additional interview questions that inquired about traditional

knowledges of trauma and healing, the Elder participant completed three interview sessions. As such, there were a total of eleven individual interviews amongst the five women. Including preliminary and post interview activities such as visiting over food and smudging, all of the interview sessions ranged from 75 minutes to two hours in length. Again, the first interview took place on March 20, 2014 and the last interview was complete on May 9, 2014.

The interviews were semi-structured and comprised of open-ended questions in order to elicit stories about the healing journeys of the participants rather than to obtain yes/no answers. Therefore, the interview guides (Appendix A & B) provided room for the participants to speak expansively and in detail about their personal experience, understanding, perceptions, and knowledge about trauma and healing. With permission of the interviewees, each interview was digitally recorded for data retrieval reliability. I also wrote notes during and after each interview as a supplemental method of data retrieval. These notes also contained information about the interview context such as setting, session length, and food provided; noted behaviours by the participant during the interview; any unexpected circumstances, and; my own thoughts and feelings connected to the respective interview.

Each interview was prepared for data analysis by transcribing the digital recordings verbatim in order to capture the true context of the interview (Tutty, Rothery, & Grinnell, 1996, p. 95). Although I transcribed one interview for experiential purposes because of time constraints, I hired a research assistant to transcribe ten of the interviews. After each interview was transcribed by the research assistant, I verified each full transcript for accuracy by comparing the written text to the digital recording. Once verified, the participants were provided with an electronic copy of their transcripts for their verification and editing purposes to ensure that their words were accurately detailed. At this opportunity participants were free to add,

modify or delete any or all aspects of their transcripts. In most cases, the ums, the ahs, and the repetition of words were deleted. Modifications to their transcripts were mostly completed through electronically written feedback by contacting me through email. One participant provided her written feedback in-person. My advisor also examined three transcripts to certify proper documentation. The data collection phase was not only complete due to time constraints but also because data saturation had been attained.

Narrative Data Analysis

I applied thematic analysis to the data of this research. Riessman (2008) provides this explanation of thematic analysis: “[a]ll narrative inquiry is, of course, concerned with content- ‘what’ is said, written, or visually shown- but in thematic analysis, content is the exclusive focus” (p. 53). For my research purposes, I searched for what was said by the participants about two concepts: trauma and healing.

The data analysis process began as each individual interview was complete. Within my interview notes I would write down points that were frequently discussed across the participants. For example, within the first three interviews, I could not help but notice that the participants would discuss their relationship with their grandparents and, at times, specifically mentioning their grandfather as a significant relationship to them in their childhood years. These were documented to keep track of possible themes during later analysis.

According to Tutty et al. (1996) the purpose of qualitative data analysis was to “sift, sort, and organize the masses of information” (p. 90) from the interviews so that the emerging themes and interpretations address the “original research problem(s)” (p. 90). After the participants verified the transcripts, a second read-through of all the transcripts was complete in order to identify personal information to complete a genogram for each participant. A genogram is a

visual framework for “mapping family patterns” (McGoldrick, Gerson, & Shellenberger, 1999, p. xiii) and is a tool used within areas of professional practice such as the “health care, human service, and...legal fields” (McGoldrick et al., 1999, p. xiii). A genogram was used in this instance to visualize common threads within the participant’s family structure, such as, for example, the generational pattern of alcohol abuse or the relationship of the participant’s with their biological fathers.

A third read-through of all transcripts was complete in order to make clean working copies by omitting all personal identifiers. With this read-through, I continued to note and document common points of discussion shared across the participants. A fourth read-through of all the transcripts highlighted all passages that spoke to the concepts of trauma and healing. A fifth read-through of all the transcripts and interview notes was complete in order highlight passages of emerging themes. These themes were listed within a separate document and contained approximately 70 potential themes. The highlighted passages within the transcripts were then copied and pasted within this listed theme document. This first-level coding identified categories until category saturation was attained. Tutty et al. (1996) explain category saturation to be the point when “no new categories emerge” (p. 106) and the “data become repetitive and further analysis only confirms the ground that you have already covered” (p. 106).

Second level coding. According to Marlow and Boone (2005) this level of coding involves identifying “similarities and differences between categories” (p. 220) to build relationships across the transcripts. The 70 potential themes were then further organized into 3 overarching themes and 14 sub-themes. Once these themes were established, the interpretation of the data could be discussed. These interpreted findings will be shared in the Results Chapter.

Establishing Trustworthiness

Trustworthiness was established throughout this project by incorporating strategies applicable to the elements of credibility, transferability, and confirmability. Each of these elements of trustworthiness will be explained as they pertained to this study.

Credibility. Credibility is defined as “confidence in the ‘truth’ of the findings” (Cohen & Crabtree, 2006, Lincoln and Guba's Evaluation Criteria section). The element of credibility was probably the most essential aspect for me from the time of the thesis proposal through to the final stages of the dissemination of the findings. This meant that I needed to ensure that the participants and their stories were always treated with respect. One way of treating their stories with respect was to stay true to their words, hence credibility. There were three strategies used to satisfy the element of credibility. First of all, I transcribed one interview. This transcription process took me 24 hours in total in order to capture every um, ah, and word repetition. Secondly, in order to stay true to their words, I diligently verified each transcript line-by-line, which took an average of five hours per interview transcript for a total of 55 hours for the 11 transcripts. Thirdly, after my initial verification of the transcripts, the participants also had the opportunity to verify their own transcripts; this is also known as member checks. This was necessary so that the participants could ensure that their words were accurately heard and transferred to print. During this opportunity, the participants could add, delete, or modify any or all aspects of their transcripts. The participants also had the opportunity to review the data analysis findings. This provided the participants with a second opportunity to ensure that their words were accurately represented within the interpretation of the data. As explained by Kovach (2010) this step is significant because

[i]n presenting a story in research findings, researchers will often have to condense it. It is necessary to give participants an opportunity to review this condensed story form and approve its presentation. By fulfilling this responsibility, the researcher ascertains authentic, ethical representation. (p. 100)

Transferability. Transferability is whether the findings of this research “have applicability in other contexts” (Cohen & Crabtree, 2006, Lincoln and Guba's Evaluative Criteria section). A strategy for transferability is through thick, rich description of the participants and the interview setting. This provides context as to whether the findings of this research are applicable to other contexts that involve women, for instance.

Confirmability. Confirmability is the objectivity of the research. The two strategies used to satisfy confirmability were to have peer review of the data analysis and prolonged engagement. Peer review of the data analysis was done by one of my thesis committee members as well as another graduate student. Prolonged engagement with the participants was also incorporated for confirmability. Prolonged engagement permitted for the building of trust between myself and the participants (Cohen & Crabtree, 2006). I spent a total of two interview sessions with each participant in addition to the three interview sessions with the Elder participant. The 11 interview sessions came to a total of 23.5 hours spent with all of the women individually.

Ethical Considerations

There are two areas of ethical consideration within this thesis: the research ethics board and the participant's welfare.

Research Ethics Board

Before proceeding with this study's data collection, it was essential to have ethical approval from the University of Manitoba's Research Ethics Board. This ethical approval worked to ensure that there would be no harmful treatment of those participating in this study. When research involves human subjects, informed consent is required and, as such, this study obtained signed informed consent forms (Appendix C) from each interview participant. The study and its purpose was fully explained to each potential participant upfront, with on-going opportunity for them to ask questions or discuss concerns about the process at any time. It was clearly explained that the individual's participation was strictly voluntary and the individual could decline their participation from the study at any time without repercussion. It was, therefore, essential for each potential participant to be fully informed and to be able to freely consent to participate in this study without coercion or deception.

Confidentiality and anonymity was maintained by aggregating the data and securing the interview data in a locked filing cabinet stored at my residence. Once the final report has been published, all interview data such as digital-tape recordings, notes and transcriptions will be destroyed.

Participant Welfare and Support

Although the primary focus of this thesis project was on healing, the topic did include trauma, and as such, there was the possibility that the participants within this research study may have required emotional or psychological support. In order to avoid re-traumatization as much as possible, one crucial participant criteria was for the individual to be well into a healing process in relation to their trauma experience. However, there was always the possibility of emotional distress that may result from participating in the interview process. As such, participants were

given a list of community crisis/counselling resources with their consent form in addition to the provision of a community Elder and a counsellor that were on-call for emotional and spiritual support during and after the interviews.

Elder and counsellor. Respecting that First Nations people have diverse belief systems, I wanted to ensure that the women had a choice with accessing their preferred support. I did not want to assume that because they were First Nations that they would want to solely access Elder support. Both the Elder and the counsellor who participated in this project were female; have knowledge of trauma as it pertained to First Nations peoples, and; have counselling experience. The counsellor and the Elder were both presented with cloth and tobacco to request their support for the participants during the interview process and both graciously accepted.

There was one instance that the Elder and counsellor were not available during and after an interview. In this particular instance, I phoned the participant before her interview to let her know the circumstances. I presented her with the option to reschedule or to continue the interview and I would accompany her to Klinik's Drop-In Counselling should she need counselling support. The participant was not concerned and explained that she had her own personal supports that she could access, if necessary, and she agreed to continue the interview.

I also provided a follow-up phone call a few hours after most interviews to ensure the safety and well-being of the participants. This was to provide another opportunity for the women to connect with an Elder or a counsellor should any emotional distress develop. A follow-up phone call was not provided during those instances that the participant felt strongly that she would be fine in the hours after the interview either due to the supports she had available in her life and/or that she had plans with loved ones and as such, she would be in good hands as she participated in an activity that connected to her wellness. In those instances, I needed to respect

the woman's sense of agency and I offered a reminder of the community support services available to her should any unexpected emotions arise.

Researcher Self-Care

It is important to acknowledge how I took care of myself throughout this research process. Before getting into the ways I maintained my well-being on this thesis journey, I would like to state why it is important to acknowledge researcher wellness. In order to demonstrate my commitment and respect to the participants and their stories, I too had to make sure to take care of myself throughout this journey. I needed to be healthy, strong, in my role as the researcher so that I could move through this research in a good way with a good heart and of sound mind.

Given the demanding nature of completing a thesis in conjunction with the sensitivity of this research topic, it was necessary for me to make self-care a priority. It was critically important for me to take care of myself on a regular and daily basis rather than as a reward after meeting a deadline or after completing any given stage of the research. My personal self-care routine involved the following activities that comprehensively attended to my mental, physical, spiritual, and emotional health and well-being: eating healthfully each day; getting a full night's rest; smudging and offering my prayers to the Creator each morning and evening; seeing my family on a regular basis; spending time with friends when our busy schedules would permit; going to the gym; attending beading club and powwow club as often as possible; going to the Grandmother's Teachings program at Ka Ni Kanichihk, and; taking a day of rest when necessary.

With regards to the thesis work specifically, I would smudge before and after each work session; I remained attentive to my dreams and the direction they were providing me, and; I sought support with peers who hold a common understanding of the research process, in

particular, thesis work that involved Indigenous methodology and research with Indigenous peoples. I sought support from my thesis committee through in-person and Skype meetings to ask questions regarding the research process and receive feedback regarding the project's progress. Finally, my advisory council provided me with support as I sought guidance for First Nations protocol and also for ensuring that this thesis project incorporated the perspectives and realities of urban First Nations women from Winnipeg, Manitoba.

From the time of identifying a thesis research topic and proceeding through the written findings of the research, I continually connected with myself to assess my own well-being. However, the period of time where I started to analyse the data to when I completed the final written stage of the thesis, I had to be diligently self-aware of my well-being. During this time, I usually needed to check-in with myself throughout different points of the day. Was I doing okay with the content? Have I crossed any personal boundaries with hearing people's trauma stories? Did I need to connect with a counsellor to efficiently address any emotions that have developed as a result of hearing multiple stories of trauma? Was I experiencing any vicarious trauma? What was I feeling today - vicarious trauma or simply exhaustion from an intense work session? If I was feeling isolated or exhausted, what did I need to take care of myself physically, emotionally, mentally, and spiritually? I always made sure to pay attention to what I needed, be it attending and participating in a sweatlodge ceremony, a good laugh, a nap, or a visit with my Mom, in order to stay healthy, strong, and well.

Limitations

There were four limitations to this study. First, this study was limited to participants who were willing to share their stories in English. Chilisa (2012) refers to Gonzalez and Lincoln (2006) regarding the importance of researchers using the language of the research participants by

incorporating the use of translators and presenting the data in their language. However, given the limitations of time and funding, this study was not able to provide a translator. What is more, because of the limitations of funding, the final document can only be printed in English.

Secondly, time was a significant limitation. This limitation of time reflects two levels of the research process. At a practical level, I had to meet very tight deadlines to meet the requirements set by the university in order to successfully attain my MSW degree. For instance, the interviews needed to be completed within a certain period of time. Although there were still a few more women who had come forward to share their stories given the time constraints these potential participants could not be included in the interview process. At an experiential level, the limitation of time is also significant. I am an experiential learner. This means that I need time to process a new experience and I also need time to reflect on the ways this new experience has impacted on my personal growth. In light of the practical time limitation of this thesis project, I have not had the sufficient time to fully process the many new experiences that have come with learning the steps of research by the time this final report needed to be complete. Therefore, it is noted that my choice of words and ways of understanding are simply a reflection of my time in that moment. I know that there is much more for me to process, which will only come when I have the space, time, and opportunity to do so- after this thesis has been completed.

Thirdly, although this study stipulated that a small sample size would be incorporated in order to obtain depth versus breadth from the individual interviews, this study does have a small pool of participants. What is more, the stories shared by the five women in this study are particularly personal to their own life experiences. Further research will validate this research and provide additional voices of First Nations women.

Finally, as per narrative research methodology, it was necessary for the researcher to not only analyse the data but to also interpret the data. Polkinghorne (2007) asserts that it is important for the researcher to acknowledge the limitation of validity that comes with interpreting stories. To be transparent, it is worthwhile to acknowledge that the findings within this thesis are my interpretations of the stories shared with me. As such, it is possible that another individual may engage in different interpretations of the data.

Summary

This study's research methodology and design were reviewed by addressing the overall research approach and rationale; the research setting and interview participants; the method of data collection; the data analysis process; how trustworthiness was established; researcher self-care; ethical considerations, and; study limitations. The next chapter will discuss the research findings.

Chapter Four

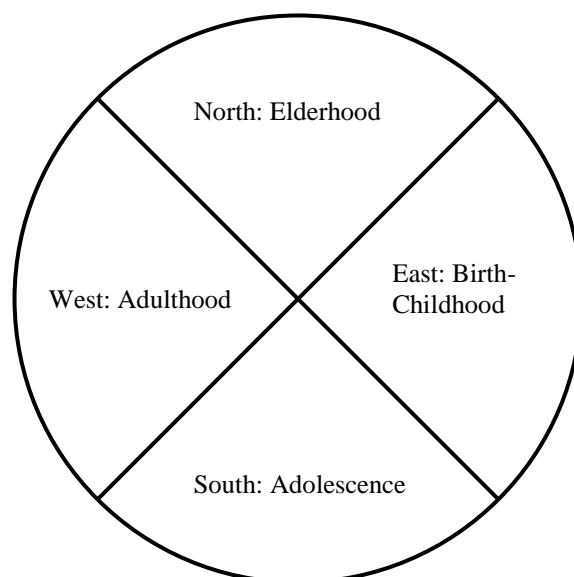
Results

In this chapter, I discuss the findings of the data analysis. To begin, the Medicine Wheel will be discussed as a conceptual framework for the life narratives within the context of the life stages of human development. Secondly, the individual stories of the five women will be introduced in the following three ways: i) she will be introduced, ii) her meta-narrative will be shared, and iii) her life narrative (her healing journey) will be shared within the context of the Medicine Wheel framework. Finally, the common themes of the women's stories will be explored and discussed.

The Medicine Wheel – Life Stages

The Medicine Wheel is a conceptual framework used here to visualize the journey of healing as well as the trauma experiences of the five interview participants (Figure 1). The concept of the Medicine Wheel was addressed within the Literature Review Chapter; however, a brief overview will be provided for this context. The Medicine Wheel is a circle divided into quadrants (Bopp & Bopp, 2006). These quadrants represent holistic aspects such as the seasons: spring, summer, fall, and winter, the directions: east, south, west, and north, and the self: mental, physical, emotional, and spiritual. When using the Medicine Wheel, it is important to start with the eastern quadrant and work clockwise to finish at the northern quadrant; the same fashion in which the sun moves (Best Start Resource Centre, 2010; Four Directions Teachings, 2006). For this thesis, the Medicine Wheel has been used as a conceptual framework to depict the life narratives (journeys of healing) of the five women within the context of the life stages of human development: birth - childhood, adolescence, adulthood, and elderhood.

Figure 1: Medicine Wheel- Life Stages



Birth to Childhood

In the eastern quadrant is the life stage of birth to childhood (Best Start Resource Centre, 2010; Four Directions Teachings, 2006). During this stage, a baby and a child are dependent on their family for such things as love, food, and sleep (Manitoba First Nations Education Resource Centre Inc., 2008). Parents are important role models for their children and they need to be mindful that “their behavior and actions are always being observed and imitated by their children” (Manitoba First Nations Education Resource Centre Inc., 2008, p. 17).

Adolescence

In the southern quadrant is the adolescence life stage (Best Start Resource Centre, 2010; Four Directions Teachings, 2006). Adolescence is a time of relationships and identity. During this stage “[a]dolescents are struggling to fit in and find their identity” (Manitoba First Nations Education Resource Centre Inc., 2008, p. 18). Mawhiney and Nabigon (2011) state that this a time where “we are helped to understand self through our relationships with family, extended family, friends, and community. It takes time to understand our identity as human beings” (p.

23). Adolescence is a time for self-exploration (Mawhiney & Nabigon, 2011). As their children begin to move towards independence, it is “imperative for parents to continue loving, supporting and providing for their child (Manitoba First Nations Education Resource Centre Inc., 2008, p. 18).

Adulthood

In the western quadrant is the adulthood life stage (Best Start Resource Centre, 2010; Four Directions Teachings, 2006). This is a time in life for “self reflection and introspection” (Best Start Resource Centre, 2010, p. 8) to think about the journey up until this point and to “begin to make the positive changes needed to continue on the cycle in a good way” (Best Start Resource Centre, 2010, p. 8). This stage of life also represents the responsibility that comes with being a parent (Four Directions Teachings, 2006).

Elderhood

In the northern quadrant is the elderhood life stage (Best Start Resource Centre, 2010; Four Directions Teachings, 2006). This stage in life is connected with “wisdom and knowledge... It represents the winter, a time when the Elders share their stories and teachings to pass on that knowledge to those journeying around the other stages of the wheel” (Best Start Resource Centre, 2010, p. 8).

The Women and their Stories

These are the stories of five First Nations women who live in Winnipeg, Manitoba. They have shared some of the most intimate times of their lives - their stories of healing from trauma. Collectively, these are stories that hold loss, grief, hurt, and doubt but they are also stories that hold pride, forgiveness, hope, love, and gratitude. Each of their stories will be presented in the following three segments: She will be introduced, her meta-narrative will be shared, and her life

narrative (healing journey) will be told as it follows the life stages of the Medicine Wheel. A meta-narrative is a “grand narrative... a story about a story, encompassing and explaining other 'little stories' within totalizing schemes” (Mitchell, n.d., para. 1). A narrative is defined as “a spoken or written account of connected events in order of happening” (Oxford Canadian Dictionary of Current English, 2005, p. 550).

It is important to note that although the experiences of trauma are presented and discussed before the experiences of healing, this does not necessarily reflect that the lives of the women started on a difficult note. The reason the experiences of trauma are presented first is to be able to provide context for the aspects of healing within the women’s lives.

Participant 1: Katherine

Katherine is an Oji-Cree woman who was born in Winnipeg, Manitoba. Most recently, she has been a Winnipeg resident for the past ten years. Katherine is a mother of five children. She has been in a relationship with her partner for the past two years. She has two older siblings and four younger siblings. Her parents separated when she was a young child and her mother remarried. She holds an undergraduate level post-secondary degree.

She was baptised as an Anglican but she does not follow the religion or its beliefs. She follows First Nations practices and beliefs with the seven teachings, she goes to sweatlodge and Full Moon ceremonies, she spends time with an Elder, she attends sharing circles, and she teaches her children the importance of respecting all living beings such as Mother Earth, animals, and people.

Here is Katherine’s journey of healing:

Katherine’s meta-narrative. Katherine’s story is about being her authentic self by surrendering to her vulnerability. There were many instances throughout Katherine’s life that

made her put up her guard. Her parents were in a violent relationship, she was sexually, physically, mentally, and emotionally abused, she faced constant racism, she worked in the sex trade, her boyfriend cheated on her, and she became addicted to crack cocaine. Bullying, staying single as well as drugs and alcohol were some of the ways that she was able to shield herself over the years from facing any more trauma. With some help along the way, she has been able to understand some of these traumas and she can put away her shields of protection. By spending some time in jail, being sober, and finding new love, Katherine has been able to acknowledge and accept her vulnerability, which opens her up and permits her authentic self to emerge.

Katherine's life narrative - traumas experienced. As shared by Katherine, the following narrative depicts some of traumas she experienced throughout her life.

Birth to childhood. Katherine's first memory of violence is at the age of four years old when she witnessed a fight between her parents. Amongst the threatening and violent words from her father and the screaming and crying from her mother, a confusing energy was created around Katherine, causing her to question what was going on. It was about two years later that her parents separated; her father left and her mother continued to abuse alcohol in his absence. Above and beyond the abusive environment of her parents, this was a time in Katherine's life where she was being sexually abused by various members of the family.

As a pre-adolescent, Katherine's mother was still abusing alcohol and after times of heavy drinking, Katherine's mother would often physically, mentally, and emotionally abuse her. Katherine says,

... my mom abusing alcohol, yeah. And it was okay, like it wasn't too bad until I got about 10 years old, I guess, and then my mom used to leave me babysitting, you know... and then come home and then she would like drag me out of bed and beat me up.

The physical abuse continued into her teenage years until Katherine punched her back one time and told her mom to never hit her again. The mental and emotional abuse remained constant until Katherine was well into her adulthood years with her own children. Katherine would often contemplate suicide as a way to save herself from the insanity her mother created for her. With her mother's partying and the abuse she was experiencing at home, Katherine would find solace hanging out on the streets of Winnipeg.

Adolescence. As a teenager Katherine and her family were living in a small Manitoba town. High school was a very challenging time for her because of the prejudice and the racism that she experienced on a regular basis. The relentless and constant name calling of "dirty squaw" and "dirty Indian" became more than she could handle. She turned to bullying as a way to protect her own self from the bullying she regularly experienced. Katherine recalls this bullying:

I remember him calling me dirty Indian, dirty squaw and I'd go crying to my granny... And I remember my grandmother telling me, you go call him an Eskimo cause his grandmother is an Eskimo, so I did. He never called me that again. Yeah, so, you know, then other boys would call me stuff and I'd always find something to call him back. And like I said, I bullied a lot of girls, kinda by presence and stuff like that and push them around. It wasn't really good, high school. No it wasn't.

This is when Katherine can clearly say that she no longer wanted to be an Indian.

In grade 9, she spontaneously left this town for a short period of time and came back to Winnipeg with a friend to party. Even though she would go back home to this town every once in a while Katherine was mostly on her own in Winnipeg throughout her teenage years.

Katherine worked the streets as a sex trade worker in order to survive.

Adulthood. Katherine found herself in an abusive relationship with the father of her three oldest children. It was after a physical argument during a night of partying that the relationship started to deteriorate and they broke up. Katherine's partner had also cheated on her, which she

found to be traumatically painful. To avoid being hurt like that again, Katherine chose to stay single for the next 15 years.

Katherine completed two jail sentences for two separate stabbing incidences. It was during this second jail sentence that her grandfather passed away. This was a very difficult loss for her because of the significant role he played in her life.

She started to smoke crack cocaine. Katherine recounts a critical moment during her addiction:

[M]y addiction that really caused me a lot of anguish...I remember sitting in a closet with a crack pipe and spending all my money, and just that feeling and that emotion, that overwhelming of the despair – oh my god, what am I gonna do? How am I gonna feed my children? And just hopelessness, I guess, of having nothing...

Her time was consumed with partying and hanging out with gang members. During the days of her crack cocaine addiction, the Winnipeg Police Service and Child and Family Service (CFS) workers had made a few home visits. Katherine shares that CFS “told me that if I didn’t quit, they were gonna take my kids, that was my last chance”.

Within the past few years, Katherine’s mother and birth father passed away. Her mother passed away from cancer and her father passed away from cirrhosis. It was her father’s passing that created a significant amount of grief for her. She started to use weed to self-medicate and her bullying behaviours started to surface once again.

Katherine’s life narrative - her healing. As shared by Katherine, the following is a narrative of her healing journey.

Birth to childhood. Katherine spent her summers throughout her childhood with her grandparents. Her grandparents were a good influence in her life; teaching her values and beliefs that would prove useful for when she was a mother. Katherine fondly remembers her 9th birthday when she received a bike as her present. She also lovingly remembers a dog that she had as a

child. She spent a lot of time playing with her canine companion which now provides many memories of a happy time in her life. She also happily remembers time spent with a childhood friend. They would have fun hanging around the neighbourhood spending many hours exploring the area together.

Adolescence. It was on her 14th birthday that Katherine bumped into her father while she was out with one of her friends sneaking into a local bar. This was the first time she had a chance to spend some time with him since he left after her parent's separation when she was a child. Katherine remembers: "I hadn't seen him for so long so we were happy to see each other".

Adulthood. Adulthood proved to be a pivotal time in Katherine's life. Many significant changes happen for her at this point in her life. The first time she was in jail was her first step in her healing. In jail, Katherine was not able to numb her pain with alcohol or drugs; she was forced to feel her emotions. She also had the time to reflect upon the things that had happened to her since childhood. Her second time in jail was another step in her healing with some good advice from a warden:

[Y]ou can change your life right now...You can walk out that door and never come back or you can walk out that door and keep coming back...I see generations of people coming here, mothers, daughters, and... granddaughters.

Katherine left jail and did not return.

She had the opportunity to participate in a treatment program outside of Winnipeg after her time in jail. Although it did not really sink in her for yet, this was where she first started to take notice of her First Nations culture. However, a few years later, at a treatment centre program outside of Winnipeg, her and her children were able to participate in programming and she was able to connect with an Elder. Within a particular program that centred on grief and loss,

Katherine was able to understand the traumas, the pain, and the hurt that she had experienced since she was a young child.

Katherine was still struggling with her crack cocaine addiction when her youngest child was born. She credits her daughter for saving her life. Although she still smoked crack, her situation may have been worse had it not been for her youngest child.

There was a point when Katherine thought, “there must be something better for me... what can I do to make myself better or get myself better?” After seven years, Katherine was able to stop smoking crack. She has been clean and sober now for seven years. Before she could fully move forward with her sober life, Katherine needed to grieve the life she once knew of drugs and alcohol. Today, her sobriety is a priority in her life and she attends Cocaine Anonymous meetings regularly. She has also set up boundaries for herself so that her life only involves healthy, positive relationships. In order to maintain her sobriety, Katherine smudges and she also attends ceremonies such as the sweatlodge ceremony.

With the grief of losing her father, Katherine sought trauma counselling with an Elder she knew and respected. She was finally able to release everything that she was carrying around since her father passing.

Katherine is letting her guard down and taking a chance on love. She is currently in a good relationship with a partner who loves her unconditionally. Katherine now sees herself as a changed person. She feels that she used to be an angry, bitter woman but now she describes herself as happy and full of life. With her life now, Katherine is excited to wake up every morning and spend time with her children. What does Katherine cherish in life? “My health, my sobriety, me”. Katherine is a free spirit who knows to follow her strong intuition. She takes pride in her children, her First Nations identity, and her life as it is today.

Participant 2: S.E.

S.E. is an Ojibway woman who was born and raised in Winnipeg. She is married and the mother of four children. She is the eldest of her three siblings - a stepsister and two stepbrothers. Her biological father has never been in the picture; however, she did form a relationship with her step-father. Her mother and step-father separated when she was 12 years old. S.E. holds an undergraduate level post-secondary degree.

Growing up she was told that she was Anglican but she did not conform to the religion and its practices. She was first introduced to First Nations traditions and beliefs about 20 years ago; however, S.E. has been incorporating these ways into her daily life for the past four years. Smudging is part of her regular routine; and she attends women's ceremonies, such as the Full Moon ceremony, to maintain her balance. She participated in her first sweatlodge ceremony last summer. S.E. identifies that she has not gone into the really spiritual ceremonies, such as the Sundance ceremony and considers herself to be a new learner with the First Nations practices and beliefs.

Here is S.E.'s journey of healing:

S.E.'s meta-narrative. S.E.'s story is about claiming identity. Growing up, she was never given the details of her birth such as the time of day she was born and how much she weighed. She sought this information out as an adult as part of her own self-discovery. Growing up, she was also never provided with very much information about her biological father other than his name and background. Not only did S.E. not have the chance to get to know her father but she also did not have the chance to get to know his side of the family either- the other half of her biological identity. She grew up with an Anglican background and was taught to not take pride in her First Nations identity. However, as an adult, S.E. did start to connect with her First

Nations beliefs and practices about four years ago. S.E. is envious, in a good way, of Aboriginal women who were raised knowing who they are and who were also taught as children to love themselves. Despite the various traumas that she has experienced throughout different times in her life, S.E.'s journey of healing has brought her to place where she identifies as a thriver rather than a survivor.

S.E.'s life narrative - traumas experienced. As shared by S.E., the following narrative depicts some of traumas she experienced throughout her life.

Birth to childhood. S.E. grew up not knowing her biological father. Instead her step-father took on this role of being her father figure until her parents separated when she was 12 years old. Her upbringing with her step-father and her mother did not provide S.E. with the opportunity to grow up with her Ojibway roots. Her father was Caucasian and her mother, who experienced many unspoken traumas in her own lifetime, was not in a place to take pride in her own First Nations identity. The combination of her parents' backgrounds provided S.E. with a "mainstream" upbringing.

During her childhood, S.E. was sexually abused by multiple family members and family friends. Late one night, S.E. awoke to a home support worker entering her home after her mother had been hospitalized from a suicide attempt. This particular incident was not unusual throughout S.E.'s childhood. Before the age of ten, as the eldest female child, she was already taking on the parental duties of her younger siblings. S.E. explains this in her own words:

...because of the drinking that was going on, because of the violence... a lot of times we were left to our own to take care of ourselves so I ended up becoming the mom, so to speak. Like the one that, obviously the oldest female (*chuckles*) generally end up jumping in there and taking care of your siblings.

The combination of the sexual abuse and her parental duties at such a young age, she no longer had the identity of a child. No matter how much she wanted to be a kid again, her childhood was stripped from her long before it should have been.

When her mother and step-father separated, S.E. had a very difficult time. Her parental duties continued as her mother would leave her and her younger siblings home alone at night to go over to her boyfriend's home. Shortly after S.E. moved in with her mother and her mother's boyfriend, they began to sexually abuse her. It was in grade 7 that she formally disclosed this sexual abuse by her mother and her mother's boyfriend. They were both arrested and spent less than 5 months in jail.

Adolescence. As a result of the formal disclosure of the sexual abuse by her mother and her mother's boyfriend, she became a permanent ward of the Children's Aid Society. From this point on, she was in and out of foster homes. She lived in a group home for two years before a friend's family took her in.

To cope with the separation of her mother and step-father, she started to experiment with alcohol and she also started to self-harm by cutting and taking pill overdoses. S.E. talks about her past self-harming behavior:

I was using alcohol at that time because that's what I used to cope, just to numb myself out. Like I was a cutter, not majorly. Like my favourite past time was to break windows, and just, you know, put my fist through windows and just let my hand bleed. The bleeding almost like came, it came to be used as a release, but I am thankful. Honestly I'm thankful aside from maybe a couple of scars that are evident, but I am so thankful I don't have, that I didn't do the damage that I could have done. It was more superficial, like I was just, I'd make cuts and things but honestly, I look at some of these young girls today with their arms (*exhales*), cause obviously doing it, there's, you know, there's a reason for that. There's a heavy reason for that.

She was admitted to the "Adolescent Psych Unit" for several suicide attempts. She points out that no one ever really talked with her about her self-harming behaviour and that perhaps there

could be another way to deal with her pain and loss. This was the behaviour that she knew and learned from her mother.

S.E. reconnected with her mother after she was released from jail. Her mother continued with the drinking and self-harming behaviour. At 13 years old, S.E. became her mother's "parent" and "saviour" during the numerous times that her mother would drink and attempt suicide.

When she was 15 years old, S.E.'s mother passed away unexpectedly from alcohol related causes. At the time, her mother's cause of death was unknown and S.E. carried the guilt that she was not able to save her mother this last time. It was the day of her mother's funeral that she discovered that her younger sister was also sexually abused by their mother.

The year of her mother's passing was a time that involved two more family deaths. Three months before her mother passed, an uncle who sexually abused her passed away. Given these circumstances, she was not particularly affected by his passing. Three months after her mother passed away, her step-grandfather passed away. The passing of her mother and her step-grandfather were compounded losses for S.E.

Adulthood. Motherhood presented one of the most difficult traumas for S.E. Her youngest child identified herself as a transgendered male. S.E. loved her child no matter what and would continue to do so but what she grieved was the loss of her only mother-daughter relationship. S.E. shares what this grief meant to her:

I had high hopes for, I had plans for. I had ideas about because of the things *I* missed out on that I wanted to kind of look for - or did look forward to with her, was now gone because now there was no little girl anymore. There was no female anymore. And that was the only daughter I had. So to me it was really hard to determine 'cause it wasn't like you could say that the person died, you know. You can't say that the spirit of that person died (*pause*) 'cause they don't. Like on the outside they're just not who that they were anymore. (*crying - pause*) It's kinda like all my ideas on, you know, first time grandbaby with my own daughter, you know, trying to (*pause - crying*) just having that

mother-daughter relationship. I guess I really had high hopes that I can do the right thing with her. Like being there with her through childbirth, you know, just those things that I missed out on, even though it's not, you know, I can't live her life- that's not my life to live but it really, that one really threw me for a loop. I don't think it would have been as difficult to handle if I had another daughter, but it was like that one opportunity was just gone.

While she was in university S.E. was forced to deal with some of her issues around identity that she was not ready to address. S.E. was not at a place of acceptance with her First Nations identity and she did not like who she saw in the mirror.

S.E.'s life narrative - her healing. As shared by S.E., the following is a narrative of her healing journey.

Birth to childhood. S.E. happily remembers playing with the “community kids” as a young child. Playing games such a tag were a time where she could just be a kid and not have a care in the world. She really enjoyed the holidays when she was around 6 or 7 years old because her family was still intact at the time. These family gatherings with her mother, her step-father, her siblings, her aunt and her uncle were good memories of her childhood. She also has very fond memories of spending time with her step-grandfather in the country.

The same year that her parents separated, S.E. was connected with a Big Sister. This relationship was a ‘lifesaver’ because S.E. was exposed to a whole other world that was more than what she had experienced in her own life. S.E. recounts her time spent with her Big Sister:

[N]o matter what I did or whatever was happening for me, she didn't judge me. She never kind of questioned, like well “why did you do that?” or, you know, “why are you doing that?” It was never ever judgement. I remember her years ago, telling me, I remember her mom, ‘cause her mom really adored me, her mom, her parents were older, this is a Ukrainian family. Her parents were way older and she was an only child so I guess that was one of the reasons why she went for a Big Sister ‘cause then it gave her something to do, but I remember her mom used to say to her and cry to her, and say “can't we just keep her?”. ‘Cause I guess obviously, you know, they were very fond of me and we used to just chuckle about that. And I remember her saying to her mom, like “mom, no we can't. We can't just take her.” (*laughing*) But yeah, so I mean it was just, it was just knowing that there was somebody else out there outside of what I was living in my life that was

bringing something good to me. And it was like once I got a taste of that and knowing it was out there, it was like, yeah I want more of this.

Many years later, this has turned into a life-long relationship.

Adolescence. When she was living at the group home, S.E. had “an epiphany”. As she was surrounded by young girls who were consistently displaying self-harming behaviours, her inner voice said loud and clear: “You know what? No. Fight for it. Fight for more. Don’t give up to this life”. S.E. marks this as the first moment that she thought about making a better life for herself. She was beginning to recognize that she deserved a better life than what she had already experienced growing up.

Adulthood. At 20 years old, S.E. was pregnant for the second time. She decided to be a single-parent for the sake of her child. This pregnancy was a pivotal time for change because S.E. wanted to give her child a healthy upbringing. She did not want her children to experience the same childhood that she had experienced. S.E. shares this reflection of being a mother:

[T]o me it was an opportunity I guess to kind of redeem my life the way I look at it... bottom line is they were gifts to me. And they still are. It doesn’t matter how old they are (*chuckles*) I always say they’re *still* my babies. So it was very important for me to be a good mother, to be an attentive mother, to be a present mother, to be a clean mother, which I’m thankful for.

For her, her biggest accomplishment in life is doing the best she could for her children. Part of doing her best for her children was to connect with her First Nations roots.

A powerful moment in her healing was when she went to visit her mother’s gravesite with her uncle. She smudged, prayed and offered words of forgiveness to her mother. This was an empowering moment in and of itself; however, this moment was made even more significant because it was the first time she did something that followed her First Nations beliefs and practices alongside a family member.

Feeling like her life is better today and recognizing that her healing journey still continues on, S.E. is at a place where she can now look at herself and say “yes, I am an Aboriginal woman”. S.E. is a woman with a great amount of determination. With a very generous heart, she is someone who likes to help others whether it is through her work, her family, her friends or her community.

Participant 3: Anne

Anne is an Ojibway woman who was born in a community northeast of Winnipeg. She has been a resident of Winnipeg for the past 27 years. Anne and her husband are a blended family with six children. Although this is blended family, Anne and her husband very much consider and love each child and grandchild as their own. Anne is the eldest of two stepsiblings and four half-siblings. With her father out of the picture, Anne was raised by her mother for the first few years of her life before her mother married Anne’s step-father. Anne holds an undergraduate level post-secondary degree and she is currently in a part-time graduate program.

She was raised as a Protestant and practiced her religion until she was in her mid-twenties. It was at this time that she was first introduced to First Nations spirituality through a community training program. She has been practicing her First Nations traditions for over twenty years now. Anne has her spirit name, she sundances, she smudges and prays, and she attends sweatlodge ceremonies.

Here is Anne’s journey of healing:

Anne’s meta-narrative. Anne’s story is about reclaiming identity. Growing up as a First Nations girl just outside of her family’s First Nations community in a small Manitoba town, Anne never really felt as though she fit in with her family on the reserve or with the people in her town. She followed her family’s Protestant beliefs until she was introduced to her First Nations

traditions in her mid-twenties. Following her First Nations traditions for the past twenty years has felt like a natural fit for Anne which was unlike her experience with following her Protestant faith. A major trauma within her professional life affected her so profoundly that she was enveloped with grief and loss for a period of time. Anne struggled to work her way out of that grief and loss in order to find herself again. Anne was able to regain her footing only to experience another similar trauma with the loss of her grandchild. However, despite how painful this loss has been, with the guidance of her First Nations beliefs, teachings, and ceremonies, Anne has been able to maintain her strong sense of self.

Anne's life narrative - traumas experienced. As shared by Anne, the following narrative depicts some of traumas she experienced throughout her life.

Birth to childhood. Part of Anne's childhood was spent growing up in a town northeast of Winnipeg, close to her mother's First Nations community. During her school years, Anne went to a settler school in town. When she was in grade 3, Anne can remember feeling for the first time that she was different. It was through an encounter of meeting her friend's parents. They wanted to meet Anne before giving their daughter permission to stay over at Anne's place for a sleepover. It was a look that the parents had given her and the minimal acknowledgement, not even a hello, and Anne knew she was being judged for how she looked and who she was. Needless to say, Anne's friend was not allowed to sleep over. Anne talks about the significant impact this had on her:

So I think that's probably where it started to begin where I worked *so* hard to fit in. I think that's why I excelled in sports and in school and academics... I was just trying to - doing my best to fit in, and I recall Social Studies class and reading about "the savages", you know, like that's the high school piece and others that reading about savages and all this, feeling like I was, you know, go lower and lower in my chair, trying not to be there because I couldn't change my colour or my name or who I was, right? It was even to the point that I used to prefer my dad (because he was "white") to come to the school and not my mom...

Her cousins would say to her, “you act white, you sound white”. Anne grew up feeling as though she did not fit in with her community on the reserve or with the people in town.

Anne’s birth father was already absent from her life when she was a child. Anne’s mother married and Anne’s step-father took on the role of her father-figure. He was to become the father who would take Anne to school on her first day of kindergarten and he would walk her down the aisle on her wedding day. However, he would also become one of Anne’s first traumatic experiences when he started to touch her inappropriately.

Adolescence. As an adolescent, Anne’s uncle was killed by a family member’s husband. As Anne explains, “I had never really lost anybody close to me until that time, so I always considered that as a tragedy that’s played an impact on my life and many lives in our family”. This was a difficult loss for the family in and of itself; however, the family connection of the person responsible for her uncle’s death caused a large family rift. Anne had particular difficulty during this experience because she knew her grandparents were so devastated by the whole incident.

Adulthood. A few years ago, Anne experienced a trauma in her professional life that evoked her biggest work-related fear. As a result of this particular trauma, Anne was diagnosed with acute posttraumatic stress disorder (PTSD). This was a very challenging period for Anne; depression and anxiety took over her life. Anne talks about this period in her life:

At its’ worst times, I couldn’t remember if I had, when I had last washed or had a shower, if I’d changed. It took many months before my doctors convinced me to go on anti-depressants and even then it was the smallest of dosages because I never liked medication. (*grocery store*) is just down the corner from us and used to be I could just go there and pop in and grab something. I was scared to go anywhere by myself. I didn’t want to see anybody. I remember seeing someone in the next aisle and trying to hide. I’d be going there for 2 or 3 items and I couldn’t even remember why I was there. It was depression and there was anxiety. I never had anxiety in my life. The tears were *always* there. I was crying all the time. I didn’t even know why I was crying sometimes. I would

just sob and I'd phone my friend. I was so angry 'cause I was crying and I didn't know why I was crying. I said, "I just want to get better".

It was as though she had lost her spirit and Anne was worried she would never be her confident, strong self again. However, just as she was getting her footing back from this trauma, she experienced the loss of her grandchild. The passing of her grandchild was completely unexpected. Unfortunately, the circumstances of this personal loss were very similar to the loss she experienced through her work. The similarities of these two losses triggered Anne's fear that she would be thrown back into the acute stage of PTSD.

Anne's life narrative - her healing. As shared by Anne, the following is a narrative of her healing journey.

Birth to childhood. For the first few years of her life, Anne and her mother lived with Anne's grandparents. Time spent with her grandparents hold very special memories for Anne. She enjoyed taking road trips with her step-father:

[M]y dad worked away from home a lot. He would be gone for weeks at a time. He would come home every second weekend or every third weekend, and he'd pick us up and we'd go to the next town, we'd go to Ontario, you know, trips like that. I remember going to (*province*) a couple of times 'cause that's where he was from originally...

She also has fond childhood memories of building forts in the woods, riding horses and playing hockey in the driveway.

Adolescence. As with most teenagers Anne's adolescent years were focused on spending time with her friends and her boyfriend, partying, and playing sports like volleyball and baseball.

Anne recalls this time in her life:

My first, I wouldn't call it love, my first boyfriend I was 14. And it was really nice. I think it took us two months before we even held hands, we were so shy. (*laughing*)... Yeah, so that was my first boyfriend. I never really had anyone serious until I was maybe 17, and yeah, I always say he was my first everything. He was special, and actually after all these years, I still think he's, when I see him my heart still goes bumpity bump... but I always say that we never could have made it long term because we're too much alike,

you know, way too much alike. We were both social butterflies, liked to have fun and yeah, we just, we both loved sports.

Adulthood. In her mid-twenties, Anne met her husband. It was an immediate connection between the two and they have been inseparable ever since. At the time of their meeting, Anne and her husband already had children of their own and together they have a beautiful blended family. Anne and her husband have had a very good life together despite the ups and downs that they have gone through over the years.

After first being introduced to First Nations culture through a community organization's training program, Anne started to appreciate and learn about who she was, traditionally, as an Ojibway person and as a First Nations woman. She soon recognized that she never felt that true connection with the church like she does when she offers tobacco or when she is in ceremonies. Anne teaches her children to be proud of their beautiful First Nations culture rather than to feel ashamed as she felt when she was younger.

It was also in the safe environment of this training program that Anne was finally able to disclose the sexual abuse she experienced by her step-father. Before he passed, Anne had an opportunity to forgive her step-father for inappropriately touching her as a child. Anne also had the opportunity to speak with her birth father before he passed away. In his hospital room, she was able to hear his side of the story about why he left when she was a baby. This conversation provided some closure for Anne. Whenever she is in the lodge today, she is able to give thanks for her father who raised her and for her father who gave her life.

With the help of her psychologist, the ceremonies, an Elder, and her family, Anne was able to begin healing from her work-related trauma. Just hours after losing her grandchild, Anne was able to sundance for a day amongst her sundance family. The dancing combined with the support of her sundance family started to heal the deep wound of her loss. Another point of

healing came during a ceremony where she could release her grief and cry. With an Elder by her side and the drumming and singing in the background, Anne cried from deep, deep within until she had no more tears. Anne is grateful for her traditional way of life, the Elders, the teachings, and the ceremonies. As Anne shares,

Whenever I'm doing prayers or ceremonies, I'm always giving thanks ...Honouring our way which has helped me so much. And I just get emotional there 'cause, if it wasn't for learning the traditional way and the teachings and the ceremonies, I don't know if I'd be where I am today in terms of healing...

With her healing, Anne has been able to find herself again and she can clearly see herself as a better wife, a better mother, a better friend, and a better co-worker. Today, Anne continues on with her healing journey knowing that she is strongly anchored by her First Nations traditions, teachings, and beliefs. Anne is a generously supportive woman who is a loyal friend and a loving wife, mother, and grandmother. With pride in herself and her First Nations traditions as well as her unwavering belief in others, Anne is a strong role model for her family and community.

Participant 4: Isabelle

Isabelle is a Cree woman who was born in a town southeast of Manitoba. Winnipeg has been her home now for over 45 years. She is a single-mother of one child. She is also the eldest of two younger brothers. When she was a child, Isabelle's parents separated and she grew up with her mother. She holds a graduate level post-secondary degree.

Isabelle does not have a religious affiliation and follows First Nations beliefs and practices. For her, it is important to include prayer in her day, she smudges, she utilizes traditional medicines, and she connects with trusted healers for spiritual and emotional support or during times of physical pain or discomfort. Elements of nature also carry significant importance for her. Trees and bodies of water, such as rivers and creeks, bring a sense of comfort, and

certain times of the day - early morning and late afternoon/early evening sunset present a sense of calm.

Here is Isabelle's journey of healing:

Isabelle's meta-narrative. Isabelle's story is about claiming a sense of belonging. Since she was a child, Isabelle carried a deep sense of not belonging. A feeling where she could be in a room with a crowd of people and feel as though she did not belong - that she was not part of the crowd despite her natural efforts to be outgoing, friendly, sharing, and talkative. She feels that some of this sense of not belonging has been passed down from her own mother, who got it from her family. Isabelle also feels that this has come from the general Canadian society through messages that First Nations people do not measure up as well as through pervasive negative stereotypes of First Nations people. These negative social attitudes of First Nations people can play out in various ways, sometimes overtly and sometimes subtly. What was certain was that throughout her life, Isabelle could sense that she was being treated differently. With the help of therapy, a counsellor, and her First Nations beliefs and practices, Isabelle now has a sense of belonging.

Isabelle's life narrative - traumas experienced. As shared by Isabelle, the following narrative depicts some of traumas she experienced throughout her life.

Birth to childhood. Isabelle's story is not one that begins with a memory of trauma; it does begin with fond memories of time spent with her paternal grandparents. In fact, for the first few years of her life, Isabelle lived with her mother at her paternal grandmother's house southeast of Winnipeg. Living out in the country with her grandparent's close by and her grandmother's expansive yard to play in was how her childhood memories begin. However, taking this time to look back on her childhood, she can only vaguely remember her parents. Her

father was often away from home working and her mother remained nondescript in the presence of her grandparents. However, her parents do come into focus during a particularly difficult time for Isabelle: her parent's separation. As a result of the separation, her mother relocated to Winnipeg with Isabelle and her younger siblings. Although her father was not around very often, Isabelle absolutely adored him and she knew that he loved her very much. Isabelle had hoped that her father would come and get her but he never did. This broken attachment with her father would become one of Isabelle's first experiences with the sense of not belonging.

Moving to the city was devastating and very traumatic for Isabelle. She could no longer play in the wide, open yard that she used to play in at her grandmother's home out in the country. Isabelle describes this experience for her:

In the country I had all the trees, the grass as my playground... Coming to the city it was awful. We had to be quiet. And in order to play I had to go outside, which was fine, I liked that. And so we went to the park to play. My mom doesn't know how close we played to the river. So I'm just thinking back now, my gosh! You know, it's a good thing none of us fell in. We played games and ran amongst the trees. We played a lot of games. And we made up games and that's how we spent our time. When there was a certain level of sunlight we knew it was time to go home 'cause we'd get chilled a little bit. We said, "the sun is going down, it's time for us to go home." We'd play outside *all* day I'm sure. I liked that. Even though the park was our playground, I felt very uncomfortable and I felt a lonesomeness when we came to the city. And I felt claustrophobic. Yup, very claustrophobic in the city. I was very uncomfortable being in the city.

This relocation from her grandmother's home in the country would mark a second significant experience with the sense of not belonging for Isabelle.

In her years of elementary school, Isabelle and her family moved on a yearly basis. Not only was school a difficult time for her as a result of the racism but she always needed to readjust to her school surroundings as the new kid. In fact, Isabelle describes herself feeling like "a fish out of water". Isabelle was now visibly faced with the sense of not belonging each school year. She believes that her mother moved the family every year as a way of coping with the racism.

Adolescence. Isabelle's family was consumed with grief when her younger brother passed away by accident. As Isabelle recalls,

Our family was devastated. Yep, just devastated by (*name*)'s death... You know we had a hard time we couldn't talk without crying. It took many years before the family could talk about his passing without crying.

A second trauma to Isabelle's family came when her youngest brother developed a chronic illness in his early teens.

Adulthood. Isabelle worked very hard to surmount the negative stereotypes that "Indians were lazy" so that she would not be called lazy as well. As Isabelle explains,

I think that some of that hard-working was part of the trauma. You know, you had to keep working hard to measure up... So for me to become well educated meant that I could overcome some of those negative images that people had of Indian people.

Despite the minimal choices women had for a profession when she was younger, Isabelle chose a profession that she enjoyed and where she excelled. Yet, Isabelle continued to feel that she did not belong.

Isabelle's mother experienced a massive stroke from which she never fully recovered and required long-term care until her passing a few years ago. The family experienced another devastating loss with the passing of her youngest brother.

Elderhood. As a result of the stressful time of commuting back and forth to the city from her job in southern Manitoba, Isabelle was diagnosed with PTSD. Isabelle was having a hard time slowing down and taking care of herself. Isabelle also developed alcoholism. Although, she had a very good life - a loving and supportive family, a good income, and a strong education, Isabelle was not satisfied; she felt out of sorts inside.

Isabelle reflects on the various traumas throughout her life and shares this comment:

[A]ll of the various situations, I can't remember a lot of them now, but various situations where I had to deal with people who were just not accepting, you know, of me, or I was

taking it personally. I think there were people who did not like Indian people or Aboriginal people and so, and they showed that, in how they treated you, differently.

Isabelle's life narrative - her healing. As shared by Isabelle, the following is a narrative of her healing journey.

Birth to childhood. Isabelle reflects back to her childhood with positive memories. Growing up as a very young child at her grandmother's house in southeastern Manitoba, Isabelle was able to develop a strong relationship with her paternal grandparents. Although her grandparents lived separately, her grandfather lived close by. She had a very special bond with her grandfather, who played a significant role in her life. So her days living at her grandmother's house in the country were filled with playing in the huge yard with her brother, climbing the trees, swinging on the swings and having sleepovers at her grandfather's house.

Despite how traumatic it was to move to Winnipeg, Isabelle made the best of her family's relocation to the city by playing in the park with her brothers. Although she lived in the city, her mother made sure that she continued to spend time with her grandparents out in the country during Christmas, Easter, and summer breaks. Isabelle speaks to the significance of these visits with her grandparents:

Even though my mom was separated from my dad, mom made sure that we remained connected with our grandparents. So I admire her for doing that...we were out there all the time. So we always had connections with our grandparents. And for me, the connection too to the land was very important.

Adolescence. As a teenager, Isabelle was so relieved when she was able to spend her junior and high school years at the same school instead of moving from school to school as she had already done during her elementary school years. As Isabelle shares, this was still a positive experience despite the pervasive racism:

I stayed at the same...school. So I was very happy *really* happy about that.... racism was an issue. It was *always* an issue. Always an issue...So there was still some of that. I just

liked the school. I liked being at that school. (*laughs*) I liked the kids there and I felt *reasonably* safe.

She was finally able to experience some stability and consistency.

Adulthood. In her early twenties, Isabelle became a single-mother to her daughter.

Isabelle considers her daughter to be a blessing. After her daughter's birth, Isabelle decided to seek therapeutic support to address the rage that had accumulated within her over the years.

Isabelle describes how this therapy helped to understand her trauma:

So in those therapy sessions, I let go of the rage that I was feeling. I became angry each time I was told that I didn't belong. It was society saying that of Indian people in general. I don't measure up - that kind of thing. So that was hard work. It was good.

Elderhood. Isabelle decided to join Alcoholics Anonymous (AA) eight years ago to address her alcoholism. She has been in recovery ever since. Aside from having her daughter, Isabelle feels that joining AA was the best thing that she has ever done because it opened the doors for her recovery. Isabelle also connected with a counsellor, which only furthered her healing. What made this counsellor particularly helpful was that the counsellor had a firm understanding of colonization. This was a significant relief for Isabelle because this meant that her counsellor truly heard what she was talking about without the need for contextual explanation.

As a twist of fate, Isabelle heard a speaker at a conference who happened to mention the issue of belonging, which helped her to make the distinct connection to her own life. She states:

[S]omething that was said and it rang true for me. It just rang true... It has to do with a deep sense of not belonging (*crying*). So when I heard that, I thought, so that's what it is. I had not heard of that before and I believe that's what I had, a deep sense of not belonging, and I've had that all my life.

Nowadays, Isabelle knows how to take care of herself. Isabelle continues to spend her time outside. It is especially healing for her to be amongst trees, grass, and bodies of water. The

combination of her AA meetings, her counsellor, her connection with the Creator, smudging and the use of the four sacred medicines (tobacco, sage, cedar, and sweetgrass), Isabelle feels that it all fits together nicely. She knows that she has been healing because she can sleep at night; she is more relaxed, and more at peace. Isabelle is now more accepting of herself, she enjoys being who she is, and she *knows* who she is. Just as importantly, she now feels that she has a sense of belonging. Isabelle is a strong and determined woman yet she walks softly and she is very kind. She is intelligent and she has a wonderful sense of humour.

Participant 5: Gerry

Gerry is a Saulteaux woman who was born in a town northwest of Winnipeg. She has called Winnipeg home now for the past six years. Gerry has five children and she is also widowed. She is a proud grandmother. Gerry is a middle child between three older siblings and three younger siblings. Her parents separated when she was a teenager. She holds an undergraduate level post-secondary degree.

She does not have a religious affiliation but she does follow her traditional culture. She follows the seven teachings on a daily basis, she utilizes the traditional medicines, she goes to sweatlodge and Sundance ceremonies, and she also conducts pipe ceremonies.

Here is Gerry's journey of healing:

Gerry's meta-narrative. Gerry's story is about recovery and reconnection. The eight years that she spent as a child at a residential school, interrupted her time with her family and her connection with her First Nations roots. Gerry's relationship with her father became even more disconnected after her parent's separation when she was a teenager. Since running away from the residential school, Gerry has been recovering from the traumas she suffered. As an adult, she had the opportunity to reconnect to the meaningful ties with her father and her First Nations roots

when he came back into her life. She was able to spend some invaluable time with him before he passed away.

Gerry's life narrative - traumas experienced. As shared by Gerry, the following narrative depicts some of traumas she experienced throughout her life.

Birth to childhood. Gerry's life certainly does not begin in a traumatic way. Her first years of life were spent in a very nurturing environment with her family living off the land in a bush camp. However, when she was five years old, she was taken with three of her siblings to a residential school where she lived for eight years. Gerry can describe that day she was taken away to the residential school with great detail:

[M]y mom and dad told us that we were, we had to go somewhere. They said that somebody was coming to get us, and then, so I remember that day. It was, there was this black, this big black Chevy car that come and got us... And it was late August and he come and got us, so there was this man in this black, and it looked like a dress like what he was wearing when he came and picked us up. And he had like a rope wrapped around that black dress, from his shoulders down and that dress touched almost the ground... and I remember just driving for miles and miles. It just seemed like it was forever, and you know, we, I never drove that far before like it was really long. So I remember when we arrived it was the evening time and we pulled in and the sky was just really dark, like cloudy, and I remember we pulled up to the front. We had to drive through this long driveway. I remember just seeing all those trees and just looking on both sides as we're driving and then at the end while we're driving I see this big, huge building. I never seen anything so big.

Being taken away from her family to live at a residential school for 10 months of the year immediately severed Gerry's ties to her traditional way of life and disconnected her from her loved ones. Even though three of her siblings were taken with her to this residential school, they were all separated once they had arrived that first evening. Lonesome for her family and longing for their connection, Gerry would cry herself to sleep every night. As with most residential school survivors, Gerry's story depicts a childhood of many traumas as a result of physical, sexual, emotional, mental, and spiritual abuse. Reflecting back on the abuse she suffered while at

this residential school, she firmly believes that this was a form of genocide at the hands of the church and the federal government.

When her and her siblings returned home during the summer months, she noticed that her parents had started to drink alcohol. Each summer that she returned home, her parent's lives had become more and more consumed by alcohol.

A significant moment for Gerry and her family was when she was about nine years old. Her younger brother had passed away from pneumonia. During the time of his death, her mother had been away from home drinking. The combination of this absence, the alcohol abuse, and the violence created irreparable damage to her parent's relationship and they soon separated. Taking the separation very hard, her mother continued to drink.

Adolescence. When she was 13 years old, Gerry and her siblings ran away from the residential school. Gerry and her siblings were able to hide at the mother's house for some time until the residential school authorities finally gave up looking for them. It was a difficult time living at home with her mother. Her mother continued to drink and party on a regular basis.

Gerry shares what her home environment was like during this time:

[W]henever she had money, she would party. She wouldn't buy any food. It was just like we were neglected. She would buy food every once in a while or else sometimes we would go to the store where she had a grocery account and we would charge food just so we can eat just to survive. But I just hated the parties, like it was, they were so violent and so awful like... I would go in my room and that would be my escape, my area where I would go and I'd fall asleep there and I'd wake up the next morning and everything would be just shambles like in the house, like be furniture broken or chairs or guitar or the record player. Everything was, sometimes I'd wake up and there'd be, because it was so violent that we'd have to call the cops. The cops would have to come and break up the fights and there'd be blood all over. It was just, it was not a good place for a child.

The Children's Aid Society did eventually intervene because Gerry and her siblings were not attending school. They were taken from home once again and put into a foster home. From that

point on, as a permanent ward of the Child and Family Services (CFS) system, Gerry had been through 13 to 14 foster homes within a matter of months.

Adulthood. There was one year that proved to be a very challenging time for Gerry. First of all, she separated, and later divorced, from her husband as a result of his infidelity. Secondly, her mother passed away from cirrhosis. To cope with these compounded losses, Gerry started to drink alcohol. Her drinking progressively became more frequent to where it was starting to interfere with her parental and work responsibilities. Gerry shares this time in her life:

I couldn't cope with it so I started drinking, partying. It became a weekend thing, like Thursday night, Friday, and then it would come Thursday, Friday, Saturday, and then it became Thursday, Friday, Saturday, Sunday. I still had my job. They told me that – I had miss work because of my partying, so they told me that I'd have to get some kind of treatment, my work told me that... But before that too, not just the job, I almost lost my kids. Like Child and Family got a hold of me. Somebody reported me and said I was leaving my kids without care.

Gerry's father passed away about 10 years ago. With this particular loss, Gerry needed to put her pipe, the medicines, and the ceremonies away so that she could grieve. The loss of her father is still a tender grief for her.

Gerry's life narrative - her healing. As shared by Gerry, the following is a narrative of her healing journey.

Birth to childhood. Before being taken away to residential school, Gerry remembers her childhood living in a bush camp with parents, siblings, and her Kookum. For her, this was the good life. She did not know any English at that time because her family only spoke Sauteaux. Living off the land and with the traditional teachings, her family hunted, gathered berries, and picked medicines. They would eat moose meat, deer meat, rabbit, goose, and duck on a regular basis. Gerry loved this life with her family - it was busy but comfortable.

While she was living in the residential school, Gerry cherished the summer months that she could spend with her family. Gerry speaks of how her family carried her through the other 10 months of the year that she was away at the residential school:

I had that close connection to my siblings...I never got to see them. They didn't allow it. We had to sneak but it was really hard. They made it really difficult for us to see each other, but when we did it was so, it just kept me going, cause when I'd see (*sister's name*), you know, (*crying*) she'd give me a hug or a kiss, and I would, I would just cherish that hug or that kiss until I seen her again, and that was my connection to her... Sometimes just hanging on to those memories would comfort me and help me go to sleep and that's what kept me going while I was in the school, was just maintaining that connection to my family and those memories that I had with my family, and wait, wait until I see them again.

Adolescence. Amongst the times of her mother's drinking and partying, Gerry was thankful for times that her mother would put away the alcohol to get ready for a sundance or a raindance. Here is how Gerry remembers the good times living with her mother:

[W]hen she did sober up, like she just, she was like the mom that I knew, eh. Like she provided for us, she cleaned. She did our laundry. She did, like you know, did stuff with us. We'd go for walks. Sometimes she'd take us to ceremonies, like on the reserve or the people from the reserve would come for us, come and have the ceremony at her place and we'd have a feast in the house and ... those ceremonies or feasts they had were like I guess getting ready for the sundance or the raindance. Like she, she always, I liked it when she'd get ready for those 'cause I knew that she had to prepare and she'd have, she'd have to stop drinking. But I remember there was, she'd have her uncles come from the reserve and sometimes they'd stay, eh, 'cause they didn't get a ride back to the reserve. But they'd come and you could see those old men. They would be smoking their pipes and it was so interesting. Sometimes I'd just go sit with them and watch them smoke their pipes. They'd just have their little medicine bundles there and I'd watch them... like those were the good times...

After she became a permanent ward of the CFS system, Gerry was finally placed in a good foster home. To her, this foster home was almost like going back to the way it was before residential school - this was her first sense of reconnection. She still maintains her connection with her foster family. In her late teen years, she met a young man who soon became her husband. She moved into his parent's home where she would help out her mother in-law. She

would help cook the moose meat, deer meat, and goose that the family had hunted. Upon tasting these traditional foods, she was taken back to a time in childhood when she lived at the bush camp with her own family. This was another moment of reconnection for Gerry.

Adulthood. There was a point that CFS became involved with Gerry as a result of her drinking. The first big change in her life happened when Gerry recognized that she needed to do something about her drinking because her children were more important to her than the alcohol. Gerry went into a treatment program for her drinking where she connected with a counsellor who taught her how to smudge. The smudging helped her through this tough period of recovery.

After the treatment program, things really started to change for the better. Not only did she obtain her undergraduate post-secondary degree but she was able to connect with another kind of learning. The most significant reconnection happened in Gerry's life when she started to spend time with her father again. He had mostly been out of her life since her parent's separation when she was very young. Over the years, during their time together, he would teach her about the traditional teachings and ceremonies. Gerry reflects on her time with her father:

I would try and spend as much time as I could with Dad to learn about the teachings that he got. I would go into the sweatlodge with him, and then he showed me how to do sundance meetings. He showed me the sundance, how to prepare it, and I even danced in his sundance... He started teaching me about the sweatlodge, how to do the sweatlodge. There's different types of sweatlodge, like there's a teaching sweatlodge. There's a bear sweatlodge. There's a wolf sweatlodge, eagle lodge, and he taught me about those lodges, what they mean and the teachings behind them. Then he taught me the meaning behind the pipe, so he pulled me aside one day and he said, "My Girl", he said, "I'm gonna be giving you something". He said, "you're gonna be responsible now", he said. And I said, "what am I gonna do Dad?" And he said, "I'm gonna give you a pipe", he said, "and then once you get that pipe, I want you to do sweatlodge", he said. And I said, "Dad, I'm just learning", but I really felt honoured, eh, like really, and he said, I said, "Dad I'm not ready". He said, "My Girl, I knew you were ready like when you were young, when you were 4 years old, when we were in the bush camp", he said. And the grandfathers and the grandmothers come and told me that you would help the people so you have to take that responsibility. So I told him, "so who told you that I would need a pipe and do the sweatlodge?" And he said, "well the grandfathers and the grandmothers

told me”. (*laughing*) And I said, “I’m not ready, Dad”. (*laughing*) And I said, “okay”, cause that’s a big responsibility.

This time with her father was a reconnection of their lost relationship and it was also a reconnection for Gerry to her First Nations roots that were severed when she went away to residential school.

As an adult, Gerry’s happiest life moments were when her children and her grandchildren were born. As a grandmother, Gerry has a very natural connection with her grandchildren - it is a very special bond between generations. She also met her partner with whom she finally got to experience a healthy relationship.

Elderhood. A few years ago, Gerry felt that she could slowly start practicing the ceremonies again. She had put her pipe and the ceremonies away while she grieved her father’s passing. A short time later, her partner passed away. Unlike any other grief she had experienced, this grief actually allowed something to wake up within her. She felt that she had a new purpose in life and that was to share what her father had taught her over the years. She has picked up her pipe again and she now offers support to others who need help with spiritual guidance.

After suffering from a recent heart attack, Gerry feels that she has a second chance at life. She looks forward to each day and appreciates that breath of life within her. Gerry feels that she is where she is meant to be in her life. How does Gerry describe her life now? She says, “I feel that I’m in a real centred place. I feel more focused, more balanced... I had to help that process too to be where I am today and that was to, to pray, to go to ceremonies, smudge, talk to Elders”.

Finally, Gerry has a certain sense of closure with her experience with the residential school system. Her Independent Assessment Process, Indian residential school settlement claim recently came in. Honouring this with a feast and ceremony will be a way for her to let that chapter of her life go and give it to the Creator. Gerry is a very gentle woman with a very caring

and compassionate heart. She shares her time, knowledge, and heart with her community and Mother Earth. She is dedicated to help build a connection of wellness between the traditional teachings, the land, and the people of Turtle Island.

This concludes the introduction and the presentation of the life narratives of the five women. The next section will be a discussion of the common themes that have emerged from the stories of the five women.

Common Themes

The findings of these five narratives have provided the following three overarching themes: Living Colonized Lives, Relationships, and Healing Paths. Under the overarching themes of *living colonized lives*, *relationships*, and *healing paths* are fourteen sub-themes. Under the theme of *living colonized lives* are the following sub-themes: cleanliness and PTSD. Under the theme of *relationships* are the following sub-themes: children, parents, grandparents, significant other, family helpers, helping professionals, and society. Under the theme of the *healing paths* are the following sub-themes: traditional practices, forgiveness, relationship with the land, fading trauma, and healing is a journey.

Living Colonized Lives

The experiences of all five women speak to living colonized lives. The word colonization was never once mentioned by the five women. However, their words such as “rage”, “you had to keep working hard to measure up”, “I really didn’t want to be an Indian”, “trying not to be there because I couldn’t change my colour or my name or who I was”, “I was talking in my language and they would just slap us and tell us to be quiet”, “the hardest part for me out of the whole years was being away from my family, my parents and my Kookum” are all synonymous with the word colonization.

The following are some of the ways that the five women collectively experienced colonization within their childhood years:

- i. growing up in the residential school system;
- ii. growing up following the faith of the church;
- iii. relocating to the city;
- iv. experiencing intergenerational sexual abuse and incest;
- v. experiencing physical, mental, emotional, and spiritual abuse;
- vi. experiencing family violence and alcoholism;
- vii. experiencing racism;
- viii. experiencing internalized shame; and,
- ix. having a strong and acute sense of being treated differently.

In addition to the above, two of the women became permanent wards in the Child and Family Services system in their early adolescent years.

Tied to colonization were two particular themes that emerged: cleanliness and PTSD.

Cleanliness. Three women spoke of childhood memories of their mothers' need for everything to be pristine clean. Anne provided the following explanation of what it was like in her own home as a mother: "everything had to be just so. Everything had to be clean. The kid's had to be clean. The room had to be clean. The house had to be clean". Although most of the women did not elaborate on why this was a necessity, Isabelle speaks to her mother's perspective of this need for cleanliness:

So here she is, this Indian woman, having to deal with all the negativity about being an Indian *and* being a single woman with small children. (*pause*) So she was up against a *lot*. Plus in those days too there was the 60's Scoop. She was always concerned that somebody would take us away. So she made sure and I think some of this came- from her mom because grandma, her mom, was in residential school. Grandma went in a residential school when she was 3 and she left when she was 18 or so. So she really grew

up in residential school. And so mom made sure that we were clean, we were *well* dressed, we may not have the best clothes she made sure we were *well* groomed. We were extremely well groomed. And clean, she kept her home spotless. And made sure that we went to school. And that we were well behaved. So we needed to be quiet. We needed to be well behaved. She wouldn't tolerate her children getting into trouble. *(pause)* She was afraid that we would be taken away. 'Cause others you know other Indian women lost their children. Yeah. That was in the 50's and 60's.

Two of the women spoke of carrying their mothers' need for cleanliness into their own parenting behaviour. However, Katherine spoke specifically about breaking this cycle:

... my mom was a perfectionist. Everything had to be just so and that's how I was with my 2 older kids. But when *(child's name)* was born...she would be messy...so what, she's a kid, you know?

PTSD. It is important to acknowledge that three women were diagnosed with PTSD. The reason why PTSD has been selected to be part of the *living colonized lives* theme will be explored further in the Discussion Chapter. As a brief reminder, PTSD is a mental illness recognized and defined by the American Psychiatric Association and can "occur in people who have experienced (directly or indirectly) or witnessed a traumatic event"(American Psychiatric Association, 2013). For two of the women, their experience with a PTSD diagnosis was not discussed in great detail as to how this played a role in their lives; it was simply mentioned. However, Anne did share this piece about her experience after her work-related trauma:

I applied for short term disability and I was talking to my Elder at the time and I was attending ceremonies and seeing my medical doctor but I knew there was more. I knew I needed more. That's when I was able to find a psychologist and she's been really, really good. I still see her. She has helped me so much. She had diagnosed me with acute PTSD... I'd learned about PTSD and I had all the textbook knowledge and what the signs were but you never know what it is, you can learn about it but when you're going through it, you have no idea.

Colonization pervaded the lives of these five women in numerous and varying ways. As a direct result of colonization, they have collectively experienced various levels of abuse, loss of cultural identity, disconnection from family, and internalized shame, as just a few examples.

However, through the support of their loving relationships, their connections with First Nations beliefs and practices, and their own personal strength and determination, they have been able to understand their traumas and begin their healing journeys.

This concludes the findings for the *living colonized lives* theme and the findings for the *relationships* theme will be presented.

Relationships

All five women spoke of various kinds of relationships within their lives. The relationships that the women discussed were with their children, parents, grandparents, a significant other, family helpers, helping professionals, and society. These relationships were not always positive in nature; some were hurtful, disconnected, or a source of tension. However, despite the nature of these relationships they were significant to the women because these relationships created a certain amount of impact on their lives.

Children. For all five women, their children were a gift, a blessing, and a true happiness. For some of the women becoming a mother was a catalyst for change. Motherhood presented an opportunity to change the direction of their lives in order to provide the very best for their children. This was an opportunity to create a healthier life so that their children would not experience the same traumatic experiences they faced growing up. Providing their children with a healthier and safer life also meant that the women needed to address their own traumas so that this pain would not be passed on. Anne talks about breaking the cycle of violence with her children:

[T]hat's how I was parented with my mom and so I just parented as I, what I knew. And so for me there's a lot of guilt that goes with that. I've apologized to my children. As I was working on myself and doing healing and it doesn't matter how many times I share it or how many times like with the sexual trauma, that piece has gotten easier, but this piece I find doesn't, you know, that guilt.... But I think the thing that gives me hope with that is I see them as parents and I see the changes they've made...I had to learn how to

communicate and that's been part of, you know, growing and healing...I had to be able to finally admit openly that I wasn't a good mom, that I too was yelling and screaming and hitting like I had been parented. But I had to make that change...What's different is my children aren't parenting like I did, just because they were parented like me...So that gives me hope as well, with each generation that change is happening.

This was also an opportunity to provide for their children in ways that they had not experienced growing up. For example, it was a chance to teach their children to have pride in themselves and their identity. S.E. talks about the positive influence that she would like to have on her children:

I'm trying to do the best I can so that my, you know, my kids feel okay with who they are. I don't want them walking around with that kind of shame. You know, I want them to walk with their heads held high and be proud of who they are, and not, you know, when I look at my other generations, like my generation, my mother and the generation, my grandmother, it's like that just totally wasn't there.

Finally, being a mother provides an opportunity to pass on the family's story; Isabelle talks about sharing the family's story with her child:

I also tell stories especially to my daughter. It is important to pass all of the wonderfulness about our family on to my child. This is good medicine for the story teller and the story listener... I tell her about her great grandparents, grandparents (my Mom and Dad), and her uncles (my brothers). I tell her the obstacles my mother had to face in keeping my brothers and me together as a family. I tell her some of the challenges I have gone through in growing up, and I share some of my dreams too. Some of the stories I share are about the losses my family, her family, suffered. I also tell her about the dreams that have come true, and there are quite a few of them.

Parents. The women did not necessarily discuss their relationships with their parents as one unit; rather their relationship with their mother and their father were discussed as separate roles.

Mothers. Their relationships with their mothers were a particular source of tension for most of the women. For the women, there were memories of multiple suicide attempts, incest, alcohol abuse, physical and emotional abuse and a lack of presence from their mothers. Two women spoke of a parental role reversal with their mothers in their childhood and in their adolescent years. Here are Katherine's thoughts on being a caretaker when she was younger:

[L]ooking after my younger sister, my younger cousins, taking them to the zoo and stuff like that, so caring for them while my parents would be drinking, you know, so I'd take them to the museum while they sat in the (*hotel bar name*). Yeah, so. So it wasn't that I was angry and sad or anything. That was just how I grew up. So yeah. I always looked after my younger, the younger ones.

Now as an adult, Isabelle can look back on her relationship with her mother with a strong sense of respect of what her mother must have gone through when Isabelle was a child:

She was very, very brave to live in a city where there were few, few, few Indian people at the time. Now there are many First Nations people living in Winnipeg. However in those days, there there were not very many. So here she is, this Indian woman, having to deal with all the negativity about being an Indian *and* being a single woman with small children. (*pause*) So she was up against *a lot*.

Fathers. At one point or another in their lives, all five women spoke of the absence of their biological fathers. However, three women spoke of an exceptional bond with their father either during their childhood or during their adulthood. This unique bond with their father was not always held by their biological father but instead by their step-father. The relationship between a daughter and her father clearly speaks to being truly special. Isabelle shares how special her connection was to her father before his absence when she was as a young child:

I love my dad. (*crying-pause*) So even though he wasn't very much in my life I just adored him.... He used to call me... Daddy's little girl... so I really believe that I was dad's girl, daddy's little girl.

Grandparents. All five women discussed their relationships with their grandparents. At times, the women would speak fondly of both of their grandparents together and at other times either their grandmother or grandfather was remembered with a loving memory. These were relationships for the women that represented a positive time in their childhood. The grandmother and/or the grandfather tended to play the role of teacher, helper, and companion of fun, which blended into a caring and nurturing relationship that would anchor these women throughout their lifetime. Anne offers this memory of her grandparents:

My grandpa couldn't speak English. He only spoke Ojibway, didn't understand English, so my grandma would kinda interpret for us and ahh 'cause she spoke both. I remember coming home from school in kindergarten or whatever and then I'd make some assignments for my grandpa, draw pictures and match it with the word or the letters, right? I loved playing school as a kid (*laughing*) and my grandpa would always do my assignments I created for him, and I'd correct them and give it back to him. (*laughing*) And yeah, so I was close to him even though there was that language barrier, somehow we always got past that.... And I was close with my grandmother as well...

S.E. shares that time spent with her step-grandfather growing up provided for some of the happiest times in her childhood:

[I]f any good memories that's probably more my memories 'cause it's about being in the country again and you know, for me now it stands out as when I, I call it my yoo-hoo bird because when I hear that bird call today which is, I think it's the Yellowback Chickadee which I learned it's a fond memory for me of being in the country and the bush. So we'd, you know, I'd be out there with my grandfather... I was like maybe 7, 8 years old. So he'd be heading out into the bush to get some more wood and, so after he'd collect all his wood, I remember he would put me on the top like we would sit, he'd always bring a thermos filled with tea, so we'd have our tea there and then after that he would put me at the top of the wood piles. So I would sit up there like, and of course my imagination... it was almost as if you're kinda riding around in your own parade. (*laughing*)... it was this bird, every time out in the country, I would hear this bird. So when I hear that bird today... it was like an automatic, a good connection to you know a good time. So whenever I hear that bird I always thank Creator for bringing that bird to me. 'Cause now I hear that bird all the time, especially when ... my spirit needs to hear it ...that bird comes up, so it's like yup I know Creator is watching over me, today anyways.

The gift that comes from the memories of good times spent with their grandparents as a child is a gift of hope. No matter the amount or the kinds of traumas that these women went through, they were able to distinctly remember a time when things were good, happy, and nurturing.

Significant other. Three women spoke of a significant other in their lives. Significant others are the men who have been a constant source of love and support to the women and are better known as their husbands and partners. What was of particular interest was that two women spoke of the acceptance, respect, and interest their partner would demonstrate of their First Nations traditions and practices even though he did not practice this way of life. Gerry shares the beautiful relationship she was able to experience with her partner:

[H]e was an awesome partner, just somebody that I, I learned to find out what a healthy relationship was and to be happy and, like to walk together instead of me walking behind him, like that kind of relation, it was a mutual relationship. And he actually helped me walk, he walked me through my healing and he was a good support.

Katherine shares about how her partner loves her unconditionally. He has been patient and understanding as she learns to open herself up to a loving relationship after being single for over 15 years:

[M]y partner now... he knows a lot about my past...where the trauma comes in, is because me being hurt before, I was really scared - I was trying to break up with him...because I didn't want to open my heart, I didn't want to trust somebody. I was scared that he was gonna like take off... So it's good, and he's pretty patient... we have good communication...I let him know what's going on inside me, my feelings... I smudge too and when I used to smudge in his house, he was always asking me about smudging... he knows like what my culture is to me and how, what I use it for and he doesn't laugh at me or anything. He's very inquisitive, like he wants to know.

Family helpers. Three of the women spoke of family helpers. Family helpers encompass various roles of people who have been instrumental to the women. These family helpers are a family friend who stood by a young woman as she stood up for herself, a foster family who offered another young woman a sense of normalcy that she had not experienced since living with her own family as a child, and lifelong friends of another woman who have become her surrogate mother and surrogate sisters. Their mere presence offered a sense of comfort, reassurance, and belief in one's self. These caring people stepped up and stepped in where there may have been no other person for the women to lean on at the time. S.E. talks about her surrogate family:

They kind of adopted us but we adopted them too. We, meaning myself and my siblings...it was a couple who had adopted a Native girl and they were involved in a project that was Caucasian families that adopted Native kids, but bottom line is they just took us...under their wing and they were very much into exposing their adopted daughter, trying to give her as much exposure as possible to the culture, and I think over time, once they got to know us they realized too that we were very culture-less. So they would take us out to powwows, they would take us out to - I remember one of the first places they actually used to take us out to was like for a giveaway and just things like that... they would just say, "oh, we're going to this! You guys gotta come and so we're all gonna go!" We didn't have a choice really.... (*laughing*) There was no ifs, ands or buts. They

exposed us to a lot...this couple was another saving grace in my eyes into leading a better life... they basically became surrogate grandparents to our kids, cause again at the time our mom had already passed and there was no grandfathers in the picture, so they stepped in... they did more for us in those years that we knew them than we ever had in any of our upbringing. So they really taught us a lot... they did a lot, a lot for us. So they as well were very instrumental in my healing journey but also again just those role models and what kind of life or family I wanted to have.

Helping professionals. All five women spoke of the role of helping professionals with their healing. These helping professionals were a psychiatrist, counsellors, and out-of-town community treatment programs that assisted the women in their healing. These clinical professionals provided a safe environment and established a relationship with the women so that they could understand their grief, pain, loss, and trauma. Here is Katherine's experience with a counsellor who also happened to be a respected Elder:

[S]o that was a really big thing. I just seemed like after I walked out of there, it was like, I walked out and it felt like I was walking on a cloud or something 'cause everything was so light, you know. I was like, holy shit, what the hell happened? But then I realized what it was, it was all that shit inside me that I was carrying around for a year, I finally let go of it. Yeah, so that was big.

Although in most instances the helping professionals were supportive and helpful, S.E. speaks to the difficulty of connecting with professional support:

I had at different times gone to counsellors. I was sent to a psychiatrist which I totally shut down from cause it was like, I'm not crazy. (*laughing*) That's how I seen psychiatrists... But I just wouldn't open up to them. I couldn't open up to people then. I didn't trust anybody... when you have the individuals that, you know, like in the role of the mother or a parent or a relative, when you have individuals like that betraying you, there's nobody you can trust and the only person that you really can is yourself. So you only depend on yourself... I'm really struggling with finding... a professional support person who understands what it's like being colonized, because there really isn't any. Like any of the counsellors I've had were all Caucasian and they cannot, they cannot identify with what that means or what that's about.

Society. Three women talked about their relationship with the greater Canadian society. There was discussion of the negative stereotypes and the negative messages that they have

experienced as First Nations women throughout their lifetime. Isabelle articulates the messages that are conveyed to First Nations peoples:

...general Canadian society, saying really, Indian people are a burden, and all those negative that come into play. Even things like just recently hearing people say, “well get over it” in reference to residential school experiences. The phrase, “get over it”, I think is traumatizing. And being told, that you don’t belong here. You don’t belong here. ... and that you’re not good enough. You don’t belong here. You don’t fit.

However, these negative stereotypes and messages are also funneled through to smaller public domains such as the small town where Katherine was called a “dirty squaw” and a “dirty Indian” on a regular basis when she was growing up. Katherine shares a specific incident that involved a police officer while she lived here in Winnipeg:

...the cop came in my house... ‘cause somebody had phoned and said that my kids weren’t at school. I didn’t send them to school because we were at the food bank and they came in there... and the cop says, he said to me, “why don’t you do society a favour and get your tubes tied?”... And I was angry and pissed off and everything like that, and I took his name down and I was gonna report him...and then I started thinking, I was like, you know what? I’m gonna start changing myself so people like him are not gonna think like that about me anymore...

These are the various relationships that have had a significant impact on the lives of these five women. This concludes the findings for the *relationships* theme and the findings for the theme of the *healing paths* will be presented.

Healing Paths

All of the women spoke of what helped them to heal from their traumas as well as their thoughts on their healing journey. In addition to seeking and receiving support from some their relationships such as their significant others, their family helpers, and helping professionals, a crucial element of their healing path included and continues to include traditional practices. Forgiveness, good memories of being out in nature growing up, difficulty remembering the

traumas once healing has taken place, and healing is on-going are also aspects of their healing journeys.

Traditional practices. All five women spoke about how they incorporate traditional practices into their lives to maintain their sobriety, their balance, and their healing. For some of the women, connecting with their First Nations traditions, teachings and ceremonies for the first time as an adult was a significant step towards their healing. For one woman it was the ability to reconnect with her traditional roots again that helped with her healing. Here is what Anne had to say about her First Nations traditions and her healing:

So it's been, this way, the traditional way that has helped me to overcome, to continue. *(pause)* To all these questions, when did your healing journey begin? It's been all along. Since I discovered this way. There's been some traumatic incidents that just require me to do more work and ask for more support and help at certain times. What enabled you to start healing? Was still that traditional way, I knew that was the only way that would help.

Traditional practices that were discussed most often by the women include speaking with Elders, smudging and prayer, and the sundance ceremony.

Elders. Connecting with Elders provided the women with a connection to their traditional roots, which provided a connection to themselves. Katherine speaks of the kind of relationship she was able to have with her Elder:

My Elder knew everything, like I tell my Elder everything. He's one person that I'm honest to. I would, I lay it on the line because that honesty is what's, you know, there's somebody in this world that I trust 100%, that I can be honest, you know, with him. 'Cause he don't judge me or anything. He just sits there and he just listens.

Smudging and prayer. All five women smudge and pray on a regular basis, if not on a daily basis. As Gerry says, "whenever I smudged like I would just feel this calmness...it's just like I was being taken care of and whatever prayers I offered, like they were being listened to and they just helped me in my recovery". Smudging and prayer seems to be synonymous with

self-care. However, there are times in one's life where it is not always easy to take care of one's self, and as such, there are times when the women fell away from smudging and praying.

Katherine talks about the importance of taking a moment in the day to smudge and pray:

People will say, oh I'm busy, I'm busy...you're so busy that I can't even take 10 minutes to sit down and smudge and say a prayer and say thank you to the Creator for giving me my life today you know? No I'm not... It is busy but I also know when to take time for myself... I used to always say, I'm busy, I'm busy, I'm busy. Then I stopped smudging for like, you see and that's when I was smoking weed... Busy, I said to myself, I'm so busy I can't even take 10, 15 minutes in the morning to say some prayers and take a smudge and, you know, and it kinda dawned on me and that's when I noticed that things were getting chaotic in my life and I was gravitating towards weed to help myself. That really grounds me that smudging and praying and talking to the Creator...I didn't smudge and I started falling back into the same old habits... I remember I met a woman there (*a community program*), an Elder, and she smudged me and just that smell, that sage, it just made me cry. And even now, like when I, if I don't smudge for a couple of days sometimes, and then I'll smell it right away, I just feel all relaxed and good, but that, just the healing and it works, it helps. Anyway it helped me... Sweetgrass really helps a lot to me.

Sundance. Two women spoke of the sundance ceremony. Anne was able to dance and be amongst the support of her sundance family within hours of losing her grandchild and so she was already able to begin her healing from this devastating loss. However, what is interesting about the sundance is that it is a ceremony that offers healing beyond the sundancer. As Gerry explains, "my Dad told me when you dance in sundance, it's not just for yourself, it's for your family, for your community and for the people, and for Mother Earth". Anne talks about what sundancing means for her:

[W]hen I'm saying my prayers, is the one thing I want for the future is I want my children and my grandchildren to be happy. I want them to have a good life. Why I sundance, why I do what I do, is it was an Elder who told me, he says, "all this that you're doing is not for you. It's for your children and your grandchildren". That was a real teaching for me and it's true, because rather than going there and praying for all that I need and asking for this and asking for that, it's sacrificing in order so that my family will have a good life.

Forgiveness. Three women spoke about forgiveness as part of their healing. They forgave their mothers and their fathers for their abuses and for their absences. S.E. explains what her act of forgiveness meant for her:

[I]t was almost like a *release* 'cause to me it was important for me to go and do that. It was part of my healing to let, you know, to make it known or the steps that I need to take to show my mom, or to say to my mom, even though that I may forgive, I'll never forget what's gone on, but more or less having that empathy to her, towards her, to say to her, I understand what happened to you, you know, and just trying to release that, release that for me so I don't, cause I don't, I don't, like I knew once I had kids, I don't want to carry this to my kids.

Katherine shares about how her forgiveness has helped her healing:

I was sexually abused as a child...by family members and I did my part already, like when we talk about healing... I did some programming and I've forgiven them... I did a Grief and Loss (a program)... I used Aboriginal culture, you know, that was one of the biggest things was to let go of stuff and forgive people and I did it right, I guess, because it doesn't really affect me now.

Relationship with the land. Four women spoke of fond childhood memories with being out in nature. Although this sub-theme of “relationship with the land” could be part of the previous overarching theme of *relationships*, it has been purposely selected to be part of the *healing paths* theme for a particular reason. Memories of being out in nature are pivotal within the healing context because they capture the sense of childhood innocence, safety, and belonging amongst many traumatic memories. Despite the grief, loss, pain, and hurt that the women have faced and endured throughout their lifetimes, they can still go back to a place and time in their memories when life was innocent, happy, and good. These childhood memories reflect hope amongst the trauma. Here is Gerry's memory about growing up in a bush camp before she was taken to the residential school:

We grew up in a bush camp, all of us...and then our Kookum (*name*), she come and lived with us... My Kookum would take us on the land or into the bush and just show us how to pick medicines and we didn't know any English then. We always just spoke Saulteaux and she would take us out and, but everything was all from the land like our meat, like we

had moose. We had rabbits. We had deer, geese, ducks, and even the water, like the water we never used any of that running water. We didn't have any electricity out there so we, we used to use candles. If we didn't have candles, then we'd make, we'd have lamps. We didn't have any oil lamps, then we'd make our own. We'd use like that lard and you'd put it in a plate and then you'd just light the end of it, throw a rag in there and then that was our light...and then the wood stove. Like it was just busy like every day, like we were constantly busy doing stuff, like cleaning and cooking and going out to pick medicines, going out to get water, picking berries, hunting, cleaning, cleaning the animals....

Fading trauma. There is a particularly important piece that two women spoke about with their healing. They noted that as they moved through their healing journey it became more and more difficult to remember their traumas. Katherine reflects that there used to be a time when she could only think of the traumas that she had experienced and it was very difficult to think of the good things in her life. With her healing, she is able to see all that is good in her life today.

Here is how Isabelle understands her traumas now:

When I talk about them I tear, however you know what? They seem far away now. (*crying*) I've walked many, many miles at a nearby cemetery and I've cried many, many tears, grieving all my losses. Everybody whose died, I haven't forgotten them, it's just, I've come to terms with them... Are we ever completely fixed? I don't think so. The scars will always be there and what I hope will happen is go through life being in the moment, being present in the day. I honestly believe I've dealt with my past. I've come to terms with a lot that has gone on. There's still some stuff that I need to deal with and there may be some stuff forever, maybe until I die, however, you know, a good chunk of it, I've come to terms. So I don't need to keep revisiting my past. In fact, I barely remember what some of the incidents are anymore.

Healing is a journey. All five women believe that healing is a lifelong, on-going process. In fact, for Isabelle, "every day is part of my healing journey". S.E. shares that healing can come at different points in one's life:

I would get to a point that I'd feel like okay, I'm doing okay and I'd coast along for a couple of years. Something would happen or trigger, or I'd get retriggered so I'd have to be, it was evident I needed to do that healing still...I don't think any one of us ever finishes healing. The way I think, there's no real end point to it... I think healing is a lifelong thing...I do think it has a lot to do too with the stages of where we're at in our lives...You transition into...maybe a more open understanding of things, which I feel has happened for me, but I know it's not the end of it yet. I know there's still things to go through.

Gerry shares that it is important to consistently take care of her healing:

[I]t took me many years to learn that where I am right now because I would go on that healing path, or that recovery and then I would just stop and then it has to be ongoing like you can't stop it like you've got to keep going. So as I kept attending the ceremonies and dealing with my healing and releasing a lot of that pain and that hurt, I found that I was more, I let it go, that I'm not carrying it. It's not making me sick anymore, not making me sick inside, and that was, that's the way that I do that healing.

This concludes the findings for the *healing paths* theme as well as the discussion of the common themes found amongst the life stories of the five women.

Summary

This chapter has discussed the findings of the data analysis. The Medicine Wheel was discussed as a conceptual framework for the women's life narratives within the context of the life stages of human development. Secondly, the individual stories of the five women were presented in the following three ways: i) she was introduced, ii) her meta-narrative was shared, and iii) her life narrative (healing journey) was shared within the context of the Medicine Wheel framework. Finally, the common themes of the women's stories were discussed in the themes of *living colonized lives, relationships, and healing paths*. The following chapter will discuss the findings of these stories in connection with the literature review findings.

Chapter Five

Discussion

In this chapter, I discuss the following: the relationship of the research findings to the literature findings, the effectiveness of the Medicine Wheel as a conceptual framework, the concepts of reflection and reflexivity, and recommendations for future social work research, practice, and education will be outlined.

Relationship of the Findings to the Literature

This discussion of the research findings will be in relation to the findings presented within the Literature Review Chapter. However, there has been some literature that I came across after completing the literature review was complete, which will also be included in this discussion. The research findings that will be discussed are in relation to aspects of the themes of living colonized lives, relationships, and healing paths.

Living Colonized Lives

The first overarching theme of the research findings was *living colonized lives*. In addition to speaking to colonization, the sub-theme of PTSD will also be discussed.

Colonization is a heavy and emotionally laden word that is often met with defensiveness when it is uttered. These five stories depict the nature of colonization: it is historical and contemporary; it is structural and personal. Through these stories shared by five First Nations women, it is apparent that colonization is still happening today; it is not just a concept of history when the settlers first arrived in Canada. As Anderson (2000) stated “[c]olonization is a process that began five hundred years ago, and it continues today. The dismantling of Aboriginal womanhood took place all along this path” (p. 58). The shared stories of these five women are tangible examples of how colonization works in a contemporary sense and how it impacts First

Nations peoples, and more specifically, First Nations women. As such, colonization does not exist as an abstract concept; it is real and present in the lives of First Nations peoples.

Anderson (2000) shares her point of view of colonization as it impacts Native women:

I think many Native women are aware that the social problems that hit them the hardest are the outcome of colonization. The struggle, then, becomes a struggle against the systems, policies and institutions that were enforced upon us by the colonizer. (pp. 55-56)

These five women who have shared their stories have expressed their struggle and recovery within colonial and mainstream institutions such as the residential school system, the public school system, the church, and the Child and Family Services system. Essentially, what these stories critically reflect is that colonization does not only cause harm at a structural level within mainstream institutions and governmental policy; colonization also causes harm at a personal level through the experiences of everyday life. As stated by M. A. Hart (2002), colonization “attacks individuals on the emotional, physical, mental and spiritual levels” (p. 26). Colonization was constantly evident in the life experiences of these five women as articulated through their loss of childhood innocence, substance abuse, loss of cultural identity, a lack of trust in relationships, and the feeling of rage. However, it is just as evident that they were able to actively overcome the pervasive nature of colonization through their steps of healing.

More specifically, the stories of these five women depict how colonization was threaded throughout each of their lives through the assistance of the Medicine Wheel and the four life stages of human development: birth – childhood, adolescence, adulthood, and elderhood. The Medicine Wheel demonstrated that all five women started to personally experience colonization within their birth to childhood life stages. As discussed within the Results Chapter, the following

were examples of how these women experienced colonization within their childhood as a result of structural colonization such as the residential school system and the public school system:

- i. experiencing intergenerational sexual abuse and incest,
- ii. experiencing physical, mental, emotional, and spiritual abuse;
- iii. experiencing family violence and alcoholism;
- iv. experiencing racism;
- v. experiencing internalized shame; and,
- vi. having a strong and acute sense of being treated differently.

This is only one example within the women's stories of how colonization was experienced at a personal level. It is the stories in their entirety that speak volumes about the experience of colonization at a personal level. As such, it is essential to read all of the stories for their most powerful impact into the nature of colonization.

PTSD. PTSD was one of the sub-themes discussed in the Results Chapter. It is interesting that the diagnosis of PTSD has come up within the research findings. To be more specific, this is interesting because my original thesis topic involved a greater focus on PTSD; however, I took out the piece of PTSD and redefined the scope of my thesis to ensure that my thesis was consistent with a Masters level research project rather than a Doctorate level research project. And yet, here I find myself faced with PTSD in my research once again.

The Literature Review Chapter discussed the concern of PTSD as a diagnosis amongst First Nations populations. PTSD is a mental illness diagnosis by the American Psychiatric Association (American Psychiatric Association, 2013), which operates from a Western perspective. The issue that arose within the literature (Fast & Collin-Vezina, 2010) was that the diagnosis of PTSD does not adequately encompass the full extent of the trauma experienced by

Indigenous populations. It is argued that the scope of PTSD is limited by an individualistic perspective and therefore does not take into account multiple traumatic events or the intergenerational transmission of trauma that may be necessary to consider with the Indigenous populations (Evans-Campbell, 2008, as cited in Fast & Collin-Vezina, 2010).

It was concerning to note that three of the five women who shared their stories trauma and healing were diagnosed with PTSD. This presented as a concern because PTSD is a Western approach of mental health that may not fit well for the life experiences and realities of First Nations women and, as such, this diagnosis may act as another form of colonial labelling for First Nations women.

Relationships

The second overarching theme in the research findings was *relationships*. The sub-themes of children, mothers, and helping professionals will be discussed. As stated by the Canadian Collaborative Mental Health Initiative (2006) “[f]amily and kinship ties are very important to First Nations people” (p. 30). M. A. Hart (2002) further explained the value of relationships: “the relationships between individuals, families, communities, nations and the world around them....our views are based upon these relationships and the wholeness of the universe” (p. 34). As such, it is confirming to the literature that one of the overarching themes of the research findings is relationships.

Children. Within their stories, the women shared that becoming a mother was a catalyst for change, an opportunity to give their children a better life. S.E. had shared the following about becoming a mother:

[T]o me it was an opportunity I guess to kind of redeem my life the way I look at it... bottom line is they were gifts to me... So it was very important for me to be a good mother, to be an attentive mother, to be a present mother, to be a clean mother, which I'm thankful for.

Anne had also talked about wanting to teach her children to be proud of their First Nations identity, which was unlike how she was raised. According to the RCAP:

Aboriginal cultures place great emphasis on family life and obligations within the family. Thus, for many urban Aboriginal individuals, the birth of children provides an impetus to reclaim their cultural identity, because they recognize that the obligation to teach their children the lessons of the culture is a key element of that identity.

(Indian and Northern Affairs Canada, 1996b, para. 41)

As noted by Fearn (2006), “[t]o have strong children we must find our own strength. One place to find that strength is in our culture (p. 35).” All five women have displayed their strength as mothers as they worked on their own healing so that their own traumas are not passed down to their children, the next generation.

Mothers. All of the women spoke about having stressed relationships with their mothers in light of their upbringing with parental neglect, cycles of abuse, parental role reversals, and alcoholism, just to name a few. The mother-daughter relationship was strained. It was difficult to find literature that addressed the tension of the mother-daughter relationship. The Canadian Collaborative Mental Health Initiative (2006) acknowledged that “[s]ometimes families are not places of safety. When there is violence and abuse, or when you are not accepted for who you are, it is hard to heal” (p. 30). Anderson (2000) discussed violence that Native women experience by their intimate partners and by society; however, there was no in-depth discussion of how colonization has impacted upon the mother-daughter dynamic in a contemporary sense.

Helping professionals. All five women spoke of their experiences with helping professionals. For the most part, these professional support systems were a positive experience for the women. However, S.E. did assert that a helping professional’s lack of knowledge of

colonization impedes effective helping support. S.E.'s point of view is reiterated by Mussell (n.d.):

Communities whose members are burdened by unresolved trauma require assistance to prevent passing their burdens on to successive generations. Any helper serving First Nations and other Aboriginal communities must have an understanding of the past, of present realities, and future possibilities. (p.4)

To build on to this point, Shepard et al. (2006) acknowledged that within the counselling relationship, [p]ractitioners must work in every way to support, resource, and empower First Nations women to counteract a long history of lack of control and inclusion" (p. 235).

What is more, trust is a significant aspect of the helping process. There may be reason for First Nations women to be hesitant to seek out professional helping support. As such, it is imperative for social work practitioners to be mindful of the following:

Social work has negative connotations to many Aboriginal people and is often synonymous with the theft of children, the destruction of families, and the deliberate oppression of Aboriginal communities. (Sinclair, 2004, pp. 49-50)

Coates (2013) also speaks to why First Nations women may be hesitant to professional helping support:

The pervasive, severe and lasting impacts of colonization continued when professional services, including social work, devalued and degraded traditional Indigenous knowledge and practices, and forced irrelevant and frequently destructive Western practices upon Indigenous Peoples. (p. 65)

Therefore, as Ives and Thaweikenrat Loft (2013) explain, it is important for social work students to begin learning about colonization before they become social work practitioners:

One way to facilitate learning to address the history of colonization and oppression and challenge stereotypes directly is to create space where students can reflect on their own cultural identity, assumptions and ways of knowing, being and practicing through meaningful engagement with Indigenous communities. (p. 242)

For healing to take place, First Nations women need to understand what colonization is about as well as how it has impacted their current lives and the lives of their ancestors; however, as M. A. Hart (2002) asserts, colonizers have a responsibility as well:

While decolonization must come from Aboriginal people, the colonizer must develop awareness of how they maintain colonization, including awareness of the relationship between colonization and the helping professions, processes and institutions. (p. 36)

As Isabelle and S.E. shared in their contrasting experiences in seeking help with counsellors, it makes a world of difference if the counsellor has a firm understanding of colonization.

Healing Paths

Healing paths was the third overarching theme of the research findings. The sub-themes of traditional practices, relationship with the land, and healing is a journey will be discussed.

These five women had an immense courage to share their stories that hold some of their most private experiences, memories, and thoughts. They changed their circumstances because they believed that they deserved a better life along with their children and their families. As demonstrated with the Medicine Wheel, aspects of their healing predominantly began for the women within their adulthood life stage. For example, Anne, Katherine, and S.E. initially connected with their First Nations traditions, beliefs, and practices within their adulthood years. It is important to note that the Medicine Wheel also depicted that there were positive experiences for all of the women throughout their lifetime since the beginning of their childhood, which

effectively demonstrated that their life experiences were not solely about their traumas. As we have witnessed in their stories, these women have worked hard in their healing. They found their sobriety, they sought professional support, and they felt the rage, the hurt, the grief, and the loss so that they could come to a place of understanding their traumas. First Nations beliefs and practices were one of the ways that helped them with their healing, which strongly resonates with the following statement by the RCAP:

The key to the healing process lies in protecting and supporting all the elements that urban Aboriginal people consider an integral part of their cultural identity: spirituality, language, a land base, elders, values and traditions, family and ceremonial life.

(Indian and Northern Affairs Canada, 1996b, para. 27)

The following are three examples of how the women enacted the intent of the RCAP statement. Cultural identity and family were addressed by S.E. as she spoke about the chance to teach her children to have pride in themselves and their identity:

I'm trying to do the best I can so that my, you know, my kids feel okay with who they are. I don't want them walking around with that kind of shame. You know, I want them to walk with their heads held high and be proud of who they are.

With regards to spirituality, values, traditions, and ceremonial life, Anne previously shared:

Whenever I'm doing prayers or ceremonies, I'm always giving thanks ...Honouring our way which has helped me so much. And I just get emotional there 'cause, if it wasn't for learning the traditional way and the teachings and the ceremonies, I don't know if I'd be where I am today in terms of healing...

Isabelle shared that moving to the city from her grandmother's home in the country as a child was very traumatic for her, which speaks to the integral importance of land to her:

In the country I had all the trees, the grass as my playground... Coming to the city it was awful... in order to play I had to go outside, which was fine, I liked that. And so we went to the park to play... Even though the park was our playground, I felt very uncomfortable and I felt a lonesomeness when we came to the city. And I felt claustrophobic. Yup, very claustrophobic in the city. I was very uncomfortable being in the city.

To this day, Isabelle finds comfort within nature by being outside amongst trees and bodies of water. Katherine spoke to the significance of speaking with an Elder who listened to her in a non-judgemental way: “I tell my Elder everything... ‘Cause he don’t judge me or anything. He just sits there and he just listens”. The sub-themes of traditional practices, relationship with the land, and healing is a journey further discuss aspects of healing for these five women as related to the literature.

Traditional practices. All five women spoke to the importance of traditional practices within their healing. Speaking with Elders, smudging and prayer, and participating in the sundance were some of the aspects of their traditional practices that most of the women discussed. According to the RCAP:

For many urban Aboriginal people, cultural identity is intimately tied to celebrating the ceremonial life of their culture. Taking part in a pipe ceremony, lighting sweetgrass, dancing in pow-wows, fiddling and jigging, drum dancing, and going through a naming ceremony were identified as significant events through which Aboriginal people internalize the values of their cultures into their identity, reinforcing knowledge of who they are as members of the group and establishing their place in the world of the culture. (Indian and Northern Affairs Canada, 1996c, para. 27)

What is more, , M. A. Hart (2002) stated that “[c]eremonies facilitate healing for people” (p. 58) and they also “provide ways to discharge emotions through crying, yelling, talking, swearing, singing, dancing and praying” (Ross, 1996, as cited in M. A. Hart, 2002, p. 58). This relates to the experience of Anne when she had the chance to release her deeply felt grief during a ceremony with an Elder by her side and the drumming and singing in the background. Anne was

able to cry from deep within until she had no more tears. This was a memorable experience in her healing.

Relationship with the land. Four of the women had childhood memories of being out on the land. These memories speak of a connection to and a relationship with Mother Earth, which is particularly significant for women who have lived in an urban environment for a certain point of their lives, if not for their entire life. Anderson (2000) explains that “[t]he relationship with the land is critical to Native female strength and resistance. It is a relationship that usually begins in childhood” (p. 127). What is more, the RCAP states:

Urbanization among Aboriginal people tends to include frequent returns to their home communities. The continuing links to the community also serve to reinforce family ties and a sense of group cohesion. People return to visit family, attend social events such as weddings, participate in cultural happenings such as pow-wows and feasts, and take part in ceremonies such as sweat lodges.

But not all urban Aboriginal people have the option of visiting or returning to a home community. For an increasing number, the city has become a permanent home, and some have no links to a rural community. The ancestral lands of others may be distant. Yet Aboriginal cultural identity remains, even for these people, very closely tied to a relationship with the land and the environment. Access to land in or near the urban area for spiritual and cultural purposes is extremely important.

(Indian and Northern Affairs Canada, 1996b, para. 36)

Healing is a journey. All five women agreed that healing is continuous process; one is never fully healed. As Isabelle shared, every day was part of her healing journey. For Gerry, it was important for her to consistently take care of her healing. As M. A. Hart (2002) explained,

healing is a journey and a “ broad transitional process ‘that restores the person, community, and nation to wholeness, connectedness, and balance’” (Regnier, 1994, p. 135, as cited in M. A. Hart, 2002, p. 43). All five women acknowledge that they are at a good place in their lives. They see their own strengths, the blessings they have with their children, families, and friends, and their gift of life. Although there will be times when their past traumas may need tending to or new traumas may be experienced, these five women know how to take care so that they can continue with their healing journeys. May these healing journeys continue on with the determination, vulnerability, strength, insight, and beauty from which they began.

This concludes the discussion of the research findings to the literature. The next section will discuss the effectiveness of the conceptual framework used within this thesis.

The Conceptual Framework

The Medicine Wheel was used as a conceptual framework within the Results Chapter. This conceptual framework was used to depict the life narratives of the five women within the context of the life stages of human development (birth - childhood, adolescence, adulthood, and elderhood). The Medicine Wheel was selected for its congruency with Indigenous worldviews. As such, the Medicine Wheel was effective in articulating the healing journeys of the five First Nations women throughout their life stages. Since the Medicine Wheel was so effective within this thesis, it is hard pressed to find what the limitations were of using the Medicine Wheel as a conceptual framework.

This concludes the discussion of the effectiveness of the conceptual framework used within this thesis. The next section will address the concepts of reflection and reflexivity in this research.

Reflection and Reflexivity

Two concepts related to the research process are reflection and reflexivity. Rubinstein (1991) offers the following definition of reflection and reflexivity:

Reflection describes those instances when we look back on our experiences in order to form an image of our earlier work... Reflexivity, in contrast, requires the active analysis and application of our experience to improve our data collection and interpretation.

Reflexivity necessarily involves the critical examination and use of earlier experience to influence future action... (p. 27)

I address the concept of reflection as a novice researcher and the concept of reflexivity as a Cree woman.

Reflection

As a researcher who completed a project that involved First Nations participants, I would stress that there are some important aspects to implement in the research process. I am grateful that the following aspects were part of my research process: researcher support, implementing First Nations traditions and protocol, shared vulnerability, food, participant well-being, and remaining connected.

Researcher support. An advisory council was necessary for guidance and support for this project to ensure it was completed ethically and respectfully. It was important to include the guidance of an Elder; however, this also provided teachable moments for me with First Nations protocol. It was also helpful to have a thesis support group. This was beneficial for peer support with how to maneuver the steps of research as well as a way to connect with others who understand the research experience.

My family and my friends are a source of positivity with their love, laughter, and understanding; they ground me. However, this project kept me busy for quite a few months, which impacted on the amount of time I would have preferred to have spent with my family and friends. It is ironic that the time when it would have been helpful to stay the most connected with my relationships, I needed to be on my own to complete my thesis in a timely manner. The time with my family and friends was the biggest sacrifice I made for this thesis and I am grateful that I had such supportive and patient people in my life who gave me the time that I needed to finish this thesis work that has also been very important to me.

First Nations traditions and protocol. Ethically, it was important to offer cloth and tobacco to the five women to request their participation. Once this step was complete, I felt that this was a necessary and formal step to begin their participation, which went beyond my verbal invitation for their participation. In some instances, the women stated that they forgot their Grandfather rock and they were glad that one was available for use. Finally, the women always wanted to smudge and pray before and after their interviews. Having a smudge during these times was a respectful way of taking care of the women, their stories, and the sacredness of the moment.

Shared vulnerability. It was important to be mindful of the interview space so that the participants are comfortable within the potentially intimidating environment. With my counselling background it is very instinctual for me to place myself closest to the door when I am in a session with a client. This is one way of attempting a precaution of safety within the emotionally charged counselling environment. However, being very mindful that I was not in the counselling role within these individual interviews, I was a researcher; it became very apparent to me how instinctual this physical positioning was for me. As such, there were times that I felt

vulnerable during these interviews because I would purposely offer the women the chair closest to the door. I consciously set-up the physical dynamics in this manner out of recognition for the vulnerability of the women as they shared their stories that held their pain, grief, hurt, and loss. I decided that one way I could alleviate some of my power as a researcher was by making myself physically vulnerable. I could reciprocate their vulnerability with my vulnerability - a shared vulnerability.

Food. Another way to make sure the participants felt comfortable within the potentially intimidating interview environment was to provide food and non-alcoholic beverages. The food needed to be appropriate for the participants and not necessarily what was most convenient for me. For example, First Nations populations are at high-risk for developing diabetes and therefore, it was important to bring food that anyone could enjoy rather than sugary pastries and soda pop, which may have been more convenient for me.

Participant well-being. It was important to be mindful that the participants continued to do well after the interview. Inquiring about their well-being with a follow-up telephone call after their interview was one way that I could demonstrate genuine care. This was reciprocated when two of the women asked after their respective interviews how I was taking care of myself with hearing all of the stories. I believe that their concern for my well-being demonstrated that a mutual caring relationship had been established.

Remaining connected. Finally, it was important that the women had the opportunity to stay involved with the research process after their interviews. The women had two opportunities to review their shared information; their transcripts and their life narratives. This was important because I wanted to make sure that I stayed true to their words and their approval in these two instances ensured that the data was not misused, misrepresented or distorted. I did notice that the

women would take the opportunity to wish me well with my thesis endeavours after they had the opportunity to review their transcripts. Perhaps this is a reflection of mainstream research, which disconnects from the participants once the data has been collected. I have been very mindful to let the participants know that I will continue to stay connected with them throughout the progress of the thesis.

Reflexivity

As a Cree woman, I drew upon aspects of my inner knowing to guide me through the learning process of this research. As discussed within the Introduction Chapter, part of my inner knowing involved my dreams as well as smudging and prayer. My dreams, smudging and prayer are very familiar parts of my being as a Cree person and helped anchor me as I proceeded through unfamiliar territory of research. The sweatlodge ceremony was also a way that I sought guidance throughout this research process.

Dreams. I am so grateful my for dreams and the guidance they have provided me throughout this thesis journey. It is difficult to share my dreams because they are so personal to me. However, there was one dream that I will share. There was one significant dream that came to me was when I was deep in the data analysis phase. I dreamt of a target and that I was aiming for the bull's eye. I remember telling myself while I was dreaming that this was connected to my thesis and that I needed to remember this target for when I got to the stage of writing up the findings of the women's stories. My preliminary search of an explanation for my dream told me that my dream was to motivate me; that I was searching for perfection, and; that I would achieve my goals. Well this was a relief to know especially considering that my thesis felt like a daunting task at times! However, I also felt that there was more to this target than these possible explanations - something more aligned with Indigenous worldviews or knowledges. My gut

feeling was that this target figure was connected to relationships. As I was completing the data analysis phase and beginning the write up for the findings phase, I came across a diagram of social organization in a book by Anderson (2000). This was the target figure in my dream. When it came time to write up the research findings one of the three overarching themes was indeed about relationships.

Smudging and prayer. It was important for me to smudge and pray as I always do upon waking and before going to sleep. However, every time I did any work with this thesis project, I would also smudge and pray as well. This provided me with the opportunity to let go of some of my doubts and fears so that I could work with a good heart and a strong mind.

Sweatlodge ceremony. During the phase of writing up the research findings I also had a strong sense that I needed to participate in a sweatlodge ceremony so that I could once again ask for guidance. This was a beautiful ceremony for me because my Uncle conducted the sweat and this was the first time I have ever been in one of his sweats. I had heard his sweats were hot and what I had heard was true! This was the hottest sweat I had been in that I can remember. In addition to my family's presence with my Uncle conducting the sweatlodge ceremony, I had also invited my advisory council to participate. I am grateful for the support that came with this sweatlodge ceremony and I feel that I was able to continue on with the thesis work in the way that I was meant to.

This concludes the section of researcher reflection and reflexivity. The next section will outline recommendations for future research, practice, and education.

Recommendations

The experiences of urban First Nations women in Winnipeg, Manitoba who have overcome trauma within this thesis provided helpful insight into the perspectives and realities of

this particular population. Here are some recommendations for future research, practice, and education that stem from this thesis work:

Recommendations for Social Work Researchers

- 1) It would be worthwhile to conduct research with First Nations women in other urban settings throughout Canada about overcoming trauma and their healing journeys.
- 2) It would be beneficial to have research explore the impacts of trauma and healing on the mother-daughter relationship.
- 3) It would be beneficial to have more research that focused on the resiliency, strengths, and healing of First Nations populations.
- 4) Non-Indigenous researchers need to be aware of how to implement ethical and respectful research with and in First Nations communities, including communities within the urban context.

Recommendations for Social Work Educators

1) It is essential that social work curriculum addresses the concepts of colonization and decolonization at the undergraduate level so that students can be effectively knowledgeable of these two concepts within their own future practice. This is also essential so that students can begin to be consciously aware of where they are in relation to colonization and decolonization. It is important to begin addressing colonization and decolonization at an in-depth level in the undergraduate level social work program for these three reasons: i) colonization and decolonization are not abstract concepts; these processes and their outcomes exist in the lives of contemporary First Nations peoples, ii) when they do become social work practitioners, they are more comfortable with the issues of colonization and decolonization, and iii) they will be better equipped to provide effective support to their First Nations clients.

- 2) It is crucial for social work students to recognize that First Nations peoples are more than their traumas. Direct interaction with various First Nations peoples and communities, urban and/or rural, can help put aside assumptions and negative stereotypes that students may hold. One suggestion is to invite guest speakers to share their stories of healing.
- 3) It is crucial for educators as well as students to recognize that there are Aboriginal perspectives to health.

Recommendations for Social Work Practitioners

- 1) Counsellors need to be keenly aware of colonization and decolonization and how these two concepts impact First Nations clients in order to be able to provide the most effective clinical service possible to their First Nations clients.
- 2) Counsellors need to be aware of their own role within the colonial relationship and how this impacts the client-counsellor relationship.
- 3) Counsellors need to know the significance of First Nations traditional practices to First Nations women and their healing, such as smudging and prayer, speaking with Elders, and the sundance ceremony. What is more, counsellors also need to know where there is programming within Winnipeg that offers access to First Nations traditional practices for First Nations women and their families.
- 4) The implementation of community programming needs to continue in Winnipeg that not only offers counselling support to urban First Nations women and their children who have experienced trauma but programming that also celebrates the beauty of First Nations culture. Not everybody has access within their own personal circles to connect with and to learn about their First Nations roots, traditions, and culture and therefore it is imperative for people to have easy access to these connections in the urban community.

5) It is important to include input from urban First Nations women who have experienced trauma and healing for the development of future trauma and healing programming.

This concludes the recommendations for future social work research, practice, and education section.

Summary

This chapter discussed the following: the relationship of the literature findings to the research findings; the effectiveness of the Medicine Wheel as a conceptual framework; the concepts of reflection and reflexivity, and; it also provided recommendations for future social work research, practice, and education. Before closing, I would like to offer these words shared by many Elders: “take with you what will help you go forward and please leave the rest”.

All my relations.

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Appendices

Appendix A: Interview Guide - Individual on a Healing Journey from Trauma

Demographic data:

What is your First Nations ancestry (i.e. Cree, Ojibway, Dakota, for example)?

When were you born?

How long have you lived in Winnipeg for?

What is your marital status? [includes common law]

When were you married (year) [if not common law]

When were you divorced?

Do you have children? Yes/No

If yes, how many children do you have?

What are their names?

When were they born?

What level of education do you hold?

Do you have a religious affiliation? Yes/No

If yes, which religious denomination are you affiliated with?

Do you practice your religion Yes/No?

If yes, can you tell me about your practice?

Do you follow First Nations beliefs and practices? Yes/No

If yes, can you please tell me about these beliefs and practices?

Questions:

1. Please tell me about yourself.

Prompts:

Where were you born?

Can you tell me about your parents, grandparents, family?

Did you have sisters and brothers? Can you tell me about them?

What do you remember about your early life? Do certain events stand out for you?

Were you happy as a child? Why or why not?

What did you want to be when you were growing up?

What was high school like?

Did you fall in love with someone? Can you tell me about this?

Tell me about your children—your pregnancies, deliveries.

What was motherhood like for you?

Did you parent on your own or was your partner involved in raising your children? Was your mother (or mother-in-law) involved in raising your children?

2. In a general way, can you walk me through your life—as you have lived it thus far? Start at whatever beginning you want. I am interested in understanding the paths you have walked on in life.

Prompts:

What was happy about your life?

What *is* happy about your life now?

Did you encounter tragedy on life's path? Can you tell me about these tragedies?

What do you cherish most in life?

What are your hopes and dreams for your future?

3. What are some of the traumas that you have overcome? By trauma, I mean...[agony, anguish, damage, disturbance, hurt, injury...ordeal, pain, scar, shock, strain, suffering, torture, upheaval, upset, wound” (Webster's New Dictionary and Thesaurus, 1990, p. 916) 60’s Scoop, Residential School survivor, accident, loss of a loved one, land relocation, natural disaster such as a flooding].

Prompts:

Can you tell me about the first trauma you experienced in your life?

Can you tell me about subsequent or other traumas you have experienced? What happened? What happened to you? To your family? To your friends?

Do you think about these traumatic experiences as unique events, or are they connected in some way?

4. Can you think about when you started to heal from these traumas?

Prompts:

When did your healing journey begin?

What enabled you to start healing?

Did someone help you start to heal? Can you tell me about that? What happened?

How do you understand or think about your trauma(s) now—now that you are on a healing path. How do you know that you are healing?

Was hope part of your healing journey? If so, can you tell me about hope.

How have you changed since you began to walk down a healing path? What is different?

What is the same?

What does it mean to be healed or to be on the path to healing? Is one ever healed completely? Can you tell me about this?

5. What is your life like now?

Prompts:

What are your strengths?

What are your challenges?

What is easy about life?

What is difficult about life?

Is there love in your life? Can you tell me about that?

I know this question may sound funny or odd, but what is the meaning of life for you?

6. How do you continue to heal?

What do you do to heal yourself?

7. What are your final thoughts about healing and trauma from an urban First Nations woman’s perspective?

8. Is there anything else you would like to add?

Appendix B: Interview Guide - Community Elder Participant

Demographic data:

- What is your First Nations ancestry (i.e. Cree, Ojibway, Dakota, for example)?
- When were you born?
- How long have you lived in Winnipeg for?
- What is your marital status? [includes common law]
 - When were you married (year) [if not common law]
 - When were you divorced?
- Do you have children? Yes/No
- If yes, how many children do you have?
 - What are their names?
 - When were they born?
- What level of education do you hold?
- Do you have a religious affiliation? Yes/No
- If yes, which religious denomination are you affiliated with?
 - Do you practice your religion Yes/No?
 - If yes, can you tell me about your practice?
- Do you follow First Nations beliefs and practices? Yes/No
 - If yes, can you please tell me about these beliefs and practices?

Questions:

1. Please tell me about yourself.

Prompts:

- Where were you born?
- Can you tell me about your parents, grandparents, family?
- Did you have sisters and brothers? Can you tell me about them?
- What do you remember about your early life? Do certain events stand out for you?
- Were you happy as a child? Why or why not?
- What did you want to be when you were growing up?
- What was high school like?
- Did you fall in love with someone? Can you tell me about this?
- Tell me about your children—your pregnancies, deliveries.
- What was motherhood like for you?
- Did you parent on your own or was your partner involved in raising your children? Was your mother (or mother-in-law) involved in raising your children?

2. In a general way, can you walk me through your life—as you have lived it thus far? Start at whatever beginning you want. I am interested in understanding the paths you have walked on in life.

Prompts:

- What was happy about your life?
- What **is** happy about your life now?
- Did you encounter tragedy on life's path? Can you tell me about these tragedies?
- What do you cherish most in life?
- What are your hopes and dreams for your future?

3. What are some of the traumas that you have overcome? By trauma, I mean...[agony, anguish, damage, disturbance, hurt, injury...ordeal, pain, scar, shock, strain, suffering, torture, upheaval, upset, wound” (Webster's New Dictionary and Thesaurus, 1990, p. 916) 60’s Scoop, Residential School survivor, accident, loss of a loved one, land relocation, natural disaster such as a flooding].

Prompts:

Can you tell me about the first trauma you experienced in your life?

Can you tell me about subsequent or other traumas you have experienced? What happened? What happened to you? To your family? To your friends?

Do you think about these traumatic experiences as unique events, or are they connected in some way?

4. Can you think about when you started to heal from these traumas?

Prompts:

When did your healing journey begin?

What enabled you to start healing?

Did someone help you start to heal? Can you tell me about that? What happened?

How do you understand or think about your trauma(s) now—now that you are on a healing path. How do you know that you are healing?

Was hope part of your healing journey? If so, can you tell me about hope.

How have you changed since you began to walk down a healing path? What is different?

What is the same?

What does it mean to be healed or to be on the path to healing? Is one ever healed completely? Can you tell me about this?

5. What is your life like now?

Prompts:

What are your strengths?

What are your challenges?

What is easy about life?

What is difficult about life?

Is there love in your life? Can you tell me about that?

I know this question may sound funny or odd, but what is the meaning of life for you?

6. How do you continue to heal?

What do you do to heal yourself?

7. People experience trauma on their life path. What can you tell me about these events - and what they mean for a person?

How do you help people who have experienced trauma? What do you do?

How do the traditions, traditional ways, and traditional teachings help people who have lived through trauma? Can you help me understand this?

How do Elders help people who have lived through trauma?

8. What does it mean to be healed?

How do the traditions, traditional ways, and traditional teachings help us to heal?

9. What are your final thoughts about healing and trauma from an urban First Nations woman's perspective?

10. Is there anything else you would like to add?

Appendix C: Informed Consent - Consent Form

Study Title: Healing Journeys: Stories of Urban First Nations Women in Winnipeg, Manitoba Overcoming Trauma

Principal Investigator: Kimberly Hart, Master of Social Work Student
Faculty of Social Work, University of Manitoba
E-mail:
Phone:

Research Supervisor: Dr. Denis Bracken, Associate Dean/Professor
Faculty of Social Work, University of Manitoba
E-mail:
Phone:

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. **Participation is voluntary and declining to participate will have no negative results.** Please take the time to read this carefully and to understand any accompanying information. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask.

You are being invited to be interviewed by the principal investigator (researcher) regarding your experiences of healing from trauma as a First Nations woman who resides in Winnipeg, Manitoba. This research is being conducted by Kimberly Hart to fulfill the thesis requirement of the Master of Social Work program, under the supervision of the research supervisor, Dr. Denis Bracken at the University of Manitoba. The interviews conducted for this research project will be to gather information that will be used to develop a greater understanding of healing from trauma from an urban First Nation women's perspective.

Purpose

The purpose of this study is two-fold. The first purpose of this qualitative study is to focus on the healing journeys of urban First Nations women of Winnipeg, Manitoba who have overcome trauma. This intent is to develop a deeper understanding of trauma and healing from an Indigenous perspective within social work's practice and education settings. It is imperative that social work practitioners have cultural awareness and cultural consciousness regarding the diverse Indigenous worldviews, context, and perspectives of their clients. The second purpose of this MSW thesis is to create space not only for Indigenous knowledges within social work by providing an Indigenous perspective on the aspects of healing and trauma but it will also create space for the voice of urban First Nations women as they share their stories of healing.

If you agree to participate in this study, you will be asked a series of questions that focus on your experience of healing from trauma. You will be encouraged to share your story and experiences in whatever manner is most comfortable for you. Throughout the interview, you will be encouraged to direct the discussion and provide information you feel is important to better understand your perspective and experience with healing from trauma. Please keep in mind that

there are no right or wrong answers to the interview questions as the responses are based on your personal experiences, perceptions, and knowledge of healing from trauma.

With your consent, the interview will be digitally recorded. If you do not consent to being recorded, the researcher will take notes to permit accurate details of the information you share during the interview.

The interview will take place in Winnipeg, Manitoba where there will be reasonable privacy and is agreeable to both of us. It is anticipated that the interview process will involve a minimum of one in-person interview of approximately two hours in length, with the possibility of a second and/or third interview of approximately two hours in length. Following the last interview, I may need to contact you for further information or clarification, which would only involve brief conversations over email or telephone.

Benefits

While recognizing the importance of reciprocity in Indigenous communities, the purpose of this study is not based on the intent to provide you with direct benefit as an individual. This research is a step forward towards creating space and voice for urban First Nations women as well as Indigenous knowledges within the mental health and trauma dialogue.

There may be direct benefit of sharing your story in terms of having the opportunity to share with a concerned listener experiences that you may have found distressing. The long-term benefit of sharing your story is that you will be contributing to a more informed understanding of healing from trauma from an Indigenous perspective.

Comfort and Discomfort

Topics discussed in this project could potentially cause emotional distress. In the event that you find any aspect of the study upsetting, during and/or after our interview(s), you will be provided with the following:

- 1) access to immediate counselling support of your preference with either an Elder or a counsellor, free of charge;
- 2) contact information for crisis and counselling services available in the community; and,
- 3) I will provide a follow-up phone call after each interview to check-in with your safety and well-being. At that time, I will connect you with Elder or counsellor support should any emotional distress arise from the interview.

Please note that sharing one's story carries with it the risk of experiencing emotional distress. With this possibility in mind, a list of crisis and counselling resources are identified below for your assistance. If you are feeling emotional distress and need to talk with a helping professional, please call any one of these services immediately:

Crisis Services in Winnipeg, Manitoba:

- 24-Hour Manitoba Suicide Line: 1-877- 435-7170 (Toll Free)
- 24- Hour Crisis Line: 1-888-322-3019 (Toll Free) or 204-786-8686
- Klinik's Post Trauma Counselling program (**free of charge**): 204-784-4059
- Sexual Assault Crisis Line: 786-8631 / Toll free 1-888-292-7565
- Winnipeg police emergency service: 9-1-1

- Mobile Crisis Service (**free of charge**): 204-940-1781
- Winnipeg's emergency hospital locations (free of charge):
 - Health Sciences Centre Winnipeg: 820 Sherbrook Street
 - Seven Oaks General Hospital: 2300 McPhillips Street
 - St. Boniface Hospital: 409 Tache Avenue
 - Victoria General Hospital: 2340 Pembina Highway
- Adult Mental Health Crisis Response Centre, Winnipeg Regional Health Authority (Drop-In Service/**free of charge**): 817 Bannatyne Avenue

Counselling Services in Winnipeg, Manitoba:

- Klinik Community Drop-In Counselling (**free of charge**): 204-784-4067
545 Broadway - Klinik on Broadway:
Mondays & Wednesdays Noon – 7:00 p.m.
Tuesdays, Fridays & Saturdays Noon – 4:00 p.m.
-OR-
845 Regent Avenue West - Access Transcona (one block west of Plessis Road):
Tuesdays Noon – 7:00 p.m.
Times subject to change. Please call the Drop-In Line, (204) 784-4067, for current times and site closures or e-mail at: dropin@klinik.mb.ca.
- North End Women's Centre (**free of charge**): 204-589-7347, 394 Selkirk Avenue
- The Family Centre (**sliding fee scale according to annual gross family income**): 204- 947-1401, 401-393 Portage Avenue
- Aurora Family Therapy Centre (**sliding fee scale according to annual gross family income**): 204-786-9251, 515 Portage Avenue, The University of Winnipeg, Sparling Hall, 2nd Floor

Confidentiality

Unless otherwise indicated by you, your responses in this study will be held as confidential by the researcher. Only myself, my research advisor and (possibly) the University of Manitoba Research Quality Assurance Office will have access to the research records. The digitally recorded interviews will be transcribed by myself and/or a research assistant. Should a research assistant be hired for transcription purposes, this individual will sign a Confidentiality Agreement. Please be aware that quotations will be used in the oral defense of this thesis, the thesis publication, and any further dissemination of this research. However, I will only use quotations from the interviews after removing identifying details, so they cannot be attributed to any single person. The digital recordings and transcripts will be identified by an arbitrary number. Your identifying information and assigned arbitrary number will be kept on paper copy in a locked filing cabinet at this researcher's residence separate from the paper transcriptions. It will also be kept separate from the digital recording and electronic transcripts. Should you choose to withdraw from the interview process, all of your interview data will be destroyed. The electronic copy of the transcriptions will be stored on a computer requiring a password for access to the files. The computer and the paper transcripts of the interviews will be stored in a locked cabinet at this researcher's residence. This identifying information and any confidential data will be destroyed after the submission of a thesis dissertation as well as possible future publications which will be no later than August 31, 2016.

If you wish to be identified as a participant in this study and would like to have your responses noted as coming from you, then I will follow your preference.

Please note, although strict confidentiality will be maintained throughout this interview process, by law, there are three instances where the proper authorities must be notified should any information arise regarding the threat/intention to harm oneself (suicide), the threat/intention to harm to others (homicide), and/or any child welfare concerns. The Winnipeg Police Emergency Unit will be immediately notified in the instances of any suicide and homicide concerns; The Winnipeg Police Emergency Unit and the Child and Family All Nations Coordinated Response Network will be immediately notified of any child welfare concerns.

Accuracy

After each interview, the digital recordings and notes will be transcribed verbatim. You will have the opportunity to review the draft copy of your interview transcript. Once you have received your draft transcript, I will ask you to review the transcript to ensure that I have captured the ideas you shared in a way that reflects your experiences. At this point you can add, modify or delete aspects of the transcripts. This can occur through oral or written feedback by contacting me by telephone or email. Once you have had a week with the transcripts I will follow up through an email or a telephone call to ask about any changes.

Sharing the Results

The information from this research project will be documented in a Master of Social Work thesis, presented at an oral defense, and shared with the academic population of the University of Manitoba as well as the participating interview participants. Results from this study will be disseminated through presentations at scholarly conferences, workshops, graduate student colloquia, and through publication in academic journals. At no time will I share any individual responses that could identify you as a participant unless you direct me to make your identity known.

Providing Consent

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does this waive your legal rights nor release the researcher from her legal and professional responsibilities. **You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to skip, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.**

Quality Assurance

The University of Manitoba Research Quality Assurance Office may look at your research records to see that the research is being done in a safe and proper way.

Questions

This research has been approved by the University of Manitoba Psychology/Social Research Ethics Board. If you have any concerns or complaints about this project you may contact any of

the above-named persons or the Human Ethics Secretariat at 204-474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Confidentiality Preference:

Please check one of the following options:

I want to be identified by name as a participant and have my responses attributed to me whenever possible.

I want my contributions to remain anonymous.

Summary of the Research Findings:

Please check one of the following options:

I want to receive a hard copy of the research findings summary mailed to me at the address below:

I want to receive an electronic copy of the research findings summary emailed to me at the address below:

I do not want to receive any copy of the research findings summary.

Mailing Address:

Email Address:

Participant's Signature

Date

Researcher and/or Delegate's Signature

Date