"OUR HEALING STARTS WITH OUR WOMEN": WOLAMSOTUWAKONOL OF THE INDIAN RESIDENTIAL SCHOOL EXPERIENCE

by

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Bachelor of Science in Nursing, Dalhousie University, 2013

A Thesis Submitted in Partial Fulfilment of
the Requirements for the Degree of

Master of Nursing

in the Graduate Academic Unit of Nursing

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This thesis is accepted by the
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THE UNIVERSITY OF NEW BRUNSWICK

August, 2019

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Territorial Acknowledgement

I acknowledge that the University of New Brunswick is located on the unceded and unsurrendered traditional lands of Wolastoqiyik/Wəlastəkwiyik. The river that flows beside the university is Wolastoq (beautiful and bountiful river), along which live Wolastoqiyik. This territory is covered by a series of treaties of peace and friendship that Wolastoqiyik first signed with the British crown in 1726. These treaties did not surrender the land and resources but in fact, recognized Wolastoqiyik title and established the rules for what was to be an ongoing relationship between nations.[1]

[1] Territorial acknowledgement is adapted from the Canadian Association of University Teachers (n.d.)

Abstract

As esteemed members in many Indigenous societies, Indigenous women often held distinct, vital, and powerful roles. Beginning early in the colonization of what is now known as Canada, the Indian residential school system separated children from their families and communities, and many Survivors experienced trauma. The forceful imposition of Eurocentric, patriarchal norms for the purpose of assimilation also targeted the importance of Indigenous women and girls. Current evidence has established that intergenerational effects exist for descendants of Survivors. However, there remain important questions about how this legacy is understood, from the perspectives of women. An Indigenous research paradigm and a Community-Based Collaborative Participatory Action Research (CBCPAR) approach were used to guide this research project. Engaged in this participatory process of research, the purpose of this project is to explore the experiences of Wolastoqi women who are descendants of Survivors. Five Wolastoqi women participated in three sharing circles and symbol-based reflection with the handdrum. Collaborative analysis with an Indigenous research team resulted in seven themes: (a) ‘our healing starts with our women,’ (b) colonialism, (c) altered social realities, (d) disconnected relationships, (e) Wolastoqey identity, (f) generational healing, and (g) ‘the drums speak.’ The participants shared powerful accounts that identified the specific ways that the intergenerational effects persist for them, and the measures they take to resist and recover from colonial violence and oppression. The findings have implications for nursing to understand and address the intergenerational effects of Indian residential school, and to support the use of a relationship-based approach to healing.

Acknowledgements

This thesis is dedicated to Indigenous women who may see themselves reflected in this truth-telling work.

Thank-you to the ancestors and our Original Mother, Father Sky, Grandmother Moon, Grandfather Sun, and all of Creation.

Thank-you to the Wolastoqi ehpicik who entrusted me with their wolamsotuwakonol. I have deep admiration for you and your unrelenting efforts to create a beautiful path for our future generations.

Thank-you to Elder Sharlene Paul, who advised this project from the beginning and is now in the spirit world. I am grateful for your teachings about storytelling in Wolastokuk.

Thank-you to Elder Opolahsomuwehs, Elder Miigam'agan, and Wolastoqey Grand Chief Ron Tremblay for your knowledge, language, guidance, and wisdom.

Thank-you to my stepdad, Michael Paul, who initially posed the question to me at the kitchen table, "what about the experiences of descendants?" a few summers ago.

Thank you to Judie, Sherry, and Keyaira for your commitment to the Research Team. I am grateful to have walked this path with you, which sincerely embodied the spirit of building knowledge together.

Thank-you to my Thesis Supervisory Committee: Jan, Grace, and Lisa. Your experience, mentoring, and patience have made this a rich and fulfilling process.

Thank-you to the Health Directors of Pilick, Sitansisk, and Welamuktok, and the New Brunswick Aboriginal Peoples Council for your support. I look forward to working with you to ensure that the findings benefit your communities.

For everyone named above, this work is also your work.

Thank-you to my family and friends, who I have sacrificed time to be with the last four years. Your unwavering belief in me and standing by my side has pulled me through this master's degree.

Thank-you to my maternal ancestors. I have a much deeper sense of understanding for your pain and struggle through genocide and colonization, but equally profound admiration for your resistance and healing. With our family history, I derive my strength and resilience from you. I think of that, and it gives me direction for how I should conduct myself in a way that honours your memory.

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Language Legend

Wolastoqey language presented in this thesis has been considered with UNB's Elder-in-Residence Opolahsomuwehs Imelda Perley and the online resource Passamaquoddy-Maliseet Language Portal (http://pmportal.org/). Currently, there is more than one writing system in use for the Wolastoqey language. The Passamaquoddy-Maliseet Language Portal uses the writing system developed by David A. Francis and Robert M. Leavitt. Any spelling and grammatical errors are the fault of the writer.

Ckuwaponahkiyik – "the people who live on the land where the sun first looks our way"[2]

Ehpit – individual woman

Ehpicik – plural women

Uhkomossol – grandmother

Mi'kma'ki – Mi'kmaq ancestral lands

Muhsumsok – grandfather

Nit leyic – may that be the truth

Pokuhulakon – drum

Skicinuwey – relating to Indigenous peoples

Skicinuwok – Indigenous peoples (literal translation of surface dweller)

Skitkomiq – original mother, earth

Waponahki (Wabanaki) – people of the dawn

Waponahkik – ancestral lands of Waponahki

Waponahkiyik – Waponahki peoples[3]

Witapesq – a friend who is a woman

Wolamsotuwakonol – personal stories of truth

Wolastoq – beautiful and bountiful river[4]

Wolastoqi – animate relating to a person/people

Wolastoqey – inanimate relating to Wolastoq

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[2] (R. Paul, personal communication, April 7, 2019)

[3] See Ckuwaponahkiyik

[4] Renamed by colonists as St. John River

Wolastoqiyik (Maliseet/Malecite) – people of the beautiful and bountiful river

Wolastoqew – individual who is Wolastoqi

Wolastokuk – ancestral lands of Wolastoqiyik

Wolastoqi ehpicik – Wolastoqi women

Wolastoqey latuwewakon – Wolastoqey language

Piluwitahasuwawsuwakon – change minds and live the truth

Psiw ntolonapemok – all my relations

Note on Terminology

The terms used to refer to the Indigenous peoples of Turtle Island[5] as a collective frequently evolve and have been influenced by colonization. Critical perspectives raise the issue that it is problematic to reduce complexity, insisting that umbrella terms (e.g. Aboriginal) undermine the self-determination of Indigenous nations. King (2013, p. xiii) and Tuhiwai Smith (2012) argue that any name used to refer to Indigenous peoples as a collective is an inherently flawed endeavor because it obscures important social, historical, political, and cultural differences among many nations. While Indigenous-led organizations often use these terms to refer to the collective (e.g. the Assembly of First Nations or the Canadian Indigenous Nurses Association), the use of externally imposed English terms can obscure the traditional identities of diverse Indigenous nations.

Section 35 of the 1982 Canadian Constitution recognizes three groupings of Indigenous peoples: Indians, Métis, and Inuit. Aboriginal is often used to refer to these groups. Indigenous and Northern Affairs Canada (2012) and the National Aboriginal Health Organization (2012) define Aboriginal peoples as the collective name for the original inhabitants of North America and their descendants. However, much wariness has been vocalized by Indigenous peoples with the prefix ab-, which often indicates 'away' when used in some English words (Merriam-Webster Online, n.d.). This interpretation of the term Aboriginal is problematic when considered relative to unrelenting attempts to delegitimize Indigenous peoples' connection and rights to the land (e.g. the Bering Strait theory). The term Indian, in reference to one of the three groups of Indigenous peoples in Canada, is a misnomer that is frequently attributed to

[5] A pan-Indigenous concept to refer to North America

early encounters with Spanish explorers. However, this term persists today with controversy and remains used by some Indigenous peoples in Canada as well as the government of Canada (Dickason & McNab, 2009, p. xii). Due to the pejorative connotations associated with the term Indian, the Assembly of First Nations (AFN, n.d.) and NAHO (2012) use First Nations to refer to status and non-status Indians (but not Métis or Inuit). However, no legal definition exists for this term (INAC, 2012). American Indian or Native Americans are terms commonly used to refer to Indigenous peoples residing in the United States (Walbert, 2009).

For the purposes of this thesis, I use the term Indigenous because it most closely communicates the relationship of the people to the land. Specific nation names are used whenever possible (Vowel, 2016). I frequently refer to *Wolastoqiyik*[6], who are "people of the beautiful and bountiful river" (Perley & Blair, 2003, p. 2; Speck, 1915, p. 494). This name communicates the relationship between the original inhabitants of this land and *Wolastoq*. Wolastoqiyik as well as the Mi'kmaq, *Peskotomuhkatiyik*[7], Penobscot, and Abenaki peoples are distinct nations who form the Eastern Waponahki Confederacy (Speck, 1915, p. 492). The Waponahki are "people of the dawn" (MIP, 1989, p. D9). Recently, during an Indigenous language gathering in *Wolastokuk*[8], knowledge-holder Roger Paul shared teachings that the Waponahki are *Ckuwaponahkiyik*, "the people who live on the land where the sun first looks our way" (personal communication, April 7, 2019).

[6] I have been counselled by Elders not to precede Wolastoqiyik or Wolastoq with "the" to prevent objectification
[7] Also, Passamaquoddy
[8] Wolastoqey ancestral lands

Chapter I: Research Focus

Indigenous women are often referred to as the backbone of their nations. This perspective is interwoven with teachings related to the social and spiritual significance of Indigenous women, who were highly esteemed members of their nations (Anderson, 2016; Castellano, 2009; Stout & Peters, 2011b). Historical and contemporary processes of colonization have frequently subjected Indigenous women to several forms of violence and injustice due to the intersections of race, class, and gender (Acoose-Miswonigeesikokwe, 2016). In particular, the Indian residential school system in Canada was a convergence of oppressive educational practices, policies, structures, and outcomes formalized by the federal government to replace Indigenous cultures, languages, and spiritual practices with Eurocentric, patriarchal norms. Testimonies obtained by the Truth and Reconciliation Commission (TRC) of Canada, as well as several memoirs published by Survivors of the Indian residential school experience[9] (Fontaine, 2010; Grant, 1996; Haig-Brown, 2006; Knockwood, 2015), have revealed the direct impacts of this system. In my experience, Indigenous peoples often discuss the intergenerational legacy of residential schools and have important insights about the indirect effects for descendants of Survivors. Qualitative and quantitative research are examining these impacts, but there remains much to learn about the localized and gendered experiences of descendants of Survivors (Grey & James, 2016).

[9] Survivors of the residential school experience will be referred to as Survivors throughout the remainder of the thesis, reflective of terminology used by the Aboriginal Healing Foundation (Castellano, 2006). Following the imperative of Benjamin (2014), I intentionally do not use the term 'former students' as this connotes a role of voluntary and beneficial learning, which was usually not the case in Indian residential schools (p. xvii).

To counter oppressive research practices that have perpetrated harm to generations of Indigenous peoples, a relational process of conceptualizing research was necessary. This fostered egalitarian relationships between myself and members of the Wolastoqey nation to build knowledge together. Community engagement prior to proposal development indicated the need for a *skicinuwey*[10] research project. An Indigenous research paradigm and Community-Based Collaborative Participatory Action Research (CBCPAR) approaches framed this project, to respectfully and meaningfully engage with community members in all phases of the research process.

Purpose of the Study and Research Questions

Engaged in a participatory process of research, the purpose and focus of this project is to explore the experiences of *Wolastoqi ehpicik*[11] who are descendants of Survivors of the Indian residential school experience. With this focus, I have strengthened and balanced a review of literature by carefully considering the advice and counsel of community advisors, traditional Elders, and leaders from the following First Nations communities: (a) Sitansisk (St. Mary's), (b) Pilick (Kingsclear), (c) Woodstock, (d) Negotkuk (Tobique), (e) Esgenoôpetitj (Burnt Church), and (f) Elsipogtog (Big Cove). Through collaborative engagement with Wolastoqi and Mi'kmaq community advisors, the following research questions were developed to strengthen understandings of the Indian residential school legacy from the perspectives of local women who are descendants of Survivors:

I. What are the described intergenerational experiences of Wolastoqi women who are descendants of Survivors of the Indian residential school experience?

[10] Indigenous
[11] Wolastoqi women

II. How are Wolastoqi women engaged in healing for themselves and for the future generations?

The justification for this research became apparent during the process of reviewing literature and working with community advisors who have helped me understand the need for this study. The second research question is specifically constructed to reflect guidance given by traditional Elders during the process of community engagement. One Elder expressed the importance of embedding a generational perspective to reflect Ckuwaponahki worldviews. At the outset of community engagement, it was also necessary to consider the lengthy oppressive history of research conducted on Indigenous peoples, including unethical research conducted at Indian residential schools (Castellano, 2004; Ermine, Sinclair, & Jeffery, 2004; First Nations Centre, 2005; L. T. Smith, 2012). Moreover, as an Indigenous person, it was also vital to conceptualize a project that honoured the worldviews, knowledge, experiences, and stories of *skicinuwok*[12] (Absolon & Willett, 2004; Castellano, 2009; Chilisa, 2012; Cochran et al., 2008; Kovach, 2009). In this chapter, I will review some of the literature and personal communication that gives background, context and justification for this research.

Literature Review: Background and Context

The Indian residential school system operated within the sociohistorical context of colonization. While colonization usurped Indigenous lands and ignored inherent Indigenous rights, the Indian residential school system was implemented and sustained as an oppressive, dysfunctional, and racist policy approach to education for Indigenous children (The Truth and Reconciliation Commission of Canada, 2015b). Examining an overview of the Indian residential school system in Canada, including a brief discussion

[12] Indigenous peoples

of the Shubenacadie Indian Residential School in *Mi'kma'ki*[13], is necessary background for understanding the experiences and issues of descendants of Survivors.

Seminal and grey literature was searched to establish background for the social and historical context of colonization, Indian residential schools in Wolastokuk and Mi'kma'ki, and the Indian residential school system in Canada. Later in this chapter, I then enter into a discussion of the intergenerational legacy of the Indian residential school system for descendants of Survivors. A structured literature search to review peer-reviewed articles identified common themes, followed with a more detailed analysis of why it is important to address and understand this legacy.

Social and Historical Context of Colonization

The legacy of residential schools is best understood by placing it carefully in the correct social and historical context, as it is relevant to the experiences of descendants of Survivors. While the federal policy of creating Indian residential schools is an unsettling history in the public's recent memory, it is one event of the longer historical and contemporary processes of colonization. In Mi'kmaq and Wolastoqey territories, European settlements were established in the early 1600s (Paul, 2006, pp. 53-56). The first settlers often received assistance from the Mi'kmaq and Wolastoqiyik to survive the harsh and unfamiliar climate (Lawrence, 2002; MIP, 1989). The generosity shown to early settlers is unsurprising because it was consistent with the social norms of Waponahkiyik that upheld cooperation, sharing, and harmony (MIP, 1989; Paul, 2006). Although French and English settlements were established to acquire land and resources, the Indigenous peoples of Wolastokuk and Mi'kma'ki shared a more cooperative

[13] Mi'kmaq ancestral lands

relationship with Acadians. The Acadians were more likely to respect the ways of life of Indigenous peoples, whereas the English typically sought to forcefully oppress both Indigenous and Acadians to claim land for the English crown (Paul, 2006). With an expanding settler population and the defeat of the Acadians by the British in 1755, relationships between settlers and Indigenous peoples shifted from cooperation to colonial control (Benjamin, 2014, p. 8). Stevenson (1999) described the goals of colonization simply: "mercantilists wanted our furs, missionaries wanted our souls, colonial governments, and later Canada, wanted our lands" (p. 49).

Between 1725 and 1776, Wolastoqiyik and Mi'kmaq negotiated and signed a series of peace and friendship treaties with the British Crown (MIP, 1989; Paul, 2006; Vowel, 2016). From a Waponahki perspective, these treaties gave the English the "right to share use of the land… [And] Wabanakis expected to continue to do the same" (MIP, 1989, pp. A-16). These treaties did not involve the surrender of land or sovereignty, but established rules for what was to be an ongoing relationship between nations. However, the spirit and intent of these treaties have seldom been honoured due to varying levels of misinterpretations and inauthenticity (MIP, 1989). This belief stands today, as the current Wolastoqi Grand Chief states that the peace and friendship treaties "never surrendered one speck of earth, one drop of water, or one breath of air" (R. Tremblay, personal communication, January 15, 2019). In a broader context, the *Royal Proclamation of 1763* established that Indigenous title has existed and continues to exist (Neu & Richard, 2003; Vowel, 2016). Through significant grassroots advocacy efforts undertaken by Indigenous peoples (Manuel & Derrickson, 2015), inherent Indigenous rights are again reiterated in Section 35(1) of the *Constitution Act, 1982*: "the existing

aboriginal and treaty rights of the aboriginal peoples of Canada are hereby recognized and affirmed" (Department of Justice Canada, 2013).

Although Indigenous rights and title have been established several times post-contact, colonization inflicted harm and brought death upon Indigenous communities. Indigenous peoples were decimated from a lack of immunity to communicable diseases introduced by early settlers, hunger and poverty imposed by the loss of land and resources, as well as defending against violent attacks from the British (Lawrence, 2002, p. 34). A series of oppressive colonial policies were implemented throughout the 1800s including the formation of Indian reserves, the imposition of the Indian Act, and the expansion of Indian residential schools (Dickason & McNab, 2009, pp. 198-289). In turn, each of these policies gave rise to numerous other injustices for Indigenous peoples. These formalized efforts to dispossess Indigenous peoples from the land have amassed to create a legacy of historical trauma.

Wesley-Esquimaux and Smolewski (2004) offer the following comprehensive definition for historical (intergenerational) trauma[14]:

> Historic trauma is understood as a cluster of traumatic events and as a disease itself. Hidden collective memories of this trauma, or a collective non-remembering, is passed from generation to generation, as are the maladaptive social and behavioural patterns that are symptoms of many social disorders caused by historic trauma. There is no "single" historic trauma response; rather, there are different social disorders with respective clusters of symptoms (p. iv).

This definition of historical trauma suggests that massive group trauma disrupted the normative social, spiritual, and physical functioning of Indigenous communities, with direct effects sustained by Survivors and indirect effects experienced by generations of

[14] Historical trauma is also used interchangeably with intergenerational, multi-generational, transgenerational, collective, or race-based trauma.

descendants. Moving forward, the Indian residential school system was one of numerous losses sustained by Indigenous peoples in the context of colonization (Archibald, Dewar, Reid, & Stevens, 2012, p. 17; Castellano, 2006, p. 114). These losses have intersected in ways that contribute to the cumulative nature of historical trauma (Bombay, Matheson, & Anisman, 2014b; Duran, 2006; Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998; Linklater, 2014).

Emerging from the study of historical trauma is the concept of the soul wound. An Apache/Pueblo scholar, Duran (2006) shared his experience learning about the soul wound from local Elders during his early clinical work in California. The Elders described "spiritual injury, soul sickness, soul wounding, and ancestral hurt" being passed down through generations (Duran, 2006, p. 15-16). This construct of the soul wound has been supported by other researchers describing historical trauma, including the notable Lakota social worker Maria Yellow Horse Brave Heart (1998). As a spiritual dimension of pain associated with historical trauma, the soul wound is deeply suggestive that the grief and suffering of descendants are collective and intergenerational. Literature suggests that understanding collective traumatic events can inform understandings of the response of descendants to the intergenerational legacy of the Indian residential school system in Canada (Duran et al., 1998). In Ckuwaponahki territory, traditional Elders have also articulated understandings of the soul wound (Elders gathering, personal communication, May 16, 2018). Although this aspect of historical trauma may be less well understood by health practitioners, it reframes the discussion of historical trauma from an individualistic response to a collective response (Linklater, 2014).

Maxwell (2014) had provided cautionary insights regarding applications of the theory of historic trauma transmission. This concept has been increasingly shaped by

colonial professional discourses in biomedicine, public health, and social welfare that facilitate individualistic, pathologizing, and fatalistic applications to Indigenous families and communities (Maxwell, 2014). The medicalization of social suffering that shifts focus away from colonialism and oppression is not without consequence. That is, attention becomes diverted from the need to make sweeping changes in social and political order to personal and professionally-mediated intervention (Maxwell, 2014, p. 409). To underscore these points, Maxwell (2014) has argued that "a singular focus on residential school experience as the primary determinant of present-day dysfunction excludes myriad dimensions of colonization which have had profoundly disruptive effects on social and intergenerational relations" (pp. 425-426). Therefore, a nuanced interpretation of historical trauma has informed this project.

Indian Residential Schools in Wolastokuk and Mi'kma'ki

In Wolastoqey and Mi'kmaq territories, Shubenacadie Indian Residential School is frequently identified as the institution responsible for the experiences of Survivors and descendants. Although the majority of Survivors in New Brunswick had been sent to Shubenacadie, it is important to note that another residential school was operated by the New England Company from 1787 to 1826 in Sussex-Vale, a colony in New Brunswick (Benjamin, 2014; Slumkoski, 2014). Benjamin (2014) described this school as "a disastrous experience, but one that would be largely forgotten by the twentieth century" (p. 12). Although this school included non-Indigenous children, Wolastoqi and Mi'kmaq children were removed from their families and communities and sent there for the purposes of assimilation to Eurocentric norms. The Sussex residential school deliberately undermined Waponahki identity and culture with a focus on conversion to Protestant faith and teaching farming practices, coupled with reports of mistreatment and

sexual abuse of their students (Benjamin, 2014). Experiences in this institution likely produced intergenerational effects for descendants of Survivors, who may not be able to trace this family history.

A series of Indian day schools were scattered throughout First Nations communities in Wolastokuk and Mi'kma'ki. Indian day schools operated in St. Mary's First Nation, Kingsclear First Nation, Oromocto First Nation, Tobique First Nation, and Woodstock First Nation. Documents from the School File Series note that these schools were either administered by the Sisters of Charity or by a teacher (School Files Series 1879-1953, volume 6064-6066, p. 34). Those who had attended an Indian day school often refer to themselves as Survivors as well, attesting to conditions that were comparable to Indian residential schools (Hamilton, 1986). The fact that Survivors remained in their home communities and could return to their homes at the end of the school day is a notable difference from Indian residential schools.

The only federally-operated Indian residential school in the Maritimes was located in Shubenacadie, Nova Scotia. The Shubenacadie Indian Residential School operated from 1930 to 1967 and was run by the Roman Catholic church (TRC, 2015b, p. 357). Although largely occupied by Mi'kmaq children, some Wolastoqi and Peskotomuhkatiyik children were also sent to this institution that was often a great distance from their homes (Benjamin, 2014). Like other Indian residential schools, the school in Shubenacadie often functioned as a welfare institution, targeting Indigenous children who were experiencing impoverished living conditions, who were orphaned, or lived too far away from an Indian day school (Barton, Thommasen, Tallio, Zhang, & Michalos, 2005; Hanrahan, 2008, p. 37; Paul, 2006, p. 266). Sometimes, children as young as two or three years of age were kept at Shubenacadie. Indian Agents also sent

Wolastoqi children from Tobique to Shubenacadie Indian Residential School while their parents were in tuberculosis sanatoriums (Getty et al., 2001, pp. 35, 36). Regardless, these children were subject to harmful assimilative strategies that were founded on racist and paternalistic beliefs about Indigenous peoples.

The Indian Residential School System in Canada

The Indian residential school system predated Canada's confederation, reaching a peak in 1931 (Fournier & Crey, 1997, p. 50). Indian residential schools[15] began as ventures undertaken by missionaries in the 17th century in New France to convert Indigenous peoples to the Christian faith and French social norms (Benjamin, 2014; Miller, 1996; Trevithick, 1998). The Canadian federal government began to fund these schools following the formalization of the Canadian Constitution in 1867 and the Indian Act in 1876 (Titley, 1986). This partnership between the church and the state conferred the responsibility for the daily administration of these schools to the churches (Haig-Brown, 2006; Milloy, 1999). Costs were minimized by requiring the children to spend a disproportionate amount of time doing free labour, such as maintaining furnaces, tending to livestock, cooking and cleaning the school as well as by limiting the quality of education provided (Knockwood, 2015). Through these arrangements, Indian residential schools became underfunded institutions overly focused on minimizing fiscal spending by the federal government (Dickason & McNab, 2009, p. 306). Indian residential schools underwent restructuring in the late 1960s to early 1970s, as the federal government started the process of decommissioning the schools or giving control to bands (TRC, 2015b, pp. 69-70). The last school closed in 1996 (Joseph, 2018, p. 60).

[15] Indian residential schools will be used interchangeably with residential schools

The inclusion of education in treaty negotiations suggests that Indigenous peoples saw the benefit of harnessing Western education to ensure survival and adapt to shifting social realities (Grant, 1996, 2004; Miller, 1996; Milloy, 1999). However, the parameters of education were established by settlers with the explicit purpose of assimilating Indigenous peoples into dominant society (Benjamin, 2014; Bombay et al., 2014b; Fontaine, 2010; Gagné, 1998; Haig-Brown, 2006; Milloy, 1999; Paul, 2006; Regan, 2010; Titley, 1986). It has been argued that the residential school system was implemented as a form of social control (Trevithick, 1998). Attesting to this objective, in 1883, Public Works Minister Hector Langevin proclaimed in parliament:

> If you wish to educate these children, you must separate them from their parents during the time that they are being educated. If you leave them in the family they may know how to read and write, but they still remain savages, whereas by separating them in the way proposed, they acquire the habits and tastes – it is to be hoped only the good tastes – of civilized people (TRC, 2015b, p. 58)

This quote serves as a harrowing reminder of the Eurocentric mindset that precipitated the mass removal of Indigenous children from their families and communities; it was presumed that European civilization was superior and desirable compared to that of Indigenous societies (Bombay et al., 2014b; Fontaine, 2010; Grant, 1996; Haig-Brown, 2006; Miller, 1996; Milloy, 1999; Stevenson, 1999; Trevithick, 1998). The Indian residential school system was intended to eliminate the cultural identities of Indigenous children (Grant, 1996; Knockwood, 2015).

Indian residential schools were not structured to equip Indigenous children with an education comparable to that of Euro-Canadian children. Although the children at Indian residential schools were expected to become fluent and literate in English, it was not expected to be at a level attained by Euro-Canadian children (Castellano, 2006;

Trevithick, 1998). Lending evidence for the poor education received in residential schools, a study using 2006 Aboriginal Peoples Survey data found that Survivors were less likely to have obtained a high school diploma or university degree, compared to Indigenous peoples who did not attend residential schools (Bougie & Senecal, 2010, p. 21).

The experiences of Survivors of the Indian residential school system reflect its intended goal of extinguishing culture and identity. The oral recollections of Survivors often convey emotions that are impactful to listeners. From a skicinuwey perspective, it is recognized that their experiences cannot be communicated entirely by this written account. However, it is important to rely on available sources of information about the Indian residential school system to gain insight into these experiences. Importantly, the testimonies and memoirs of Survivors and their descendants often attribute the disintegration of traditional social structures to the apprehension of Indigenous children en masse. From 1892 onward, unknown to most parents, signing admission forms for residential school relinquished legal guardianship of their children to headmasters of the schools (Milloy, 1999; TRC, 2015b, p. 61).

Survivors also reported exposure to a myriad of egregious abuses and negligent living conditions. The residential schools were described as highly authoritative and regimented environments that emphasized obedience and discipline (Bull, 1991; Fontaine, 2010; Knockwood, 2015). This has been contrasted to experiential learning based on a principle of non-interference observed in many Indigenous communities (Chansonneauve, 2005; Miller, 1996). While corporal punishment was considered to be the norm for Western child-rearing practices during that time period (Benjamin, 2014, p. 60; Bull, 1991), it breached the threshold of abuse when used to harm, intimidate,

humiliate, and belittle Indigenous children in residential schools. Oral testimonies offered by Survivors detailed punishments that were administered excessively and randomly, such as strappings with belts or other weapons that left welts, beating with fists and inanimate objects, pulling of hair and ears, forced haircuts or shaving, deprivation of food, and confinement in small dark spaces for prolonged periods of time (Chansonneauve, 2005; RCAP, 1996b; TRC, 2015c). In addition, there have been numerous accounts of sexual abuse, ranging from voyeurism to graphic descriptions of child molestation (AFN, 1994; Fontaine, 2010; Knockwood, 2015; TRC, 2015c). Some Survivors were able to evade this fate by adopting behaviours considered desirable to the nuns (Grant, 2004). Additionally, having lighter skin and visiting parents were identified as protective factors against abuse (Knockwood, 2015).

The degree of systemic atrocities of Indian residential schools are evident in the records of the children's health, prior to and following attendance at residential school. A retrospective study of residential school records from 1919 to 1953 indicated that the vast majority of Indigenous children were within the normal range of body mass index prior to attending residential school (Hackett, Abonyi, & Dyck, 2016). While in residential school, Survivors reported suffering from starvation and being forced to eat poor quality or rotten food (AFN, 1994; Knockwood, 2015; Miller, 1996; TRC, 2015d). Not only was the food provided inadequate, but the children's health was exploited in unethical experimental studies during the period of 1942 to 1952. Nutritional experts conducted biomedical experimentation on approximately 1,000 Indigenous children from six Indian residential schools (Mosby, 2013). At the time of these nutritional experiments, it was known that the children suffering from starvation required intake of better quality food (MacDonald, Stanwick, & Lynk, 2014; Mosby, 2013). These

experiments were conducted without the knowledge or informed consent of the children or their parents. Through opportunistic medical experimentation, researchers exploited a large population of malnourished and vulnerable children to serve as control and treatment groups for 'fortified' foods or supplements (Mosby, 2013).

In residential schools, children were frequently deterred from regular contact with support systems that could have assuaged the direct effects of negative residential school experiences. Siblings were often segregated by gender and family, physically separated by dormitories and punished for interacting during play, meals, and other recreational times (Chansonneauve, 2005; Knockwood, 2015; Trevithick, 1998). Contact with parents was minimal or forbidden, as letters were often screened for incriminating evidence about the conditions of residential school (Chansonneauve, 2005; Knockwood, 2015). Abuse and neglect went underreported because perpetrators often had prominent roles in residential schools, victims were threatened or humiliated and feared repercussions, and victims were not believed by school administrators and/or family members (TRC, 2015c).

Another defining aspect of the Indian residential school experience is the alienation many Survivors faced upon return to their homes and communities, exhibited by loss of their language or inability fit in with other children on the reserve (Grant, 1996; Knockwood, 2015). Miller (1996) described the residential school system as producing "semi-assimilated young people" (p. 11), who could neither fit in to Euro-Canadian society or their Indigenous societies (AFN, 1994; RCAP, 1996b). This was the intent of racist policy decisions such as immersion in English, separation from family and communities, and punishments for non-conformity. At a personal level, Indigenous children were often made to feel ashamed of their identity by the school staff's regular

derogatory remarks about Indigenous peoples. These comments engrained racist notions of the superiority of Euro-Canadian culture and the inferiority of Indigenous cultures (AFN, 1994). At Shubenacadie Indian Residential School, Knockwood (2015) remembered:

> One indication I had that I was different racially from the priests, nuns, farmers and maintenance workers and their families was that we were called derogatory names such as 'savage,' 'heathen,' 'pagan' and 'wild Indian' by some of the nuns (p.56).

These deliberate efforts to indoctrinate Indigenous children about European superiority frequently resulted in humiliation and shame. In response, some Indigenous children internalized these comments and made attempts to distance themselves from their culture (TRC, 2015c).

Residential schools often forbade communication in Indigenous languages and imposed the learning of the English and Latin languages (AFN, 1994; Haig-Brown, 2006; Ing, 1990). Children developed a fear of speaking their languages as a result of punishments, such as being beaten or forced to hold their tongue for hours (Knockwood, 2015). One form of resistance used by children at Shubenacadie included speaking their language in small groups away from residential school staff (Knockwood, 2015). Nonetheless, many Survivors became estranged from their communities as they gradually lost the ability to, were ashamed to communicate in, or did not see the benefit of maintaining fluency in their traditional languages (Grant, 1996).

Indigenous families engaged in many forms of resistance to protect their children from the harms of Indian residential schools (Maxwell, 2014). As parents increasingly withheld their children from attending Indian residential schools, by 1920, the Indian Act was revised to make residential school attendance compulsory for Indigenous

children (Dickason & McNab, 2009, p. 311; Neu & Richard, 2003, p. 106). This legislative change granted Indian agents the authority to remove Indigenous children from their homes to send to residential school, at their discretion. Parents' resistance to sending their children to residential school could be met with legal enforcement from the Royal Canadian Mounted Police (LeBeuf, 2011). In this way, parents were criminalized for exercising their inherent right to protect their children from a deficient and harmful education system. Hanrahan (2008) also noted that parents frequently hid their children from the Indian agent or actively demanded the return of their children, an account that I have also heard from several Survivors and their descendants. Additionally, Knockwood (2015) recounted a council meeting convened specifically to discuss the assassination of the priest of Shubenacadie Indian Residential School, although this plan was abandoned out of greater concern for the safety of their children (p. 155). These acts of resistance against the Indian residential school system demonstrated the love and strong bonds that parents/grandparents maintained with their children.

These experiences often cause many to wonder if the public was aware of the conditions of Indian residential schools. There is compelling evidence that many academics, professionals, and politicians were aware (Benjamin, 2014; Mascio, 2013). From 1907 until the early 1920s, Dr. Peter Bryce made several efforts to denounce the conditions of residential school (Benjamin, 2014; First Nations Child and Family Caring Society of Canada, 2016), while a great many others remained silent bystanders (Mascio, 2013; RCAP, 1996b).

From this program of planned, intentional cultural genocide, many Survivors learned to parent in the manner they had been treated. They lacked the opportunity to observe traditional and healthy child-rearing practices, creating difficulties in parenting

their own children (Grant, 1996, p. 260; Ing, 1990, p. 30). Lena Small, a residential school survivor who attended the Hobbema school in Alberta, shared: “They didn’t tell us anything about life. They didn’t tell us how to love one another, how to care for our families. We had no parenting, no nothing. All we had was religion” (TRC, 2015c, p. 124). This quote offers insight into the harsh realities of Survivors when released from the Indian residential school. Sometimes, Survivors inflicted harm on their own children (Chansonneauve, 2005; Getty et al., n.d.; Stout & Peters, 2011b). An overwhelming majority of Survivors struggled with drug and alcohol addictions (Corrado & Cohen, 2003; Fontaine, 2010; Knockwood, 2015). As planned by the federal government, most lacked knowledge of their traditional cultural practices to pass on to their children (Grant, 1996). The monumental challenges and trauma that Survivors faced as a direct result of Indian residential schools have been widely documented by the Truth and Reconciliation Commission of Canada. The *Final Report of the Truth and Reconciliation Commission of Canada: Honouring the Truth, Reconciling for the Future* (2015b) provides a more comprehensive examination of the effects of the Indian Residential School system on the lives of Residential School Survivors.

In Wolastoqey and Mi’kmaq territories, a series of regional and local videos of Survivors and descendants share their stories in *We Carry Each Other’s’ Memories* (Martin, Ingram, Tremblay, & Crain, 2013). The participants are from three First Nation communities in New Brunswick, and the DVD is structured in three separate sections to give voice to members of each of those nations – Negotkuk, Elsipogtog, and Esgenoôpetitj. Their recollections are echoed by subsequent generations who were affected deeply as the intergenerational effects of residential schools were transferred from generation to generation.

Context of Research with Intergenerational Effects among Descendants

The federal Indian residential school system was a formal attempt to disrupt family and community bonds through the removal of Indigenous children, preventing the intergenerational transmission of cultural knowledge, language, history, and norms. Several scholars have argued that the negative outcomes arising from the Indian residential school experience have precipitated an intergenerational legacy that continues to affect the descendants of Survivors (Bombay et al., 2014b; Brave Heart, 1998; Brave Heart & DeBruyn, 1998; Castellano, 2006; Chansonneauve, 2005; Denham, 2008; Grant, 1996, 2004; LeBeuf, 2011; Milloy, 1999; Stout, 2010; Stout & Peters, 2011b; TRC, 2012; Wesey-Esquimaux & Smolewski, 2004). However, scholars have also argued that healing and resiliency have been key responses to this legacy, and explains the ability of Survivors and their descendants to keep their cultures intact (Anderson, 2016; Dion Stout & Kipling, 2003; Stout & Peters, 2011b). To better understand intergenerational trauma and resilience, scholars have increased their attention to the strengths of Survivors and their descendants. Despite a system that habitually used inhumane tactics to assimilate Indigenous peoples, it is important to recognize how Survivors have reclaimed and revitalized their culture to sustain the health and wellbeing of their descendants. The following sections describe the structured search strategy undertaken to examine current peer-reviewed literature regarding the experiences and issues among descendants of Survivors. From this search, five themes emerged that highlight patterns among this intergenerational experience.

Structured search strategy. A structured search strategy was formulated with the assistance of a University of New Brunswick librarian. The Bibliography of Native North Americans (BNNN), the Cumulative Index to Nursing and Allied Health

Literature (CINAHL), PubMed, and SocINDEX were searched to find scholarly publications that address the intergenerational effects of residential schools for descendants of Survivors. Initiating a broad search, the terms for *intergenerational* and *residential school* were searched individually. The synonyms for *intergenerational* were combined using the Boolean Operator OR to retrieve literature containing any of these terms (Hartzell, Fineout-Overholt, Hofstetter, & Ponder, 2015, p. 54). The term *descendant* was truncated, by adding an asterisk at the end of the word, to ensure the inclusion of derivatives of these terms (Hartzell et al., 2015, p. 53). Due to the large number of results obtained, a separate search was conducted with the synonyms for *residential school*. The terms for the outcome of interest were combined using the Boolean Operator OR, which produced a large number of results. The terms for *intergenerational* and *residential school* were considered hallmarks of the search strategy and served as reference points to combine terms. Therefore, to reduce the number of results, the Boolean Operator AND was used to combine the terms for the issue and outcome of interest. The Boolean Operator AND functioned to retrieve citations that included both of the terms (Hartzell et al., 2015, p. 54). Due to a small number of results, and to capture both seminal and current literature, no limits were applied to the search strategy.

After retrieval of citations based on the structured search strategy, the citations were reviewed to determine whether they addressed the intergenerational effects of the Indian residential school system in Canada. The titles were screened to remove duplicates. Inclusion and exclusion criteria were established to facilitate the identification of the most relevant citations (Hartzell et al., 2015, p. 56). Publications had to focus on the descendants of Survivors or the intergenerational legacy of the

Indian residential school system. The articles were peer-reviewed, as an indicator of the quality of evidence (Hartzell et al., 2015, p. 44). Due to the distinct socio-historical contexts of Canada and the United States of America in relation to Indian residential (boarding) schools, a decision was made to retrieve studies conducted in Canada only. Citations that did not focus specifically on the descendants of Survivors or broadly addressed historical trauma were excluded due to a lack of specificity in addressing the research topic. Articles published in a language other than English were excluded. Appendix A, Table 5 provides a summary of the search terms used and the number of citations retrieved from the bibliographic databases. Grey literature was examined by scanning the reference lists of publications for citations that may not have been captured by the structured literature search for bibliographic databases.

The structured search strategy produced eight qualitative and seven quantitative studies that addressed the intergenerational legacy of the Indian residential school system in Canada. The studies were completed between 2005 to 2016. Appendix A, Table 6 outlines the characteristics of citations retrieved from the literature search. In reviewing this recent literature, five overarching themes were identified: (a) healing and resiliency for descendants of Survivors, (b) learning about the Indian residential school experience, (c) the intergenerational legacy and altered social realities, (d) the influence of familial residential school history on health outcomes for descendants, (e) sex and gender differences of the intergenerational effects. Synthesizing the findings from these foundational studies provided groundwork for this thesis project.

It is especially relevant to this thesis that a study by Getty and colleagues (n.d.) examined the experiences of the descendants of residential school survivors in three First Nation communities in New Brunswick: Negotkuk (Tobique), Elsipogtog (Big

Cove), and Esgenoôpetitj (Burnt Church). As a community-based participatory action research project, participants in that study recounted their family members' experiences at Shubenacadie Indian Residential School, their experiences as descendants of residential school survivors, and services that would support their health and social needs (Getty et al., n.d.). As reported by Getty and colleagues (n.d.), the seminal work of the Aboriginal Healing Foundation (AHF) and previous research with descendants of Survivors heavily informed the purpose and focus of this thesis project.

Healing and resiliency. Indicative of the resiliency of descendants, the importance of being engaged in healing was a strong theme that emerged in this review. Reclaiming aspects of Indigenous identity was evident in revitalizing healthy traditional parenting practices. For instance, one participant in Smith, Varcoe, and Edwards' (2005) study verbalized their intentions to "turn around the intergenerational impact" of residential schools (p. 46). In another study, young adults directly connected the revitalization of traditional parenting practices with a reduction in alcohol abuse and impaired driving (Rothe et al., 2006, p. 355). In these studies, participants identified the engagement of traditional Indigenous practices as healing from the intergenerational impacts of residential school. For Indigenous youth, this included drumming, smudging, and beading (Gray, 2011). The drum was identified as a specific form of healing for women who are descendants: "That drum is for our women to heal, for women to come back to ceremony" (Stout & Peters, 2011b, p. 69). Engaging in Indigenous ways of knowing, being, and doing was not discussed as a return to the past, but a reclamation of traditions for the purposes of changing the intergenerational impacts of Indian residential schools.

At a policy level, Getty and colleagues (n.d.) examined programs and services that would meet the health and social needs of Survivors and their descendants. They noted the need for continued education about the history and legacy of Indian residential schools, which aligns with the findings of the Truth and Reconciliation Commission of Canada. Additionally, descendants have identified the need for formal and informal services to facilitate healing from intergenerational trauma, including therapy from professionals trained in Western disciplines and traditional healers with expertise in Indigenous approaches (Getty et al., n.d.). Taken together, these studies suggest that descendants of Survivors were engaged in specific healing processes that support their ability to mitigate the intergenerational effects of the Indian residential school experience. Informed by and responding to the findings of these studies, approaches that supported the self-determination and healing of descendants were specifically considered for this project.

Altered social realities. A second theme identified in several studies found that the intergenerational effects of the Indian residential school system influenced the current social realities for descendants of Survivors. Several qualitative studies found the process of learning and understanding family histories with residential schools a common experience among descendants. In attempting to learn about the residential school experience of their parents or grandparents, their efforts were met with what is often described as ‘silence’ (Getty et al., n.d.; Rothe et al., 2006; Ruttan, LaBoucane-Benson, & Munro, 2008; Stout & Peters, 2011b). This silence demonstrates the difficulty or inability of Survivors to disclose painful memories of residential school, even to their own children or grandchildren. However, descendants often made significant efforts to learn about the Indian residential school experience (Getty et al.,

n.d.) and were acutely aware of how this legacy negatively affected the Survivor, their family, and themselves (Stout & Peters, 2011b).

The disruption of traditional child-rearing practices is a social reality produced by the Indian residential school system. Two qualitative studies that explored child-rearing among Indigenous peoples in rural and urban settings in British Columbia offered insight into the historical and traditional roles of families in child-rearing with an emphasis on extended family systems, to experiential learning (e.g. in the bush), and cultural practices such as gatherings or ceremonies (Gerlach, 2008; Olynick, Li, Verde, & Cui, 2016). As Survivors had reduced opportunities to observe healthy practices in their own families and communities, sometimes parenting reflected the harsh and punitive practices meted out by the priests and nuns at residential school (Getty et al., n.d.; Stout & Peters, 2011b). Notably, Getty (n.d.) found that "the inability to express emotions, either verbally or nonverbally, was socially transmitted to the next generation" (p. 51), including difficulty expressing affection (Gerlach, 2008; Olynick et al., 2016). The cumulative impacts on parenting practices led to barriers between Survivors and their descendants (Rothe et al., 2006; Stout & Peters, 2011b).

The intergenerational consequences of the Indian residential school system continue to impact the success of Indigenous youth in the current education system. This is evident in a quantitative study by Bougie and Senecal (2010). Their analysis data from the 2006 Aboriginal Peoples Survey[16] on Children and Youth, aged six to fourteen found a relationship between parental residential school attendance and perceived school success. Children whose parents attended residential school were significantly less likely

[16] The Aboriginal Peoples Survey is a national survey that collects data from Indigenous peoples living off-reserve in Canada (Statistics Canada, 2017)

to do “well or very well” in school than were children whose parents were not Survivors (Bougie & Senecal, 2010, pp. 16-19). Indicative of social circumstances, the study found that household income, household size, and food insecurity were three significant mediators in this relationship (Bougie & Senecal, 2010, p. 26). The authors admitted to limitations in analysis, as the survey did not capture other mechanisms that could influence the intergenerational influence on perceived school success.

Offering a qualitative perspective, Gray (2011) used Indigenous methodology with Photovoice and community-based participatory action research approaches to determine how “urban Native youth interpret and experience the intergenerational effects of the Indian Residential School System in Canada” (p.10). In this study, youth from British Columbia identified the many aspects of Canadian society that were reminiscent of residential schools, including the foster care and education systems (Gray, 2011). The participants readily interrogated the unequal power relations between Indigenous and non-Indigenous people in Canada, including the ongoing pervasive dominant discourse of the ‘Indian problem.’ The definition of this ‘problem’ was based on the Eurocentrism within systems that results in the erasure of Indigenous cultures, and interpersonal altercations steeped in racism and supremacy (Gray, 2011). The quantitative and qualitative studies suggest deeply structural issues in Canadian society that result in the continuance of residential school ideologies, interplaying with the intergenerational legacy for descendants of Survivors.

Health outcomes for descendants. A third theme that emerged from the literature search concerned associations between being a descendant and several physical and mental health outcomes (Bombay, Matheson, & Anisman, 2011, 2014a; Elias et al., 2012; Hackett, Feeny, & Tompa, 2016). In a study to assess the

intergenerational impact of Indian residential school on stressor experiences[17] for First Nations adults, Bombay and colleagues (2011) found that descendants (who had at least one parent attend residential school) reported greater depressive symptoms than participants who were not descendants. Descendants were also more likely to report greater exposure to childhood and adulthood stressors, including trauma events and perceived discrimination (Bombay et al., 2011). Building on these findings in a later study, Bombay and colleagues (2014a) found that descendants were sensitized to perceived discrimination compared to non-descendants, and more likely to evaluate social interactions as discriminatory and threatening.

Similarly, Elias and colleagues (2012) examined the relationship between Survivors or descendants (had at least one parent or grandparent attend residential school), history of abuse, and suicidal behaviours for Indigenous people living on-reserve in Manitoba. Compared to non-descendants, the authors found that descendants were significantly more likely to have a history of abuse[18], suicidal thoughts, and suicide attempts (Elias et al., 2012). Similar mental health outcomes for descendants were found in an analysis of data from the Aboriginal Peoples Survey, in addition to self-perceptions of poorer health (Hackett, 2016). From these quantitative studies, the findings suggest that descendants were more likely to self-report histories of abuse as well as worse mental and physical health outcomes, compared to non-descendants.

In the qualitative literature, descendants discussed substance and alcohol misuse as a problematic experience. It is frequently identified as a harmful intergenerational effect transmitted to descendants, and described as a coping mechanism for managing

[17] Adverse childhood experiences, adult traumas, and/or perceived discrimination (p. 367).
[18] Physical, mental, sexual, or emotional

life challenges (Getty et al., n.d.; Ruttan et al., 2008; Smith, Varcoe, & Edwards, 2005; Stout & Peters, 2011b). In one study, participants in a sharing circle suggested that the disruption of healthy traditional parental norms (e.g., expecting children to take on adult roles) and community dynamics contributed to inflated rates of alcohol abuse and impaired driving (Rothe et al., 2006). Addiction has wide-ranging influences on social realities and health outcomes for descendants, and vice versa.

The Cedar Project Partnership (CPP) was a research collaborative between researchers and Indigenous organizations based in Vancouver and Prince George, British Columbia. They undertook a prospective cohort study to assess the health and social outcomes of Indigenous peoples between the ages of 14 and 30 who use illicit substances (Pearce et al., 2015). Within this high-risk population, the CPP found that descendants (at least one parent attended residential school) were twice as likely to report sexual violence compared to non-descendants (Pearce et al., 2015, p. 322; CPP, 2008). Other analyses of the CPP data also found descendants to be at significantly greater risk for hepatitis C infection (Craib et al., 2009).

Influence of sex and gender on intergenerational effects. A fourth theme emerging from the literature review concerns the influence of sex and gender on the intergenerational effects and outcomes for descendants. In the qualitative literature, some descendants identified gendered differences when discussing the Indian residential school experiences of their parents or grandparents. In the study by Ruttan and colleagues (2008), participants who were young Indigenous women shared:

> Women [mothers, grandmothers, aunties] who went to residential school often had hard lives. They often experienced substance abuse and addiction, had harsh husbands who ruled their home, had their kids apprehended, and often were not very healthy [got sick easily] (p. 40).

The testimonies of Survivors provided to the TRC indicate that girls frequently experienced harsh and inhumane physical, psychological, and sexual violence from the nuns and priests (The Truth and Reconciliation Commission of Canada, 2015d). A Mi'kmaw Survivor, Knockwood (2015) identified the many instances in which the traditional norms, values, and beliefs of women were stigmatized and oppressed by the residential school staff. From this, the social location of descendants positions them to observe the gendered experience of the intergenerational legacy and can strengthen knowledge about the impacts for descendants who are women.

In a quantitative study, Elias and colleagues (2012) observed that Indigenous females on-reserve in Manitoba who were descendants of Survivors (and did not also attend residential school) were more likely to report a history of physical, mental, emotional, or sexual abuse than males (p. 1565). The literature search retrieved one qualitative study that examined the experiences of women who are descendants of Survivors. Stout and Peters (2011b) elected to focus on the experiences of professional women, suggesting that they are more likely to be underrepresented in studies because of their class status. Being a professional is equated with success and healthy integration into society, which seems to contrast with the discourse of historic trauma. Findings of this study indicated that the participants experienced the intergenerational effects in specific ways, as daughters[19] of Survivors. They discussed the challenges experienced in their life due to the intergenerational effects, both from the painful and silence memories of residential school and from the parenting patterns of their mothers. However, they spoke of their determination to undertake healing work, which included reconnecting

[19] This study solely focused on professional Indigenous women whose mothers were residential school Survivors.

with their families, cultures, and traditions, in order to lessen the impact for the future generations (Stout & Peters, 2011b).

Gaps in the literature. The results of this review are based on a modest number of published and unpublished studies that point to an emerging base of written knowledge concerning the intergenerational legacy experienced by descendants of Survivors in Canada. Some quantitative research is beginning to reveal the social and health outcomes that are related to being a descendant. Additionally, in qualitative studies, the perspectives of descendants are giving voice to the personal and collective intergenerational impacts of residential school. It is well established that the residential school experience did not end with Survivors (Bougie & Senecal, 2010; Craib et al., 2009; Elias et al., 2012; Gerlach, 2008; Gray, 2011; Hackett et al., 2016; Olynick et al., 2016; Pearce et al., 2015; Rothe et al., 2006; Stout & Peters, 2011b). However, further research can clarify the effects for individuals, families, and communities (Getty et al., n.d.). While the intergenerational effects of residential school may appear similar for Indigenous communities across Canada, it is expected that each community will show variations as a result of "numerous sociocultural variables, such as history, beliefs, and traditions" (Bombay et al., 2011, p. 383).

A paucity of literature carefully considers the differences of the intergenerational legacy for men, women, and Two-Spirit people[20]. Both Stout and Peters (2011b) and Elias and colleagues (2012)[21] recommend further investigation of intergenerational trauma with a specific focus on gender. Although Indigenous understandings of gender

[20] Two-Spirit is used by Indigenous peoples to "identify a range of roles and identities which may span, and even complicate, distinctions between gender, sex and sexuality" (Hunt, 2016, p. 5).
[21] Elias et al. (2012) recommended a focus on gender, although their statistical analysis looked at the variable of sex (p. 1567).

and sexuality differ from Western conceptualizations, colonization and Indian residential schools have imposed Eurocentric gender norms upon Indigenous peoples (Boyer, 2009; Getty, 2013; Hunt, 2016; Wesley-Esquimaux, 2009). In the current context, it is more socially acceptable for women to share their experiences and feelings of vulnerability than men.

Some authors have taken an intersectional approach that points to the importance of understanding how gender intersects with culture, sex, socio-economic status, geographic position and racialization in dominant culture (Pearce et al., 2015; Stout & Peters, 2011b). However, some quantitative studies in this review looked at sex differences for the health and social outcomes of descendants (Elias et al., 2012). The specific intersection of sex and gender points to the need to refer specifically to the continuum of sexuality (i.e., lesbian, gay, bisexual, transgender, questioning, Two-Spirit, +) within research involving descendants of Survivors. Current evidence suggests that women, who are descendants, have specific ways of experiencing the intergenerational effects of trauma. However, there remain important questions about how the intergenerational effects are understood, from the perspective of the participants.

Building on the work of the studies above, this thesis expands upon written knowledge regarding the experiences of Indigenous women who are descendants of Survivors. It offers a gendered analysis into the intergenerational effects of the Indian residential school experience. The work of Getty and colleagues (n.d.) established foundational research with descendants in New Brunswick, Canada. This research project will specifically focus on the stories of Wolastoqi ehpicik who are descendants.

The Royal Commission on Aboriginal Peoples

The work of the Royal Commission on Aboriginal Peoples (RCAP) adds additional context to the public recognition of the experiences of Survivors and descendants. With a broad mandate to investigate Indigenous and non-Indigenous relations in Canada, RCAP was established in August 1991 (RCAP, 1996b, pp. 11-12). As an intensive undertaking, consultation and research spanned four years with 178 days of public hearings, 96 community visits, and numerous research projects (RCAP, 1996a). In November 1996, RCAP (1996a) released a five-volume final report with the central conclusion that "the main policy direction, pursued for more than 150 years, first by colonial then by Canadian governments, has been wrong." The final volume produced 440 concrete recommendations intended to transform the relationship between Indigenous and non-Indigenous people. In response, the Government of Canada produced a report in 1997 titled *Gathering Strength: Canada's Aboriginal Action Plan*, outlining future policy directions informed by RCAP.

Formally documenting the dark legacy of Indian residential schools, the final report of RCAP brought forward a grim history of colonial violence involving Indigenous children. In the fifth volume, RCAP (1996d) called for a public inquiry to investigate "the nature and scope of the injury caused to Aboriginal people by past policies in relation to residential schools" (p. 131). Shortly thereafter, the Government of Canada (1997) acknowledged the role it played in the development and administration of the Indian residential school system. In general, the RCAP recommendations were framed using the language of reconciliation, offering a pathway forward for Indigenous and non-Indigenous people. However, many argue that the little progress made with the implementation of these recommendations has been insufficient in producing the drastic

change needed for Indigenous and non-Indigenous relations (Ladner, 2001; AFN, 2006; Vowel, 2016).

The Aboriginal Healing Foundation

Still another aspect of the Canadian context includes the important work of the Aboriginal Healing Foundation. Beginning in March 1998, the Aboriginal Healing Foundation was a not-for-profit Indigenous organization with a mandate to distribute a $350-million healing fund from the Government of Canada to support community-based projects designed to redress the intergenerational impacts of the Indian residential school system (Castellano, 2006). The AHF Founding Board had representation from the Government of Canada and various Indigenous constituencies, including the AFN, the Inuit Tapirisat of Canada, the Métis National Council, the Congress of Aboriginal Peoples, and the Native Women's Association of Canada (Castellano, 2006, p. 14). Not only was the AHF committed to allocation of funding for community-based projects, several scholars were supported to establish a literature-base about the intergenerational effects of the Indian residential school system (e.g. (Archibald, 2006; Chansonneauve, 2005; Dion Stout & Kipling, 2003; Reimer, Bombay, Ellsworth, Fryer, & Logan, 2010). The AHF laid much of the groundwork for understanding the long-term health and social impacts of Indian residential schools, as well as community-based wholistic healing. In spite of the perception of the Indigenous community organizations and scholars that much work remained to support the healing processes of Indigenous communities from the legacy of the Indian residential school system, the federal government ceased funding for the AHF in March 2014 (Spear, 2014).

The Truth and Reconciliation Commission of Canada

Most recently, the Canadian context has been influenced by the work of the Truth and Reconciliation Commission of Canada (TRC). Truth and reconciliation are concepts that were emboldened by work from the Truth and Reconciliation Commission of Canada. The Truth and Reconciliation Commission arose from the Indian Residential School Settlement Agreement and operated from June 2008 to June 2015. Three commissioners were appointed to the TRC, with a ten-member Indian Residential Schools Survivors Committee who offered advice and support to the commission (TRC, 2015b, pp. 23-24). As well, prominent Canadians were invited to serve as honorary witnesses to the testimony of Survivors in order to attest to the veracity of the final report, and commit to the work of reconciliation beyond these events (TRC, 2015b, p. 12). The Honorable Andy Scott, MP for Fredericton, New Brunswick, served as an honorary witness (TRC, n.d.). The TRC travelled across Canada to hear statements from over 6,000 Survivors (TRC, 2015b, p. 25). In 2015, they released their final report and the TRC *Calls to Action* (2015e) to redress the legacy of the Indian residential school system.

Relevant to the formation and work of the Truth and Reconciliation Commission of Canada, were the truth and reconciliation process used in South Africa after the apartheid regime was disbanded. Although differing contexts, the Truth and Reconciliation Commissions in Canada and South Africa participated in the process of transitional justice. In brief, these are formal measures implemented to redress historical injustices with a focus on rebuilding or reconciliation (Avrugh, 2010; Grey & James, 2016). Recognition of human rights abuses through the establishment of truth-telling

processes and wider engagement of the general public was core to the work of both TRCs (Petoukhov, 2011, pp. 62-63).

Understandings of truth and reconciliation vary across Indigenous peoples, families, communities, and nations. During a Survivors panel hosted at the University of New Brunswick, a Survivor argued that 'truth' is intentionally placed before 'reconciliation,' implying that emphasis must be given to the former (personal communication, October 11, 2018). Indigenous scholars also caution against the real risk of obscuring Canada's colonial history during the process of reconciliation (Keighley, 2018; Simon Fraser University, 2017; University of Toronto, 2018). The TRC (2015b) defines reconciliation as:

> an ongoing process of establishing and maintaining respectful relationships. A critical part of this process involves repairing damaged trust by making apologies, providing individual and collective reparations, and following through with concrete actions that demonstrate real societal change (p. 16).

It is important to note that 'truth' and 'reconciliation' are terms in English, not necessarily accounting for variations in meaning for similar concepts in Indigenous languages. This is demonstrated by Knockwood (2015) in her final chapter about reactions to former Prime Minister Stephen Harper's apology to Survivors, where she refers to the concept of *apiksiktuaqn* as the Mi'kmaq understanding of an apology. Apiksiktuaqn communicates both apology and forgiveness, requiring the mutual involvement of the perpetrator and the victim in the process (p. 173).

Wolastoqey Perspective of Reconciliation

Wolastoqew Elder Imelda Opolahsomuwehs Perley describes a Wolastoqey perspective of reconciliation as *piluwitahasuwawsuwakon.* This translates to: "a new way of thinking, understanding and carrying the truth in our Earth Walk"

(Opolahsomuwehs, 2016). The concept of changing minds and living the truth makes explicit the relationship between learning and engaging in meaningful action to cultivate a conciliatory environment for Wolastoqiyik and non-Indigenous people. Importantly, this understanding of reconciliation does not suggest the need to forgive or forget the residential school experience. It has been a personal experience, as well as the experience of other Indigenous peoples, that it can be exceptionally painful to be told the equivalent of 'get over it.' This reactive statement is frequently employed in response to incriminating information about Canada's colonial history. Consistent with piluwitahasuwawsuwakon, this project presents another pathway for truth-telling about the intergenerational impacts of the Indian residential school experience and contributes to evidence of healing.

Justification for the Study

This thesis research project has relevance for contributing to truth-telling processes involving the Indian residential school system, from the perspectives of ehpicik who are descendants of Survivors. Moreover, this work addresses several of the TRC's *Calls to Action* (2015e), a document that outlines 94 actions to redress, in part, the intergenerational legacy of the Indian residential school system:

14. the preservation, revitalization, and strengthening of Aboriginal languages and cultures are best managed by Aboriginal people and communities (p. 2);
18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties (p. 3);
22. we call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices… in collaboration with Aboriginal healers and Elders (p.3);

> 78. We call upon the Government of Canada to commit to making a funding contribution of $10 million over seven years to the National Centre for Truth and Reconciliation, plus an additional amount to assist communities to research and produce histories of their own residential school experience and their involvement in truth, healing, and reconciliation (p. 9).

The TRC Calls to Action are directly addressed by the focus, methods, and outcomes of this thesis project. Learning about the experiences of descendants, as well as their responses to the intergenerational legacy of Indian residential schools, have important implications for (a) having a better understanding of the experiences of descendants, (b) healing within the context of historical trauma, (c) understanding Indigenous perspectives of healing, and (d) advancing understanding and practical applications for reconciliation. For the nursing profession specifically, this thesis contributes to knowledge that will inform cultural competency development and cultural safety practices for nurses.

Chapter II: Research Design

Specific consideration was given to the design of this research study, which was focused on the *wolamsotuwakonol*[22] of Wolastoqi ehpicik who are descendants of Survivors. This chapter presents literature that has influenced the study design and methodology and reflects a desire to be consistent with the assumptions of an Indigenous research paradigm.

Situating Self

In many Indigenous cultures, dialogue begins with community members identifying their familial and community connections (Absolon & Willett, 2004, 2005; Aveling, 2013; Chilisa, 2012; Kovach, 2009; Martin & Mirraboopa, 2003; Smith, 2012; Wilson, 2008). Dawn star is the spirit name that I received as a child, and my stepfather gifted me with the Wolastoqey translation of *Ckwəhapən Pəssessəm*[23]. I am Dakota-Sioux, with a maternal family history of forced displacement from ancestral lands in what is now known to be the United States. Four generations ago, my maternal ancestors were required to relocate to Southern Manitoba. I am a registered band member of Birdtail Sioux First Nation, but I was born and raised on the unceded and unsurrendered ancestral lands of Wolastoqiyik in the Eastern doorway (land that greets the sunrise each morning). I spent my adolescence living in Woodstock First Nation. My paternal lineage is Scottish, with my great grandparents settling in Canada during the 1840s.

My Dakota identity is profoundly influenced by the matriarchal values upheld by my maternal family. As a child, I remember my mother instilling teachings that

[22] Personal stories of truth
[23] Spelling for my spirit name was given by a language-keeper from Woodstock First Nation.

everything on our original Mother[24] has spirit, which continues to resonate with me today. My mother's family is also known for being strong powwow dancers, and I have danced since my earliest memories. I have a close relationship with my father as well, who encouraged the pursuit of education and inspired my inclination for critical inquiry. These intersectional life experiences as an Indigenous person frequently occupying Western spaces characterize my formative years.

Reflective of the experiences of other Indigenous nations, the Dakota have had painful and fatal experiences with colonization in the mid-West of what is now known as the United States. As a child, I had a basic understanding that my ancestors were forced out of their traditional lands by armed military and resettled in what is now known as Canada. Specifically, details of my great, great grandmother fleeing on foot to escape persecution is a family story that remains imprinted in my mind. I have since come across information that corroborates some details of these accounts. My *kunsi*[25] was subject to the Indian residential school system in Birtle, Manitoba. Due to the intergenerational effects of the Indian residential school experience and continued colonial policies, my mother is a Survivor of the government's policy of taking Indigenous children from their families and place them with non-Indigenous families, also known as the Sixties Scoop.

Understanding that my family has survived consecutive waves of colonization, has focused my energy on wanting to understand these experiences and reveal a history that has largely been silent outside of the stories shared within my family. As a

[24] Based on personal teachings, I use original Mother intentionally to refer to the earth. In many Indigenous languages, the earth is inseparable from mother.
[25] Grandmother in the Dakota language.

granddaughter of Survivors, I realize that learning about women's experiences as descendants and the steps they take to engage in healing can provide clarity for how Indigenous peoples navigate the future. Healing is intentionally written in present tense to reflect a generational perspective and belief that this will be a continuous process that influences the next seven generations.

In Indigenous research projects, locating self is also a critical approach to draw attention to positionality and the need to engage in critical reflectivity (Absolon & Willett, 2004; Cannella & Manuelito, 2008; Kovach, 2009; Olesen, 2005). Awareness of personal characteristics that afford me privilege in Canada encourages accountability for assumptions and judgements that have the potential to be marginalizing. Underscoring the need for relational and ethical research, Bernard Perley (2012) is a Wolastoqew anthropologist who poses the critical question: "am I part of the problem or part of the solution?" (p. 129). As a graduate student, it is my intention to be part of the solution, to carry-out meaningful and ethical research from an Indigenous perspective. Engaging in this work requires an understanding of social location. Throughout my life and across a variety of contexts, I have occupied the role of an insider/outsider, which contributes to dynamic experiences with power and privilege. Cree scholar Cam Willet typifies the experience of being an insider/outsider as an Indigenous academic: "It's these two worlds that we are living in. The one world you are honoured with an eagle feather and the other world you are honoured with a doctoral degree" (Kovach, 2009, p. 119).

Exhibiting some characteristic Indigenous physical attributes, such as high cheekbones, a medium complexion, and dark hair, I have experienced the intersections of racism, sexism, and classism when individuals and institutions engage in stereotypical power relations (e.g., being regularly interrogated by some Canadians about my

contributions to taxes as a status Indian). During my childhood, I had the lived experience of growing up in a low socioeconomic status household within and outside of First Nations communities in New Brunswick. Due to my current level of educational attainment and occupational interest, I have been a registered nurse for over five years and now am positioned in middle class society. In addition to pursuing a master's degree in nursing, my heterosexuality, cis-gender, and non-disability affords me additional privilege. At present, I have limited skill in the Wolastoqey language, no comprehension of the Dakota language, and maintain fluency in English. As a result, I have notable limitations in my ability to understand and articulate Indigenous perspectives because ancestral languages contain knowledge, culture, and identity (Perley, 2012, p. 132). By maintaining awareness of these limitations, it was important to work with Wolastoqi community members so that the processes and outcomes of this thesis work remain contextualized, truthful, and useful.

Indigenous Research Paradigms and Anti-Oppressive Perspectives

With humility, it is important to acknowledge that Indigenous peoples have been living with and actively resisting colonialism and oppression before these terms entered academic discourses. Critical-social perspectives guide a critical analysis of the context of research and Indigenous people. This thesis is intended to support the work being done at the grassroots level. In particular, anti-oppressive perspectives support community-based research and complement an Indigenous research paradigm.

Contemporary forms of Colonialism and Cognitive Imperialism

Clarifying terminology and identifying current forms of colonialism is a necessary discourse in nursing (Getty, 2010; Gregory, 2005; McGibbon, Mulaudzi, Didham, Barton, & Sochan, 2014; Racine & Petrucka, 2011). Colonialism, racism, and self-

determination are identified as distal determinants of health for Indigenous peoples, contributing to health disparities for Indigenous peoples compared to the population as a whole (Reading & Wein, 2009; Smylie & Firestone, 2016). The National Inquiry into Missing and Murdered Indigenous Women and Girls (2017) offers the following definition for colonialism:

> Colonialism is the attempted or actual imposition of policies, laws, mores, economies, cultures or systems and institutions put in place by settler governments to support and continue the occupation of Indigenous territories, the subjugation of Indigenous Nations, and the resulting internalized and externalized thought patterns that support this occupation and subjugation (p. 8).

Using present-tense language to describe and acknowledge colonialism prevents the inclination to relegate colonialism to the past. Colonialism can change shape but continues to influence systems and institutions in Canada that have real impacts on education, policy, and practice levels for Indigenous peoples. Postcolonialism is an important early perspective that fostered critical examination of colonialism to disrupt race-thinking and reveal structural inequities (Bickford, 2014). However, postcolonialism has since been critiqued as incomplete in foregrounding Indigenous perspectives (e.g. Indigenous knowledge and research priorities) and the prefix post- implies a move beyond colonialism (Getty, 2010; Smith, 2012; Swadener & Mutua, 2008).

Related to colonialism, cognitive imperialism is an important concept that influences the contexts of research and education in university settings. The exclusion or omission of Indigenous knowledges in educational settings is one of the defining features of cognitive imperialism (Battiste, 2013, p. 26). Indigenous scholars Battiste and Henderson (2000) describe eurocentrism as a set of assumptions, values, and beliefs

that presume the superiority of European culture and permeating systems and institutions. The ubiquitous nature of eurocentrism frequently poses challenges and generates feelings of frustration for Indigenous scholars, as Western knowledges are "habitually accept[ed] as true, as supported by 'the facts,' or as 'reality'" (Battiste & Henderson, 2000, p. 21). Persistent cognitive imperialism contributes to the erasure of Indigenous peoples in Canada.

Likewise, Indigenous knowledges, perspectives, and practices of health have been undermined by cognitive imperialism. Martin (2012) shared:

> The success of cognitive imperialism… lies in the concerted effort to dismiss, undermine, or ignore the very existence of Indigenous approaches to health and healing, and in the failure to acknowledge the fact that Indigenous communities have thrived for many, many millennia using medicines and healing techniques developed according to their own forms of knowledge generation (p. 34).

Decolonizing research and education practices destabilizes cognitive imperialism. These perspectives align with the intent of this research project that acknowledges, recognizes, and honours the necessity of discussing the importance of Indigenous knowledge of healing to recover from historical trauma (Linklater, 2014).

Decolonizing Perspectives on Research with Indigenous Peoples

The presentation of a decolonizing critical analysis of the social, historical, and political context of research with Indigenous peoples is necessary to prevent the real risk of perpetuating colonial ideologies. Historically, research activities with Indigenous peoples have been characterized by privileging Eurocentric early positivistic research paradigms (Absolon & Willett, 2005; Battiste & Henderson, 2000; Brown & Strega, 2005; Castellano, 2004; Kovach, 2009; Little Bear, 2000; Smith, 2012). Due to the influence of these paradigms, early researchers have misinterpreted and misconstrued

Indigenous ways of knowing and being, often baselessly depicting Indigenous peoples as primitive and uncivilized (Graveline, 2000; Hart, 2002; Smith, 2012). Indigenous knowledge has often been characterized as inferior knowledge because settlers believed it lacked the validity of knowledge gained through the scientific method (Kovach, 2009). Additionally, Smith (2012), among others (Battiste, 2008; Bishop, 2005; Corbie-Smith, Thomas, & St George, 2002; First Nations Centre, 2005; Freimuth et al., 2001), have outlined a grim history of research with ethnic minorities plagued with harmful ethical transgressions, that were associated with exploitive endeavors to advance individualistic goals.

The following excerpts offer sobering Indigenous perspectives in response to ethical transgressions in research projects involving Indigenous peoples:

Indigenous peoples 'are the most researched in the world'[26]

'we've been researched to death!' they protested[27]

'research,' is probably one of the dirtiest words in the Indigenous world's vocabulary[28]

Native saying, 'Researchers are like mosquitoes; they suck your blood and leave.'[29]

During proposal development, it was important to consider the ethical transgressions that occurred in previous research that have influenced the above quotes. During community engagement, I was advised on a historical example of research with Wolastoqiyik and copyright issues involving audio-recorded stories from Maliseet Elders in the 1970s (Canadian Association of University Teachers [CAUT], 2016). The audiotapes became the property of a non-Indigenous researcher under Canadian

[26] Aboriginal Research Institute, 1993
[27] Castellano, 2004, p.98
[28] Smith, 2012, p.1
[29] Cochran et al., 2008, p. 22

copyright law, which prevented the stories from being published by Wolastoqiyik. It was unfathomable for Wolastoqiyik to consider surrendering ownership over ancestral knowledge (Roache, 2016). Despite the fact that copyright issues remain, the CAUT helped the community publish the audio-recorded stories in a children's book entitled *Kəloskapeyal naka Kansohseyal Atkohkakənəl* (CAUT, 2016; Roache, 2016). Exemplified in this local example, research has not historically valued Indigenous collective ownership of collective knowledge. On the contrary, Indigenous peoples have often been 'Othered' into a passive role of the research subject, with content created by and for non-Indigenous peoples (Battiste & Henderson, 2000; Brown & Strega, 2005; Smith, 2012).

The analysis above underscored the need for the application of decolonizing perspectives to research projects involving Indigenous peoples. In professional settings, I frequently share the message that it is important to do research *with* or *led by* Indigenous peoples as opposed to research *on* Indigenous peoples. Linda Tuhiwai Smith (2012) described decolonizing research as "centering our concerns and world views and then coming to know and understand theory and research from our own perspectives and for our own purposes" (p. 41). This decolonizing analysis strongly informed my study and specifically shaped the decision for this research project to be grounded in Indigenous research methodologies. Additionally, with a heightened sensitivity of relational ethics, my research is shaped by an identified need for community-based and collaborative engagement, being action-oriented and fully participatory, and being led by Indigenous people.

Cree scholar Ermine (2007) called attention to the concept of ethical space to describe cross-cultural engagement between Indigenous and Western entities (i.e.,

people and societies). Whether acknowledged or not, this space between entities derives from constructions of difference between human communities: “these are the differences that highlight uniqueness because each entity is moulded from a distinct history, knowledge tradition, philosophy, and social and political reality” (p. 194). Ethical space assumes an ethical commitment to egalitarian relationships and moral recognition during this cross-cultural engagement. With commitments to ethical space, it is believed that “human-to-human dialogue can occur” (Ermine, 2007, p. 202).

During research project proposal development, careful planning went into privileging local Wolastoqey perspectives for the design of this project. Since major aspects of this project are located in the university academic realm, it was important that the methodological process was considered in relation to ethical space. Ermine (2009) shared his understandings of the Indigenous gaze within ethical space:

> Indigenous humanity along with its experience and awareness of struggle in this country now represents a “gaze” upon the Western world. This gaze projects from the memory of a people and is, in essence, the continuum of a story and a history. It is the social, political and historical consciousness about existence, and a place in the universe that is valid and imbued with purpose and hence our cultural/political claims revolve around identity and issues of knowledge and power. This is a mindful gaze informed by values, a moral structure, and a sincere interest for justice (p. 199).

Increasingly, Indigenous peoples are entering Eurocentric spaces in their homelands to research and write about issues of power, identity, and injustice. Although not historically valued by the academy, Ermine makes clear the inherent validity and worth of Indigenous ways of being, knowing, and doing. The *wolamsotuwakonol* of the participants, as well as this thesis, presents a *skicinuwey* gaze. This collectively constructed knowledge is purposeful in reframing narratives involving Indigenous women in Canada.

Indigenous Feminist Perspectives

This thesis research project is informed by Indigenous feminist perspectives, in view of the importance of restoring gender balance as an important aspect of healing for Indigenous communities across Canada (Amadahy, 2003). Restoring gender balance is reflective of balanced and complementary roles that Indigenous men, women, and Two-Spirit people undertook in traditional social structures (Anderson, 2016; Harper, 2009; Wesley-Esquimaux & Smolewski, 2004). Intersectional feminism acknowledges that gender identity is socially constructed and multifaceted as it intersects with nationality, race, sexuality, social class, and culture, among other factors (Huhndorf & Suzack, 2010). The historical loss of honour and respect for Indigenous women remains a reality in the post-residential school era. For instance, there is a statistical overrepresentation of Indigenous women who are missing or murdered (Native Women's Association of Canada, 2015b; Royal Canadian Mounted Police, 2014), experience higher rates of violent victimization (Brennan, 2011), decreased levels of education (Arriagada, 2016), and increased degrees of poverty (Quinless, 2012) compared to non-Indigenous women. From these perspectives, there is an urgent need to build scholarship that is informed by Indigenous feminist inquiry (Huhndorf & Suzack, 2010, p. 2).

Understanding the historical roles of Indigenous women in their communities, and how these changed with colonization, offers direction for restoring the gender balance advocated by Indigenous feminist perspectives (Anderson, 2016; Deerchild, 2003; Lavell-Harvard & Lavell, 2006; Myran, 2014). Frequently, early versions of Western feminism were objectionable for Indigenous women due to oversights in examining the intersection of gender, race, and other structural factors. These limitations in early second wave Western feminism included factors such as: (a) the experiences of

white, heterosexual, middle class women were often uncritically generalized, (b) there was a failure to take into account colonial history that led to the oppression of Indigenous women and Two-Spirit people, (c) relational perspectives of gender from Indigenous perspectives were not reflected, and (d) consideration of reciprocity in support for Indigenous peoples rights movements was lacking (Guerrero, 2003; Huhndorf & Suzack, 2010; Smith, 2005). To be culturally-responsive to Indigenous women, feminist research must be shaped by an understanding of the realities of Indigenous women, reflecting the complexity associated with these social, historical, and political circumstances. Chilisa (2012) has contended that Indigenous feminism can use Western feminism "to critique all forms of patriarchal oppressions" (p. 268) and remains a useful critical-social perspective to advance self-determination.

Several Indigenous writers have noted that many Indigenous societies were matriarchal prior to colonization (Deerchild, 2003; Wesley-Esquimaux, 2009; Wesley-Esquimaux & Smolewski, 2004). Anderson (2016) has detailed the political power exercised by Indigenous women, including grandmother clans, ranging from their oversight to sociopolitical matters to the division of resources within the community. Indigenous women were revered for sharing a close relationship with the natural processes of our original Mother (Anderson, 2016; Boyer, 2009; Harper, 2009). Many teachings and ceremonies connect menstruation to the cyclical patterns of the moon (Anderson, 2016, p. 164). Additionally, having the capability to produce new life (whether acted on or not) is recognized to be spiritually significant. These factors influenced the social standing of Indigenous women in their societies. Colonization, on the other hand, brought patriarchal norms of settlers that deliberately targeted and attempted to undermine the importance of Indigenous women in their societies

(Deerchild, 2003; Wesley-Esquimaux & Smolewski, 2004). The dehumanization of Indigenous women persists in the form of narratives that label us as squaws or Indian princesses (Acoose-Miswonigeesikokwe, 2016). The disappearance and murder of Indigenous women also point to the profound devaluing of Indigenous women in Canadian society (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2017).

Indigenous feminism retains a strengths-based perspective that acknowledges the resilience of Indigenous women and their significant contributions to the betterment of their communities, in the face of oppression (Anderson, 2016; Castellano, 2009; Deerchild, 2003; Kovach, 2009). By reclaiming and reasserting traditional roles in contemporary society, Indigenous women exhibit considerable strength and resilience. The continuation of powwows, ceremonies, language classes, drumming circles, and Elders-in-residence programs are a few examples of the active contributions of Indigenous women in the revitalization of Indigenous practices. In this territory, Wolastoqiyik and Mi'kmaq women have made substantial moves to advance self-determination and sovereignty. For instance, a committed group of women from Negotkuk led the challenge against the Canadian federal government and the Supreme Court of Canada regarding their inherent treaty rights (Silman, 1987). Arguing that the Indian Act was unconstitutional and discriminatory to Indigenous women, they achieved success with the passing of Bill C-31 in 1985, which restored Indian status to Indigenous women who had lost their status through marriage to non-status men[30] (Boyer, 2009;

[30] In the 1800's, federal law defined Indian status according to paternal lineage. Section 12 of the 1951 revoked Indian status from an 'Indian' woman who married a non-status man. Men with status did not lose their status upon marriage to a non-status or non-Indigenous woman. Non-status or non-Indigenous women could gain status through marriage to a status man. In 1985, the passing of Bill C-31 restored

Perley-Dutcher & Dutcher, 2010; Silman, 1987). They did this despite experiencing resistance from chiefs and band councils, who feared an influx of women and children regaining of Indian status (Perley-Dutcher & Dutcher, 2010, p. 3) with a subsequent increased demand for social services from the finite resources of each band. At a national level, these local Wolastoqi women undertook advocacy to restore the power balance for Indigenous women.

Established in 1974, the Native Women's Association of Canada is a national organization that advocates for the rights of Indigenous women and is another demonstration of mobilized Indigenous feminism. This organization uses a *Culturally-Relevant Gender Based Analysis* framework to identify priority areas that affect the health and wellbeing of Indigenous women, such as human rights violations, the intergenerational impacts of the Indian residential school system, gendered racism, homelessness, drug and alcohol dependence, and child apprehension (NWAC, 2007). One of their largest initiatives includes the Sisters in Spirit campaign, established in 2004 to promote awareness of violence against Indigenous women and girls. Over a five-year span, the NWAC conducted foundational research to investigate the issue of missing and murdered Indigenous women and girls across Canada (NWAC, 2010b). Their work revealed glaring disparities in the social determinants of health, contributing to the increased rate of disappearance of Indigenous women and girls. Their published work caught the attention of the Canadian public, spurring action to address this issue by the federal government. While the NWAC conducts their work at the national level, they

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Indian status to women who had lost their Indian status through marriage. However, it did not nullify Indian status from non-Indigenous or non-status women who had previously gained status through marriage prior to 1985. As a result, inequality remains in the transmission of Indian status to children and grand-children (for more discussion, see Joseph, 2018, pp. 19-23).

extend support to local Indigenous women's organization, recognizing the necessity of community mobilization (NWAC, 2015a). Embedded in traditional perspectives, this organization has conducted critical work to give a national voice to Indigenous women.

Wesley-Esquimaux (2009) argued that "we need more women's stories" (p. 30), a profound statement that offers an ongoing invitation to women to engage in storytelling. Indigenous feminism is not conceptualized to challenge balanced and egalitarian perspectives, teachings, or ceremonies associated with socially-constructed genders in Indigenous societies (Deerchild, 2003; Huhndorf & Suzack, 2010). Instead, this perspective is used to challenge patriarchal norms that have arisen from colonization generally and from the residential school system specifically. In application to this thesis project, Indigenous feminism supports Indigenous women to define and describe "her history, including the impact of colonization, racism and sexism, tribal women's culture, worldview and traditions" (Smith, 2005, p. 125). That is, it is recognized that Wolastoqi ehpicik who are descendants of Survivors can and should shape collective narratives that detail the intergenerational effects of the Indian residential school system.

Philosophies of an Indigenous Research Paradigm

Epistemology, Ontology, and Axiology

In this research project, an Indigenous research paradigm protected conceptual space for skicinuwey knowledges. A paradigm is the worldview that informs the domains of ontology, epistemology, axiology, and methodology (Chilisa, 2012, p. 20). The methodology becomes "the place where assumptions about the nature of reality, knowledge, values, and theory and practice on a given topic converge" (Chilisa, 2012, p. 162). Guided by an Indigenous research paradigm, the methodology shapes the research design to reflect the specified theoretical framework to direct the research approach

(Chilisa, 2012, pp. 162, 163). Sketching an Indigenous worldview highlights some commonalities imbued in Indigenous cultural worldviews globally, although it is important to guard against essentializing Indigenous cultures (Aveling, 2013; Chilisa, 2012; Hart, 2010; Wilson, 2008). To honour the diversity of Indigenous cultures that arise from relationships with traditional lands, guidance was sought from local Elders, scholars, and community advisors to prevent monolithic and stereotypical interpretations of Wolastoqiyik.

Central to an Indigenous research paradigm is the concept of relationality, which acknowledges and respects relationships between people, the natural world, and the spirit world (Battiste & Henderson, 2000; Chilisa, 2012; Hart, 2010; Kincheloe & Steinberg, 2008; Kovach, 2005, 2009; Little Bear, 2000; Loppie, 2007; Martin & Mirraboopa, 2003; Wilson, 2008). Maintained as a sacred symbol of Turtle Island, the circle is common to many Indigenous research frameworks because it represents the relationships embedded in an Indigenous research paradigm. The circle challenges linear and hierarchical thinking (Fernández, 2006; Graveline, 2000; Hart, 2002) and symbolizes the interconnectedness and interdependence of Creation (community advisor, personal communication, December 14, 2016). In an Indigenous research paradigm, Cree scholar Shawn Wilson (2008) depicts the four dimensions of ontology, epistemology, axiology, and methodology as existing in a circular relationship rather than as discrete concepts (p. 70). Ontology addresses the "nature of reality" (Powers & Knapp, 2011, p. 5; Wilson, 2008, p. 33). A relational ontology suggests that knowledge exists in relationship to the knower and acknowledges the role of subjectivity when interpreting knowledge. This dimension discloses the nature of a relational epistemology, or how knowledge becomes known (Chilisa, 2012, p. 21). Wilson (2008)

has described research as the actions taken to bridge the relationship of the knowledge (i.e., what the researcher would like to know) and the knowledge-seeker:

> By reducing the space between things, we are strengthening the relationship that they share. And this bringing things together so that they share the same space is what ceremony is about. This is why research itself is a sacred ceremony within an Indigenous research paradigm, as it is all about building relationships and bridging this sacred space (p. 87).

This understanding of seeking knowledge also creates a pathway for ceremonies, traditional healing practices, and the guidance of Elders and knowledge-holders to better understand historical trauma and healing for women who are descendants of Survivors.

The relationship-centered approach that defines Indigenous research methodologies extends into a discussion of axiology, or the ethical principles, values, and morals that guide the research project (Chilisa, 2012; Powers & Knapp, 2011; Wilson, 2008). Specifically, axiology in an Indigenous research paradigm incorporates Indigenous values that uphold relational accountability. Chilisa (2012) suggests relational accountability "refers to the fact that all parts of the research process are related and that the researcher is accountable to all relations" (p.22). Framed within the circle, an understanding exists that humans are dependent on the diversity of relationships with Creation (Henderson, 2000). Reciprocity, respect, and responsibility are a few traditional cultural values that support relational accountability (Archibald, 2001; Archibald, 2008; Castellano, 2004; Chilisa, 2012; Kovach, 2009; Latulippe, 2015; Wilson, 2008). Conducting oneself 'in a good way' is a teaching attributed to the Aanishinaabe peoples that communicate these values (Flicker et al., 2015; Kovach, 2009; Trudeau & Cherubini, 2010).

Engagement with Elders and community advisors has firmly located this study within the paradigm of Wolastoqi ehpicik worldviews in working with descendants of

Survivors. For women who have experienced the intergenerational effects of the Indian residential school system, the healing paradigm draws on the strength of relationships and interconnectedness to resist multiple oppressions (Chilisa, 2012). Decolonizing and feminist perspectives are critical-social theoretical approaches that support Wolastoqey healing.

Generational Perspectives: Looking Ahead and Looking Back

Seven-generation thinking is espoused by several Indigenous nations across Turtle Island and is often discussed in ceremonial contexts in Ckuwaponahki territory. Generational perspectives entails honouring the seven generations who have walked before us and considering the impact of our actions that will affect the seven generations yet to come (Absolon, 2010). With generational perspectives, it is believed that our ancestors have already thought, loved, and cared for us before we ever came into physical existence. Seven-generation thinking places value on humility, selflessness, and preservation, and advocates for ethical caretaking practices that extend to relationships beyond oneself. This mindset is significant because it means that "decisions about the future are not supposed to occur without taking [the seventh generation] into account" (Borrows, 2008, p. 3).

Generational perspectives also inform perspectives about human and non-human relationships. The phrase *psiw ntolonapemok*[31] communicates respect and reciprocity for relationships that extend beyond immediate human relations. King (1994) describes this phrase as: "encouragement for us to accept the responsibilities we have within this universal family by living our lives in a harmonious and moral manner" (King, 1994, p.

[31] All my relations

ix). With psiw ntolonapemok, Elders often acknowledge that non-human relations are our teachers as well and that we are all equal in life. Honouring that in the process of this thesis included engaging in mentoring opportunities with Elders and knowledge-holders to gain a better understanding of this philosophy. The traditional teachings from generational perspectives, including the concept of all my relations, implies ethical conduct in all relationships.

The practice of seven-generation thinking connects Indigenous histories with the present and is integral to skicinuwey approaches of being, knowing, and doing. For this project, it has relevance for Indigenous healing. When contemplating the nature of knowledge from an Indigenous research paradigm, there are important insights to be gained when considering the role of current generations to remember and reconnect with ancestral knowledge. Within Hawaiian ontology, Kame'eleihiwa (1999) also described this orientation to past, present, and future generations:

> It is as if the Hawaiian stands firmly in the present, with his back to the future, and his eyes fixed upon the past, seeking historical answers for present-day dilemmas. Such an orientation is to the Hawaiian an eminently practical one, for the future is always unknown, whereas the past is rich in glory and knowledge. (p. 22-23)

For clarity, an Indigenous purview to the past does not mean a return to the past (Clifford, 2013). The past offers a reference-point for the future, in which Indigenous peoples draw from Indigenous experience, survival, and resistance to inform the present (Clifford, 2013). The implications of intergenerational thinking are two-fold; it is equal parts informative and not insignificantly weaves together past, present, and future Indigenous relations. Such an ontology is embedded in this skicinuwey research project, looking at the colonial violence of residential schools and the healing of ancestral knowledge/practices, to inform and make sense of our present as descendants of

Survivors. An appreciation for generational perspectives emerged early in this project, when Ckuwaponahki Elders advised on the need to consider healing for the future generations.

Indigenous Research Methodologies

Indigenous research methodologies offer a process for empirical study that foregrounds Indigenous philosophies, knowledges, perspectives, ethics, and protocols. During prolonged discussions with Elders and advisors about the research questions in this study, many emphasized the need for research that centers Indigenous concerns and ways of knowing. Wolastoqey knowledge informed this research project from the beginning of proposal development and throughout the research process. The perspectives of traditional Elders and community members influenced both the research questions and the methods of data collection and analysis. Creating a supportive environment for descendants of Survivors to share their stories became an integral part of this research project. Supporting the processes of relational research that accounts for the experiences of Indigenous peoples, critical-social perspectives offer appropriate critique and change in research practices that have the potential to be marginalizing.

Indigenous Healing Methods in a Healing-Transformative Paradigm

> Indigenous ways of healing have existed since time immemorial. Ceremonies, plants and prayers, as well as various forms of doctoring, have long provided the survival and wellness of Indigenous peoples (Linklater, 2014, p. 36).

Reflective of the quote above, it is another assumption of this thesis that remembering, reconnecting, and reclaiming Indigenous healing practices have supported the resiliency and healing of generations of Indigenous women who are descendants of Survivors. Chilisa (2012) notes that research projects that use healing methodologies show "how these methods can heal, encourage innovative thinking about the world, and assist

participants in envisioning strategies that bring about personal and social transformation" (p. 279). Despite attempts throughout colonization to sever ties to ancestral knowledge systems, Indigenous approaches to healing have continued to persist. Indigenous healing methods rely on relational and decolonizing processes that offer a counter-story to discourses that overemphasize decontextualized health and social calamities of Indigenous communities (Chilisa, 2012, p. 59; Duran, 2006). Arguably, healing methods are necessary to conduct research with Indigenous women (Liamputtong, 2010), with careful application to topics that may elicit painful memories to prevent re-traumatization (Chilisa, 2012, p. 279). Echoing research findings from previous studies with descendants, Indigenous peoples use ancestral knowledges, languages, and practices to assist with healing.

Indigenous healing methods are conceptualized from a wholistic worldview of Indigenous epistemologies. Wholistic, as opposed to holistic, is terminology that more accurately captures completeness, balance, and circularity (Absolon, 2010, p. 75). The understanding of wholistic health among Indigenous peoples involves a balance of the physical, mental, spiritual, and emotional (Absolon, 2010; Crane et al., n.d.; Getty, 2010; Graveline, 2000; Hart, 2002; Wilson, 2004). As an important spiritual component of wholistic health, inward knowing is described by Rowe (2014) as the knowledge that resides within oneself. To retrieve this knowledge, insights can be gained through traditional ceremonies such as sweat lodges, dreams, pipe ceremonies, vision quests, and fasting (Absolon, 2010; Hoffman, 2010; Kovach, 2009). Moreover, ceremonies are contextually bound to time/place, with variations in these cultural practices reflecting the distinctiveness of Indigenous nations. Indigenous understandings of health are reflected in recent wholistic conceptual frameworks to address the health and wellbeing of

individuals, families, and communities (Hoffman, 2010; National Native Addictions Partnership Foundation, 2014; A. Wilson, 2004).

Consistent with Indigenous research methodologies, the integration of Wolastoqey-specific healing approaches in this research project was based on the guidance of community advisors. After seeking guidance from Elder Opolahsomuwehs, it was important to build a medicine bundle as part of this thesis work (personal communication, Nov 2, 2016). The contents and practices associated with medicine bundles vary depending on the teachings of the carrier. Personally, carrying a bundle is a practice that has been in my family since my earliest memories. When I left home to attend Dalhousie University, I was gifted with a bundle from my mother and step-father. It is my understanding and belief that medicine bundles are sacred because they carry teachings and practices for healing.

Using knowledge and practices that reflect Indigenous ways of healing in the helping professions has been affirmed by Absolon (2010):

> Our work as wholistic practitioners is to remember and reconnect with wholistic knowledges, pick up our bundles and activate them again. Picking up our bundles means to relearn, reclaim, pick up and own the teachings and practices that emanate from wholistic theory and knowledge (p. 75).

Other community members in Wolastokuk and Mi'kma'ki have echoed the need for Indigenous nurses to integrate traditional healing methods into Indigenous nursing practice. During this thesis, building a bundle was a relational process that strengthened relationships with local knowledge holders. Since the beginning of this research project, an eagle feather, a beaded medicine purse, and a copper cup have been gifted to my bundle from respected ceremonialists in Ckuwaponahki territory. Importantly, this level of involvement in ceremonies has provided me with important teachings related to

Indigenous healing knowledge and practice. Due to the relationship between culture, identity, and healing, Indigenous healing methods were necessary to create a safe space for descendants to share their accounts.

Storytelling as a Methodology, Method, and Practice of Knowledge Transmission

Indigenous research methodologies and Wolastoqey healing methods supported the use of storytelling in this skicinuwey research project. For Indigenous communities, storytelling has been the primary method of knowledge transmission since time immemorial (Archibald, 2008; Chilisa, 2012; Deerchild, 2003; Kovach, 2009; Loppie, 2007). This thesis evolved to a point that Elder Opolahsomuwehs gifted teachings with the Wolastoqey word *wolamsotuwakonol,* to describe this particular process of storytelling as 'personal stories of truth.' The language conveys that the women involved in this study engaged in a specific form of storytelling related to sharing their experiences as descendants of Survivors. From a skicinuwey perspective, their narratives are personal and true.

Many other Indigenous scholars have also emphasized that knowledge can be gained about identity, experiences, teachings, culture, history, and language through storytelling. Storytelling is understood as a relational approach that requires the formation of a trusting relationship (Fillmore, Dell, & Kilty, 2014). While oratory is foundational to storytelling, the tradition of storytelling can rely on other forms such as symbols, songs, and art to convey important messages and teachings (Absolon & Willett, 2004; Archibald, 2008; Battiste & Henderson, 2000; Chilisa, 2012; Kovach, 2009, 2010). Locating the practice of storytelling in Wolastokuk, Wolastoqew Elder Sharlene Paul shared:

> Our culture never asked questions directly, we never even advised directly. We talk about stories, we talk about dreams, or we talk about somebody we knew. And usually the story itself was what we were trying to convey; there's a meaning to it (personal communication, December 14, 2016).

Elder Sharlene identified that stories are often shared with others who are responsible to make their own meaning that reflects their unique context. A storyteller is engaged in the relational process of imparting knowledge and it is widely understood that they speak from their own perspective (Graveline, 2000; Kovach, 2009). Little Bear (2000) asserts that "Aboriginal people… accept that no one can ever know for certain what someone else knows" (p. 80). Framing the research project within a storytelling paradigm shifts the relationship dynamics to the research participants as the storyteller (knower) and myself as the listener (learner).

Using storytelling methods that protected self-determination and healing was intentional in response to the sacredness[32] of descendants sharing their wolamsotuwakonol. For Indigenous women, storytelling and writing have been harnessed as a powerful method to exercise agency, rectify history and discourses, engage in healing, and promote cultural continuity (LaRocque, 2009; Wesley-Esquimaux, 2009). These processes and outcomes align with the research focus, to shape knowledge of the intergenerational effects for Indigenous women who are descendants of Survivors. A scholar from the Stó:ló Nation, Jo-ann Archibald (2008) suggested that "stories have the power to educate and heal the heart, mind, body, and spirit" (p. x). Another author concurred that it is important to draw upon the "hopeful, life-affirming aesthetic of traditional stories, songs, and rituals" (Cook-Lynn, 2008, p. 338). The

[32] In this context, a form of storytelling that occurred in ceremony and deserving of great respect.

healing-transformative purpose of storytelling aligns with the generational perspective that framed the study purpose and research questions.

Based on a review of similar Indigenous research projects, guidance from community advisors, and advisement from Elders, it was determined that sharing circles and symbol-based reflection with the hand-drum were the most appropriate methods of data collection. These methods are concurrently grounded in the tradition of storytelling and, specific to this thesis, wolamsotuwakonol. The practices and protocols of the sharing circles and making hand-drums were led by a Wolastoqew Elder and local artist and were reflective of Wolastoqey ways.

Chapter III: Methods of Data Collection and Analysis

Early considerations for the process of conducting research and subsequent thesis writing were influenced by the analysis of Cochran and colleagues (2008) who emphasized the need to include Indigenous ways of knowing in participatory research:

> how we go about acquiring knowledge in indigenous communities is just as critical for the elimination of health disparities—if not more so—as the actual knowledge that is gained about a particular health problem (p.23)

These authors place equal value on the processes and outcomes of health research with Indigenous communities. Commitments to decolonizing research meant establishing a research approach that privileged skicinuwey perspectives and embedded integrity throughout the research process. Within the paradigm of Indigenous methodology, Community-Based Collaborative Participatory Action Research (CBCPAR) was used to inform the processes and outcomes, to produce research that was meaningful and beneficial to the Wolastoqey community. With CBCPAR approaches, it is expected that the findings will be used to stimulate change. Informed by an Indigenous research paradigm, the methods of data collection and analysis were informed from the input of Ckuwaponahki Elders and community advisors.

Community-Based Collaborative Participatory Action Research

Identified in previous chapters, the colonial history and social location of Wolastoqi ehpicik required an anti-oppressive approach to this research project. Guided by the expertise of my thesis supervisory committee, Community-Based Collaborative Participatory Action Research was identified as a research approach that moves beyond intellectual curiosity to inquiry that is action oriented and consistent with Indigenous research in the nursing discipline. Pharris and Pavlish (2014) thoughtfully describe CBCPAR as research “firmly rooted within the community that is affected by the issue

being studied" and that arises from "equitable relationships between all who are involved" (p. 95). Consequently, CBCPAR is an approach that can lessen the colonial influences of research through the reduction of power-over to share power-with the community in all stages of the research process (Israel, Eng, Schulz, & Parker, 2013; Kemmis & McTaggart, 2005; Ponic, Reid, & Frisby, 2010; Stringer, 2014). In her dissertation research with Mi'kmaq Grandmothers, Loppie (2007) noted that action research aligned with an Indigenous research paradigm with an emphasis on collective decision-making and pragmatic modes of inquiry (p. 278).

Kemmis and McTaggart (2005) identified criteria for CPCPAR that were considered at the outset of proposal development for this research project: (a) shared ownership of research projects, (b) community-based analysis of social problems, and (c) an orientation toward community action (p. 560). These criteria are intended to guide the formation of egalitarian relationships to produce research that is helpful to the community. Therefore, I approached Wolastoqi and Mi'kmaq Elders, leaders, and community members early in the research process, eventually forming a Community Advisory Committee and Research Team from these engagements. Collaborative and participatory engagements permitted the level of involvement to be negotiated between the graduate student, research supervisory committee, and community advisors. Anecdotally, it can be a reality that burden is placed on Indigenous peoples to commit time and resources for consultative purposes. For authentic and respectful engagement, it was necessary to be responsive to the time and resources that community advisors were able to commit to this project. For instance, the frequency and length of meetings, dates and times, and meeting locations were determined by community advisors.

Potential beneficiaries of this research project were also intentionally considered at the forefront of proposal development. Locating myself in the research process, I will clearly benefit from this research because it contributes to the completion of a graduate university degree and subsequent authority in Canadian society. As noted in the critical decolonizing analysis of research in Chapter Two, Indigenous peoples rightfully express concerns with research that seldom yields benefits for the participants or the community at large (Castellano, 2004; Cochran et al., 2008; FNC, 2005; 2012). Action planning becomes important in research with Indigenous peoples, so that the knowledge generated is used to affect change to address the issues under study (Pavlish & Pharris, 2012b). The findings of this research project will be considered among members of the Community Advisory Committee, the Research Team, and Health Directors and used to influence health education, research, policy, and practice in local and national contexts.

Indigenous Protocols to Guide Relationships

In this project, upholding Indigenous protocols was a necessary component of doing respectful and ethical research with Indigenous peoples. Younging (2018) defines Indigenous protocols as the following:

> Protocols are appropriate ways of using cultural material, and of interacting with Indigenous Peoples and Indigenous communities. They encourage ethical conduct and promote interaction based on good faith and mutual respect (p. 35).

Indigenous protocols are distinguished from customs in terms of the significance of Indigenous knowledge that underlies protocols (Younging, 2018). One of the initial protocols observed early in this research project included offering tobacco to members of the Ckuwaponahki community who informed this research project (e.g., Elders, community advisors, and the participants). Tobacco is considered one of the four sacred

medicines, and is customarily gifted to Elders, knowledge-holders, community members, the inanimate, our first mother, or other spirits prior to a request (Debassige, 2010; Dorion, 2014; Hart, 2002). Offering tobacco honours that "knowledge is received or gifted from all living things and the spirit world" (Wilson & Restoule, 2010, p. 33). The gifting of tobacco signifies the inception of a relationship between the giver and recipient (Debassige, 2010; Hoffman, 2010). A person may choose to accept or not accept the gift of tobacco, embedding an element of consent to knowledge (Hart, 2002; Wilson & Restoule, 2010). Based on my experiences in Wolastokuk, offering tobacco is a protocol that is observed here.

Recognized as customary authorities, traditional Elders residing in the Fredericton area were approached early in proposal development. Primarily, the Elders-in-residence at the University of New Brunswick and St. Thomas University offered their guidance and perspectives for this research project. Elders are highly respected members of the Indigenous community who have accrued invaluable experience over the course of their lives in the culture and knowledge of their people (Castellano, 2004; Flicker et al., 2015; Tomsons, 2013). Importantly, Mayer (2013) maintains that "we [Indigenous people] listen to Elders because they are the repositories of our history, our knowledge systems, our ethics and value systems, our spiritual beliefs, and our language" (p. 3). Becoming an Elder is not a title obtained through formal training or appointment; it is a socially-recognized customary authority entrusted to them by their communities (Tomsons & Mayer, 2013). Moreover, Elders embody lifelong practices of traditional teachings and consistently display traits of wisdom, kindness, and humility in their interactions.

Community Advisory Committee

Respecting the commitment to relational research with Wolastoqey communities, community engagement was initiated early in proposal development, beginning in September 2016. The ethical guidelines outlined by the Tri-Council Policy Statement (2014) *Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada* requires community engagement to be pursued prior to and maintained during research activities: "Engagement between the community involved and researchers, initiated prior to recruiting participants and maintained over the course of the research, can enhance ethical practice and the quality of research" (p. 114). With community engagement, time was protected for the graduate student researcher to identify mutually-beneficial research goals. Based on preliminary consultations with community members and advisement from my thesis supervisory committee, an emergent Community Advisory Committee was convened to guide development of the research project proposal and provide ongoing direction during the research process. This group was a newly formed collaborative of community members, representative of a diversity of interests from individuals who were able to dedicate time to this project (Pavlish & Pharris, 2012c, p. 107). The community advisors self-directed their level of involvement that ranged from advisement to decision-making (Sullivan et al., 2003). Fluid collaborations permitted the level of involvement to vary over the duration of the research process, based on the needs of the project and direction of the community advisors. The Community Advisory Committee and I met several times during the conceptualization of the research project, consulted intermittently during the remainder of the research process, and reconvened at the end for review of the findings.

The Community Advisory Committee was composed of four Wolastoqi and Mi'kmaq community members. Their knowledge and wisdom informed the research questions as well as methods of data collection and analysis. Importantly, they gave guidance on Ckuwaponahki worldviews, protocols, community social priorities, lived experience on- and off- First Nations communities, mental wellness, and descendant perspectives. The importance of women's experiences as descendants has relevance to the work of two community advisors. One of the Elders is a Mi'kmaq knowledge-holder with expertise in Indigenous matriarchal knowledge systems and another Wolastoqew Elder was a representative of a local Indigenous women's group. A community member with formal training in Wampum Critical Incident Stress Management[33] was approached to lend a perspective to mitigate factors that could be emotionally, mentally, and spiritually distressing to participants. Additionally, as Indigenous research frameworks advise building capacity and acknowledging the youth generations, I engaged with two students from the University of New Brunswick and St. Thomas University, who are also descendants of Survivors.

Research Team

A separate Research Team was formed to assist with the process of data collection and data analysis, provide input into the final report, and facilitate dissemination of the findings (Pavlish & Pharris, 2012c). Members of this Research Team were approached due to their identified interest in the research topic and/or having been recommended by the Health Directors of involved Wolastoqey communities. It was important that members of the Research Team also had the potential to use the findings

[33] An adaptation to Critical Incident Stress Management that integrates Wolastoqey values, language, and healing methods.

for change. Mindful of the commitments to this project, the composition of a Research Team draws from the strengths, time, and resources of community members separate from the Community Advisory Committee. Acknowledging the right of community involvement in this research project, Health Directors of involved Wolastoqey communities and NBAPC were invited to select members for the Research Team. Between March and August 2018, the Research Team met frequently during the processes of data collection and analysis.

The composition of the Research Team increased the representation of community voices in this research project (Wallerstein, Duran, Minkler, & Foley, 2005), shifting power and decision-making to members of the Wolastoqey community. In addition to myself, two descendants were also a part of this Research Team, offering representation and insights from the critical reference group (Pavlish & Pharris, 2012c). For this research project, having emic insights, observations, explanations, and interpretations were favorable for enriching the analysis of data. A local Wolastoqew artist was included for expertise in Ckuwaponahki symbols and artistry, as symbol-based reflection with the hand-drum was a method of data collection. This level of collaboration prevents the domination of my perspective and respects the relational commitments of this project to build knowledge together. A total of three members were in the Research Team.

Thesis Supervisory Committee

The expertise and guidance of my thesis supervisory committee have been a central source of support for this research project. Dr. Janice Thompson, Dr. Grace Getty, and Lisa-Perley Dutcher have extensive research experience working with marginalized populations using feminist participatory action and community-based

research approaches. They have dedicated significant time and effort to assist with the conceptualization of the research project proposal and during all stages of the research process. Regular consultations with my thesis supervisory committee were focused on strengthening understanding of the conceptual and theoretical foundations of this work, integrating Indigenous methodology in the context of institutional reviews by the University, engaging relevant ethical frameworks and ethical review, advising on the process of community engagement and methods of data collection and analysis, consulting during proposal development and during construction of the final report, and advising in preparation for final examination of the master's thesis. The invaluable review and input of my thesis supervisory committee have informed every stage of the research project.

Ethical Considerations

The critical analyses presented in Chapter Two highlights the need for relational accountability and sensitivity to the ethical dimensions of this thesis research project. The Tri-Council Policy Statement (TCPS, 2014) *Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada*, the Canadian Institutes of Health Research (2010) *Guidelines for Health Research Involving Aboriginal People (2007-2010),* and the First Nations Centre (2005) *Ownership, Control, Access and Possession (OCAP) or Self-Determination Applied to Research* constitute ethical guidelines that have informed this thesis research project. These guidelines complement the protocols of local Indigenous communities and my personal obligations to "engage in responsible, respectful practice when accessing and being guided by these knowledges" (Kress, 2014, p. 91). As a topic that directly addresses the intergenerational effects of the Indian residential school system in Canada, engaging with descendants required consideration

for the similarities and differences in the ethical practices of doing research in situations involving political conflict, in contexts where stakeholders are pursuing peace agreements or reconciliation, or in research in divided societies. Within this context, additional ethical considerations include the importance of supporting self-determination, showing reciprocity, protecting sacred and collective knowledges, and maintaining confidentiality and anonymity.

Collaborative efforts between myself, the University of New Brunswick Office of Research Services, the Community Advisory Committee, the Research Team, and involved First Nations communities (on- and off-reserve) were formalized in a memorandum of understanding (see Appendix B). The MOU was developed in consideration of article 9.2 of the Tri-Council Policy Statement (2014): "the nature and extent of community engagement in a project shall be determined jointly by the researcher and the relevant community" (p. 115). Reflective of discussions with collaborators, the partnership between myself and involved communities, and our respective responsibilities, are clarified in the MOU (Pavlish & Pharris, 2012c, p. 105). Deep respect for community knowledge as well as the ethical principles of ownership, control, access, and possession provided a framework for the MOU.

Ethical Practice in Peace and Conflict Research

Ethical practice in peace and conflict research addresses the conduct of research in potentially high-risk sites, such as this project that highlights the intergenerational effects of the Indian residential school system in Canada. In situations involving transitional justice, Brewer (2016) identified the necessity of developing a critical practice that anticipates and mitigates risks of the research for the participant and the researcher. For this project, there was an identifiable risk that participants could disclose

information considered to be ‘guilty knowledge.’ This is defined as the “disclosure in interview of respondents’ knowledge of or participation in illegal activity” (Brewer, 2016, p. 5). Examples of knowledge that could be disclosed in peace and reconciliation contexts include experiences such as participants remembering previously forgotten or undisclosed personal trauma. As a registered nurse, it was paramount to anticipate and consider my ethical obligations should this situation arise. My ethical responsibilities as a registered nurse include maintaining privacy and confidentiality, except in circumstances where there could be imminent harm to the participant or others (Canadian Nurses Association, 2008, p. 42). During the process of informed consent, I explained to participants that research data (e.g. disclosing unreported trauma) could be subject to the law despite measures to protect anonymity and confidentiality (Brewer, 2016).

Taking handwritten notes during the sharing circle had the effect of preventing specific details and sensitive data from being tape recorded. This process was primarily based on respecting the local Indigenous protocol for not video or audio taping during sharing circles. For participants with an identified need to resolve personal issues with assistance, I had the responsibility to connect them to appropriate community resources, should this situation arise. These ethical considerations were communicated to participants during the process of informed consent, so they could make informed decisions about disclosure and whether they wanted to continue to participate. Finally, opportunities were made available to the Research Team, Community Advisory Committee, the participants, and involved First Nations communities to request changes and/or offer community context to the final report. These measures offered additional ethical safeguards to the research participants and their communities.

AHF Framework for Understanding Trauma and Healing

Based on the work of the Aboriginal Healing Foundation, an organization that supported community-based healing projects to mitigate the intergenerational effects of the Indian residential school system, a framework was developed to understand the healing approaches that are effective in the context of historical trauma (Castellano, 2006). In application to this research project, the AHF identifies three elements that are necessary to support healing. To address the first element, projects must reflect the values and worldviews of Indigenous peoples (Castellano, 2006, pp. 119, 120). Collaborating with community advisors contributed to a research project design that reflects Indigenous protocols, Wolastoqey knowledge, and traditional healing practices. The process of data analysis was done with a Research Team, ensuring that interpretations were understood from a Wolastoqey context.

The second element stipulates that a culturally-safe environment is established for participants (Castellano, 2006, pp. 121-123) to explore their experiences as descendants of Survivors. The format of the gatherings, to make hand-drums and participate in sharing circles, co-facilitated with a traditional Elder and Wolastoqew artist, allowed descendants to come together in a relaxing and safe atmosphere (Archibald et al., 2012). The project involved three separate and sequential sharing circles that each took place in a First Nations community room, with sufficient privacy to provide a familiar and culturally safe physical environment. The third element involves access to healing teams consisting of skilled healers, therapists, and Elders (Castellano, 2006, pp. 124, 125). A traditional Elder was present at the gatherings, who could lend spiritual and emotional guidance to participants as necessary. Participants also were provided with information to access a community worker with Wampum

CISM training and a regional cultural support worker for immediate or longer-term support. Additionally, they were provided with a telephone number for 24/7 access to counselling.

Supporting Self-Determination through OCAP

Anti-oppressive and decolonizing approaches to research support the self-determination of Indigenous communities. Indigenous research should be "an instrument for creating and disseminating knowledge that once again authentically represents ourselves and our understanding of the world" (Castellano, 2004, p. 98). The practice of supporting self-determination influences the processes and outcomes of the research project, as well as informing the ethical conduct of the researcher. The First Nations Centre (2005) offers a guideline for research with Indigenous peoples, involving the four ethical principles of ownership, control, access, and possession (OCAP) defined in Table 1. The OCAP principles gave a framework for commitments outlined in the MOU, iterating my responsibilities to uphold the self-determination of Wolastoqey communities in this research project. Specifically, supporting self-determination required data collection, analysis, and dissemination to occur in ways that benefitted the community.

Table 1

Application of OCAP Ethical Principles to Research Project

Ethical Principles	Applications to Research Project
Ownership addresses the relationship of the First Nations community to its cultural knowledge, data, and information (FNC, 2005, p. 2)	Elders and community advisors were engaged in all stages of the research process. Involved First Nations communities and NBAPC suggested members appropriate for the Research Team and Community Advisory Committee. Members of the Research Team were given copies of the handwritten data and the final report. Members of the Research Team will be included as co-authors in all scholarly publications and public presentations for up to three years after completion of the thesis.
Control asserts that First Nations peoples have the right to "control all aspects of research" (FNC, 2005, p. 2)	Community Advisory Committee shaped the research questions and research design. Research Team assisted with data analysis and dissemination. Research participants were consulted to determine whether research findings were representative of their experience. Research participants retained the authority to grant, or not grant, permission for the picture of their hand-drum to be used in master's thesis, scholarly publications, and public presentations. The Community Advisory Committee and involved communities had the right to request changes to the final report to clarify its message in relation to the context of the community.
Access outlines that First Nations peoples have access to information and data about themselves (FNC, 2005, p. 2)	Members of the Research Team will have access to data and research work in progress until completion of the thesis. Study findings will be presented to involved First Nations communities and organizations, in

Access (cont'd)	partnership with members of the Research Team. Dissemination of research findings will be determined collaboratively with the Research Team for up to three years after completion of the thesis.
Possession outlines "a mechanism by which [data] ownership can be asserted and protected" (FNC, 2005, p. 2)	Participants will own their hand-drums and pictures of the hand-drums. Participants will be given a copy of the research findings after successful defense of the master's thesis. Involved First Nations communities will be given a copy of the research report. The Research Team has the right to report study findings to health and Indigenous conferences. The Graduate Student commits to assisting First Nations communities to use the research findings in presentations to appropriate governmental and organization bodies to advocate for change.

Reciprocity and Giving Back

Reciprocity is foundational to ethical practice for Indigenous research projects. Relational accountability acknowledges that knowledge is developed collectively, and the researcher must give back to the community. While important questions about the benefits of financial compensation to research participants are raised by Pandya and Desai (2013), gifting is a customary practice of Wolastoqiyik. The hand-drum making sessions were conceptualized within the ethic of reciprocity, so that participants would keep the hand-drums made during this research project. The monetary value of the hand-drum is not large, as some Wolastoqey communities often organize free hand-drum workshops for their community members. Some sentimental value is anticipated through

the process of making the hand-drum and receiving hand-drum teachings. In addition, the participants in this project will also be given a copy of the research findings.

Protection of Sacred and Collective Knowledges

The protection of Indigenous knowledge remains a paramount concern of Indigenous peoples. The United Nations General Assembly (2008) *Declaration on the Rights of Indigenous Peoples* iterates: "Indigenous peoples have the right to practice and revitalize their cultural traditions and customs. This includes the right to maintain, protect and develop the past, present and future manifestations of their cultures" (art. 11, p. 6). The right to practice traditions and customs were protected in this research project, informed by community advisors. However, Indigenous peoples have the right to protect their knowledge, since it reflects a collective rather than an individual, responsibility. Battiste and Henderson (2000) assert that "Indigenous peoples' knowledge and heritage are not commodities, nor are they the property of nation-states and their researchers" (p.144). The collective spirit of Indigenous knowledge offers clarity for the ethical transgressions that occurred in earlier research concerning the proprietary rights of the Maliseet Elders' stories. For researchers to claim discovery or appropriate Indigenous knowledges constitutes continued colonization of Indigenous peoples (Martin, 2012). For these reasons, the principles of ownership, control, access, and possession guided the parameters of intellectual ownership for this research project that respects the individual and the collective.

Indigenous knowledges are considered to be a collective responsibility held by all members of the community (Canadian Institutes of Health Research et al., 2014). This principle and its implications for knowledge have informed the theoretical foundations of this thesis project, with applications to the teachings received from

traditional Elders, the stories that came forth in the sharing circles, and the symbols that are painted on the hand-drums. Considering the possibility that the knowledge forthcoming from the project may affect the broader community of descendants, relational accountability required seeking consent for this sacred and collective knowledge. Although not displacing the need for individual consent, it was necessary to approach traditional authority figures (CIHR, 2010). The inclusion of Elders and knowledge-holders as community advisors has guided the inclusion of traditional knowledge in this written thesis.

Maliseet organizations were consulted to determine community-based ethical review processes for research projects with Wolastoqiyik in New Brunswick. The Maliseet Nation Conservation Council and the Union of New Brunswick Indians were approached for input, and I was informed that respective chief and councils review proposals for research in their communities. After approval of the proposal by the University of New Brunswick institutional ethics review board, the template MOU was reviewed with the Health Directors of St. Mary's First Nation, Oromocto First Nation, Kingsclear First Nation, as well as the director of operations of NBAPC, covering the Fredericton-area First Nations. A research proposal was submitted to the New Brunswick Aboriginal Peoples Council (NBAPC) with a formal ethical review process for research with Indigenous peoples who reside in urban settings. Communication was received in December 2017 that the NBAPC Ethics Committee approved this research project. The MOU was finalized and signed by all involved parties in January 2018. In February 2018, approval was received late from the Mi'kmaw Ethics Watch.

Confidentiality and Anonymity

Recognizing the potential vulnerability in disclosing experiences as descendants of Survivors, this thesis research project required careful consideration of the protection of the identity of the participants. Several authors suggest that the absolute application of anonymity should be reconsidered carefully for Indigenous research projects (Chilisa, 2012; Kovach, 2009; Wilson, 2008). For some projects, the ethics of relational accountability may compel participants to be traced back to their accounts. This would require waiving anonymity for participants who wish to be identified. However, in contexts involving transitional justice (i.e., peace and conflict research), protecting the confidentiality and anonymity of participants is of paramount concern. In these contexts, public disclosure of forgotten trauma may lead to the risk of harm associated with disclosure of sensitive information (Brewer, 2016). This ethical accountability for researchers in politically divided or conflicted contexts is a source of complexity and challenge. Due to the heightened sensitivity of working with descendants of Survivors, the Community Advisory Committee guided the decision to remove identifying information from collected data and also not to tape record the sharing circles. As a novice researcher, I am aware of literature that warns about the risks of unintentionally pointing toward confidential information, even when anonymity has been pursued in qualitative research (Brewer, 2016; Wood, 2006).

The use of community-based Indigenous research that supports relationship-building among the participants, the Community Advisory Committee, and the Research Team presented additional limitations to the protection of identity. There were four scenarios that presented foreseeable challenges:

1. While I will encourage participants to not discuss others' stories outside of the sharing circle, I cannot stop them from sharing information that should be confidential;
2. The Research Team, which included community members, may come to know the identity of participants. Through a memorandum of understanding, they were asked to maintain confidentiality
3. Research being done in the community may draw attention, and participants may be asked questions by community members external to the research project;
4. Participants may be identified by members of the public through pictures of their hand-drum.

During the process of informed consent, these limitations were made explicit to participants. However, as noted by Wood (2006), conducting research in peace and conflict settings does not preclude the use of group methods to collect data. This brings attention to the need to be transparent about the risks and benefits of research, so that prospective participants can make an informed decision about participating in the research project or excluding certain data that poses a risk. If descendants wish to be given recognition for their contributions and waive anonymity, the option to be listed as a contributor was made available, to respect personal agency and relational accountability.

Digitally transcribed copies of the handwritten notes were kept in a password-protected computer file, accessible to me and members of the Research Team to assist with data analysis. The audio-recording will be kept in a password-protected computer file until successful completion of the master's thesis, and then deleted. Based on consultation with the NB Office of Research Services, other confidential materials that contain the names of participants (e.g., consent forms) were stored in a locked safe located at the Office of Research Services (ORS) at the University of New Brunswick. The confidential materials will be kept for five years after completion of the project

(April 2024) and then destroyed. One member of my supervisory thesis committee has permission to access these files.

Potential Risks and Benefits of Participation

It was anticipated that disclosing accounts as descendants of Survivors could elicit painful feelings and memories. The participants had the option of refusing to answer any question and withdrawing from the study at any time. A traditional Elder was present in the room to offer emotional and spiritual support. A community advisor with Wampum Critical Incident Stress Management training was on standby during the four gatherings. He was not physically present in the room but could be called upon if requested by descendant(s) for mental, emotional, or spiritual support. His services were not required during the research project. Contact was established with a regional cultural support worker, who could offer long-term support to the participants if required. Participants were also provided with information about mental health counseling services coverage with Non-Insured Health Benefits (NIHB) for those with status through the Atlantic First Nations and Inuit health Branch and a 24/7 First Nation and Inuit Hope for Wellness help line.

Integrating the experience of community engagement and literature with research in situations involving transitional justice, several reasons emerged for honoring participants' desire to tell their story (Wood, 2006). This research project provided descendants with a forum to share their accounts (Lavallée, 2009) with other Indigenous women with similar experiences. While the actual experiences of historical trauma can be disempowering, sharing reflections about those experiences has been viewed as an act of strength and as part of an ongoing healing process. Participating in this study provided an opportunity to acknowledge strengths and to expand the narrative of the

Indian residential school experience in Canada. Additionally, these findings lend support at the local level, to support programs and services that address the health and social needs of women who are descendants of Survivors.

Research Project Sample and Design

Participants

Self-identifying Wolastoqi women aged 19 and older (age of majority in New Brunswick), who are descendants of Survivors (children or grand-children), residing on-reserve or off-reserve in New Brunswick were considered for this research project.

Early engagement with community advisors elicited rich perspectives for a focus on women who are descendants. While many Indigenous cultures on Turtle Island value gender diversity and gender balance, the Community Advisory Committee suggested that women's experiences simply differ from that of men because of the sociohistorical and political context. Although men's stories are of equal significance in understanding the legacy of the Indian residential school system in Canada, Indigenous feminist perspectives support a research project that focuses on self-identifying women's narratives. To be inclusive of adult generations of women, a decision was made to invite participants 19 years of age or older who are children or grandchildren of Survivors. Descendants residing in an urban setting and in surrounding Wolastoqey communities were included due to the geographical proximity of these locations. These decisions reflect an invitation to a community of Wolastoqi women who are descendants and reflect the guidance of advisors who were consulted to develop the research plan for community engagement.

Reflective of dialogue with community advisors and my thesis supervisory committee, six participants were invited to participate in this study. This number was

determined to be sufficient to begin learning about the experiences of Wolastoqi women who are descendants of Survivors within a personal and supportive group setting. Following this suggestion, qualitative literature was examined to learn about the use of small sample sizes. The analyses of Curtis et al. (2000) were consulted, that suggested sampling decisions be made with consideration of the ethical implications of the study. In application to this research project, a sample size of six was ideal for sharing experiences within a talking circle format and hand-drum making. Anticipating the commitments of this research project, recruiting six participants also considered the possibility of attrition, and compensated for some participant attrition in this study. Additionally, the premises of qualitative research support the use of a small sample size to generate rich information (Curtis, Gesler, Smith, & Washburn, 2000; Sandelowski, 1995). To honour the subjectivities of descendants' stories, it has not been the goal of this research to generalize findings to Indigenous women across Canada. Alternatively, this community-based study is intended to generate new insights into the intergenerational legacy of Indian residential schools for this group of Wolastoqi women and to inform changes that support descendants of Survivors.

For this project, it was important to uphold the rights of descendants to communicate in Wolastoqey latuwewakon. Although all participants communicated fluently in English, this possibility highlights the role of research during a period of mobilization to redress Indigenous language endangerment (Perley, 2012). As a result of the residual effects of the Indian residential school system and the institutionalization of the English language (Bear Nicholas, 2011), a commitment to decolonization protects the right to communicate in ancestral languages. Relevant to the TRC's (2015e) Call to Action 14.1, "Aboriginal languages are a fundamental and valued element of Canadian

culture and society, and there is an urgency to preserve them" (p. 2), there was an identified need to prevent the imposition of the English language on prospective participants who may be fluent in Wolastoqey latuwewakon. I (as the student researcher) was prepared to formally integrate an interpreter into the Research Team if a descendant chose to communicate in Wolastoqey latuwewakon (Chilisa, 2012, p. 154). However, all participants chose to speak in English and an interpreter was not required.

Invitation and Informed Consent

Identified as a relational approach to invitation, purposive sampling was used to approach potential participants. Purposive sampling allowed for a conscious approach to potential participants. Specifically, I approached descendants who had previously expressed an interest in participating and were prepared to share their stories. Consistent with Indigenous research methodologies, it is appropriate for the researcher to have an established relationship with potential participants (Kovach, 2009). Recruitment was initiated by mutual contacts with community advisors, the NBAPC Director, and Health Directors of involved Wolastoqey communities. Members of the Research Team also asked to participate in the research project, representing two of the six participants. They actively contributed to the sharing circles and participated in symbol-based reflection with the handdrum. Invitations and participant recruitment during the sampling process occurred from February to March 2018 until a sample size of six was reached.

The process of informed consent provided potential participants with essential information needed to make an intentional and autonomous decision to participate. Appendix C contains the letter of information and informed consent form provided to participants. Indigenous scholars advocate for a research approach with Indigenous peoples that embeds continuous negotiation of consent, rather than a task accomplished

prior to data collection (Ellis & Earley, 2006; Fletcher et al., 2012). Mindful of this call to researchers, and the use of ethical principles to protect collective and individual agency, intentional decisions were made to embed a continuous consent process in this community-based research project. Tobacco was offered to potential participants to discuss the research project, who could at that time, accept or reject the offer of tobacco. In February 2019, all participants gathered again to review the findings and provide input to the final report. Engaged in the process of continuous consent, the graduate student researcher reviewed the findings (themes and sub-themes) and the quotations used to support analysis. The participants also selected pseudonyms at that time.

All foreseeable risks and benefits of participation in this research project were clearly detailed in a consent form. Grove and colleagues (2013a) outlined criteria for informed consent that was used to develop the consent form: (a) introduction of research activities, (b) description of risks and discomforts, (c) description of benefits, (d) assurance of anonymity and confidentiality, (e) compensation for participation in research, (f) offer to answer questions, (g) non-coercive disclaimer, (h) option to withdraw (pp.177, 178). Descendants who expressed an interest in in participating in this research project were provided with a letter of information, the consent form, and a tobacco tie (see Appendix C). In reviewing the project with potential participants, a candid discussion was had about the accessibility of the findings to the broader public (e.g., use in thesis or presentations to communities). This was an important step due to the sensitivity of experiences as descendants of Survivors, described earlier. An offer was made to review the research project at a later date, with some participants requesting a follow-up phone call to address their questions about the research project.

At the first group session, consent forms were reviewed and collected from participants. Considering the colonial context of research and government negotiations with Indigenous peoples in Canada, it was anticipated that some participants may be reluctant to sign the consent form. Therefore, the option of giving oral consent was offered to participants. Signed consent forms were secured in a locked file cabinet accessible to me and one other member of the thesis supervisory committee.

Withdrawal from Study

During the process of informed consent, descendants were informed that their participation in the study is completely voluntary and they could choose to withdraw from the sharing circles at any time. During data collection, some of the questions asked may cause participants to recollect uncomfortable or painful memories. To respect the descendants' rights to self-determination, privacy, and wellbeing, they were informed that no reason was required for not responding to a question or withdrawing from the study. Participants were also informed that it may be difficult to remove previously handwritten comments from the sharing circles, although all attempts would be made to accommodate requests to remove individual accounts from the sharing circle data (e.g., they shared a specific memory they wish to recant). Following the final gathering with participants, this was not requested.

Indigenous Healing Methods for Data Collection

During the process of community engagement, community advisors and descendants of Survivors advised on healing participatory action research methods. Participants were asked to participate in three sharing circles and hand-drum-making workshops, informed by the protocols and teachings by community advisors in Wolastokuk. Described in more detail in Chapter Two, these methods are also informed

by an Indigenous healing paradigm. Importantly, these methods resist the residual effects of Indian residential schools that frequently perpetuate feelings of alienation and loss, and reconnect descendants to interrelated aspects of culture, identity, and spirituality (Archibald et al., 2012, p. 23). Sharing circles and symbol-based reflection with the handdrum were the specific storytelling methods used for participants to share their wolamsotuwakonol.

The sequence of specific methods for data collection unfolded over four sessions, involving three sharing circles. After the recruitment of six participants, four gatherings were scheduled for dates/times that worked best for most of the participants and the Elder. These sessions took place between the months of March and April 2018 at a First Nation community room. The privacy of research participants was protected by scheduling a time when the room would be closed to public access. Light snacks and beverages were provided. Additionally, reflective of Wolastoqey community settings, decisions were made by consensus to allow for periodic breaks from the building. Two first-generation and two second-generation remained for the duration of the research project. Two participants did not return after the first session, but one returned for the final session to review the findings (to be discussed later in Chapter Five). The Research Team was present and contributed to the sharing circles, representing two of the six participants. Consistent with the protocols of sharing circles, the graduate student researcher also shared her experience as a second-generation descendant.

Sharing Circles

During the gatherings, sharing circles (or talking circles) were the primary method for the participants to describe their intergenerational experiences, and healing from, the intergenerational effects of the Indian residential school experience. In the

Wolastoqey territory, Martin (2000) has shared that circles may be conducted to "simply understand something more deeply" (p. 1), as a way to access knowledge. Sharing circles are a form of sharing that is consistent with Indigenous traditions (Archibald et al., 2012, p. 10) and allowed participants to collectively construct knowledge (Chilisa, 2012, p. 213). A sharing circle reflects small-group feminist healing methods outlined by Chilisa (2012, pp. 279-286), as an egalitarian environment is created for each woman to speak and be heard (Graveline, 2000; Lavallée, 2009; Wilson & Wilson, 2000; Wilson, 2008). Descendants can share their stories within a supportive and collective environment, reminiscent of the days when Indigenous women would often gather informally in small circles 'around the table over tea.' The use of small-group feminist methods supported the development of relational connections between descendants that may extend beyond the life of this project (Chilisa, 2012, pp. 285, 286; Getty, 2010).

Michael Hart (2002), a Cree scholar, has outlined various protocols that shape sharing circles. Typically, a smudging ceremony and prayer precede the sharing circle and a sacred item (e.g. an eagle feather or talking stick) is passed from participant to participant to guide the discussion sequence. It is understood that each person has the chance to talk uninterrupted. Hart (2002) describes four levels of sharing circles:

1. Level one of the sharing circle involves becoming aware of original hurts;
2. Level two is a sharing circle, where participants have developed trusting relationships and are encouraged to share their thoughts and feelings within a supportive environment;
3. Level three is a healing circle, where participants work through painful memories to become balanced;
4. Level four is a spiritual circle, where participants reclaim their spiritual gifts (p. 85).

Working through these four levels of a sharing circle typically creates a supportive and healing environment for participants to share their memories. A seasoned conductor of

sharing circles noted: “when people who have faced similar experiences share their life stories with one another, they become connected and their experiences are validated” (Hart, 2002, p. 92). The respectful and safe environment that characterizes sharing circles promotes mutual bonding and destigmatizes the sharing of difficult experiences. By level three and four, the sequence of discussion was guided to promote physical, mental, emotional, and spiritual balance.

Cultural protocols associated with storytelling and ceremony, as forms of knowledge transmission in Wolastokuk, guided the sharing circles. The sharing circles were held privately in a First Nations community room and Wolastoqi Elder Opolahsomuwehs opened each session with ceremony. Creating a comfortable environment for the participants and researcher to build relationships and orient to the purpose of the research project guided the first session. The graduate student researcher reviewed the research project discussed work-to-date (e.g. findings of the literature review and engagement with community advisors). Oral and written consent was given by the Wolastoqi ehpicik. A pipe ceremony was conducted and the Elder shared teachings that focused on balancing the *nuhkomossok* and *nmuhsumsok* aspects of spirit. The grandmother represents the nurturer and the grandfather represents the protector, asking participants to draw from the strengths of both for this project. With this teaching, she encouraged participants to share manageable increments of painful experiences. A Wolastoqew artist shared teachings of the *pokuhulakon*, as hand-drums were made during the first, second, and third sessions.

Following the sequence of the four levels of a sharing circle, the second and third sharing circles in this project opened with questions to guide the discussion. Minimally intrusive and indirect questions that respect the traditions of Wolastoqey storytelling

were used so that participants could decide for themselves what they wish to impart to the listener with minimal probing (Kovach, 2009, p. 124). The questions followed an open-ended, general format so that discussion could "follow the interests and thoughts of the informants" (Chilisa, 2012, p. 205). As noted earlier, the first sharing circle began with introductions to become familiarized with one another and review the purpose of the project as well as consent forms. The second sharing circle was facilitated with open-ended questions related to the experience of being a descendant of a Survivor:

1. Tell me about growing up in your family?
2. Can you share with us your memory of being a descendant of a residential school Survivor?

These questions worked through the first and second levels of the sharing circle, outlined by (Hart, 2002), and acknowledged the relationship of the descendant to their relatives who went to an Indian residential school. Descendants were prompted to consider their thoughts and feelings related to their experiences with the intergenerational effects of the Indian residential school system. As a relational process, the sharing circle enabled descendants to moderate the discussion by answering the open-ended questions posed at the beginning, which is a central feature of storytelling in Indigenous methodologies (Kovach, 2009, 2010). Following the protocol of a sharing circle, each descendant had the opportunity to speak in turn and directly/indirectly answer the open-ended questions, informed by the responses of other descendants.

During the third, and final, sharing circle, participants were asked questions related to healing from the intergenerational effects of Indian residential schools:

1. How do you envision healing for the future generations?
2. How are women transforming social problems in their communities?
3. What was the experience like for you to make a hand-drum or what do the designs on your hand-drum mean to you?

These questions moved through levels three and four of the sharing circle (Hart, 2002), and were designed to acknowledge the inherent strength of the participants. Similar to the data collection process outlined by Lavallée (2009), descendants were informed they could meet with the graduate student researcher separately if they wished to impart information outside of the group setting (p. 29). After being involved in the first two sharing circles, one participant requested to meet separately after the third (final) sharing circle that she missed for circumstances beyond her control.

Considering the ceremonial and spiritual significance of these sharing circles, the accounts that were shared were not tape recorded or audio-recorded. Decisions about whether to tape record the circles and the dialogue that occurred during them were taken with great care and considerable discussion among members of the research team and the thesis committee. In qualitative studies, interviews are often audio-recorded to preserve the accuracy of the words spoken by the participant (Grove, Burns, & Gray, 2013b; Sutton & Austin, 2015). In the context of storytelling among Wolastoqi women who are descendants, there were several reasons that supported a decision to use handwritten notes following the circle as a specific data-collection method to record their narratives. First, in Wolastoqey territory, some conductors of sharing circles do not permit audio/video-recording or handwritten notes to be taken during the sharing circle to preserve the sacredness of the ceremony (Martin, 2000). As well, it has been my experience, as well as the experience of other Indigenous community members, that the use of an electronic device (e.g. a microphone or recording devices) can change the quality and experience of a sharing circle. With the presence of a recording device, one is more likely to become self-conscious and intellectualize their words, rather than "[speak] from the heart" (Martin, 2000, p. 1). Additionally, previous research with

descendants has established the potential to share painful memories (Getty et al., n.d.; Stout & Peters, 2011b) with the risk of disclosing information that is considered 'guilty knowledge.' For instance, a descendant may reveal accounts of experiencing (possibly also perpetrating) physical, emotional, spiritual, or sexual abuse in the context of historical trauma. Were these disclosures to occur, therapeutic, ethically and professionally required responses were to follow, according to professional codes of ethical conduct. Specific counselors were identified for referral, although this was not needed. In the context of these complex aspects of trauma storytelling, audio-recording of specific details of events may create unanticipated risk for the participant. In this context, it was determined that brief handwritten notes, focusing on major points of the stories, would be made during and following the sharing circles to remember the participants' accounts.

Hand-drumming in Wolastokuk

Hand-drumming is a cultural practice undertaken by Indigenous women across Canada and steeped in teachings associated with traditional healing and cultural identity. In Wolastokuk, it is widely acknowledged that Elder Maggie Paul revived this cultural practice which has since become a vibrant undertaking by Wolastoqi ehpicik drumming groups (Moscovitch, 2013). Reinforcing relational perspectives, it is taught that the sounds of a drum symbolize the heartbeat of our original Mother (Crane et al., n.d., p. 28; Moscovitch, 2013). Previous studies with descendants have identified a desire to reclaim Indigenous culture in efforts to heal from the legacy of the Indian residential school system (Gray, 2011; Ruttan et al., 2008). Amadahy (2003) discussed the significance of the drum for Indigenous peoples in contemporary contexts: "the drum is what is going to heal the Earth right now and what's going to heal the people" (p. 147).

The Truth and Reconciliation Commission of Canada (2015b) and the Aboriginal Healing Foundation (Castellano, 2006) also discussed the importance of cultural arts in healing from the legacy of residential schools. Additionally, the use of visual methods to privilege participants' perspectives is supported by feminist (Foster, 2007), participatory action (Gray, Ore de Boehm, Farnsworth, & Wolf, 2010), and Indigenous research (Castleden, Garvin, & Huu-ay-aht First Nation, 2008; Gray, 2011).

Elder Opolahsomuwehs and the local artist facilitated hand-drum making sessions with participants. There are several reasons for situating drum-making during the first gathering: a) to reaffirm the culture of Wolastoqiyik and acknowledge inherent strength/resilience, b) to create a safe space for descendants and the researcher to build rapport, and c) to create the opportunity to receive teachings from an Elder that may directly/indirectly relate to healing from the intergenerational effects of the Indian residential school system. Descendants were facilitated to make hand-drums and received teachings throughout this process. By participating, descendants were given the knowledge necessary to continue the healing cultural practice of hand-drumming after completion of this research project. Making the hand-drums took place during the first gathering and took approximately three to four hours. At that time, the participants were asked to think of symbols meaningful to them as descendants, encouraging them to reflect on their experiences. The drums required four days to dry.

During the second gathering, participants were asked to paint designs on their hand-drums that were significant to them, their experience, and/or healing as descendants of Survivors. Beginning this session with symbol-based reflection encourages the access of inward and spiritual knowledge. Following the painting, a sharing circle was arranged to focus on questions related to the intergenerational

experience of being a descendant. The third sharing circle focused on the healing and resilience of the descendants, with the final question focused on positive symbol-based reflection of the hand-drum.

Procedures for Handling Data

The hand-drums and stories shared by the Wolastoqi ehpicik in the sharing circles were the two primary sources of data. Consistent with the principles of OCAP (First Nations Centre, 2005), the participants maintained ownership of the hand-drums that they made. During the process of informed consent, I requested permission to take a digital photograph of the hand-drum. Based on dialogue with the Community Advisory Committee, it was determined that the participant would retain ownership and possession of this photograph after successful defense of the master's thesis. Subsequently, I will request permission from that participant to use the picture for future scholarly publications and public presentations. Control has been exercised by the participants, who will grant or not grant use of the photographs for these purposes.

The stories shared in the sharing circles were documented using handwritten notes that focused on the major points of emphasis, by myself and one member of the Research Team. Although retaining the verbatim words of participants is a benefit of the standard practice of audio-recording interviews (Sutton & Austin, 2015), qualitative research methods support handwritten notes if audio-recording is not appropriate (Grove et al., 2013b, p. 272). To preserve authenticity in representing the descendants' stories, it was important to have the presence and assistance of a note-taker during the sharing circles. Preference was given to a Wolastoqi Research Team member who could identify cultural nuances. During the sharing circle, they recorded key words/phrases that arose during the discussion. Immediately following closure of the sharing circle, the Research

Team member and I recounted the major points of the narratives, referring to our notes and reaching agreement about those major points. The two sets of handwritten notes were transcribed, resulting in two sets of handwritten notes from the second and third sharing circles. A decision was conferred by the Community Advisory Committee that all identifying information (i.e. names, places, and dates) be removed from transcripts to protect the identity of participants. Pseudonyms were used in place of the names of descendants. For the purposes of data analysis, copies of anonymized transcribed notes were made accessible to the Research Team. They were required to maintain confidentiality of the data, reflected in the confidentiality agreement (see Appendix D).

Indigenous Methods for Collaborative Data Analysis

Drawing from qualitative principles, collaborative analysis of the data is a method of data analysis that fits within an Indigenous research paradigm. There are two diverging perspectives related to data analysis from Indigenous perspectives. Graveline (2000) has advocated for sharing circle stories to be left intact, un-edited, and un-analyzed (p. 369). Alternatively, Bishop (2005) has put forward the need for the co-construction of meaning when analyzing stories (p. 126). Common to both perspectives, however, is the need for the academic researcher (graduate student) to not dominate the process of data analysis. Decolonizing and feminist perspectives that challenge the notion of the objective researcher (Cannella & Manuelito, 2008) lend support for approaches to data analysis that honour the voice and representation of participants (Kovach, 2009, pp. 80-82). The Indigenous and critical-social perspectives that inform this thesis research project uphold collaborative analysis as a respectful and relational approach to research involving descendants of Survivors.

CBCPAR approaches supported an emergent method for data analysis, as the analytic techniques were determined based on the nature of data from the sharing circles (Pavlish & Pharris, 2012a, pp. 245, 246). During the sharing circles, data were gathered through handwritten notations taken by the graduate student researcher and a member of the Research Team. Both sets of transcripts were transcribed and used for data analysis. Members of the Research Team were involved in collaborative data analysis, with insights considered from my thesis supervisory committee. Working together, the insights derived from the stories of descendants were strengthened by inviting multiple perspectives and considering differing viewpoints during analysis (Pavlish & Pharris, 2012a, p. 239). When reflecting on the descendants' stories, members of the Research Team imparted their lived experiences, and enabled an interpretation of findings from the local cultural, historical, political, and social context (Getty et al., n.d., p. 21). This collaborative approach guided coding and thematic analysis, to identify common experiences shared in the talking circles. The identification of common experiences served to identify patterns of the whole, rather than decontextualize or fragment excerpts. Since all Research Team members were contributors in the sharing circles, they had context for data analysis. Decision-making by consensus is an egalitarian and harmonious social norm that is reflective of many Indigenous cultures (Getty, 2010; Grant, 1996; Paul, 2006).

NVivo was the electronic qualitative data analysis software used to assist with the sorting of data, based on decisions made with the Research Team. This software integrated work previously completed by the Research Team to permit the efficient sorting of codes from four transcripts (Grove et al., 2013b, p. 280). In addition to this approach of data analysis, the studies of Lavallée (2009) and Gray (2011), who use

symbol-based reflection and Photovoice method, respectively, also guided data analysis. A question posed in the third sharing circle, 'what was the experience like for you to make a hand-drum or what do the designs on your hand-drum mean to you?' enabled descendants to give their own interpretations for the meaning of their hand-drums. Their responses to this question accompany their picture of the hand-drum. This question permitted participants to present their understandings of their own creations.

In CBCPAR, the initial step in data analysis involved coding and categorizing the data. Stringer (2014) advises that "the major task of this procedure is to identify the significant features and elements that make up the experience and perception of the people involved in the study" (p. 139). During the period of May to June 2018, the graduate student researcher met frequently with the Research Team to engage in categorizing and coding of the sharing circle transcripts. The Research Team conferred a decision that the note-taker would be involved during the more labor-intensive work of steps one and two. The other two members of the Research Team expressed an interest in being involved in identifying common patterns, during steps two and three. Data analysis was not a linear approach, as there was often a movement back and forth among the steps outlined below, based on discussion and advisement from the Research Team and Thesis Supervisory Committee. As often as possible, the verbatim principle was applied, using the words of the participants to identify the codes, sub-themes, and themes (Kovach, 2009, 2010; Stout & Peters, 2011b; Stringer, 2014). The steps followed for data analysis are outlined below:

Unitizing the Data

At the outset of this process, hard-copies of the transcripts were reviewed line-by-line by myself and one member of the Research Team to identify units of meaning.

Units of meaning are "statements that have discrete meaning when isolated from other information" (Stringer, 2014, p. 142). For example, if a participant was describing a difficult interpersonal relationship with family, a decision was made to code this as *disconnection from family*. These units of meaning were compared with the other Research Team member to ensure consistency in analysis.

Categorizing and Coding

Units of meaning were compared for similarities and grouped into codes (Stringer, 2014, p. 142). For example, units of meaning that described experiences, perceptions, and feelings of disconnection were coded as *disconnection from family, community, and culture*; *feeling not important, not wanted*; or *difficulty with affection*. The coding decisions made by myself and the note-taker were reviewed with the other members of the Research Team and decisions reached by consensus. Sometimes, this required revisions, additions, or deletions to codes.

Identifying Patterns

The resulting codes were examined to identify patterns (common experiences) to form themes and sub-themes (Stringer, 2014, pp. 142-143). For example, '*I made a point to learn my history'* and *effects on communities* are sub-themes that make-up the theme *altered social realities*. At this point in the process, members of the Research Team expressed confidence in the ability of the graduate student researcher to complete this step. Upon completion of this step, the graduate student researcher met with the Research Team to review the themes and sub-themes.

With permission from the Research Team to complete this work, the graduate student researcher accepted full responsibility for writing the final report. During initial drafts of the final report, the graduate student researcher met with members of the

Research Team to consider the direction and language of the written findings. Collaboratively, important conceptual decisions were made early in the writing process: (a) Wolastoqey *latuwewakon*[34] be embedded in writing to communicate the physical, mental, emotional, and spiritual connection of Wolastoqiyik to Wolastokuk, (b) the Wolastoqi ehpicik who participated in the study have the right to choose their pseudonyms, and (c) symbol-based reflection with the hand-drum is a stand-alone theme to honour the unaltered narratives of the Wolastoqi ehpicik. As often as possible, to preserve the context of the stories shared by descendants, the participants' words were used to identify the codes and themes (Kovach, 2009, 2010; Stout & Peters, 2011). The drafting of the final report was a recursive process, during which the graduate student researcher would discuss the drafts, the Research Team would provide input, this input would be incorporated, and the written document be re-reviewed. Finalized drafts of the final report were provided to the Research Team for their review and final input.

Review of Findings

As a community-based study, the preliminary research findings were reviewed with the participants and Community Advisory Committee, to foster authenticity and credibility of the data analysis (Chilisa, 2012; Stringer, 2014). A meeting with the Elder and participants took place in February 2019, providing them with the opportunity to give feedback. This step is important to ensure that the findings were written and presented in a way that was reflective of their perspectives, experiences, and knowledge, ensuring that data analysis was complete and accurate (Kovach, 2010, p. 45). During this meeting, I reviewed the themes and sub-themes, as well as the specific quotes that were

[34] language

used to support each. After the presentation, the group unanimously asserted that the findings were to begin with "the strength of the women." They shared with me the following feedback: (a) the strength of Wolastoqi women existed before colonialism and it is important to reference matriarchal roles (specifically addressing "where we came from" and "what we were before") and (b) by engaging with Wolastoqi women who are descendants, they understood that to be "the point" of this study (personal communication, February 15, 2019). Aside from this requested change, the group reached consensus that they were otherwise satisfied with the findings. After not being able to participate in the second and third sharing circles, but chose to attend this final gathering, one participant remarked "it captured everything" about her experience (personal communication, February 15, 2019).

From February 2019 to April 2019, the findings were reviewed with involved Health Directors and NBAPC to give the opportunity for the involved communities to provide feedback. No changes were requested to the findings.

Evaluating Authenticity and Credibility in an Indigenous Research Paradigm

In some Western research approaches, validity is a construct that addresses the quality of data collection and analysis (Guba & Lincoln, 2005). Shawn Wilson (2008) suggests that Indigenous research should be concerned with evaluating the authenticity and credibility of the findings. In other words, the analysis should "reflect an understanding of the topic that is shared by researcher and participants alike" (Wilson, 2008, p. 101). To determine the truthfulness and usefulness of data collected, Chilisa (2012) offers criteria consistent with an Indigenous research paradigm that is based on the work of Guba and Lincoln (2005; see Table 2):

Table 2

Criteria for Authenticity and Credibility using Indigenous Methodologies

Criteria	Defined
Fairness	Ensuring representation of all participants; the exclusion of any voice would not be an accurate representation of the Indigenous narrative.
Voice	Multiple voices are clearly present in the text, in original forms when possible.
Ontological and Educative Authenticity	Research corresponds with a relational ontology and demonstrates the capacity to be educative.
Catalytic and Tactical Authenticity	The research can inspire change, which may include involvement of the participants.
Positionality or Standpoint Judgments	Knowledge is communicated from specific cultural, social, historical, and political contexts.
Critical Subjectivity or Self-Reflexivity	Critical reflection of own knowledge, assumptions, values, and beliefs that influence the research processes and outcomes.
Communities as Arbiters of Quality	The research accurately represents and demonstrates relevance to the Indigenous community.

Chilisa (2012, p.171-174)

These criteria were used to evaluate the processes and outcomes of this research project, as it engages the healing concept of piluwitahasuwawsuwakon. As applied to this project, learning about the experiences of women who are descendants of Survivors should raise consciousness about the legacy of residential schools. To respect these relational commitments, I am responsible for the respectful and truthful representation of the descendants' stories. Intentional decisions have been made throughout the project design so that knowledge is built together, and reflective of the context of Wolastoqiyik. The sharing circle is an egalitarian method that reflects ancestral ways of being and protects the opportunity for all participants to be heard. It is often expressed by community members that 'we are all equal in the circle.' Extending beyond the

commitment to knowledge development for the purposes of completing a thesis, piluwitahasuwawsuwakon requires that these new understandings incite change.

Plan for Dissemination

Engaging in action planning, or using the findings to create change, is an important outcome for community-based research with Indigenous communities. During the early stages of proposal development, it was difficult to anticipate how the findings will be disseminated to the broader community at local, national, or international levels (Pavlish & Pharris, 2012b). I am committed to continued collaboration with the Research Team, Community Advisory Committee, and participating communities to use the research findings for change at the education, research, and/or practice levels. Attesting to ethical commitments to Indigenous communities, Lavallée (2009) advocates: “research with the Indigenous community is a commitment that extends well beyond the final report... It is a lifelong relationship and commitment” (p. 24). Respecting the relationships invested in this research project, I am compelled to dedicate time and resources to use the findings that support community-based initiatives.

Chapter IV: Findings

It is important to acknowledge and honour the strength of the *Wolastoqi ehpicik* who shared their wolamsotuwakonol as descendants of Survivors of the Indian residential school experience in this study. Described in Chapter Three, collaborative analysis with members of the Research Team guided the process of coding and thematic analysis. These findings were then reviewed with the participants who advised on the need to privilege their matriarchal perspectives at the beginning. From this community-based process, the narratives that are presented reflect a collective construction of descendants' experiences that is aligned with skicinuwey storytelling traditions.

From three sharing circles, our analysis resulted in seven overarching themes to describe the intergenerational experiences of Wolastoqi ehpicik who are descendants of Survivors: (a) 'our healing starts with our women,' (b) colonialism, (c) altered social realities, (d) disconnected relationships, (e) Wolastoqey identity, (f) generational healing, and (g) 'the drums speak.' In the sections to follow, each theme is presented as a first order heading and sub-headings are used to present dimensions of those themes, as described by the participants in this study in their own words. For instance, the theme "altered social realities" includes the four dimensions of *parental and personal experiences with pain and trauma*, '*I made a point to learn my history'*, *disruption in Wolastoqey communities*, and *caring for a Survivor*.

In the presentation of these findings, I first focus on providing a trustworthy and accurate account of how the participants described their experiences. Within the methodology and protocol of sharing circles, the quotes give an example of what was said by the Wolastoqi ehpicik. Each participant had an opportunity to speak in turn and there were frequently non-verbal indicators that affirmed shared experiences such as

nodding heads, quiet expressions, and extended moments of silence. With sharing circle method, if an experience is sufficiently shared, other participants can elaborate on other aspects of their experience when it is their turn to speak. Later in this chapter and briefly in presenting each theme, I refer sparingly to the work of relevant scholars to locate the findings in the context of empirical and theoretical work involving Indigenous women and their healing. Although the presentation of themes occurs in the accepted format of academic guidelines for publication (a linear format), a circular style of communication and analysis formed the methodology of this research project. Therefore, reflective of skicinuwey ontology, these themes should be considered interrelated as opposed to discrete concepts.

The accounts presented are those of the Wolastoqi ehpicik involved in this research project. With their input and consent, this thesis respectfully shares their insights. Pseudonyms self-determined by the participants accompany the quotes to protect their identities. *Qin-te kisi leyuwiw 'pomawsuwakonuwa*[35].

'Our Healing Starts with our Women'

This first contextual theme centers traditional and contemporary understandings of matricentric, or woman-centered, view of culture and healing. The participants clearly articulated that who they are as ehpicik was intrinsic to their experiences as descendants. They asserted avidly that "where we came from" and "what we were before" were healthy and adaptive ways of being that existed prior to the colonization of the land that is currently known as Canada (participants, personal communication, February 15, 2019). Ckuwaponahki Elders and leaders often share teachings about the 'matriarchal'

[35] These lived experiences really happened

elements of Ckuwaponahki culture, with an emphasis on gender-balance. Moreover, fluent speakers of Wolastoqey latuwewakon often explain that the gender-neutral language promoted gender-balanced relations between men, women, and Two-Spirit people. Ckuwaponahki perspectives about matriarchy are clearly different than Western or Eurocentric definitions of the term matriarchy. The matriarchal perspectives articulated by participants did not convey the understanding that women occupy more predominant places of societal power and authority in the culture than do men (i.e., women as head of the society). Their emphasis was on the balance of power between men and women in their society. The women also did not refer to a dominant cultural practice of lineage being traced through maternal ancestry. While these are common elements of Eurocentric definitions of matriarchy, the participants in this study did not refer to these meanings. They emphasized the gender-balance reflected in Ckuwaponahki culture prior to colonization, as well as the central role of women in healing.

In participants' comments, the recognition of ehpicik became a focal point during the sharing circles, as participants shared their beliefs that Indigenous women were central to healing their families and communities. A second-generation descendant discussed:

> I do think that our healing starts with our women. Patriarchy affects men, but if you have strong women in your life, it makes a difference. – Catherine

In this statement, she has identified a direct connection in healing from the intergenerational traumas and upholding the status of women. This perspective is frequently reflected in Wolastoqey social and ceremonial spaces that rekindle teachings of respect and reverence for Indigenous women. The participant's general reference to

'patriarchy' is critical of the influence of Western hegemonic masculinity within her community. The displacement of traditional Indigenous gender balance by patriarchal norms with masculinity that values power, domination, and control is of concern among Indigenous peoples and organizations (NWAC, 2010a, p. 33). Although some Indigenous nations were patriarchal prior to colonization, many traditional Indigenous patriarchal norms embedded value and respect for women and Two-Spirit people (Anderson, 2016; Getty, 2013). Identifying the power of her role models, Catherine makes clear that strong Indigenous women have a way of being that resists Western hegemonic masculinity and imbalanced gender relations.

With a generational perspective, Elder Opolahsomuwehs also imparted teachings about women-led healing:

> It's up to the women to look back so that we can take that [history/knowledge] and change the future. We look to our past, so we can alter the path for our future generations. That's why we have this circle, so it's not having [pain/trauma] in our hearts and heavy in our minds.

Due to the momentous silence in the sharing circle, her teaching resonated deeply with participants in this sharing circle. Having a combined understanding of ancestral matricentric and matrifocal healing roles and residential school history equipped the Wolastoqey ehpicik to undo colonial violence and oppression for the betterment of themselves and the future generations. This opposes the way dominant society has portrayed Indigenous women, all too often as passive victims (Acoose-Miswonigeesikokwe, 2016). Within this context, *protecting the future generations* is an important dimension of this theme.

Protecting Future Generations

When envisioning healing for the future generations, the Wolastoqi ehpicik often invoked thoughts about their children. All the participants had children, apart from myself. They detailed intentional, protective, and responsive approaches that would secure the health and wellbeing of their future generations. First-and second-generation descendants expressed:

> When I was confronted with racism, I made a point to learn my history. And I will pass that down to my daughter. I want to protect her, from the things that I wasn't protected from. – Catherine

> I do everything to break the cycle, so my son doesn't experience it. As far as I know, he's never been sexually abused, he's never been emotionally, mentally, and spiritually beaten. – Cocahqikat

Reflecting on their personal experiences with pain and trauma created an innate sense of responsibility to protect their children from harm. Doing 'everything' they can to ensure the safety of their children resists the transmission of intergenerational trauma. The participants' resolute commitment to protect their loved ones is a way of being that surfaced repeatedly throughout the research project.

With the wellbeing of their children at the forefront, many of the participants discussed the intentional efforts they made to learn from their own life experiences in order to forge healthy and supportive relationships. A second-generation descendant, reflected on the weak relationship she had with her 'mother's husband,' when describing the process she used to find a partner:

> When I became a young adult, I made very clear, conscious decisions about my mate. He wasn't my step-dad, he was my mother's husband. I was very clear in who I was looking for, in a partner. [Someone who was] invested in a relationship with my daughter. – Doris

Doris was determined to find a partner who was capable of having a caring parental relationship with her daughter.

Sue remembered her childhood experiences of frequent moving, and described the choices she made to foster relationships between her children and community:

> I wanted to stay in one place, for once in my life. I wanted my children to know where they're from. I wanted my kids to be service workers. – Sue

Reflecting on the problems she experienced, as a result of her childhood lack of connection to her community, she made intentional decisions to settle in her community, so that she could gift her children with these important relationships. Belonging to a relational culture, having connections with the Wolastoqey community is highly valued. These excerpts exemplify the decisions made by the majority of participants, based on a determination to provide a better life for their children. These conscious decisions disrupt the notion that their children would inevitably fall victim to inheriting a legacy of disconnection, pain, and trauma. On the contrary, the participants conceived of a future in which their children would know stability, connection, love, and resiliency.

Colonialism

A second contextual theme identified by the Wolastoqi ehpicik in this project was the real effects of colonization that continue to affect their lives. The use of the term 'colonialism'[36] was emphasized by members of the Research Team, while other participants focused more explicitly on 'racism' and 'assimilation.' These were effects of colonization that participants found present at structural levels, among individuals, and in relationships. They especially highlighted the effects of *anti-Indigenous racism*

[36] Colonialism was understood in historical and contemporary contexts. It includes the invasion of traditional lands, loss of resources, and subjugation of Indigenous peoples (Lowman & Barker, 2015; Paradies, 2016; Smith, 2012; Stevenson, 1999; Vowel, 2016).

and *assimilation*. They described how racism marginalizes Indigenous peoples and they discussed the ways that assimilation seeks to obliterate differences when this is in the interest of dominant society. In addition to these ongoing effects of colonization, the dimension of *resistance* features the strength of the participants to challenge oppression.

'When I was Faced with Racism'

As a dimension of contemporary colonialism, the participants detailed experiences with anti-Indigenous racism and assimilation. A second-generation descendant shared her experiences with interpersonal racism:

> When I was faced with racism, I was like 'no, you guys are the crazy ones.' In my mom's generation, it was more racially violent. A firm sense of identity is what's going to do the work. - Catherine

Compared to her mother's generation, this participant makes clear that responding to racism was more challenging in the past due to racial violence, with the risk of encountering verbal tirades or physical assaults. Moreover, the racial violence in Indian residential schools and day schools is not something she has had to experience; this participant can express her identity without fear of punishment. Catherine grew up in her community and had formative experiences that helped her develop a strong sense of Wolastoqey identity. She spoke to this identity as a protective factor that equipped her with the ability to speak up and vehemently reject anti-Indigenous racism. Recognizably, this is not an opportunity that the previous generations may have had.

Catherine later shared an experience she had during her undergraduate degree, watching the 2012 film *We Were Children,* a documentary that paints a vivid picture of the Indian residential school experience:

> I remember being so annoyed with other peoples' faces in their phones. So insensitive. It's impacted my life… - Catherine

With deeply personal connections to the Indian residential school experience, watching this film elicited complex and painful emotions for this participant. The challenge of processing content detailing the horrific experiences a parent or grandparent may have endured in residential school was compounded by the anti-Indigenous racism shown by her classmates. Their indifference demonstrated a rejection of the content of the film, which clearly centered the abuse of Indigenous children. Minimizing Indigenous peoples' experiences with injustice is reflective of a social pattern in Canada (Lowman & Barker, 2015), with similar experiences detailed in a study with Indigenous undergraduate nursing students in Wolastokuk (Perley-Dutcher et al., 2018).

A first-generation descendant reflected on the impacts of Indian residential school ideology in the context of her family relationships. Sue discussed the relationship decisions of her mother, who was a residential school Survivor:

> My mom met my stepfather when I was seven… She needed a non-native man. That was better. My father was white, that's why I'm white. – Sue

She was critical when identifying her mother's pattern of relationships with non-Indigenous men. Circumstances that were beyond Sue's control have affected her relations, as an individual who readily self-identifies as Wolastoqi but may be perceived by others as 'white.' Moreover, spending little time growing up in her First Nations community has made it more difficult to be accepted as Wolastoqi. As a descendant who rejects the racism of residential schools and values her Wolastoqey identity, the interplay between intermarriage and acceptance have consequences for healing. Intermarriage can result in loss of Indian status[37], passing as a 'white' person, or lacking a connection with

[37] Legislated assimilation continues at present with the 'two-generation cut-off' rule. After two generations of intermarriage in a family line with Indian status, the child(ren) no longer qualifies for Indian status (Vowel, 2016, pp. 29-30).

community and culture (Perley-Dutcher & Dutcher, 2010). For self-identifying Indigenous people, those who are 'mixed blood' often have experiences of being devalued by both Indigenous and non-Indigenous people (Muise, 2006; Paradies, 2016; Schwager, 2006; Spears, 2006). As members of the Research Team expressed during data analysis, feeling neither 'Indigenous enough' nor 'white enough.'

Recognizing issues with racism in many Canadian institutions, participants often expressed their frustration in references to 'the system.' In particular, the participants directly identified the educational and child welfare systems as problematic. A second-generation descendant asserted:

> People are being honest about their stories... It's important to note that institutions that were supposed to make our people safe, have failed our people. – Catherine

Collective experiences with the gross shortcomings of Canadian institutions, meant to maintain the safety, meet the needs, or uphold the rights of Indigenous peoples are evident through stories. Healthcare, education, justice, and child welfare are a few of the public systems that have been rife with issues of racism and oppression, contributing to an undercurrent of distrust. With the testimonies of Survivors as a defining moment for the power of truth-telling for Indigenous peoples, hearing and telling stories is a significant way of giving voice to Indigenous collective struggles. Another second-generation discussed her personal struggles confronting 'the system':

> It's really hard because I recognize myself as being a Wolastoqi person. But I grew up in a system that doesn't recognize that… Having another worldview, other people are struggling with that and I'm struggling with that too. We need to be able to build our own and implement our own. The question I ask myself is: do we have to answer to the system? Part of me says yes, part of me says no. – Doris

Working in a dominant system that is incongruent with the priorities, values, beliefs, and worldview of Wolastoqiyik causes irreconcilable tension for her mind and spirit. She identified conflicted feelings surrounding her participation in Canadian systems, when 'our own' Indigenous systems went underground[38] in response to colonization. Preserving and revitalizing Indigenous systems requires commitment and sustained efforts, which can be challenging when the time, attention, and resources of Indigenous peoples are redirected to Canadian systems.

The participants conveyed an implicit awareness that centering dominant worldviews as the norm has the indirect effect of erasing Indigenous knowledge, culture, and identity (Absolon & Willett, 2004; Kovach, 2009; L. T. Smith, 2012). Although distinct, the worldviews of different Indigenous peoples are recognized to have shared features, assumptions, beliefs, protocols, customs, natural laws, stories, and art varies. With Indigenous worldviews, human existence is situated within the broader context of the natural world, encouraging relationships with all entities, human and non-human (Absolon, 2010; Little Bear, 2000; Stonechild, 2016). Frequently grounded in values of respect, reciprocity, and relationality, Indigenous worldviews support deeply personal connections to community, kinship, culture, language, and land (Chilisa, 2012; Kovach, 2009; Stonechild, 2016; S. Wilson, 2008). The contrast between an Indigenous worldview and the linear, hierarchical worldview of Canadian social systems creates dissonance for individuals caught trying to navigate between the two ways of being. This participant described this tension, questioning the need to participate or to reject the dominant Euro-Canadian systems. She reflected with a critical consciousness that the

[38] This is frequently how Elders refer to the survival of Indigenous cultures and pushes back on the notion that Indigenous cultures are dying.

imposition of Western worldviews has been harmful, rather than helpful to Wolastoqiyik.

Resistance

This sub-theme highlights the strength of the participants to resist colonial processes. Even if unspoken, it featured strongly throughout their wolamsotuwakonol as they highlighted the actions undertaken to repel racism and oppression. For instance, as an educator in a post-secondary setting, one participant is working towards transforming the physical space collaboratively with her students:

> My co-worker's taking the floor plan we have and making it suitable for us. I need my students to do this too. I think in some ways, [what we are doing is] showing people a voice and being able to use their own power. - Doris

Upholding the power of her students, the participant exercised agency to collaboratively transform space in their educational setting. Having grown up 'in a system' that did not recognize her identity as a Wolastoqew, she drew from internal and external resources to establish a rightful space that honours skicinuwey ways of knowing, being, and doing. Figuratively and literally reshaping her physical work environment for Indigenous students and educators is a powerful resistance to colonial spaces.

As another strong example of resistance, Catherine discussed her advocacy work to protect the right to breastfeed:

> Breastfeeding in academic spaces, it's traditional. It's a human right.
> – Catherine

Drawing from the benefits of healthy Wolastoqey child-rearing practices, she demonstrated a determination to resist practices that inhibited her ability to exclusively breastfeed. Cidro and colleagues (2015) assert that protecting the sacred relationship between the breastfeeding mother and infant exists in the context of the Indian

residential school system, a system that prevented the intergenerational transfer of healthy child-rearing practices. This demonstration of resistance is a recovery of traditional cultural knowledge and practices related to breastfeeding and motherhood. Moreover, Catherine's efforts to protect the right to breastfeed coincide with literature that recommends health promotion efforts to promote, protect, and support breastfeeding among Indigenous mothers (Banks, 2003; McIsaac, Moineddin, & Matheson, 2015; Moffitt & Dickinson, 2016; Ye, Mandhane, & Senthilselvan, 2012).

Altered Social Realities

The third theme of this study details the social realities that participants discussed in the sharing circles. These effects of altered social realities were described as the result of the Indian residential school system but cannot be separated from the continuing processes of colonialism. Dimensions of this theme include *parental and personal experiences with pain and trauma*, *'I made a point to learn my history'*, *disruption in Wolastoqey communities*, and *caring for a Survivor*.

Parental and Personal Experiences with Pain and Trauma

All participants in this study knew about the trauma their parents had endured and discussed their own experiences with trauma. Due to the sensitivity of this information, specific examples or details were rarely disclosed in the sharing circles. A first-generation participant recounted the physical abuse endured by her mother at the Shubenacadie Indian Residential School, such as having her ears violently and repeatedly struck, resulting in long-term health problems. It is well documented that physical attacks targeting Indigenous children were common and ranged in severity (Chansonneauve, 2005; Fontaine, 2010; Getty et al., n.d.; Grant, 1996; Knockwood, 2015; RCAP, 1996; TRC, 2015d).

Second-generation descendants in this research also recounted the effects of trauma in the lives of their parents:

> Mom was rough around the edges, but her life had trauma. She faced abuse from her father and domestic violence. I can see the way it has impacted her. Dad… never wanted to talk about himself, but he was affected. Both their childhoods had sexual abuse. – Catherine

> Mom tries every day to do her best… She had a much harder life than I did. – Winona

The participants had knowledge of the life-long hardships their parents experienced, including the serious issues of sexual abuse and domestic violence. Also significant is their understanding that the painful and difficult experiences of their parents (as first-generation descendants) have had lasting impacts. Use of the words 'affected' and 'impacted' suggest responses to trauma that are apparent to their children. In other research, this has been described as 'body memory,' or the voices, muscles, reflexes, and habits of their parents (Stout & Peters, 2011b, p. 74). The participants recognized that these hardships occurred in the context of intergenerational trauma, conveying sincere appreciation and respect for their parents. Winona made a point to acknowledge her mother's resolve to provide a better life for herself and her family, despite her struggles with painful memories. The physical and sexual abuse experienced by their parents has been found and discussed in other studies with descendants of Survivors (Ing, 2000; Stout & Peters, 2011a).

Another second-generation descendant elaborated on the intergenerational nature of parental trauma:

> I guess that comes from my own experiences with intergenerational trauma. I've experienced [trauma] through my parents, I've recognized it a lot sooner. I've tried to grow from it or move with it, instead of letting it eat away at me. - Doris

This participant has identified witnessing her parents' responses to trauma as an embedded aspect of her social reality. Her awareness of intergenerational trauma has helped her acknowledge the losses and pain she has experienced in her life, instead of becoming desensitized or bitter toward it. Experiencing trauma 'through' her parents is also suggestive of a soul wound, which is an implicit spiritual dimension of grief and suffering that is passed on through the generations (Duran, 2006; Duran et al., 1998). The participant's ability to recognize helps her to cope and adapt, contributing to her resilience as a descendant.

Participants recalled problematic alcohol and substance misuse in their families. A first-generation descendant described a childhood memory of her mother returning to pick her up after 'living with strangers' for an extended period of time:

I remember seeing her, and she was so beautiful. She was sober then. – Sue

After sharing this memory, Sue noted how this experience gave her insight into how her mother must have felt at residential school. With the beauty of her mother intimately linked to sobriety, it seemed possible that Sue could have had the relationship she hoped for with her mother. At the same time, she was uncertain or skeptical because she had previously been disappointed with the inconsistency of her mother being able to sustain stability in her life.

Another first-generation descendant discussed her mother's alcoholism:

> We need to understand that a lot of our coping skills are unhealthy. My mother was an alcoholic. I've called her a whore many, many times… - Cocahqikat

This participant's honest account of volatile encounters with her mother conveys the many times that she has been angry, hurt, and disappointed. Although she situated her mother's alcoholism as a method of self-medicating from the trauma of residential

school, Cocahqikat acknowledged the anger and pain experienced by herself because of her mother's alcoholic behaviors. Her personal experience informs the caution she gives for how one responds to trauma and oppression. That is, alcohol-use remains destructive to family relationships even when understood within the context of intergenerational trauma.

Alcohol and substance misuse are noted to be self-soothing practices to numb painful memories of Indian residential school (Chansonneauve, 2005; Getty et al., n.d.; Morrissette, 1994; Stout & Peters, 2011a; Wesley-Esquimaux, 2009). Of equal importance, others describe the challenges associated with directly linking alcohol use to Indian residential school experiences (Bombay, Matheson, & Anisman, 2014). Although not a coping mechanism for all Survivors or descendants, studies have reported problematic alcohol use among Survivors (Getty et al., n.d.; Rothe et al., 2006; Stout & Peters, 2011a) with some rates as high as 75 per cent (Corrado & Cohen, 2003).

One first-generation participant disclosed experiences with physical abuse from her mother who was a Survivor. She described a memory that recurred when she was asked to braid the long hair of her witapesq[39]:

> It was the softest, most beautiful hair. I brushed it gently. I used to have long hair, but my mother didn't like it [crying]. – Sue

This participant went on to explain that her mother used to hit her head with a hairbrush. The pain and humiliation from her mother's actions were a traumatic experience that continued to deeply affect her. Seemingly a benign task, brushing her friend's hair resulted in problematic flashbacks that cause anxiety, fear, and crying for this participant. Sue also described other 'triggers' that resurface painful memories of abuse,

[39] Her friend

such as driving by places where abuse occurred. The shame and hurt inflicted by some Survivors indicate abuse that was transmitted intergenerationally from Indian residential schools, extending into the lives of descendants (Getty et al., n.d.; Stout & Peters, 2011b; Wesley-Esquimaux, 2009). This participant later tied in her personal struggles with perfectionism:

> Nothing is ever good enough. Everything has to be perfect. I can be obsessive about things. That can be hard for my kids. – Sue

She recognizes that her high standards and expectations have been witnessed by her children, who are second-generation descendants. With the intent of replacing Indigenous child-rearing practices, Indian residential schools were described by Survivors as highly regimented environments with an excessive focus on order and control (Knockwood, 2015; TRC, 2015d). Behaviours that were considered undesirable were often punished. Some Survivors used this authoritative parenting style with their own children (Getty et al., n.d.), causing some descendants to strive for what they perceived to be high standards (Ing, 1990; Stout & Peters, 2011a).

In this study, one of the most painful consequences of the intergenerational legacy of the Indian residential school system was the continuation of sexual abuse. The fear of sexual abuse is exemplified in the following:

> Our realities are, it's not necessarily a stranger [who sexually abuses]. It can be a close family member. – Cocahqikat

> Sexual abuse happens so much, but it's silenced. It has made me afraid of who can be with my daughter. – Catherine

With a heightened awareness of this danger, first- and second-generation descendants were protective of their children. As they discussed their concerns to protect their children from sexual abuse, participants explained that risks for their children are made

worse by a context of fear and silence. The silence that surrounds sexual abuse in the context of the Indian residential school legacy is also documented in previous studies (Bombay, Matheson, & Anisman, 2014; Getty et al., n.d.; Stout & Peters, 2011). Participants spoke in emotional ways about this legacy as they described ongoing fears of sexual abuse for their children. The involvement of family members and community relationships in perpetuating the sexual abuse of children is a source of grave concern among participants. In an atmosphere in which the perpetrators are protected by the silence of the family and community relations, participants indicated that mistrust and fear have generated stigma. However, within the sharing circles, there was a level of safety to discuss the reality of childhood sexual abuse. This finding compels consideration for the complex power relations that are interwoven in descendants' lives. It became clear that participants were impacted by multiple, painful, and interacting traumas of colonialism and Indian residential schools.

'I Made a Point to Learn my History'

The Wolastoqi ehpicik talked about the importance of learning their family history with Indian residential schools, although this experience was often veiled with silence in family and public spheres. A second-generation descendant detailed her perspective of the silence that surrounds historical trauma:

> Our trauma becomes normalized… desensitized… Not talked about.
> - Catherine

In this powerful statement, Catherine identified an extensiveness of trauma experienced by Indigenous peoples that is unspoken. In the Canadian context, the violence of colonialism that has and continues to cause trauma has seldom been taken up in non-Indigenous public discourses. The trauma and its history are frequently obscured. For

instance, the harm caused by Indian residential schools went unacknowledged until the mid-1990s and only recently entered public discourse with the release of the TRC *Final Report* in 2015.

In this context of not recognizing and/or misrecognizing a history of trauma, it has become important for descendants to learn about their family history. Participants talked about how they 'made a point to learn my history.' Second-generation descendants shared the significance of having conversations with their grandmothers about their experiences in Indian residential school. Catherine recalled having an honest conversation with her grandmother about her residential school experience:

> I asked her 'did you go [to residential school]?' I could tell she was apprehensive. 'I heard there was abuse in those schools. Were you sexually abused?'… She did cry. I remember the way it impacted me. – Catherine

Catherine's father then shared with her that her grandmother 'never talked about it,' speaking to the level of closeness and trust between this granddaughter and her grandmother. Remembering these questions as defining moments in a longer conversation, raising the difficult questions of abuse required courage to share in the pain of her grandmother's experience. This specific relationship enabled her to ask these questions, as a way of connecting with her and gaining further insight into her family history. Another participant shared this sensitive moment with her grandmother:

> I called my grandmother about it [and they had a conversation about residential school]. She was a Survivor and [afterwards] told me she hoped I would call back and keep in touch with her. I said I would. She passed away a couple of years later. I had not called back at the time. So, to me, this is kind of continuing our conversation. – Winona

Winona knew of her family history with residential schools prior to the work of the TRC and sought to learn more from her grandmother. This memory was conveyed with sadness and remorse because it was the final conversation that she had prior to her

grandmother's passing into the spirit world. The distance in her relationship with her grandmother inhibited the ability to seek better closure.

A first-generation descendant advised that having knowledge of family history could clarify personal and family responses to the direct and indirect effects of the Indian residential school experience. Her response is framed in a way that offers guidance to descendants of Survivors:

> Learn your background and history so as not to make the same mistakes.
> - Cocahqikat

Following this statement, Cocahqikat discussed providing a better life for her son in a way that breaks the cycle of intergenerational trauma. For her, being knowledgeable of her family's history helped her gain a level of personal control over her responses to historical trauma. Understanding parental experiences with trauma can give perspective to family and community relations (i.e., described earlier as silence, lack of affection, disconnected relationships).

Sometimes learning about family history began with the ability to observe their family environment, noting that the social circumstances in their families were different than other families (Getty et al., n.d., p. 56). However, the participants in this study chose to confront this silence. Learning their family history of Indian residential schools occurred through personal conversations with their family members or assisting their family member through TRC hearings and financial compensation processes[40]. The clarity gained from knowing about one's familial experiences with Indian residential schools may shift perspectives of 'individual and family dysfunction' to responses to state-sanctioned colonial violence and oppression.

[40] Common experience payment or independent assessment process

Disruption in Communities

The Wolastoqi ehpicik in this study reflected on their experiences within the context of their communities. The effects of that experience were discussed in terms of altered social realities in communities. From the perspective of a second-generation descendant, the behaviours of peers (who were not descendants) were not reflective of the experiences that she had:

> In school, I felt so much older. The other kids were so immature, they weren't exposed to the things I was exposed to, the conversations I was exposed to. They wanted to be 'tough kids from the rez.' I didn't feel a need to be like that. – Catherine

Having had personal and family experiences with the effects of the Indian residential school system, this participant differentiated her upbringing as a descendant from that of non-descendants. The level of developmental maturity required in navigating through the altered social realities as a descendant made the 'tough kids' mentality of non-descendants unrelatable.

Another first-generation ehpit observed the difficult intergenerational effects of the Indian residential school experience in Wolastoqey communities:

> I see in [other First Nations communities] that some descendants are not breaking the cycle. The Survivors' children have children, and their children get put in the system… It's the same thing over again. - Cocahqikat

This participant was voicing concern about seeing a pattern of children entering and re-entering systems of foster care and corrections, perpetuating a cycle of trauma. In her comments, this participant emphasized the lack of structural interventions that could correct an ongoing cycle of intergenerational trauma. These patterns and the importance of interrupting the perpetuation and repetition of trauma have also been recognized by others (Bombay, Matheson, & Anisman, 2017).

Caring for a Survivor

One first-generation descendant disclosed her experience of caring for her elderly mother who is a Survivor, which stands apart from the experiences shared by the other participants. Her story gives voice to some of the challenges that can arise when working with a parent who has the lived experience of trauma from Indian residential schools. This participant works full-time in addition to caring for her mother, who requires around-the-clock care and supervision. Qualifying for respite care once a week, this participant has limited personal time.

This participant is regularly faced with her mother's recurrent flashbacks to the nuns at Indian residential school. She described this experience:

> What's challenging is the comparison… Comparing the level of care that I give her to the nuns gave her in the school.

The restrictions to her mother's freedom often elicit flashbacks to residential school, causing her to lash out and compare her daughter to the nuns. With intimate knowledge that the nuns were abusive to her mother, this comparison was dismaying and damaging to the spirit of her daughter. From the standpoint of the participant, she cares for her mother out of dedication, having sacrificed her personal time and remaining steadfast in her commitment not to place her in an institution.

Consideration for the harms caused by Indian residential school factored into the participant's decision not to utilize long-term care for her mother. She shared:

> Sometimes I care for her out of guilt because I don't want her to go back to an institution [like a long-term care facility]. She was sent to an institution as a child…

Given the experiences with her mother's flashbacks, she chooses not to pursue long-term care fearing that these flashbacks would worsen within an institutional setting. The

participant also places significance in preventing institutionalization from recurring for her mother as she ages. The anticipated feeling of guilt for making a 'wrong' decision was a motivator for keeping her mother at home. She elaborated on other reasons she cares for her mother:

> I've always taken care of my mum. I was taught to give back, so this is me giving back.

In sharing this experience, the participant has described a strong commitment and dedication to her mother that has made it inconceivable to place her in a long-term care facility. As a social pattern among Wolastoqiyik, value is often placed on taking care of the elderly, although this work is typically shared among family and community members. The weakened family ties within her family have placed a disproportionate burden of caring labour on this participant, who has 'always' cared for her mother.

Disconnected Relationships

Forming a fourth theme, speaking to the experience of disconnected relationships featured prominently in the sharing circles. Although consistent with altered social realities for the Wolastoqey ehpicik, belonging to a relational culture that values kinship has implications for the significance of this dimension of descendants' experiences. This is best described by Doris, a second-generation descendant:

> I was very disconnected, in a lot of different ways and with different relationships. – Doris

Momentous silence confirmed this to be a shared experience and a complex issue. This speaks to what is evidently an intergenerational effect of Indian residential schools that disrupted the relationships among families, communities, and cultural identity (Dion Stout & Kipling, 2003; Grant, 1996; Knockwood, 2015; Miller, 1996; RCAP, 1996b).

The dimensions of this theme include *difficulty with affection*, *disconnection from community and culture*, and *separation from siblings.*

Difficulty with Affection

The participants shared experiences with difficulty securing affectionate behaviours from their parents and subsequently finding it difficult to show affection to their own children. A first-generation descendant described the intergenerational nature of affection with her mother:

> My mother didn't love me as a child… But she loves and cares for my son. She did the best that she could, with what she was taught. – Cocahqikat

The perception that love itself was hindered speaks to the gravity of this issue for descendants. There is profound sadness and pain in the memory of being a child seeking love, attention, and acceptance from parents who were unable to reciprocate. Although love can be demonstrated in other ways beyond affection, this participant emphasized the emotional distance that she felt in the relationship with her mother. This participant's ability to attribute her mother's inability to express affection to her experiences at the Indian residential school provides evidence of healing. By showing affection and care for her grandson, *uhkomossol*[41] is breaking patterns associated with the Indian residential school legacy. Stout and Peters (2011) also described the phenomenon of Survivors becoming involved and loving grandparents (p. 54).

A first-generation descendant reflected on her personal struggles to show affection to her own children. She shared:

> When raising my children, I could never sleep in the same bed as my kids. I could never cuddle my kids because my mother never cuddled me. I don't like to touch people, I don't like intimacy. – Sue

[41] His/her grandmother

> I try to show love in a lot of ways. I buy [my children] things, I take care of them, I try to be there for them. I don't know how to nurture, I don't know how to be a loving mom… [But] they're all hard workers, they're honest. – Sue

This participant was bothered by her inability to be affectionate with her children. Struggling with her own aversion to physical contact, there is a sense that she deeply wanted to express her love through nurturing behaviours. Dedicated to providing a better life for her children, she did not want them to experience what she did as a child. These effects were still palpable for the second-generation descendants in this study as well, who alluded to difficulties with affection from their parents. However, this participant demonstrated a mending of this intergenerational legacy by lessening the impact of difficulty with affection. She redefined her expression of love in her ability to take care of her children's wants and needs, give them her physical presence, and be supportive in their endeavors. She then described the positive impact this has had for her children, as honest and hard workers.

Identified as a direct result of the Indian residential school experience, previous research has documented these challenges with physical bonding (Dion Stout & Kipling, 2003; Getty et al., n.d.; Ing, 1990; Stout & Peters, 2011a). The removal of children from families and communities, as well as behaviours of residential school staff, frequently prevented Survivors from learning behaviours associated with affection and intimacy (Anderson, 2016; Dion Stout & Kipling, 2003; Ing, 1990; Stout & Peters, 2011a). Elder Opolahsomuwehs confirmed this experience with the following teaching:

> Don't get too close, don't hug - that was brought back from residential schools.

While this pattern was often reproduced in subsequent generations, there was much evidence that the Wolastoqi ehpicik were working to address their ability to express love and care in nurturing ways.

Disconnection from Community and Culture

Physical, emotional, and cultural distance from both families and communities was identified by participants. Finding acceptance within the Wolastoqey community is often an integral part of cultural identity, with extended kinships important to mental, emotional, and spiritual wellbeing. A second-generation ehpit shared her experience:

> It's really frustrating when people don't recognize that you're part of the community. I've learned not to take it personally. Sometimes it's frustrating and it hurts. – Doris

> I feel angry at some things I missed out with my culture; not feeling connected. – Doris

Not being accepted as part of the Wolastoqey community is a culturally-significant source of hurt for Doris. She also speaks from the perspective of a self-identifying Wolastoqew who did not grow up on a First Nations community, as well as someone who is 'mixed blood.' In elaborating on these and other challenges that were described earlier (i.e. challenges around colonialism), her anger and frustration surfaced. She directly attributed a lack of acceptance as a barrier to Wolastoqey culture. Highlighting the intergenerational effects of trauma for descendants, the feeling of being disconnected from community is highly reminiscent of the experiences of Survivors who returned home (Martin et al., 2013).

Within the sharing circles, frequent physical relocation was identified as a factor that prevented the development of solid familiar and community bonds. Conversely, one participant suggested frequent relocation could be a coping mechanism to physically

distance oneself from circumstances of pain and trauma in a community. Another described her mother escaping from an abusive situation within the community. In these instances, being away from their communities was actually needed for safety and healing.

Separation from Siblings

Three of the Wolastoqi ehpicik shared experiences in their families involving temporary or permanent separation from siblings. For a first-generation descendant, this was one of her earliest memories:

> My first memory though, is my mother giving up my sister… It was horrible, I remember them taking her [crying]. – Sue

The adopting out and subsequent loss of her sister was a traumatic early experience for this participant, representing forced emotional and physical separation from her loved one. Resentment about the decision to 'give up' her sister was evident, as it continued to deeply affect her at the time of the sharing circle. Although never able to find her sister again, she maintained a personal connection and love for her. Making apparent the importance of her spirituality, Sue recalled the inexplicable experience of coming across the only picture she had of her sister prior to attending this sharing circle.

A second-generation descendant recounted disconnection in her paternal family due to the adopting-out of her father's siblings:

> Dad was the only one who stayed in the community. [Later] my grandmother moved back to the community, and there was a lot of resentment for giving [her children] up. – Doris

The words 'giving up' feature prominently in these accounts and convey blame for the parenting challenges experienced by some Survivors (Grant, 1996; Ing, 1990). In many instances, a feeling of guilt may be diminished by recognizing that one's children were

actually taken from them. Another first-generation descendant discussed the ongoing resentment and hostilities within her family due to the apprehension of her siblings by the Indian agent, who then facilitated the placement of these children in the foster care system. This participant described the emotionally complex conversations she had with her "angry" sister, who was fostered out of the family. Protective of her mother who was a Survivor, the participant maintained that the apprehensions were not her mother's fault and were an extension of the Indian residential school system.

Core to these accounts is the fact that the apprehension of Wolastoqey children who are descendants of Survivors, adds another layer of indescribable loss after the Indian residential school experience. Survivors who struggled with parenting due to forced cultural and material impoverishment were not given a chance to recover from their residential school experiences. With a deepening overrepresentation of Indigenous children in the Canadian child welfare system, this inequality is particularly alarming (Aboriginal Children in Care Working Group, 2015; Galley, 2010; Vowel, 2016). Indigenous children are more likely to be reported to child welfare for 'neglect' due to factors such as caregiver poverty, poor housing, and substance misuse (Blackstock, 2007, p. 75). This study draws attention to the disturbing overlap between the Indian residential school system and the foster care system in Canada.

Wolastoqey Identity

As a fifth theme, the participants discussed a firm grounding in Wolastoqey identity as a powerful healing process that was conveyed with shared understanding, meaning, and hopefulness. A second-generation descendant poetically articulated the centrality of Wolastoqey identity to healing:

> Through identity, which encompasses everything – language, ceremony, arts, hunting, gathering, fire-keeping – that's what [healing] really comes down to. – Doris

Influencing all aspects of life, this participant imparted a strong sense of knowing that Wolastoqey identity contributed to the resilience of descendants of Survivors. For participants, bringing ancestral ways of being, knowing, and doing into the contemporary context alleviated the remnants of the Indian residential school experience. *Maintaining strong roots, healing in a traditional way*, and *Wolastoqey latuwewakon*[42] are dimensions of this theme.

'Strong Roots'

Having strong roots is a process the participants engaged in to become grounded in their Wolastoqey identity. This included building relationships, developing a sense of community, and instilling pride. The Wolastoqey ehpicik identified these factors as important to the healing from the intergenerational effects of trauma for individuals, families, and communities. A second-generation ehpit reminisced about the time she spent with her great grandfather:

> I'm thankful to have strong roots. I spent time in my great grandfather's backyard making baskets. I never understood the beauty of it at the time. – Catherine

A valued and cherished activity with her great grandfather, the art and practice of making ash baskets is steeped in the culture of Ckuwaponahkiyik. This experience is also reflective of intergenerational knowledge transmission between an elder and the youth generations, ensuring that the teachings of ash basket-making would be sustained in the future. Looking back, this participant has gained a sense of appreciation for

[42] Wolastoqey language

having this time with her great grandfather, which nurtured her Wolastoqey identity. This memory is representative of healing and demonstrates a reversal of the aim of residential school to eliminate Indigenous cultures.

The participants also described the efforts they undertook for their children to develop strong roots in their Wolastoqey communities. This first-generation descendant shared the following:

> I want my kids to know where they're from. Encourage them to do service work. How to deal with people in a positive way. Even dealing with difficult people. – Sue

As an important aspect of their identity formation, this participant placed deep value on her children having strong relations with their First Nations community. She also imparted a sense of commitment and responsibility to her children, encouraging them to be active contributors as community-members and to have the fortitude to persist when interpersonal challenges arise.

A second-generation descendant conveyed a sense of hopefulness in the re-emergence of Wolastoqey identity:

> I think we are growing and healing. Finding unity in numbers. Having a firm sense of identity is what will do the work for us. Healing for myself and family, breaking barriers for my daughter and others, spread the love around our community and members will start to feel that too. – Catherine

In these discussions, collective healing of Wolastoqiyik is conveyed by Catherine in the sense of personal responsibility to heal, to support others' healing, and build supportive and loving relationships with community members.

'Healing in a Traditional Way'

The Wolastoqey ehpicik in this study placed emphasis on ancestral Wolastoqey knowledge systems for traditional healing from the intergenerational effects of trauma.

Traditional healing is described as wholistic, often in reference to seeking balance between the mental, emotional, spiritual, and physical domains of health. One descendant described traditional healing:

> Opening up to a different kind of wholistic healing with community members. Our people just need to be awoken (sic) to that. Encouraging healing in a traditional way. We were philosophers. We did 'Western' science. I want to promote how sacred our walk is. I never say our culture is dead. - Catherine

In this excerpt, there is recognition that traditional healing is rooted in Wolastoqey epistemology and ontology. Catherine made reference to our earth walk, the experience of living existence prior to re-entering the spirit world. By referring to the Wolastoqiyik earth walk as sacred, she refers to Indigeneity and the inherent value in being Wolastoqew. She also suggests a contemporary and evolving Wolastoqey way of being that resists outdated and stagnant notions of Indigenous peoples. Confidence is expressed in the ways of being, knowing, and doing of the Wolastoqiyik, and that they will continue to exist as intact peoples in the future. This passage typifies the work of Indigenous peoples across Turtle Island to dispel colonial myths that we are a vanishing race (King, 2003; Lowman & Barker, 2015), and replace those with visions of a healthy, adaptive, and continued existence.

Within culture, another second-generation descendant also located personal healing in having a stable and supportive network:

> My vision of healing is culturally feeling stable, feeling supported, having a network, using that network, having resources to use, knowing what they are. Having people available to guide them. - Doris

From a cultural perspective, Doris refers to a supportive network that should be viewed as including normative social structures of community involvement to practices that nurture the wellbeing of individuals. These kinship and community systems are evident

in Wolastoqey latuwewakon. For instance, *tus* and *qoss* are frequently terms of endearment used to refer to a person younger than the speaker. When used, these terms implicitly communicate care, concern, and a sense of responsibility for that person. In many Indigenous social structures, the older generations have a responsibility to guide and protect the younger generations (Anderson, 2016).

In the participants' discussion of healing in a traditional way, honouring relationships between Wolastoq (river), Wolastokuk (ancestral lands of Wolastoqiyik), and Wolastoqiyik (people of the beautiful and bountiful river) emerged as a healing response to historical trauma. A first-generation descendant discussed her relationship to the water:

> Spring is my favorite time of the year because of the rebirth. It gives me strength and courage to move on… being close to the water. – Cocahqikat

Drawing from the significance of the change in season, this participant finds solace in connecting with her non-human relations. Her reference to the *samaqan*[43] is significant to Wolastoqey identity, as Wolastoqiyik are people of the beautiful and bountiful river. This language reinforces interconnectedness between the river, land, and people as a source of healing.

Participants also relayed the importance of cultivating a relationship with *skitkomiq*:

> How we walk on our Earth Mother matters. That's why it's important for gratitude. – Doris

> We need to be one with Mother Earth. Speak to the trees, Grandmother river and get the healing started. – Elder Opolahsomuwehs

[43] water

Within the sharing circles, there was agreement that the healing of descendants was inseparable from connection to land. A nurturing relationship with nature is reinforced by Wolastoqey latuwewakon, teachings, songs, and ceremonies. This deeply rooted ancestral connection to place was spiritually significant to participants and remained an important feature of their healing within an urban context. Connecting with place included living mindfully on, being with, and interacting with skitkomiq. Reconnecting to the land for these descendants is identified as a resistive healing response to the Indian residential school system that aimed to separate Indigenous children not only from their families and communities but from their non-human relatives as well.

Wolastoqey Latuwewakon

Coping with the intergenerational loss of language fluency was another common experience for participants, a finding consistent with other studies with descendants (Getty et al., n.d.; Ing, 1990; Stout & Peters, 2011a). A second-generation descendant shared a story of learning that her father could fluently speak Wolastoqey latuwewakon:

> On the one hand, I was happy that he knew anything, but on the other hand, I asked him to teach me the language and he didn't… The shame of who he was, where he came from. We've come such a long way. But I was angry about not feeling connected to the culture, to the language. - Doris

Along a similar vein, a first-generation ehpit discussed her experience with language loss:

> I always wanted to be the opposite of my mom. She didn't teach me the language. – Sue

The anger associated with a lack of language fluency conveys a profound sense of loss with access to Wolastoqey worldview, culture, and identity. It can be frustrating to have parents or grandparents who were fluent speakers but did not pass on that knowledge. However, Survivors often experienced harsh punishments if they were 'caught' speaking

their traditional languages (Haig-Brown, 2006; Ing, 1990; Knockwood, 2015). Retaining language fluency was often a challenge for Survivors who were unable to go home, or felt they were protecting their children by not passing on the language (Martin, Ingram, Tremblay, & Crain, 2013). Relearning the language can be particularly challenging for descendants, especially with a lack of opportunities for immersion (Getty et al., n.d., p. 62). Although there are ongoing language revitalization efforts in Wolastokuk, descendants continue to interface with Eurocentric systems that privilege the English language.

Generational Healing

A sixth theme identified in this study, generational healing describes the changes witnessed from one generation to the next, as well as the actions taken to engage in collective healing. A second-generation descendant made this statement early in the second sharing circle:

> The generation before us got lost in assimilation.
> Our generation is working to reclaim. – Catherine

Reflecting on the resurgence of healthy pride in Wolastoqey identity, this participant has pointed towards the different circumstances that enable descendants to undertake the work of exercising self-determination and reclaiming traditions. The description of this theme includes the dimensions of *self-healing*, *generosity of spirit* and *community healing*.

Self-Healing

The participants discussed actions taken to protect the self as part of their personal healing process. The challenging social realities of the participants could elicit

protective responses, including emotional distancing. A second-generation descendant described her experience with disconnecting:

> Put walls up around me, I try to be honest now with my vulnerabilities. I'm gentle with myself, understanding when I was a bully and wasn't good to people. – Catherine

This participant is transparent with her previous shortcomings in relationships and interactions with people. She is gentle in this process with herself because she understands her responses in the context of historic trauma. Catherine elaborated:

> I would run from my stuff – it would exacerbate it. There is liberation in being honest. Because of the magnitude of the pain, it's hard… It's painful, right? It's family matters. It's been buried. The process of unburying it all is what matters. – Catherine

Vulnerability is conveyed in addressing the depth of pain and trauma in her life. Avoiding confrontation for several years attests to the strong connection between the magnitude of pain and the involvement of family. To unpack the layers of historical trauma is a complex task that requires mental, emotional, and spiritual fortitude and sensitivity. Survivors and descendants may attempt to protect family members from the real and perceived consequences of talking openly about pain and trauma. For Catherine, the process of identifying the historic trauma in her life was freeing and allowed her to confront the issues directly and engage in healing.

Self-healing processes were evident in participants' descriptions to rebuild relationships. A second-generation descendant shared:

> Not only do I work really hard at trying to find out who I am, and making connections, it's something I have to do for myself. – Doris

Earlier, this participant described the negative impacts of disconnected family and community relationships in her life. For her, establishing supportive and sincere connections with others is a distinct reversal to an intergenerational legacy produced

through disconnection and emotional distance. These personal responses to self-healing described by the participants are consistent with other findings (Stout & Peters, 2011).

'Generosity of Spirit'

All participants were engaged in meaningful professional work that assisted Indigenous peoples in Wolastokuk, whether residing on or off a First Nations community. Two descendants chose the profession of social work. One participant described being inspired to pursue social work while she was in high school:

> I decided in grade 11 that I wanted to be a social worker. My friend's family was so cool; they had foster kids, from different nationalities. That's what I want to do. – Sue

In her adolescence, this participant saw a positive instance of social work placement that caused her to aspire to facilitate similar placements. Another participant entered the social work profession to intervene and improve the lives of children in high-risk situations:

> But I do what I do because if I could stop one child from having to go through some of the things that I went through as a child… I can sleep better at night. At the end of the day, it's the kids in the [First Nation] community that I care for. – Cocahqikat

Based on her past experiences with pain and trauma, this participant conveyed a sense of urgency to protect children from this intergenerational legacy. Extending the healing beyond herself is evident in her innate sense of responsibility to work with children in her First Nations community.

To assist with community healing work, a second-generation descendant discussed working for her community in a leadership capacity:

> It's cool to go through the healing process for myself, my family, my daughter. That same love, I can spread that around the community and community members can feel that love. [Her work in her community] it's given me a better platform, speaking my truth. We smudge before our meetings. The little steps lead to big steps. – Catherine

Upholding love, responsibility, and ceremony represents reclamation of traditional ways of leadership. The work of restoring Indigenous leadership remains a challenge to the movement toward self-determination, in the face of the barriers created by the Indian Act which removed the traditional governing styles of Indigenous societies and imposed the elected chief and band council system (Joseph, 2018). Among Indigenous communities, Maracle (2003) explained that "leaders were traditionally understood to be servants to the people" (p. 379), rather than operating from a hierarchical position of superiority. This participant is taking up the opportunity to change practices within that governing structure so that it returns to Wolastoqey culture. For instance, integrating the traditional practice of smudging into the organizational behaviour of her workplace restores spirituality in Wolastoqey social and political settings. Another second-generation descendant described her meaningful work as an educator:

> I tend to work with adult students. I try to give them that strength. Some of the students come in, they look so defeated. Offering opportunities for dialogue, 'you're not that far off track'… I love my students, I really do.
>
> – Doris

The professions that had been selected by the participants in this study are intimately related to working with people. Demonstrating altruism in being a helper or a healer for others are qualities that are characteristic of Indigenous women immersed in community work (Castellano, 2009; Maracle, 2003). Differing from the western approach of separating the personal from the professional, these ehpicik confidently use the word

love to describe the working relationships they have with children, students, and community-members.

Contextualizing the finding of generosity of spirit, Elder Opolahsomuwehs shared her perspective with participants:

> That loss, you were able to use it by being of service to others, generosity of spirit, that's love.

With this teaching, she asserts that the numerous losses descendants have experienced as a result of the intergenerational effects of the Indian residential school system have influenced their approaches to others. By engaging in work that improves the wholistic health of their families and communities, these ehpicik undertook traditional roles in contemporary settings (Castellano, 2009). As descendants of Survivors, they confront their challenges, pain, and loss by engaging in community healing work that uplifts the lives of Indigenous peoples in Wolastokuk.

Community Healing

As the Indian residential school experience is contextualized in the process of colonization in Canada, community healing for the Wolastoqey nation emerged as an aspect of generational healing. In this context, community was often used to refer to First Nation communities (on-reserve) in Wolastokuk but can also refer to the Wolastoqiyik as a whole. A second-generation descendant used the analogy of a lotus in the mud to describe her perspective of community healing:

> It's like a lotus in the mud – it's really like the reserve. You get that cultural piece from the community. We have to find a way to sift through the mud and honour that mud. I think that resurgence is happening all over the nation. It's amazing to see. Finding unity in numbers. One thing about colonialism – we were spaced apart. We need to get together with different communities. – Catherine

The mud represents historical trauma that has roots in colonialism, from the Indian Act to Indian residential schools, as well as individual, family, and community responses to oppression. At the same time, the lotus stands for the beauty, resilience, and survival of community, culture, and language that can be found in First Nations communities. This participant identified the need to acknowledge intergenerational trauma and unite as communities, as part of the healing process for Wolastoqiyik. There have been, and continue to be, significant nation-building efforts underway to rebuild and implement traditional Wolastoqiyik cultural, political, educational, and legal systems.

An aspect of community healing entailed recognizing and elevating the gifts of others, particularly for children and youth who represent the future generations. A second-generation descendant discussed the work that she does with her community:

> I do tend to work a lot more with youth. When you're born, you're born with so many gifts. As you grow up, your gifts don't get supported… These gifts get pushed down. That's why I work with youth, their gifts are still there. They're more open, not as closed off. – Doris

A Wolastoqey teaching is evident in this excerpt; that a spirit brings its own gifts and purposes to its earth walk. Recognizing and elevating the inherent gifts of youth is a process of community healing that reverses conditions oppressive to their spirit. Elder Opolahsomuwehs offered teachings about inherent gifts:

> You don't need to be a pipe-carrier, you have people who can sew, who can cook, who can chop wood. Celebrate the gifts that everyone has. Elevate that. We have to elevate the importance of every individual person in the community.

Bringing together the individual's inherent gifts, talents, and purpose for the betterment of their communities and nations is rooted in a Wolastoqey worldview. Individuality is celebrated within the values of connection and inclusivity, as opposed to separation.

These teachings are found in other skicinuwey worldviews as well (Absolon, 2010; Anderson, 2016; Boyer, 2009; LaRocque, 2009).

"The Drums Speak": Symbol-Based Reflection with the Hand-drum

The drum-maker shared a teaching that the drums would speak during the first four days of drying, and this experience occurred for a few of the participants. The handdrum is a significant cultural practice among Wolastoqi ehpicik and other Indigenous women, described at depth in Chapter Three. For this project, it was important to embed transformative-healing methods that uphold the resiliency and strength of skicinuwey women who are descendants of Survivors. Moreover, these drums were gifted back to the participants for sharing their wolamsotuwakonol.

This final theme is focused on symbol-based reflections of participants with their hand-drums. When permission was given, pictures of the hand-drums are presented below with the unaltered narratives, the analysis, of the Wolastoqi ehpicik. Having unaltered narratives of symbol-based reflections are supported by Graveline (2000):

> Preserve the content Intact
> Circular
> Flowing
> Interconnected.
> If They want to know
> ''What does it all mean?''
> Tell Them
> Read between the Lines (p. 369)

This research prefaced the hand-drum making session with the statement that she would teach us how to make a hand-drum, so that the participants would have the skills and knowledge necessary to make hand-drums in the future. This is one of several important teachings about the hand-drum. The wood rims are made of cedar and perfectly round. In Wolastokuk, cedar is known to be a women's medicine and the perfect round shape

lends structural strength to the drum. Throughout the process, there was some uncertainty expressed by those who had not made hand-drums before about: lacing the string through the right holes, the tension of the string, maintaining the appropriate moisture for the hide, and so on. Each hand-drum had its unique characteristics, which imparted teachings of accepting imperfections. Near the end of the session, we were reminded to treat the *pokuhulakon* like a grandmother.

All six Wolastoqi ehpicik made hand-drums. Four engaged in symbol-based reflection with their hand-drum, and three provided me with pictures for this thesis. The picture of their hand-drum is followed by their interpretation of the meaning.

There's the Wabanaki motif on the outside. After I finished pencilling them in, there were thirteen. I put her two little footprints on there because it's her drum. I haven't put the cedar on it yet because I'm scared to ruin it.

Originally, I was going to paint a raven. A raven and trees. Somehow, my raven turned into a hummingbird. The background is stormy and there's a tree, it doesn't have any leaves. That wasn't even what I was attempting to paint. There has to be some kind of meaning behind the hummingbird. It's a beautiful, beautiful turquoise blue.

I kind of knew that, when Imelda mentioned [Survivor], that I wanted to give her the drum. I wanted something, not simple, but something with colours. That part of our teachings with healing. The heart because we need love to heal. Hopefully, if we put love out there, it will be passed on in the future. By passing it on, it will help her in her journey.

[picture not available]. So, I've never drawn on any of my drums and I have two drums. The drum that I use all the time, I started transferring something on to her and I've never followed through. With this one, the image that I've chosen, it's the image of a face of a woman and she has a peaked cap on. She has a full mouth, but one side has the double curves. It really represents my identity as being a mixed-blood person. Those curves and waves represent the water. She's probably just going to be black. The reason why she is full-mouthed, I want other people to recognize her, but it's still very much me. As a singer, having a voice.

Chapter V: Discussion

This chapter presents a discussion of the findings, based on collaborative reflection and interpretation of the participants' wolamsotuwakonol. Reported in the previous chapter, common themes emerged that identify patterns in their experiences as descendants: (a) "our healing starts with our women," (b) colonialism, (c) altered social realities, (d) disconnected relationships, (e) Wolastoqey identity, (f) generational healing, and (g) "the drums speak." Important perspectives on the gendered experiences of Indigenous women who are descendants of Survivors in Canada are provided in this thesis. Their wolamsotuwakonol compels reconsideration of the transmission of historical trauma, relationship-based approaches to healing, as well as truth, reconciliation, and justice processes in Canada. To explore these findings in more depth, this chapter discusses: (a) relevant contextual factors that emerged over the duration of the study; (b) relationship-based approaches to healing; (c) implications for nursing education, research, policy, and practice; (d) strengths and limitations of the study; and (e) recommendations for future research.

Theoretical and Sociopolitical Contexts over Study Duration

Feminist-Indigenist approaches to research support a wholistic consideration of experiences within theoretical, sociopolitical, and personal contexts (Cannella & Manuelito, 2008; Castellano, 2004; Saavedra & Nymark, 2008). Importantly, the participants' accounts inform understandings of remembering and truth-telling, as well as pathways for reconciliation and restorative justice. In exploring these factors, I also share experiences that have influenced my thinking about the intergenerational effects of the Indian residential school experience.

Significance of Remembering and Truth-Telling

Within a ceremonial context guided by Elder knowledge, the process of sharing and documenting our wolamsotuwakonol claimed space for our accounts of our intergenerational experiences. A common understanding among participants arose within this space, with the realization that our accounts were not comprised of isolated incidences. Instead, patterns of shared experiences as descendants assisted us in making sense of our collective social realities. The connections experienced during the sharing circles facilitated remembering and truth-telling in a way that was healing (Corntassel, 2009; Maxwell, 2014). Absolon and Willet (2004) describe the healing potential of remembering as a research method: "Reconnecting is also healing to our recovery process. Recovering stories, experiences, teachings, tradition and connections is what 'remembering' facilitates" (p. 13). The ceremonial context, the methodology and methods, and the positionality of myself as a graduate student researcher who is also a descendant, enabled us to come together to share our truths.

(Re)conciliation and Pathways for Restorative Justice

Hearing the wolamsotuwakonol of participants adds depth to the national conversation of (re)conciliation in Canada. The Wolastoqi ehpicik seldom separated their experiences with the intergenerational effects of residential school from colonization, pointing to the need to guard against superficial interpretations of reconciliation. Wyile (2011) identified a core challenge: "the concept itself remains somewhat nebulous and seems to mean many different things to different people, and is used quite differently in different settings" (p. 10). This is problematic in that superficial interpretations of reconciliation can be employed to maintain the status quo, bearing little semblance to the concrete actions that must be undertaken to rectify injustices

(Corntassel, 2009). Integrating restorative justice efforts can alleviate some of the identified shortcomings with the theory and application of reconciliation.

Dictionary definitions of reconciliation suggest the restoration of previously egalitarian or harmonious relationships. Based on an examination of colonial history, some scholars argue that these relations between Indigenous and Settler people have never been egalitarian or harmonious, electing to use the term *conciliation* instead (Amagoalik, 2008). Distinguishing interpersonal from political reconciliation, the truth and reconciliation processes in Canada involve Canada's political, legal, educational, and corporate institutions, as well as the society at large. The Truth and Reconciliation Commission of Canada (2015b) framed reconciliation primarily as relationship, involving sincere acts of mutual respect, tolerance, and goodwill (Walters, 2008, p. 168).

The participants' experiences focus attention to the dimension of justice in the context of truth and (re)conciliation in Canada. Their wolamsotuwakonol made explicit connections between the intergenerational effects of Indian residential school and their broader, collective experiences with colonial violence and oppression. Existing within continued colonial violence experienced by Indigenous peoples, the participants identified issues with Eurocentrism and racism within Canadian institutions. For example, issues with legislated identity and the ongoing apprehension of Indigenous children were significant aspects of their experiences that create barriers to healing. The Wolastoqi ehpicik also discussed their relationship to land and water as central to healing in a traditional way. As their healing is tied to place, the ancestral connection to skitkomiq has implications for land and water rights of Indigenous peoples. Although it is currently widely acknowledged by Canadian governments and institutions that Wolastoqey lands are unceded and unsurrendered, the Wolastoqiyik continue to

experience restricted autonomy in land use and resource development matters (e.g., see Brake, 2019, July 24; L. Perley, 2019, July 3; Poitras, 2019, June 8). In light of these issues, Indigenous and non-Indigenous scholars have repeatedly called for reconciliation to be based on restorative justice measures (Alfred, 2009; Llewellyn, 2008; Waziyatawin, 2009).

For Indigenous peoples in Canada, advocating for (re)conciliation that engages in the complex process of restorative justice is based on the need for deep structural changes in society. How these structural changes are pursued, however, implicates the mechanisms of and relationships between recognition and redistribution. This particular discussion is informed by the debate and dialogue of Nancy Fraser and Axel Honneth (2003). Fraser has posited that recognition seeks cultural transformation in patterns of representation, interpretation, and communication for marginalized groups (Fraser & Honneth, 2003, p. 13). She has also asserted that redistribution is concerned with material inequalities and pursuing economic restructuring as a means for justice (Fraser & Honneth, 2003, p. 14). In her arguments, Fraser has taken the position that overcoming injustice requires both recognition and redistribution (Fraser & Honneth, 2003, p. 25). Alternatively, Honneth has proposed that recognition consists of three spheres: of the need for affection and concern, legal equality, and social contributions (Fraser & Honneth, 2003, p. 142). From this perspective, distribution conflicts are essentially struggles for the recognition of legal equality and/or social contributions (Fraser & Honneth, 2003, p. 150). The ethics of recognition and the ethics of redistribution are a part of defining, discussing, and working towards restorative justice.

In the context of truth and (re)conciliation, the Canadian state has frequently employed the politics of recognition to negotiate identity and difference between

Indigenous and non-Indigenous peoples (Coulthard, 2014). It is clear that the Indian residential school system is a potent example of the real harm inflicted by the misrecognition of Indigenous peoples:

> A person or a group of people can suffer real damage, real distortion, if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves. Nonrecognition or misrecognition can inflict harm, can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being (Taylor, 1994, p. 25).

The harmful consequences of misrecognition provide important insights for the motivation of Indigenous peoples to rectify history, discourses, imagery, and representation of ourselves. However, aligned with the analysis of Fraser, recognition as a sole approach falls short in redressing colonialism that continues to perpetuate structural injustices. The wolamsotuwakonol of participants are deeply suggestive of a need for justice that moves beyond the politics of recognition (e.g., acknowledgment of the historical injustice of Indian residential schools). The participants discussed experiences with contemporary colonialism and systemic racism that draws attention to the need to overhaul structural barriers to self-determination and Indigenous resurgence.

Scholars have asserted that the theory and practice of restorative justice is influenced by Indigenous perspectives (Hewitt, 2016; Ross, 2008). Llewellyn (2008) elaborated on the spirit and intent of restorative justice, in the context of truth and reconciliation processes:

> The goal of restorative justice is not a return to the past but rather the creation of a different future founded on relationships of equal concern, respect, and dignity. The aim of restorative justice is thus to realize an ideal of human relationship. These elements of relationship are fundamental to peaceful co-existence and human flourishing (p. 189).

Restorative justice takes steps to cultivate egalitarian relations. As a Dakota person reflecting on Indigenous perspectives of treaty making, restorative justice is reminiscent

of the spirit and intent of original treaty negotiations. The pragmatic implementation of restorative justice measures can include (a) the nation-state honouring obligations to historic and contemporary treaties, (b) abandoning a culture of denial with crimes against Indigenous nations, (c) not honouring historical figures who committed crimes against Indigenous peoples, and (d) investing in long-term programs to improve socioeconomic status, health, and education (Amagoalik, 2008, p. 95). These measures are consistent with the structural redistribution of resources and power.

During the phase of data analysis, a serious discussion among members of the Research Team was had about the relationship between the concepts of reconciliation, healing, and forgiveness. The participants discussed being gentle with oneself and demonstrating understanding and empathy for their parents, but the word forgiveness was not used. Elder Opolahsomuwehs shared teachings about the water ceremony:

> There was so much emotion in the water ceremony – how do we forgive ourselves? We can't just say we're sorry, those are just words. That's not the teaching.

In this excerpt, she shared teachings that the guilt and shame that is attached to personal responses to intergenerational trauma could be a site of forgiveness for participants.

Forgiveness is a concept that is often considered in relation to truth and reconciliation work. Requiring the "relinquishment of the desire for vengeance," some scholars and leaders have questioned whether forgiveness is necessary or attainable within TRC contexts (Avrugh, 2010, p. 40). Reflecting momentarily to a statement delivered by Senator Lynn Beyak in the Canadian Senate demonstrates how forgiveness can be problematic in the discourse of reconciliation. She stated:

> [Indigenous Christians] speak of forgiveness. Our forefathers who were involved with residential schools - some may even be related to you - were well-intentioned for the most part, and those who were not should be forgiven. As with everything in life, forgiveness will go a long way in the process of reconciliation (The Senate, 2017, p. 2517)

With this statement, misrecognition occurs in not recognizing the harm that has been caused by residential schools, nor the need to redress this harm. Forgiveness is imposed upon Indigenous peoples to forgive those who perpetrated the Indian residential school system. Moreover, she extended this call for forgiveness to staff who were *not* well-intentioned, which is highly suggestive of forgiving those who were abusive. In this statement, forgiveness is employed in the name of reconciliation to absolve Canadians and the nation-state of guilt for the human rights abuses committed against Indigenous peoples (Alfred, 2009). It is similar to the statement 'get over it' that erases the structural and intergenerational continuation of colonial violence against Indigenous peoples, and women in particular.

Related to the experiences of the Wolastoqey ehpicik in this research, emphasis was given to forgiving themselves and their family members who were Survivors, in the context of living with the transmission of historical trauma. As part of their healing, the participants found ways to acknowledge and accommodate the consequences of their past, with several voicing empathy for their Survivor family. Catherine, a second-generation descendant shared: "I'm gentle with myself, understanding when I was a bully and wasn't good to people." Finding the inner strength to forgive oneself is also found in the aforementioned teachings of Elder Opolahsomuwehs. Reaching consensus among the Research Team, it was clear that neither Survivors nor their descendants should be expected to forgive as part of their healing process. Forgiveness would be self-determined by the descendants themselves and calls into question the expectation of

forgiveness at the collective level between Survivors, their descendants, and the institutions and people who ran Indian residential schools, a finding congruent with the work of Govier (2013).

Disparagingly omitted from discussions of reconciliation are the intergenerational effects of Indian residential schools that follow gendered lines. The analysis of Grey and James (2016) describe this absence in depth with Canadian and South African truth and reconciliation processes. They note that both TRCs approached the "'victims' as genderless persons… [veiling] the specific forms of violence that Black and Indigenous women experience" (Grey & James, 2016, p. 305). Earlier analysis in Chapter Two detailed how colonization specifically targeted and undermined Indigenous women's social standing and norms within their nations. Therefore, it is imperative that ongoing discussions of (re)conciliation and restorative justice account for the intersection of racism and sexism, and intentionally and explicitly bring forth Indigenous women's perspectives.

Personal Reflections as a Dakota-Sioux Descendant

As the primary writer, my perspectives and experiences are inseparable from this thesis. Over the duration of this study, I became sensitized to moments that reminded me of the ever-present impacts of residential schools and colonialism. In October of 2018, I attended the 'Honouring our Survivors' educational panel at the University of New Brunswick. Survivors of residential school comprised the panel to share their experiences. There was one remark that stood out to me. A Survivor expressed the need to tell her story out of fear that, one day, it would not be told anymore. Perhaps this was in response to discourse that suggests 'closing a dark chapter of Canada's past,' with the ending of the Aboriginal Healing Foundation in 2014 and the completed mandate of the

Truth and Reconciliation Commission in 2015. In relation to this project, it seems impossible to forget this aspect of colonialism because of experiences and memories so deeply engrained in the lives of the participants as well as myself.

At a personal level, my family had an experience with violent overt racism while I was in the process of drafting the research findings. In the middle of the night on September 16, 2018, my brother was physically assaulted by a group of men outside of a rural town in New Brunswick. I had direct involvement the moment my family received the phone call from law enforcement to pick my brother up. In his recount of the event, the men yelled racist slurs during the attack. I specifically remember him recalling the word 'wagon-burner.' Completely taken aback with these details, I also witnessed apathy from the emergency medical technicians and law enforcement. In the conversations that followed, there was a notable absence of acknowledging the racial undertones of this attack. These factors taken together were particularly shocking to me, considering that he was an adolescent. Apropos of the humiliation as an act of white supremacy, this incident was intended to put my brother 'in his place' as an Indigenous person. I wondered if these perpetrators felt validated through the divided political climate at the national level. Certainly, I felt that the attack and apathy were symptoms of the same social sickness. Notwithstanding, this painful experience unequivocally informed my thinking of anti-Indigenous racism, both interpersonal and systemic. At the time of writing this, it is still an experience that I am processing.

After this incident, I had an equally powerful experience with generational healing after spending time with my maternal grandfather in November of 2018. Due the sensitivity and pain of an extended family separation, this was the first time meeting him in-person (at the age of 26). He is Dakota-Sioux and also attended the Birtle Indian

Residential School in Manitoba. In recalling his experience there, he made the profound statement that "the girls must have had it worse." My mother, a traditional and professional Indigenous woman, also shared with me that reading my grandmother's story submitted to the Truth and Reconciliation Commission, 'destroyed' her for some time thereafter. She also advised that I not read the submission she prepared for the Sixties Scoop settlement. This experience gave additional insight into the silence maintained by many Survivors, not only because it can be difficult to speak of their memories but also to protect their children from pain. This family knowledge also suggests to me that Indian residential school violence followed gendered lines. It seems to me that colonial violence and oppression against women in my family has been spoken about more freely than the experiences of men.

In 2018 and 2019, I had the opportunity to attend the United Nations (UN) Permanent Forum on Indigenous Issues. During the weekend preceding the forum, I listened to numerous testimonies from Indigenous peoples around the world attesting to the impacts of colonialism, imperialism, racism, and capitalism in their lives. These influences had disproportionate impacts on vulnerable groups including children, youth, women, and Elders. This provided a concentrated and transformative learning experience that gave perspective on Indigenous health in a global context. In relation to this study, colonialism served as a contextual theme, recognizing that it was, and continues to be, a common experience to Indigenous peoples globally. Upon returning from the UN this year, I examined the textbook, *Global Health Nursing in the 21st Century* (Breakey, Corless, Meedzan, & Nicholas, 2015) to determine the extent to which these issues were reflected. I was genuinely shocked to find that no explicit references made to Indigenous peoples' health and one brief reference made to

colonialism. Colonialism, founded upon racist beliefs and resulting in the oppression of Indigenous peoples, is identified as a root cause for the health disparities of Indigenous peoples (Waite & Nardi, 2017, p. 20). This text covered pressing social and health issues such as the trafficking of women, climate change and climate justice, human rights and social justice. However, the presentation of these topics in such a decontextualized manner impressed upon me the importance of work that elevates Indigenous voices.

The process of writing this thesis has been a deeply transformative experience. Wilson (2008) stated this aptly: "if research doesn't change you as a person, then you haven't done it right" (p. 135). In undertaking this research project under the guidance of several Elders, I have been deeply committed to ceremony and dancing to balance the challenging emotions that have arisen during this process. The participants' wolamsotuwakonol identified aspects of my experience that I had yet to know about myself and family. Importantly, it has solidified previous personal and professional commitments to the protection, revitalization, and transmission of Indigenous worldviews, knowledge, practices, and teachings. An important aspect of this work involves deconstructing structural barriers that prevent the collective self-determination of Indigenous peoples. In keeping with the value of humility, I acknowledge that this learning remains incomplete, and that my thoughts, perspectives, and ideas will change with experience.

Relationship-Based Approaches to Healing

In the participants' descriptions of healing, there were several features that were expressly relationship-based. These features included healing as led by women, grounded in cultural identity, connected to family and community, generational in nature, as well as wholistic and traditional (see Figure 1 for a visual depiction). Derived

from the resiliency of the Wolastoqey culture, it was apparent that the participants utilized ancestral ways of knowing, being, and doing to guide healing for themselves, their families, and communities. This pattern reflected healing as a process rather than an outcome and was self-determined.

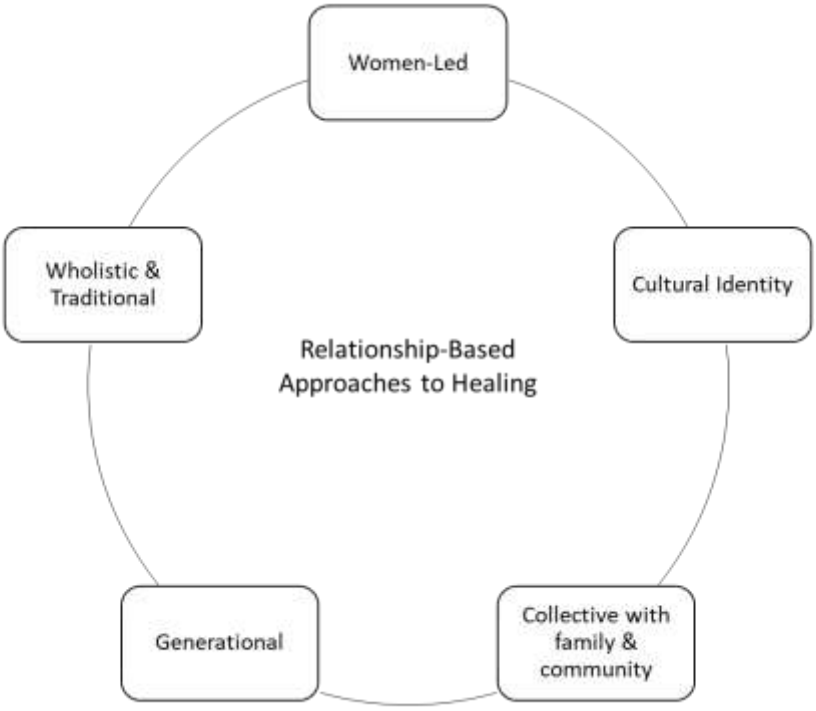

Figure 1. Factors that influence relationship-based approaches to healing for Wolastoqey ehpicik who are descendants of Survivors.

The active efforts of the participants to engage in relationship-based approaches to healing challenges the notion that the intergenerational transmission of trauma is irreversible and compounded from generation to generation. Where disconnection in many relationships was identified as a painful common experience for participants, and ultimately formed a theme, they undertook significant efforts to establish strong and healthy relationships. Due to the important relationship between cultural identity and the

social determinants of health for Indigenous peoples, this discussion is deferred to implications for nursing.

Women-Led Healing

In the previous chapter, participants made specific and implicit statements about the centrality of women in collective and intergenerational healing that invokes a matricentric perspective. In Wolastokuk, the term 'matriarchal' is used. Cree/Métis scholar Kim Anderson has conducted research and theorized a pathway of identity formation for Native[44] women, which offers a useful conceptual framework from which to understand women-led healing. Her work was guided by two questions: "*How do Indigenous women maintain their power, in spite of all the oppression? What do they construct as an alternative?*" (Anderson, 2016, p. xxvi). She detailed four dimensions of identity formation:

- Resisting negative definitions of being - who I am not
- Reclaiming Indigenous tradition - where have I come from?
- Constructing a positive identity by translating tradition into the contemporary context - where am I going?
- Acting on that identity in a way that nourishes the overall wellbeing of our communities - what are my responsibilities (p. xxvi-xxvii)?

Notably, her work included the teachings of Peskotomuhkati[45] Elder Maggie Paul, who is a highly respected *uhkomoss*[46] in Wolastokuk. This model has relevancy for matricentric healing, which entailed a reclamation of power and envisioning a future of skicinuwey resurgence.

In responding to historical and ongoing colonialism, and deeply engaged in the collective intergenerational transmission of Indigenous resilience, the Wolastoqi ehpicik

[44] The author uses the term Native
[45] Passamaquoddy
[46] Grandmother

were resistant to the lingering effects of residential school on their cultural identity. Resistance could be overt, as several examples of work to change Eurocentric environments were shared. For instance, in having an intimate family knowledge of residential schools, Catherine discussed her confident rejection of interpersonal racism: "no, you guys are the crazy ones." Being engaged in a matricentric form of healing is demonstrative of an implicit form of resistance that weaved throughout their wolamsotuwakonol.

In a women-led form of healing, reclaiming Indigenous traditions and translating them into a contemporary context was exemplified in rematriating leadership roles, protecting their future generations, and nurturing the inherent gifts of other. In discussing this work, the Wolastoqi ehpicik asserted themselves as powerful and distinct, but also as equals to others. Their leadership demonstrated strong relational, non-hierarchal features and was grounded in their Wolastoqey culture. They discussed the ways that their interventions were guided by their traditions, such as reintroducing the practice of smudging during leadership meetings, advocating for maternal space within an educational setting, or working with the youth to find their inherent gifts.

Collective Healing with Family, Community, and Nation

The participants situated their understandings of healing within the collective, which encompassed personal, generational, familial, community, and nation dimensions. Stout and Peters (2011a) also impressed upon the importance of generational healing in a previous study with women who are descendants, noting that "healing the generations and bringing them together can interrupt the residential school legacy. Healing can go forward and back through the generations as they come together" (p. 54). From the standpoint of descendants, generational healing was often an iterative process that

involved previous and future generations and located in the context of family, community, and nation. Elder Opolahsomuwehs identified the ability to harness the past to change the future as a particular strength of skicinuwey ehpicik. This wholistic, skicinuwey understanding of healing has implications for how the health and wellbeing of descendants are supported.

Generational healing was found in having knowledge about the experiences of their parents and grandparents who are Survivors, contributing to an overall understanding of their family history. Learning the family history of residential schools in search of answers and to reclaim a sense of connection has been noted in another study with Indigenous women who are descendants (Stout & Peters, 2011a). Being positioned to listen to the experiences of Survivor parents and grandparents is significant when considering that 'silence' is often a word that arises in the literature. At a personal and family level, silence is a complex response to painful and traumatic residential school experiences. There can be a profound difficulty or inability to remember painful experiences, as well as deep feelings of shame due to abusive experiences (Bombay et al., 2014b; Getty et al., n.d.; Reimer et al., 2010; Stout & Peters, 2011a). Survivors were often punished by residential school staff and can contribute to lingering feelings of voicelessness (Rothe et al., 2006) and fear of disclosing their traumas (Getty et al., n.d., p. 45). For the Wolastoqi ehpicik, being able to overcome the 'silence' of residential school experiences contributed to a greater overall understanding of their lives. For some, empathy for their parents or grandparents was engendered.

In this study, the sensitivity with which the second-generation descendants engaged in this dialogue with their Survivor grandparents was profound. Due to the relationships of the descendants with their grandparents, this was a sacred space that the

granddaughters felt able to enter. Two of the participants recalled that this disclosure of their grandparent's residential school experiences was an intimate moment that did not occur with other family members. Highlighting the importance of the grandparent – grandchild bond, the granddaughters helped their grandparents to share their memories. Not only was it difficult for Survivors to disclose, but the residential school experience became deeply personal for the granddaughters. This cultural strength generated a closeness between generations that fostered a deeper understanding of the legacy of residential schools and their family history. The re-patterning of 'silence' suggests intergenerational healing through the grandparent and granddaughter relationship.

Reintroducing affection as an expression of love was also indicative of generational healing. While the participants often had the painful experiences of securing affection within their families, they were conscientious of and intentional in redefining expressions of love for their children and grandchildren. Although expressions of love included intimacy, such as physical closeness or protecting the right to breastfeed, this was not the sole approach used by participants. For those who were challenged to engage in intimate behaviours, they nurtured through the provision of guidance, support, and presence in the lives of their children and grandchildren. In some instances, generational healing was also evident in the increased ability of Survivor grandparents to engage in affectionate and caring behaviours with their grandchildren (Stout & Peters, 2011a).

Their communities and the Wolastoqey nation were also identified as sites for healing. In undertaking leadership work, the participants were dedicated to bettering their communities in recovering from the damaging effects of colonialism. Moreover, they recognized their communities as being strong and beautiful, although complex.

They recognized great potential in their culture, worldview, knowledge, history, language, and relationships and how these might inform healing. In dismantling the oppression of their communities, the participants wanted their children to be a part of the community, recognized the importance of elevating the gifts of others, contributed in helping and healing capacities, and were protective and responsive to the health and wellbeing of the future generations. For descendants to engage in healing alongside their communities and nation, is intimately related to a discussion of supporting skicinuwey resurgence and self-determination.

Supporting Skicinuwey Resurgence and Self-Determination

At the intersection of historical and contemporary oppressions, the participants maintained inherent worth in who they are as Wolastoqiyik, drawing from their identity as a central source of healing. While experiencing continued colonialism in the structures and relationships in their daily lives, the descendants undertook important work that contributed to the resurgence of their cultural and social norms. Elevating the status of their Wolastoqey identity was the approach utilized to engage in collective healing for themselves, and their children, family, and community. Notwithstanding, several systemic issues, such as legislated identity, the current state of the foster care system, continued racism and assimilation created barriers to relationship-based approaches to healing.

As the participants tied healing to the collective of Wolastoqiyik, matters of self-determination in governance and land arose implicitly. In a hopeful reflection of the status of First Nations community, one participant described the analogy of a lotus in the mud. She felt that she was witnessing a resurgence of unification and strengthening across Wolastoqey communities. The interconnections between individual and collective

wellbeing are supported by skicinuwey self-determination, articulated by Nishnaabeg scholar Simpson (2017): “my nationhood doesn’t just radiate outwards, it also radiates inwards. It is my physical body, my mind, and my spirit” (p. 9). From a wholistic health and healing perspective, there is a relationship between Indigenous self-determination and the wellbeing of Indigenous peoples. Chandler and Lalonde (1998) demonstrated empirical support for cultural continuity as a protective factor for youth suicide in First Nations communities in British Columbia. In their study, the markers of cultural continuity included land claims, self-government, education services, police and fire services, health services, and cultural facilities (Chandler & Lalonde, 1998, pp. 14-15).

The Indian Act[47], the foster care system, and anti-Indigenous racism are systemic issues that have been found in this study to obstruct skicinuwey resurgence and self-determination. Colonialism continues to be practiced by the government of Canada in the determination of Indian status (i.e., legislated identity), which is legitimized, reproduced, formalized, and enforced by the Indian registry as defined by the Indian Act (Joseph, 2018). Via the Indian Act, the Canadian federal government determines who is eligible to have Indian status, irrespective of personal connections to community, family, or culture (Vowel, 2016). Although there has been a widespread denunciation of this colonial approach to the identification of Indigenous peoples, having federally-controlled categories of ‘Indianness’ has had palpable impacts on notions of Indigenous identity (Gehl & Ross, 2013; Lawrence, 2003; Mathias & Yabsley, 1991; Paradies, 2016).

[47] The term ‘Indian’ is a colonial term currently used in Canadian federal law to refer to the Indian Act, Indian status, registered Indians, and Indian bands and reserves. For many Indigenous peoples, Indian remains a pejorative term.

The troubling overlap between the intergenerational experience for descendants and child apprehension by the Canadian state points to the need for transformative and structural changes in approaches to conciliation. Corntassel (2009) notes that "state-centred processes of reconciliation attempt to repair the damages caused by residential schools but do little to reunify and regenerate families and communities dispersed and dislocated by the trauma of these schools." Re-entering 'the system' can refer to the Canadian foster care and judicial systems, in which Indigenous children and youth are overrepresented at alarming rates. The 2016 Census shows that Indigenous children represent over half (52.2%) of children in foster care and yet are 7.7% of the population aged between 0-14 in Canada (FNCFS, 2018). In 2014/2015, Indigenous youth (aged 12-17) accounted for 37% of provincial/territorial custody admissions (Department of Justice, 2017). Advocates often assert that the overrepresentation of Indigenous children and youth in foster care and criminal justice systems are contemporary forms of oppression that reproduce the ideological underpinnings of Indian residential schools (Blackstock, 2007).

The participants discussed their connection to land as healing, which can be understood within Indigenous peoples' worldviews of their intimate relationship to the land. Within the sharing circles, Elder Opolahsomuwehs reaffirmed this connection by asserting that the first treaty of skicinuwok is to our original mother, the earth. Other studies have explored intergenerational healing in relationship to the land (Radu, House, & Pashagumskum, 2014). The focus on most such studies, related to the effects of the Residential Schools, have been on individual and community healing. However, the loss of the relationship to the land of the children taken to Residential Schools has seldom

been discussed in relation to the legacy of Indian residential schools. In his analysis of Indigenous storytelling approaches to reconciliation, Corntassel (2009) argued that:

> The TRC was designed to fit within a Western model of justice where individuals may seek compensation (usually financial) for their losses. The issue of land is treated as a separate issue from that of the residential school, ignoring the fact that the issues with which survivors from the residential school era contend are rooted in the forced removal of entire families and communities from their homelands (p. 146).

In the broader scheme of colonialism, the Indian residential school system was another policy that enforced the separation of Indigenous peoples from their ancestral lands. This separation not only occurred in a physical sense, but the tactics of forced assimilation constituted an ideological assault to Indigenous worldviews that value interconnectedness and interdependence with land (Little Bear, 2000). Continued deprivation of land is an issue that remains unresolved, as reserves comprise less than one half per cent of the total land area of Canada (INAC, 2010, p. 26). Although not explored in depth, relationship to land is an aspect of healing that ties into the self-determination of Indigenous peoples of their lands.

Skicinuwey resurgence and self-determination support the individual and collective healing for descendants of Survivors. The participants' way of being, their worldview, and strength of Wolastoqiyik culture have sustained their wellbeing even when self-determination has been limited at the societal level. Cultural misrecognition and maldistribution of resources have been evident throughout the experiences of the participants, contributing to an undercurrent of colonialism that served as a contextual theme. Often resulting in frustration, confusion, and at times irreconcilable tension, the Wolastoqi ehpicik often responded with advocacy and resistance. From a perspective of (re)conciliation and restorative justice that encompasses the ethics of redistribution, the

Canadian society at large needs to invest money and resources to support the self-determination of descendants to engage in healing work that supports the resurgence of their nation's histories, languages, knowledges, practices, and land.

Implications for Nursing Education, Research, Policy, and Practice

These findings have strong implications for nursing to respond to and support the efforts of descendants, to understand and address the intergenerational effects of Indian residential school, and to support the use of a relationship-based approach to healing. In advocating for the health equity of Indigenous peoples, it is imperative to confront the impacts of colonialism through nursing education, research, policy, and practice (Bourque Bearskin, 2016; Cameron, Carmago Plazas, Salas, Bourque Bearskin, & Hungler, 2014; Freeman, 2018).

Specific implications for nursing are tied to culturally safe practice, nursing education, nursing research, and the development of health policy. As clinicians, researchers, or leaders, nurses have a role in advocacy for structural reforms, which upholds the ethics of redistribution in policy-level work. At a population health level, these implications require attention to: (a) health determinants for women who are descendants, (b) descendants who care for Survivors within the context of intergenerational caring labour, (c) decolonizing nursing with anti-racist and strengths-based approaches, (d) cultural competency and cultural safety, and (e) nursing commitments to truth, conciliation, and social justice.

Health Determinants for Women who are Descendants

This study adds evidence and depth to understanding the social determinants of health for women who are descendants of Survivors. Raphael (2016) defines the social determinants of health as "the economic and social conditions that shape the health of

individuals, communities, and jurisdictions as a whole" (p. 3). Colonization, racism, and self-determination are currently accepted as Indigenous-specific 'distal' determinants of health that contribute to contemporary social and health inequities (Freeman, 2018; Reading & Wein, 2009; Smylie & Firestone, 2016; Tomascik, Dignan, & Lavallee, 2018). The specific generational impacts of historical trauma from residential schools and the ongoing impact of colonialism provide empirical evidence of the effects of colonization. These effects support the assertion that it is essential to place the health of Indigenous peoples in historical context (to historicize those effects) in order to provide culturally safe healthcare (Browne et al., 2016). Moreover, positive Indigenous identity formation was articulated by participants as a factor that fostered healing and resilience among descendants. This positive effect of identity formation warrants consideration of Indigenous identity as an additional determinant of health for Indigenous peoples[48].

Wolastoqey identity had such a profound presence in the healing and resiliency of participants, it warrants consideration of cultural respect/recognition and positive cultural identity formation as distal determinants of health among Indigenous peoples. This was conveyed strongly by Doris, who shared: "Through identity, which encompasses *everything*… that's what [healing] really comes down to" [emphasis added]. The participants located positive identity formation in the context of relationships and having access to their ancestral ways of being, knowing, and doing. What differentiates Indigenous identity from determinants such as social inclusion or

[48] Aboriginal status is currently identified as a determinant of health, recognizing that being an Indigenous person influences access to social and economic factors that shape health (Mikkonen & Raphael, 2010). This study raises the issue of Indigenous identity, in the way that Indigenous peoples (a) receive cultural recognition and respect and (b) have or lack access to environments and resources that nurture Indigenous identity.

social support (Raphael, 2016, p. 25), are the aspects that tie Indigenous identity to ancestral ways of being, knowing, and doing. In analysis using a skicinuwey lens, these would be identified as cultural dimensions of the Indigenous lifeworld that exist alongside of and as interconnected with social determinants. Even among residential school Survivors, loss of Indigenous cultural identity was among the most common negative results of residential school, contributing to the negative impact on health and well-being of survivors (Reading & Wein, 2009, p. 22). The process of intergenerational healing for the individual, family, and community requires mutual recognition and respect for the identity of Indigenous peoples as well as access to resources to engage in positive identity formation.

The ubiquitous nature of anti-Indigenous racism in Canada has often violated the right of participants to be fully immersed in their identity. Experiences with legislated identity (Indian status) and interaction with Eurocentric systems are typically characterized as instances of systemic racism that frequently created irreconcilable tensions surrounding identity. Although Indigenous identity was identified as a source of healing, the consequences of legislated identity have serious implications for descendants, especially when it results in a lack of acceptance by some members of their First Nations communities. This effect of legislated identity can disrupt access to culture, Elders and knowledge-holders, as well as language, which are all factors that influence positive Indigenous identity formation. The participants also discussed the mental and emotional strain of ‘participating’ in Canadian systems, whether as someone who works within or is required to access these systems. These legal, health, education, and legal systems have often disadvantaged and harmed Indigenous peoples, and frequently do not foreground Indigenous priorities, perspectives, and cultures. Tension

with personal commitments arose when participants considered the need to dedicate time, energy, and resources to revitalize their Wolastoqey culture. Notwithstanding, the participants were also active in resisting aspects of these systems that did not work for them (e.g., transforming physical space or protecting the right to breastfeed). This study and the emphasis participants placed on respect and recognition of their cultural identity should inform the emergent conversation of how expression and understanding of identity influence Indigenous health (Bell & Giroux, 2019).

The experiences of participants add nuanced understanding about the influence of residential schools on the determinants of health for descendants. Frequently, the 'intergenerational effects of residential school' is used interchangeably with 'historical trauma.' Historical trauma can be interpreted as fatalistic, due to the framing of the effects as "cumulative" and "passed on from generation to generation" (Bombay et al., 2014b; Castellano, 2006; Duran et al., 1998; Wesley-Esquimaux & Smolewski, 2004). In this study, although there was consensus among participants that the social realities and relationships of participants were undoubtedly harmed by the intergenerational effects of Indian residential school, strong narratives also emerged about the *intergenerational transmission of Indigenous resiliency*. The participants' inherent resiliency was apparent in their continuous efforts to resist continuing colonialism, engage in relationship-based approaches to healing, revitalize their culture, and protect the future generations. The resiliency and healing of Indigenous peoples are also well discussed in relation to historical trauma (Denham, 2008; Fast & Collin-Vezina, 2010; Wesley-Esquimaux, 2009). However, it may be necessary to reconsider the discourse surrounding the intergenerational effects of Indian residential schools and to insist on the inclusion in that discourse of the importance of the intergenerational transmission of

Indigenous resiliency. From this analysis, it is important that healthcare professionals refrain from making wide-sweeping generalizations that trauma is transferred unabated from generation to generation.

Intergenerational Caring Labour

The participants in this study were exceptionally dedicated to their families, as was apparent in the sub-themes of protecting the future generations and caring for a Survivor. In the context of the intergenerational effects of residential schools, the participants engaged in intentional, protective, and responsive approaches with their family members. In addition to their roles as professional working women, this level of dedication to family is accompanied with significant responsibilities. In their study with Indigenous women who were descendants, Stout and Peters (2011a) also drew attention to the intergenerational caring labour that Indigenous women often undertook, which entailed "looking after children, siblings, parents, grandparents and other relatives" (p. 3). In both studies, the participants demonstrated strength and resiliency in the numerous ways they were actively engaged in dismantling the legacy of residential schools in their families. However, it is equally vital to consider how gender expectations may place excessive pressure and disadvantage Indigenous women who undertake intergenerational caring labour. Currently an 'informal' role predominantly assumed by women, caring for family remains undervalued as unpaid labour. A responsibility that often falls upon individual women, as opposed to being shared among extended families and communities, resources and support are needed to prevent them from being overworked.

This study highlighted an important, but the little-known experience of descendants who are primary caregivers for a parent who is a Survivor. Often a complex

relationship to begin with, one participant shared her experience of caring for her mother. There were several circumstances that made this situation particular to being a descendant. She discussed the challenge of navigating the trauma-responses of her mother that extended into older adulthood (e.g., flashbacks to residential school and the nuns). Due to the frequently traumatic nature of residential school experiences, some Survivors have symptoms of post-traumatic stress disorder (Bopp, Bopp, & Lane, 2003; Brasfield, 2001; Dion Stout & Kipling, 2003). With knowledge of and sensitivity to the trauma her mother endured in residential school, the participant did not consider placing her in a long-term care facility to be a viable or safe option. Available to 'eligible' Survivors and their families, Indigenous Services Canada currently administers the Indian Residential Schools Resolution Health Support Program (IRS-RHSP), which offers cultural support, emotional support, and professional counselling services (Canada, 2018). However, the participant expressed exasperation and anger with the lack of appropriate and adequate support to care for her mother. This suggests that the IRS-RHSP falls glaringly short in meeting the social service and health needs of families who are caring for elderly Survivors, as identified by descendants themselves.

Decolonizing Nursing with Anti-Racist and Anti-Oppressive Perspectives

The experiences of descendants of Survivors can and should inform the practice of nursing, compelling a stronger need to apply decolonial/anticolonial theoretical perspectives. As the Wolastoqi ehpicik navigated their social realities and often disconnected relationships, they engaged in healing processes that were frequently not supported, or oppressed, by the broader society. With commitments to (re)conciliation, there is important work for nursing to also contribute to historical narratives and engage in advocacy work that assists descendants to engage in their own healing.

Documented in the literature, and also found in this study, uncovering the silence of their families' experiences is a common experience among descendants of Survivors. This emotional work to learn their family legacy of residential schools exists within a context that simultaneously has recognized and denied the oppression of Indigenous peoples in Canada. For example, the work of the TRC sometimes provided an avenue for descendants to initiate these conversations with their family members, yet the inattentiveness of classmates learning about the abuse of Indigenous children are representative of these opposing tensions. With the political approach of cultural recognition, the burden to break societal patterns of silence should not be the sole responsibility of skicinuwey women who are descendants. Navigating the sociohistorical context of nursing's involvement provides an opportunity for collective consciousness raising and critical reflection into the continued work that is needed to engage in decolonization.

As an example of perspectives that take up a critical theoretical and practice approach in nursing, nursing scholar Georges (2013) has conceptualized compassion as an emancipatory framework, which involves efforts to deconstruct social processes of power. This theory includes work to examine the involvement of nurses in the perpetuation of harmful power imbalances, and their contribution to suffering as a result (Georges, 2013). In developing this critical perspective, some of her early work included examining nursing's involvement in genocide during the holocaust (Georges, 2013). The theory is relevant to this thesis as the work reported here includes an examination of nursing's involvement in the racism and oppression of Indigenous peoples. The TRC has documented the involvement of nurses in Indian residential schools (2015b), but the

final report does not disclose the nature or scope of participation. Figure 2 shows a nurse at the Port Alberni Indian Residential School in British Columbia.

Figure 2. Nurse takes blood sample from boy at the Indian School, Port Alberni, B.C., during a medical and dental survey conducted by the Department of National Health and Welfare (source: Library and Archives Canada/National Film Board of Canada fonds/e002504649).

Although little evidence of nursing involvement is provided by the TRC, other sources document nurses' compliance with residential schools. Their work in the residential school infirmaries would have made them witnesses to (and treat the outcomes of) the abuse and neglect of Indigenous children. In the study by Getty and colleagues (n.d.), a descendant recounted her mother being used as a 'go-between' for sick children and the nurses/doctors, exposing herself to infectious diseases (p. 38). Nurses likely would have collected samples for the medical and nutritional studies conducted on Indigenous children, without their or their parents' knowledge or consent (MacDonald et al., 2014; Mosby, 2013).

In a brief exploration of nurses' participation in residential schools, there remains complexity as to how nurses comply with and also refuse to participate in the harm of cultural genocide and colonization. During the era of residential schools, there was minimal concern for social justice issues and the nurses most often reflected the dominant values of that time. Presently, contributing to passivity and silence regarding colonialism is inconsistent with social justice, which forms an ethical dimension of nursing practice (Canadian Nurses Association, 2010). There are important examples of commitments to cultural safety as an expectation for entry-level practice (e.g., Nurses Association of New Brunswick, 2013). At a theoretical level, nursing scholars have produced scholarship about emancipatory work in nursing that includes explicit discussions about anti-colonial pedagogy and praxis (Caxaj & Berman, 2014). These references point to efforts in nursing to reverse the silence.

This study joins a chorus of studies that have identified serious systemic and interpersonal anti-Indigenous racism, with a need to deconstruct the belief that nursing and healthcare are inherently anti-racist and anti-oppressive (Waite & Nardi, 2017, p. 20). This is underscored by Catherine's statement: "It's important to note that institutions that were supposed to make our people safe, have failed our people." Having an intimate knowledge of residential schools sensitized the participants to how Canadian institutions can reproduce the intergenerational effects. These experiences challenge the national narrative of Canada as polite, multicultural, and tolerant (Govier, 2013, p. 393; Lowman & Barker, 2015; Vowel, 2016). This kind of systemic and interpersonal racism remains a significant barrier for Indigenous peoples seeking medical services (Boyer, 2017; Browne, 2017; Goodman et al., 2017; Ly & Crowshoe, 2015; Matthews, 2017; Nelson & Wilson, 2018). Moreover, it is obvious that racism is detrimental to the health,

wellbeing, and healing of Indigenous peoples in Canada: “Indifference, annoyance, negligence, and aggression are destructive manifestations of racism in interpersonal and systemic interactions leading to negative health effects in individuals, families, and communities” (Tomascik et al., 2018, p. 58).

As nursing has roots in Western worldviews, norms, values, and beliefs (Van Herk, Smith, & Andrew, 2011), the relationship-based approaches to healing reported in this study diverge from normative medical approaches to illness or disease. This is supported by the assertion of Wyile (2011), who stated that “Western ideas of ‘curing’ are erroneously conflated with Indigenous discourses of ‘healing’ when in fact the conceptions are at odds in a number of ways” (p. 19). The relationship-based approaches to healing that are presented in this thesis go beyond individualistic and biomedical perspectives. The efforts that the participants engage in for healing is consistent with the definition put forward by the Royal Commission on Aboriginal Peoples (1996c):

> Healing, in Aboriginal terms, refers to personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations. Many Aboriginal people are suffering not simply from specific diseases and social problems, but also from a depression of spirit resulting from 200 or more years of damage to their cultures, languages, identities and self-respect (pp.100-101).

Including these Indigenous conceptions of healing into nursing education and resources can contribute to more diverse understandings of health and aligned with anti-oppressive nursing practice.

The strength and resilience that is evident in women-led healing in this study is a counterpoint to the dominant western discourse of Indigenous women as victims and requires a critical deconstruction of western assumptions and attitudes. Drawing from ancestral Wolastoqey knowledge and practices, the Wolastoqi ehpicik reflected on

intergenerational healing and resilience in ways that actively reclaimed their voice. The participants in this study identified the many historical, social, and political factors that influence their healing and wellbeing, as descendants. Analyses of healthcare discourses find that these factors are frequently omitted from discussions of the health disparities of Indigenous peoples (Browne & Smye, 2002; McGibbon, 2019; Smylie & Firestone, 2016; Van Herk et al., 2011), and for Indigenous women in particular (Denison, Varcoe, & Browne, 2014). Decontextualized beliefs about Indigenous women's health gives way to an overreliance on lifestyle and culture as explanatory factors for health disparities (Browne & Smye, 2002). For instance, Canadian health policy may portray Indigenous women as incompetent in managing their health or unable to influence health policy (Fiske & Browne, 2006). Emphasis on victimization and lifestyle choices is inconsistent with how the Wolastoqi ehpicik navigate colonial violence, to promote healing individually and collectively.

The intentional, protective, and responsive approaches to parenting, described in this study as part of the healing process, have implications for Indigenous women's experiences in healthcare. For Indigenous mothers accessing healthcare, the mother identity was important because it is traditionally held in high regard among Indigenous cultures (Anderson, 2016; Van Herk et al., 2011). Unfortunately, racializing interactions denigrate the sacredness of motherhood, which curtails the willingness of Indigenous mothers to seek healthcare for themselves and their children (Browne & Fiske, 2001; Denison et al., 2014; Van Herk et al., 2011). Furthermore, Indigenous mothers involved with child protective services often feel disempowered due to a lack of resources to parent effectively and the power of child protective service workers to remove their

children from their care and to extend the time these children were in placement (Denison et al., 2014).

Cultural Competency and Cultural Safety, Strengths-Based, and Trauma-Informed Nursing

Cultural competency and cultural safety are concepts that have provided the groundwork for nursing with Indigenous peoples, as well as other cultures. In brief, cultural competency focuses on awareness, skills, knowledge, exposure, and desire to maximize respectful relationships with diverse populations (Cai, 2016; Campinha-Bacote, 2002; Canadian Nurses Association, 2018). It also involves an aspect of 'unlearning' the belief that cultural differences are problematic (Browne, 2016; Churchill et al., 2017). The concept of cultural safety originated from Aotearoa[49] health contexts with Aboriginal peoples, but has found applicability in Canada (Brascoupé & Waters, 2009; Churchill et al., 2017). It is a related but distinct concept that attends to issues of power and privilege, inequities, racism, discrimination, and prejudice (Aboriginal Nurses Association of Canada, 2009; Canadian Nurses Association, 2018; Nelson & Wilson, 2018). With cultural safety, the patient determines what is culturally safe care and when it is received. In order to provide culturally safe care, healthcare professionals need to be attentive to their own power and privilege and to work ethically to equalize power imbalances (Brascoupé & Waters, 2009; Churchill et al., 2017; Gerlach, 2012).

To support the healing and resiliency of skicinuwey women who are descendants, it is necessary for strengths-based approaches in nursing to integrate decolonial/anticolonial concepts. In this study, the Wolastoqi ehpicik were engaged in

[49] New Zealand

their own relationship-based healing that was grounded in their culture. To be responsive to these findings, healthcare professionals should move away from medical approaches that socialize the need to 'fix' Indigenous peoples. With strengths-based nursing approaches, a perceptual shift occurs from deficit-thinking to the acknowledgment and utilization of strengths of the patient, family, and community (Gottlieb, 2012). In doing so, clinical and research questions should be approached from a perception of cultural safety and strength. The tendency to focus on the health 'deficits' of Indigenous peoples is founded on Eurocentrism that misses their strengths and ways of being. Moreover, it remains problematic to this day that the health inequities and poorer health outcomes of Indigenous peoples are not appropriately contextualized within colonial violence and oppression. Eurocentric assumptions, founded on unexamined privilege, blind nurses to racist assumptions and actions. With a strengths-based approach in nursing, the nurse can focus on relational practice that emphasizes self-determination (Gottlieb, 2014). Strengths-based nursing requires helping Indigenous peoples exercise self-determination by giving space and resources to speak their language, tell their stories, and direct their care (Bourque Bearskin, 2016). Indigenous conceptualizations of health, healing, and wellbeing should foreground approaches to health interventions and evaluations (Angell, Muhunthan, Irving, Eades, & Jan, 2014).

Trauma-informed care with Indigenous peoples has recently arisen in the context of nursing, an important approach to care that attends to the historical and contemporary experiences of colonial violence and oppression in the lives of Indigenous peoples, and how this influences health and social outcomes (Bourque Bearskin & Jakubec, 2016; Browne, 2017). Browne and colleagues (2016) assert that trauma-informed care requires healthcare professionals to: "(a) recognize the intersecting health effects of structural

and individual violence, and other forms of inequity; (b) understand people's health and social issues in context; and (c) work to reduce re-traumatization" (p. 5). Trauma-informed care focuses on the need to address individual responses to trauma, as well as the collective historical trauma that influences the lives of Indigenous peoples. The recent National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) *Final Report* (2019) embedded trauma-informed programs in Call to Justice 3.3: "We call upon all governments to fully support First Nations, Inuit, and Métis communities to call on Elders, Grandmothers, and other Knowledge Keepers to establish community-based trauma-informed programs for survivors of trauma and violence" (p. 180). In my experience, trauma-informed care is currently being utilized in discourses involving Indigenous health. This stresses the importance of being aware of historical trauma and how it influences the social and health outcomes of Indigenous peoples. In the nursing context, however, more work is required to clarify the concept, applications, and implications of trauma-informed care. Connections between trauma informed care, cultural safety and strengths-based nursing are necessary in nursing practice.

In this examination of strengths-based nursing and trauma-informed practice, the approaches described above are heavily reliant on cultural recognition and respecting the identity of Indigenous peoples. They largely attend to clinical practice at the level of the individual, family, and community and can evade the restorative justice issue of resource redistribution. However, the experiences of skicinuwey women who are descendants of Survivors do recognize the importance of those structural injustices and they force attention to the historical, social, political, and economic factors that have influenced their experiences. The Wolastoqey ehpicik in this study identified the structures that remain oppressive to Indigenous peoples and present barriers to their specific methods

of healing. In the way that these approaches have been presented to this point, it can seem as if there are a lack of systematic structural strategies to support healing from trauma and its repercussions. To prevent this discussion from becoming trapped at the individual relational clinical level, refocusing on systemic strategies are central to social justice and health equity. The following section of nursing commitments to truth, (re)conciliation, justice, and advocacy points to the role of nurses at the sociopolitical level that better engages with the ethics of redistribution.

Nursing Commitments to Truth, (Re)conciliation, Justice, and Advocacy

Responding compassionately and meaningfully to the contemporary realities of skicinuwey women who are descendants of Survivors requires aligning nursing work with truth, (re)conciliation, and justice. Earlier analysis pointed to the issues related to the overreliance of cultural recognition in the work of reconciliation, whereas deeper structural changes are required to fundamentally reorient the imbalanced relationships between Indigenous and non-Indigenous peoples. Using a lens of restorative justice, nursing has a clear advocacy role in the work of economic and resource redistribution for Indigenous peoples. Additionally, there are several currently accepted frameworks that make concrete recommendations: (a) TRC *Calls to Action*, (b) National Inquiry for Missing and Murdered Indigenous Women and Girls (MMIWG) calls to justice, (c) RCAP recommendations, and (d) UNDRIP principles. Responsibilities can also be discerned from the commitments made by the government of the day to Indigenous people in treaties that affirm Indigenous pre-existence.

Recognized national nursing bodies in Canada have released statements with varying commitments in response to truth, (re)conciliation, and justice (see Table 3).

Table 3

Nursing Statements for Truth, Reconciliation, and Justice in Canada

Aboriginal Nurses Association of Canada[50] and Canadian Nurses Association *ANAC and CNA Statement on Truth and Reconciliation Report* (Nation Talk, 2015)	"Together, A.N.A.C. and CNA will uphold the rights of Indigenous peoples outlined in the United Declaration on the Rights of Indigenous Peoples (UNDRIP) to ensure wellness underpins every nursing action. We will work with local communities, federal and provincial governments on implementing the health-related "Calls to Action" set out by the Truth and Reconciliation Commission of Canada. Specifically the call that refers directly to nursing is the kind of education that the Aboriginal Nurses Association of Canada has been working toward for years."
Canadian Nurses Association *Statement by CNA president Barb Shellian reflecting on Indigenous reconciliation ahead of Family Day 2018* (2018)	"The Canadian Nurses Association is committed to doubling down on our efforts with our partner, the Canadian Indigenous Nurses Association (CINA), to make reconciliation meaningful. Nurses across Canada see the serious health impacts of inequities and injustices every day. On behalf of First Nations, Métis, Inuit, and indeed all Canadians, we cannot afford to ignore these issues or lose the ground we've gained."
Canadian Nursing Students' Association *Position Statement: Cultural Safety in the Context of Aboriginal Health in Nursing Education* (2015)	"There is an ethical obligation to support reconciliation and restorative justice, leading to the improved health and right to self-governance of Aboriginal people, which is congruent with the Code of Ethics for Registered Nurses (Canadian Nurses Association, 2008; Mahara, Duncan, Whyte & Brown, 2011). Canadian nurses need to be aware of the unique context of Aboriginal people in order to provide adequate, culturally safe and competent care to promote the health of Aboriginal people" (p. 1).

[50] Currently known as the Indigenous Nurses Association of Canada

Nursing's commitments to social justice in primary healthcare is a defining element of our professionalism. Taking an apolitical approach to the health of Indigenous peoples risks complicity in the oppression of Indigenous peoples; working at the clinics in residential schools being a historic example. This study highlighted the collective disparities faced by Indigenous peoples, and its experience at the personal level. That is, the Wolastoqi ehpicik consistently grounded themselves in their strengths to engage in the intergenerational transmission of Indigenous resiliency despite the Canadian systems that worked against them. The resources and space given to Indigenous peoples are resulting in huge disparities, even though Indigenous peoples are the original rightsholders of this land. If nurses are to be in treaty relationship with Indigenous peoples, the intersection of colonization (and residential schools in particular) to Indigenous women's health should make both recognition and redistribution of concern.

The TRC, MMIWG National Inquiry, RCAP, and UNDRIP offer responses to redress the injustices experienced by Indigenous peoples (see Appendix A). The RCAP's report, one of the first authoritative reports focused on the health and well-being of Indigenous people produced 440 recommendations, but only, a few recommendations from RCAP have been implemented by the Canadian federal government (Govier, 2013). This has resulted in mistrust that subsequent reports and recommendations would be addressed. Nursing scholars have called for grounding nursing policy decisions in the principles of UNDRIP (Bourque Bearskin, 2016) and a reshaping of the healthcare system by enacting the TRC Calls to Action in healthcare governance (McGibbon, 2019). Salient recommendations or Calls to Action/Justice from these frameworks include developing and implementing a comprehensive plan to redress

Indigenous health and social disparities, providing sustainable funding for Indigenous-centered and community-based health and healing centers, and equality in funding for Indigenous-run health services.

Strengths of the Study

To explore the experiences of women who are descendants of Survivors, the process of doing research was as vitally important as the outcome. This assertion is supported by Indigenous scholars (Absolon & Willett, 2004; Kovach, 2009; L. T. Smith, 2012). Creating space and voice through the process of supporting an Indigenous graduate student undertaking Indigenous research methodologies, upholding community-based and Indigenous-led commitments can offer contributions to nursing research.

Supportive Practices for Indigenous Graduate Students

There is a strong movement to support Indigenous scholars within Indigenous health research (CIHR, 2017; Gregory, 2005). As an insider/outsider graduate student researcher, I honoured my commitment to stay grounded in my experience as a Dakota living in Wolastoqiyik ancestral lands and harnessing academic tools to bring forward Indigenous-led accounts. My Thesis Supervisory Committee was instrumental in supporting the directions of this thesis. At the outset of this relationship, it was an accepted premise that Indigenous knowledges and research methods were valid and valued. This fundamental understanding created the foundation for the research process, in which my Thesis Supervisory Committee supported Indigenous research methodologies in a nursing context and offered extensive mentorship based in their respective expertise. In conversations with my peers who are Indigenous graduate

students, I learned that it can be difficult to find this level of understanding, support, and dedication to scholarly study that can challenge conventional research practices.

On several fronts, this learning journey challenged institutional norms involving time and priorities. As a community-based research project, I had a heightened awareness of my relational commitments to the local Indigenous community. Instead of withdrawing from the community to engage in graduate study, I was intentional in setting aside time to participate in ceremonies, learning from Elders and knowledge-holders, passing knowledge on to the younger generations, and engaging in Indigenous rights advocacy. I was perceptive to the ways in which these experiences related to my research focus. Although thesis timelines were reevaluated and extended during this process, this level of involvement in community provided for a wholistic learning experience. Moreover, this approach values the fact that Indigenous knowledges are not necessarily contained in 'books' alone. Integrating what I have learned while being in community, these experiences have influenced the analysis contained in this thesis.

Ceremonial, spiritual, and intuitive knowing was upheld during the research process and subsequent writing of this thesis. Honouring this form of knowing are aspects of Indigenous epistemologies and ontologies that strengthens the relationship with knowledge (Kovach, 2009; Stonechild, 2016; S. Wilson, 2008). The writing of this thesis was frequently accompanied with smudging ceremonies. Tobacco offerings were made to the earth and ancestors, seeking guidance with insights and the writing process. Moreover, as a descendant of Survivors myself, the research focus was deeply personal. In retrospect, I was engaged in the healing strategies identified by the participants, which were relationship-based approaches to preserve my mental, emotional, and spiritual wellbeing.

These practices ensured that the study proceeded in a way that was consistent with Indigenous research methodologies and carried out with meaning and integrity. The ceremonial, spiritual, and intuitive aspects of the thesis development process has ultimately led to a better understanding of the relationships between concepts. Through committing time to the Indigenous community and participating in ceremonies, I heard the topics such as the effects of colonization and Indian residential schools, oppression and racism, truth and (re)conciliation, justice, healing, and self-determination discussed in these contexts. Therefore, I was able to situate much of the wolamsotuwakonol shared by the participants in these broader contexts. Arguably, these experiences also informed the basis of this discussion chapter.

Reflections on Community-Based and Indigenous-Led Research

For this study, several months were dedicated to the process of community engagement and building relationships, which I firmly believe to be a necessary part of the research process with Indigenous peoples. Investing time and energy into relationships upholds relational accountability and continuous consent, in addition to centering Indigenous perspectives (Chilisa, 2012; Ellis & Earley, 2006; Kovach, 2009; S. Wilson, 2008). Described in Chapter Three, community engagement commenced prior to proposal development, and was sustained throughout the research process, including during writing of the thesis. I received advisement from traditional Elders, traditional leaders, descendants themselves, leadership and community workers from First Nations communities, and leaders from an off-reserve organization. These conversations were guided by community advisors, which meant that their guidance was sometimes explicit or implicit. Conversations that circled this research had been planned or unplanned, and occurred in workplaces, homes, community settings, and ceremonial

spaces. Some community members would ask questions such as, "*does your thesis talk about…*?" Guided by intuitive knowledge and local protocols, important messages and teachings were discerned from a variety of conversations. This went on to inform the proposal, process for community engagement, Indigenous research methodology, methods of data collection and analysis, the analysis itself, and this discussion chapter. Community voices are interwoven with my perspectives throughout this thesis, and several experiences were validating of these findings.

A member of my Thesis Supervisory Committee who is Wolastoqew from Negotkuk (Tobique First Nation), Lisa Perley-Dutcher, arranged the opportunity for me to share key messages of the research project at a Waponahki Elders' Gathering in Wolastokuk. This occurred in May 2018 while data analysis was taking place with the Research Team and was at a point that the Elders' feedback could be formally incorporated to inform the findings. Prior to starting the presentation, I acknowledged my responsibility as a young person to be a helper and listener to the Elders and that they could interject at any point during the presentation, either to clarify messages or offer guidance and teachings. At the end of the presentation there was a momentous pause, and I had a transitory fear that I had misspoken (e.g., the project had been presented in an overly academic way). However, the Elders shared with me that they were pleased to see a young Indigenous scholar undertake this important work and that this project was exactly what I needed to be doing. Although I had been guided by Elders on my Community Advisory Committee along the way, this profound experience from these Waponahki Elders reaffirmed that the project was done in a good way.

Another similar experience occurred during review of the findings with the participants that underscored the importance of collaborative analysis with members of

the Research Team. This process of collaborative analysis "increases accuracy, it provides context, it ensures community voice, it's respectful, it's with community not about community"(Castledon, Morgan, & Lamb, 2012). One participant had been unable to make the gatherings that focused on sharing experiences, but she wanted continued involvement in the project and to hear the findings. In Chapter Three, the feedback provided had been described about foregrounding Wolastoqey matriarchy. However, the participant shared at the end of the presentation that the findings were "right on [the mark]" and in detail, resonated with her experience. This means that the findings were valid among a descendant whose wolamsotuwakonol was not included in data analysis. It attests that the wolamsotuwakonol were portrayed in a way that demonstrated authenticity and credibility from an Indigenous methodologies standpoint (Chilisa, 2012).

This Indigenous-led project exhibited strong features of self-determination in research. Generating a plurality of Indigenous perspectives regarding Indian residential schools was identified as a priority by the Truth and Reconciliation Commission of Canada. In part, this project addressed Call to Action 78: "… assist communities to research and produce histories of their own residential school experience and their involvement in truth, healing, and reconciliation" (TRC, 2015a, p. 9). Moreover, this project contributes a necessary gender-based analysis of the intergenerational effects of the Indian residential school experience.

The research process and outcomes of this project are indicative of currently accepted Indigenous research projects that contribute to the goal of self-determination. Through healing-transformative methods, the wolamsotuwakonol of the Wolastoqi ehpicik add to Indigenous perspectives of Canada's colonial history and contemporary

realities, as well as reclaim ancestral knowledge to guide personal and collective healing. This project addressed several Indigenous research projects outlined by Smith (2012):

Table 4

Characteristics of Indigenous Research Projects

Remembering	The remembering of a people relates not so much to an idealized remembering of a golden past but more specifically to the remembering of a painful past, remembering in terms of connecting bodies with place and experience, and, importantly, people's responses to that pain. Both healing and transformation, after what is referred to as historical trauma, become crucial strategies in any approach that asks a community to remember what they may have decided unconsciously or consciously to forget.
Gendering	Colonization is recognized as having had a destructive effect on Indigenous gender relations that reached out across all spheres of Indigenous society. Indigenous women would argue that their traditional roles included full participation in many aspects of political decision making and marked gender separations which were complementary in order to maintain harmony and stability… A key challenge within contemporary Indigenous politics is the restoration to women of what are seen as their traditional roles, rights and responsibilities.
Celebrating Survival - Survivance	Survivance accentuates the degree to which Indigenous peoples and communities have retained cultural and spiritual values and authenticity in resisting colonialism. Events and accounts which focus on the active resistance are important not just because they speak to our survival, but because they celebrate our being at an ordinary human level and affirm our identities as Indigenous women and men.

(L. T. Smith, 2012, pp. 146-153)

Limitations of the Study

It is important to note that the women involved in the research project had the time, resources, ability, and commitment to participate in this research project. It was anticipated that sharing stories about painful memories would be a part of this experience. As many of the women disclosed issues with parental and personal trauma, it was verified that all of the women who participated had uncomfortable or painful memories. As a result, it is likely that some women who are descendants were unable or unwilling to discuss their experiences. There was attrition of participants, as two who participated in the first sharing circle were unable to continue their participation in the study.

As a project that involved a group commitment to three sharing circles in total, some participants were unable to commit to all sharing circles. Although the dates/times were prearranged with the participants in the previous sharing circle, various reasons would arise that would prevent some participants from attending all the sharing circles. For instance, during the second gathering, participants were guided to think of designs that were significant to them, their experiences, or healing as descendants of Survivors, and guided to paint their handdrum. The second session was to focus on questions related to the intergenerational experience as a descendant of a Survivor. After some time had passed, it was confirmed that two participants were unable to participate for a variety of reasons but had expressed an interest in continuing in the project. As time passed during the painting, there was a sense that the participants present did not want to engage in a sharing circle. For two reasons, I did not suggest that the group engage in a sharing circle: (a) I was mindful of my power as a graduate student researcher and did not want to influence the participants' decision to continue with a sharing circle that day

and (b) the sensitivity of the semi-structured questions to be posed to the sharing circle related to the intergenerational experience, and understanding the emotional and mental preparedness required to answer those questions. Therefore, I sought clarification from the participants and asked, “would you like to have a sharing circle today?” At that time, consensus was reached to postpone the second sharing circle and have a third sharing circle. In community-based research that is attuned to maintaining the self-determination of participants, the decision conferred by the participants to postpone the second sharing circle was upheld. At that time, it was recognized that in future gatherings, that participants have the right to not participate and withdraw from the study at any time without explanation.

The lack of sustained attendance over the three sharing circles and obtaining handwritten notes (versus audio-recording the sharing circle discussion) emerged as methodological challenges of this study. Although the Wolastoqi ehpicik were entitled to moderating their level of involvement, due to the research focus, it is likely that aspects of their experiences were not represented in these findings. Although the graduate student researcher and a member of the Research Team took handwritten notes during the sharing circles, it is possible that subtle details relevant for analysis were missed.

Recommendations for Future Study

Advanced study that supports the healing and wellbeing of Indigenous women who are descendants is vital for informing decolonizing, anti-racist, and strengths-based nursing and healthcare practices. Based upon Chapters Four and Five of this thesis, recommendations for future study include:

I. Explore gendered perspectives on historical and contemporary colonial processes that affect the healing, health, and wellbeing of Indigenous women;
II. Explore gendered experiences of Two-Spirit people and men who are descendants of Survivors;
III. Expand on relationship-based approaches to healing and women-led healing to inform strengths-based nursing practices;
IV. Elaborate on cultural identity as a determinant of health for Indigenous peoples;
V. Critically analyze the nature and extent of nursing involvement in the Indian residential school system and other colonial policies in Canada;
VI. Identify nursing education, policies, and practices that respond to the generational impacts of Indian residential schools;
VII. Review commitments to and implementation of the TRC *Calls to Action* in Nursing programs across Canada.
VIII. Clarify the relationship between decolonial/anticolonial commitments and strengths-based nursing practice at individual and community levels; and
IX. Clarify structural interventions (i.e., redistribution of resources and power) for reconciliation within the health context.

Conclusion

The Wolastoqi ehpicik shared powerful wolamsotuwakonol that identified the specific ways the intergenerational effects of residential school persist, and the measures they take to resist and recover from colonial violence and oppression. The participants were steadfastly committed to and engaged in specific relationship-based healing processes. Moreover, their experiences could not be separated from historical and ongoing colonialism. It is critical for the profession of nursing not to forget the past nor lose a sense of urgency; a fear that has been expressed by Survivors. Following through on these commitments requires a responsibility to respond affirmatively in nursing education, practices, and policies. The wolamsotuwakonol are highly valued from skicinuwey perspectives and add to the growing empirical evidence that should be a catalyst for nursing to engage in the ethics of cultural recognition and the ethics of redistribution. In response, there is an urgency for the profession of nursing in Canada act upon commitments to truth, (re)conciliation, and restorative justice.

Nit leyic.[51]

Psiw ntolonapemok.[52]

[51] May that be the truth.
[52] All my relations.

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Appendix A

Table 5

Search Strategy used in Bibliographic Databases and Number of Citations Retrieved

Search Terms	Component 1		Component 2	
	Intergenerational Transgenerational Multigenerational Descendant* "Children of" "Offspring of" "Second generation" "Third generation" "Trauma transmission" "Historical trauma" "Collective trauma"		"Residential school" "Residential schools" Indian N3[a] "boarding school"	
Databases	Component 1	Component 2	Combined Search	Articles Retrieved
BNNN	7,093	922	204	6
CINAHL	158,023	107	48	1
Pubmed	107,191	293	21	4
SocINDEX	221,923	375	190	0
Grey Literature	N/A	N/A	N/A	4
Total				15

* indicates truncation

[a] indicates proximity search

Table 6

Characteristics of Literature Review

Type of Article	Author	Total
Qualitative		
BNNN	(Olynick et al., 2016) (Ruttan et al., 2008) Gray (2011) (Gerlach, 2008)	8
CINAHL	(D. Smith et al., 2005)	
PubMed	(Rothe et al., 2006)	
Grey Literature	(Stout & Peters, 2011b) Getty et al. (n.d.)	
Quantitative		
BNNN	(Bombay et al., 2011) (Elias et al., 2012)	7
PubMed	(C. Hackett et al., 2016) (Pearce et al., 2015) (Bombay et al., 2014a)	
Grey Literature	(Craib et al., 2009) (Bougie & Senecal, 2010)	
Total		15

Appendix B

MEMORANDUM OF UNDERSTANDING

Territorial Acknowledgment: *It is acknowledged that all thesis project work takes place on unsurrendered and unceded traditional territory of the Wolastoqiyik.*

This Memorandum of Understanding ("**MOU**") is between The University of New Brunswick having its administrative offices at 3 Bailey Drive, Room 215, Fredericton, New Brunswick, E3B 5A3, Canada on behalf of Amanda Rogers **("Graduate Student")** ("**UNB**").

AND

St. Mary's First Nation having its administrative office at 150 Cliffe Street, Fredericton, New Brunswick, E3A 0A1, Canada;

Oromocto First Nation having its administrative office at 33 Hiawatha Avenue, PO Box 417, Oromocto, New Brunswick, E2V 2J2, Canada;

Kingsclear First Nation having its administrative office at 77 French Village Road, Kingsclear First Nation, New Brunswick, E3D 1K3, Canada; and

New Brunswick Aboriginal Peoples Council having its administrative office at 320 St Marys Street, Fredericton, New Brunswick, E3A 2S4, Canada ("**Partners**").

(Individually "Party" and together referred to as the "**Parties**")

PURPOSE

Amanda Rogers, the Graduate Student, wishes to collaborate in a thesis/research project focused on the experiences of Wolastoquey women who are descendants of Survivors of the Indian residential school experience. The thesis research will be completed in partial fulfillment of requirements for the Master of Nursing Degree.

This MOU will serve to outline the roles and the responsibilities of the Graduate Student, UNB and the Partners during the term of this MOU.

COMMUNITY INVOLVEMENT IN RESEARCH

The ethical guidelines of the Tri-Council Policy Statement (2014) *Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada* requires that community engagement be pursued prior to and maintained during research activities: "Engagement between the community involved and researchers, initiated prior to recruiting participants (the "**Participants**") and maintained over the course of the research, can

enhance ethical practice and the quality of research" (p. 114). The Graduate Student recognizes the importance of developing and maintaining respectful relationships with the communities where research may be conducted. This has been ensured through establishment of this MOU as well as the Informed Consent Form.

A Community Advisory Committee with representation from community members and Elders, will advise the Graduate Student on: (a) Wolastoquey perspectives, values, and beliefs, (b) cultural protocols, (c) community social and health priorities, (d) culturally-appropriate research methods, procedures, and reporting strategies, (e) the lived experience on-reserve and off-reserve, and (f) community trust and interest in the research project. The Partners reserve the right to suggest additional members for the Community Advisory Committee.

At the time of finalizing this MOU, the Research Team has also been established, and consists of Judie Acquin-Miksovsky, Keyaira Gruben, and Sherry Parsons. Members of the Research Team will work together with the Graduate Student, to analyze the data, provide input on the final report, and facilitate dissemination of the findings. The Partners reserve the right to suggest additional members for the research team. Those with an interest in the research topic, including those affected by the intergenerational effects of the residential school system, and those who can use the findings for change are encouraged to participate on the Research Team.

CULTURAL RELEVANCE AND SENSITIVITY

The Graduate Student acknowledges the importance of spirituality to the Wolastoqiyik. To respect the sacredness of collecting information about community members, cultural protocols will be followed, including spiritual practices as advised by the Community Advisory Committee.

ROLES AND RESPONSIBILITIES

1. The Parties intend to undertake the following key activities:

    a) Recruit five to six Participants during the month of January 2018;
    b) Engage in data collection and data analysis between February-March 2018;
    c) Engage with community experts to assist with interpretation of findings; and
    d) Report findings to participating First Nations communities.

2. Responsibilities by the Community Advisory Committee:

    a) Offer advisement on community context.

3. Responsibilities by the Research Team:

a) Participate in data analysis and interpretation;
b) Provide input on the final report; and
c) Assist in dissemination of research findings.

4. Responsibilities of the Graduate Student:

   a) Staying in communication with the Community Advisory Committee and follow their advice; and
   b) Working collaboratively with the Research Team to collect and analyze data.

5. Partners and UNB agree that flexibility and fairness will rule as the intent of this MOU.

6. Each Party agrees to participate with the other in the performance of work and to attend such events and meetings as are necessary to reach the objectives of this collaboration.

CONFIDENTIALITY

1. The Research Team are required to maintain the confidentiality of the identity of community members who are Participants in this research project.
2. All identifying information will be removed from transcripts to protect the Participants' identities.
3. Transcripts will be kept in a password-protected computer file, accessible to the Graduate Student and the Research Team.
4. Audio-recordings will be kept in a password-protected computer file, accessible to the Graduate Student.
5. Other confidential materials containing the names of the Participants (e.g. consent forms) will be kept in a locked safe located at the Office of Research Services at UNB. The Graduate Student and one member of her supervisory thesis committee will have permission to access these files.
6. Consent forms and transcripts will be kept for five years upon completion of the research project, and then destroyed.
7. The audio-recordings will be deleted upon successful defense of the Master's thesis.

AMMENDMENT AND DURATION

This MOU is at-will and may be modified by mutual consent of the Parties. The duration of this agreement will continue until successful defense of the Master's thesis. The principles of Ownership, Control, Access, and Possession (OCAP) will guide amendment of the MOU.

DECISION-MAKING

Decisions will be made by consensus between the Graduate Student and the Research Team. If there are disagreements about the research findings, the Community Advisory Committee will meet with the Research Team and the Graduate Student to discuss the issues and attempt to resolve them. If there are other issues or concerns about the study, the Partners may contact members of the thesis committee of the Graduate Student, who are also overseeing this study:

Dr Grace Getty	getty@unb.ca	506-458-7621
Dr Janice Thompson	jthomps@unb.ca	506-458-7623
Lisa Perley-Dutcher	ldutcher@unb.ca	

RESEARCH FINDINGS

1. Amanda Rogers, the Graduate Student, will be given the right to use research findings for her Master's thesis. This work will be reviewed by and input sought from the Research Team, where the contributions of each member will be acknowledged.
2. The Master's thesis will be made available for archiving to the University of New Brunswick as well as to Library and Archives Canada.
3. The Graduate Student will collaborate with members of the Research Team on all publications and presentations for up to three years following completion of the thesis. Those involved will be listed as co-authors.
4. If members of the Research Team or Partners request the assistance of the Graduate Student to use the findings for presentations or publications, she will work with them on an ongoing basis.

ETHICAL CONSIDERATIONS

The (First Nations Centre, 2005) offers a guideline for research with Indigenous peoples that uses the ethical principles of ownership, control, access, and possession to support the self-determination of Indigenous communities. This guideline outlines the need for community engagement and capacity-building during data collection, analysis, and dissemination. The Graduate Student and Research Team commits to these ethical principles as specified below.

The Partner agrees that the Graduate Student's work at the Partner Facilities does not create an employer-employee relationship between the Graduate Student and Partner(s). The Graduate Student shall not be paid any form of remuneration or benefit by Partner(s).

As well as agreeing that the research team is expected to fulfill their obligations to the community as stated previously, we the undersigned, agree to support and collaborate in the research study entitled, "The Experiences of Wolastoquey Women who are Descendants of Survivors of the Indian Residential School Experience" accordingly:

COMMUNITY RIGHT TO OWNERSHIP

It is acknowledged that Indigenous knowledge is collectively owned by the community (Tri-Council Policy Statement, 2014).

a) Elders and the Community Advisory Committee have and will continue to be engaged in all stages of the research process;
b) The Partners are encouraged to suggest members for the Research Team and Community Advisory Committee, for those with an interest in the research topic and/or who can use the findings for change; and
c) Members of the Research Team will be included as co-authors in all scholarly publications and public presentations for up to three years after completion of the thesis. Their contributions will be acknowledged in the thesis.

COMMUNITY RIGHT TO CONTROL

First Nations peoples have the right to "control aspects of research" (First Nations Centre, 2005, p. 2).

a) The Community Advisory Committee has worked with the Graduate Student to shape the research project;
b) A Research Team will assist in data analysis and dissemination;
c) Participants will be consulted to determine whether research findings are representative of their experience;
d) Participants will retain the authority to grant, or not grant, permission for their hand-drum pictures to be used in the Master's thesis, scholarly publications, and public presentations; and
e) The Community Advisory Committee and the Partners have the right to request changes to the final report to clarify its message in relation to the context of the community.

COMMUNITY RIGHT TO ACCESS

First Nations peoples have access to information and data about themselves (FNC, 2005).

a) The Research Team will have access to data and research work in progress until completion of thesis;
b) Study findings will be presented to involved First Nations communities; and
c) Dissemination of research findings will be determined with the Research Team for up to three years after completion of the thesis.

COMMUNITY RIGHT TO POSSESSION

Data ownership can be asserted and protected (FNC, 2005).

a) Participants will own their hand-drums
b) Participants will be given a summary of the research findings after successful defense of the Master's thesis;
c) A copy of the research report will be given to the Partners;
d) The Research Team has the right to report study findings to conferences;
e) The Graduate Student commits to assisting the Partners to use the research findings in presentations to appropriate governmental and organizational bodies to advocate for change.

Signed:

The following parties have been duly authorized to represent the Parties:

St Mary's First Nation — Date: Dec. 7/17

Oromocto First Nation — Date: Jan 16/2018

Kingsclear First Nation — Date: DEC 14/17.

New Brunswick Aboriginal Peoples Council — Date: Jan 5/18

University of New Brunswick — Date: Jan 23/18

The Graduate Student, having read and understood requirements of this Agreement, hereby agrees to be bound by them as appropriate to my role.

Amanda Rogers (Graduate Student) — Date: Jan 18, 2018

The Supervisor, having read and understood this Agreement, hereby agree to act in accordance with all the terms and conditions herein, and further to agree to ensure that all UNB personnel involved in the Project are informed of their obligations under this Agreement and agree to act in accordance with such terms and conditions.

UNB Thesis Committee Supervisor — Date: Jan. 16, 2018

This project has been reviewed by the University of New Brunswick Research Ethics Board and is on file as REB2017-120.

Appendix C

Letter of Information

You are invited to participate in a study to learn about the experiences of Wolastoquey women who are descendants of Survivors of the Indian residential school experience.

I am a Master of Nursing student at the University of New Brunswick. I would like to hear about your story because it may help others learn about the ongoing effects of residential schools. Also, the research findings may support services for women who are descendants of Survivors.

Wolastoquey community members and Elders have guided this research project. If you choose to be in the study, you will be in a group setting with up to five other women. There will be three sessions, at least three hours long. These sessions will involve making hand-drums, hand-drumming, and sharing circles. A Research Team will help me identify the themes in your stories. Participation is voluntary and your information will be kept confidential.

If you wish to have more information about the study before you decide to participate, please email me at amanda.reid@unb.ca or phone at (506) 609-0208.

Woliwon/Thank-you,

Amanda Rogers
MN Student
Faculty of Nursing
University of New Brunswick

It is acknowledged that this research project takes place on unsurrendered and unceded traditional territory of the Wolastoqiyik.

This project has been reviewed by the University of New Brunswick Research Ethics Board and is on file as REB2017-120.

Consent Form for Participation in Study

Title of Project:	The experiences of Wolastoquey women who are descendants of Survivors of the Indian residential school experience.
University of New Brunswick on behalf of UNB Graduate Student:	Amanda E. R. Rogers (Master of Nursing student)

It is acknowledged that this research project takes place on unsurrendered and unceded traditional territory of the Wolastoqiyik.

WHAT IS THIS FORM?

This is a consent form. It will provide you with information to make an informed decision to participate in this study.

WHAT IS THE PURPOSE OF THIS STUDY?

Amanda Rogers is conducting a study to learn how the Indian residential school system affects the lives of Wolastoquey women who are descendants of Survivors. Since October 2016, Amanda has worked with Elders and community advisors to develop this research study.

The findings will increase awareness of the experiences of descendants of Survivors. Also, this study may inform services that support the healing of women who are descendants of Survivors.

WHO IS ELIGIBLE TO PARTICIPATE?

Wolastoquey (Maliseet) women:

- 19 years of age or older
- Descendants (such as children or grand-children) of residential school Survivors
- Living in Fredericton, Oromocto, or Kingsclear

As a descendant of a Survivor, you are being invited to take part in this research study. It is believed that you can help me understand the effects of residential school for Wolastoquey women.

WHAT WILL I BE ASKED TO DO?

If you agree to take part in this research study, you will be asked to participate in three sessions that involve a hand-drum workshop and sharing circles. Up to five Wolastoquey women will participate in this research study along with you. Elder Imelda Perley, drum-maker Judie Acquin-Miksovsky, and myself will facilitate these sessions. I will ask questions to learn about your experiences. The questions are given here so you can think about what you might like to share in the workshop and sharing circles:

1. Tell me about growing up in your family.
2. Can you share your memory of being a descendant?
3. How do you envision healing for the future generations?
4. How are women transforming social problems in their communities?

Your responses will be recorded by handwritten notes during the sharing circle sessions. A fourth group session will be arranged to give you the opportunity to review the research study findings. At that time, you and the group can decide if the findings are accurate.

When the study is completed, you will be given a copy of the research findings. You will also be given your hand-drum and a picture of your hand-drum. In the future, I may contact you for permission to use this picture in articles and presentations.

WHERE WILL THE STUDY TAKE PLACE AND HOW LONG WILL IT LAST?

The hand-drum workshop and sharing circles will be at [a First Nations] Community Centre. The first session will be scheduled during March 2018 at a time that works for most participants. During this session, a hand-drum workshop and first sharing circle will take place. Two other dates will be scheduled to paint the hand-drum that you have made and to participate in sharing circles. These sessions may be at least three hours long.

A total of three group sessions will be held March X, March X, and April X from 1:00 pm-3:00pm.

A fourth group session will be scheduled during May 2018 for you to give feedback on the study findings.

WHAT ARE MY BENEFITS OF BEING IN THE STUDY?

Hand-drumming is often a positive and healing activity. After this study, you will own your hand-drum and have the teachings to continue this practice if you wish.

Participating in this research study presents an opportunity to share your story. You may experience an emotional release to assist in healing. Also, you may connect with other Wolastoquey women with similar experiences.

WHAT ARE SOME POTENTIAL RISKS OF BEING IN THIS STUDY?

I am asking you to share personal information. Remembering past experiences may bring back painful and emotionally-difficult feelings. If you feel uncomfortable, you do not have to answer any questions or take part in the sharing circle discussions. You do not have to give me any reason for declining to take part in the research study.

There are a few risks to protecting your identity that you should know about:

7. I will ask you and others not to talk about the sharing circles to people outside the group. In other words, I will ask each of you to keep what was said in the group confidential. However, I cannot stop participants from sharing things that should be confidential.
8. The Research Team, who are working with me, may come to know your identity. They will be required to maintain confidentiality.
9. Research being done in the community may draw attention. If you participate, you may be asked questions by other community members.
10. You may be identified by community members from pictures of your hand-drum.

ARE THERE SUPPORTS FOR ME AFTER THE PROJECT?

There is mental health counseling services coverage with Non-Insured Health Benefits (NIHB). This service is available for those with status through the Atlantic First Nations and Inuit health Branch. Their phone number is toll-free at 1-800-565-3294.

A 24/7 First Nation and Inuit Hope for Wellness help-line gives telephone counseling support. You can access this service at 1-855-242-3310.

Michael Paul is from the community of Woodstock First Nation with training in Wampum Critical Incident Stress Management. He is available for counseling support if needed. You can reach him at (506) 425-4800.

Dawn Francis is a regional cultural support worker from Tobique First Nation. She works with Survivors and their descendants. She can provide counseling support and can be reached at (506) 273-0572.

HOW WILL MY PERSONAL INFORMATION BE PROTECTED?

The sharing circles will be recorded using handwritten notes by Amanda and a member of the Research Team, to remember your responses and reactions to the questions. As an Indigenous researcher, it is believed that Amanda has the experience to remember your stories in a good way. A Research Team with Judie Acquin-Mikovsky, Keyaira Gruben, Sherry Parsons, and I will have access to these notes. They will be secured in a password-protected computer file. Any information about you will be removed such as dates, places, and names. Your personal information will not be shared with anyone outside of the Research Team. The handwritten notes of the sharing circle discussion will be kept for five years, and then destroyed.

When the study is completed, the findings will be presented publicly to your communities, health and Indigenous conferences, and research articles. Your personal information will not be identified.

WILL I RECEIVE PAYMENT FOR TAKING PART IN THE STUDY?

Money honorariums or other benefits will not be provided for participation in the study. However, you will own your hand-drum and light snacks will be provided during group sessions.

WHAT IF I HAVE QUESTIONS?

If you have any questions, you can ask them now or at any time during the research study. If you wish to ask questions later, you may contact Amanda Rogers. Her email is amanda.reid@unb.ca and cellphone number is 506-609-0208.

This proposal has been reviewed and approved by the UNB Research Ethics Board and the New Brunswick Aboriginal Peoples Council. These organizations make sure that you are protected from harm. If you wish to find out more about them, please contact:

The New Brunswick Aboriginal Peoples Council
320 St Marys Street
Fredericton, New Brunswick
E3A 2S4

You may contact Amanda's thesis committee with questions or concerns, who are overseeing the project as well:

Dr Grace Getty	getty@unb.ca	506-458-7621
Dr Janice Thompson	jthomps@unb.ca	506-458-7623
Lisa Perley-Dutcher	ldutcher@unb.ca	

Also, you may contact the Acting Dean of the Faculty of Nursing Dr. Loretta Secco. She is in no way involved with this study.

Dr Loretta Secco	loretta@unb.ca	506-451-6844

CAN I STOP BEING IN THE STUDY?

Your participation in this research is completely voluntary. It is your choice whether to participate or not. You may change your mind later and stop participating even if you agreed earlier, without explanation. If you stop participating, Amanda will make all attempts to remove the details of your participation from the final report.

STATEMENT OF VOLUNTARY CONSENT

I consent to be in this research study. My participation will be used to learn more about the experiences of women who are descendants of Survivors of the residential school system.	Yes	No
I understand the risks and benefits of taking part in this research study.	Yes	No
I have had an opportunity to ask questions and discuss this study.	Yes	No
I understand that I am free to refuse to participate or withdraw from the study at any time and I am not required to give a reason.	Yes	No
I understand that if I withdraw from the study, it may be difficult to remove previously handwritten comments from the sharing circles.	Yes	No
I understand the issues of confidentiality, which have been explained to me.	Yes	No
I consent to have a picture taken of my hand-drum.	Yes	No
I consent to be contacted in the future by the researcher for permission to use the picture of my hand-drum.	Yes	No
I understand that study findings will be made available for archiving to the University of New Brunswick as well as to Library and Archives Canada. I am aware that no identifying information will be included.	Yes	No
I understand that the study findings will be presented at health and Indigenous conferences. I am aware that no identifying information will be included.	Yes	No
I understand that the study findings will be reported to the community I am from. I am aware that no identifying information will be included.	Yes	No
I understand that the study findings will be sent to be published in a journal. I am aware that no identifying information will be included.	Yes	No

I understand that study findings will be used in a Master's thesis and seminar for the purpose of Amanda Rogers obtaining a university degree. I am aware that no identifying information will be included.	Yes	No

I have read this form or it has been read to me. I have had the opportunity to ask questions and those questions have been answered to my satisfaction. I understand that I can withdraw at any time. I consent voluntarily to participate in this study.

Participant Name	Participant Signature	Date

OR

The participant has indicated reluctance to sign or has requested a waiver of signed consent ____

Reviewed with Participant	Initials of Participant	Date

AND

Graduate Student	Graduate Student Signature	Date

This project has been reviewed by the University of New Brunswick Research Ethics Board and is on file as REB2017-120.

Appendix D

I_____have agreed to participate in data analysis for the research project titled: *The Experiences of Wolastoquey Women who are Descendants of Survivors of the Indian Residential School Experience.*

I understand, as the Graduate Student Amanda Rogers has explained to me, that I may come to know the names and details of participants. I may be exposed to highly sensitive information while listening to the audio-recordings or reading the transcripts of the sharing circles.

I realize that all information contained in the sharing circle data is strictly confidential and I agree that I will not disclose any information heard on these audio-recordings to anyone other than the Graduate Student or other members of the Research Team.

Research Team Member Signature Date

Researcher's Signature Date

Appendix E

Table 7

Royal Commission of Aboriginal Peoples Recommendations for Health and Healing

3.3.1	Aboriginal, federal, provincial and territorial governments, in developing policy to support health, acknowledge the common understanding of the determinants of health found in Aboriginal traditions and health sciences and endorse the fundamental importance of - holism, that is, attention to whole persons in their total environment; - equity, that is, equitable access to the means of achieving health and rough equality of outcomes in health status; - control by Aboriginal people of the lifestyle choices, institutional services and environmental conditions that support health; and - diversity, that is, accommodation of the cultures and histories of First Nations, Inuit and Métis people that make them distinctive within Canadian society and that distinguish them from one another.
3.3.2	Governments recognize that the health of a people is a matter of vital concern to its life, welfare, identity and culture and is therefore a core area for the exercise of self government by Aboriginal nations.
3.3.3	Governments act promptly to: a) conclude agreements recognizing their respective jurisdictions in areas touching directly on Aboriginal health; b) agree on appropriate arrangements for funding health services under Aboriginal jurisdiction; and c) establish a framework, until institutions of Aboriginal self-government exist, whereby agencies mandated by Aboriginal governments or identified by Aboriginal organizations or communities can deliver health and social services operating under provincial or territorial jurisdiction.
3.3.4	Governments, in formulating policy in social, economic or political spheres, give foremost consideration to the impact of such policies on the physical, social, emotional and spiritual health of Aboriginal citizens, and on their capacity to participate in the life of their communities and Canadian society as a whole.
3.3.5	Governments and organizations collaborate in carrying out a comprehensive action plan on Aboriginal health and social conditions, consisting of the following components:

	a) development of a system of Aboriginal healing centres and healing lodges under Aboriginal control as the prime units of holistic and culture-based health and wellness services; b) development of Aboriginal human resources compatible with the new system, its values and assumptions; c) full and active support of mainstream health and social service authorities and providers in meeting the health and healing goals of Aboriginal people; and d) implementation of an Aboriginal community infrastructure development program to address the most immediate health threats in Aboriginal communities, including the provision of clean water, basic sanitation facilities, and safe housing.
3.3.6	Federal, provincial and territorial governments collaborate with Aboriginal nations, organizations or communities, as appropriate, to a) develop a system of healing centres to provide direct services, referral and access to specialist services; b) develop a network of healing lodges to provide residential services oriented to family and community healing; c) develop and operate healing centres and lodges under Aboriginal control; d) mandate healing centres and lodges to provide integrated health and social services in culturally appropriate forms; and e) make the service network available to First Nations, Inuit and Métis communities, in rural and urban settings, on an equitable basis.
3.3.7	Federal, provincial and territorial governments collaborate with Aboriginal nations, regional Aboriginal service agencies, community governments and Aboriginal organizations, as appropriate, to adapt legislation, regulations and funding to promote a) integrated service delivery that transcends restricted service mandates of separate ministries and departments; b) collaboration and shared effort between federal, provincial/territorial and local governments; and c) the pooling of resources flowing from federal, provincial, territorial, municipal or Aboriginal sources.
3.3.8	Aboriginal organizations, regional planning and administrative bodies and community governments currently administering health and social services transform current programs and services into more holistic delivery systems that integrate or co-ordinate separate services.

3.3.9	Federal, provincial and territorial governments, in consultation with Aboriginal nations and urban communities of interest, co-operate to establish procedures and funding to support needs assessment and planning initiatives by Métis and other Aboriginal collectivities, in rural and urban settings, to a) form interim planning groups for rural settlements with a minimum of 250 Aboriginal residents, or catchment areas, whether urban or rural, with a minimum of 1,000 residents; b) compile an inventory of existing services, organizations and networks directed to meet Aboriginal needs, from which to build on existing strengths and ensure continuity of effort; and c) prepare plans to develop, operate and house healing centres, considering the goal of equitable access by Aboriginal people wherever they reside, the historical pattern of distinct Métis and treaty nation development in the prairie provinces, the availability and adaptability of municipal and provincial services, and the cost and efficiency of services.
3.3.10	Aboriginal, federal, provincial and territorial governments, as appropriate, collaborate on regional initiatives to develop healing lodges providing residential services oriented to family and community healing, with priority being given to a) needs assessment and planning that reflect regional Aboriginal initiative and responsiveness to the diversity of cultures and communities; b) services broadly inclusive of all Aboriginal people resident in a region or associated with the nations of the region; c) institutions that collaborate with and complement other Aboriginal institutions and services, particularly healing centres delivering integrated health and social services; and d) governance structures consistent with emerging forms of Aboriginal self-government in the region.
3.3.11	Aboriginal, federal, provincial and territorial governments incorporate in funding agreements plans for capital development and operating costs of a network of healing lodges.
3.3.12	Federal, provincial and territorial governments, and Aboriginal governments and organizations, support the assumption of responsibility for planning health and social services by regional Aboriginal agencies and councils where these now operate, and the formation of regional Aboriginal planning bodies in new areas, to promote a) equitable access to appropriate services by all Aboriginal people; b) strategic deployment of regional resources; and

	c) co-operative effort between Aboriginal communities and communities of interest, consistent with the emergence of nation governments and confederacies.
3.3.13	The government of Canada provide funds to the national Aboriginal organizations, including national Aboriginal women's organizations, to permit them to prepare a comprehensive human resources development strategy in health and social services that a) facilitates and draws upon regional initiatives, integrates information from diverse sources, and is structured to incorporate regular updating; b) builds an inventory of Aboriginal human resources currently available in health and social services, identifying where, in what field and at what level Aboriginal personnel are currently practising; c) assesses current and future Aboriginal human resources needs and identifies the actions needed on the part of governments, educational institutions and others to address these needs; d) assesses requirements for direct service personnel as well as for planners, researchers and administrators; e) collates an inventory and available evaluative data on training and education options; f) explores recruitment, training and retention issues; g) examines the personal and professional supports required to encourage Aboriginal professionals to practise in Aboriginal communities; h) develops proposals for a system to monitor the status of Aboriginal human resources; and i) develops an analysis of how, to the maximum extent possible, Aboriginal human resources development can be brought under Aboriginal control.
3.3.14	Federal, provincial and territorial governments commit themselves to providing the necessary funding, consistent with their jurisdictional responsibilities, a) to implement a co-ordinated and comprehensive human resources development strategy; b) to train 10,000 Aboriginal professionals over a 10-year period in health and social services, including medicine, nursing, mental health, psychology, social work, dentistry, nutrition, addictions, gerontology, public health, community development, planning, health administration, and other priority areas identified by Aboriginal people; c) to support program development in educational institutions providing professional training, with preference given to Aboriginal institutions; and

	d) to ensure that student support through post-secondary educational assistance, scholarships, paid leave and other means is adequate to achieve the target.
3.3.15	Federal, provincial and territorial governments and national Aboriginal organizations, including Aboriginal women's organizations, explore how training approaches and personnel complements of current health and social services, including the community health representative and drug and alcohol abuse programs, can contribute to a more comprehensive, holistic and integrated system of services, while helping to maintain continuity and adequacy of Aboriginal community services.
3.3.16	Post-secondary educational institutions providing programs of study leading to professional certification in health or social services collaborate with Aboriginal organizations to examine how they can a) increase the number of Aboriginal students participating in and graduating from their programs; b) provide support for students to promote completion of programs; c) develop or expand specialized programs; and d) modify the curriculum of programs leading to certification so as to increase the cultural appropriateness and effectiveness of training provided to Aboriginal and non-Aboriginal students who will be providing services to Aboriginal people.
3.3.17	Post-secondary educational institutions and professional associations collaborate with Aboriginal organizations to ensure that professionals already in the field have access to programs of continuing professional education that emphasize cultural issues associated with the provision of health and social services.
3.3.18	Post-secondary educational institutions involved in the training of health and social services professionals, and professional associations involved in regulating and licensing these professions, collaborate with Aboriginal organizations and governments to develop a more effective approach to training and licensing that recognizes the importance and legitimacy of Aboriginal knowledge and experience.
3.3.19	The Association of Universities and Colleges of Canada and the Canadian Association of University Teachers encourage their members to implement the Commission's recommendations with respect to professional training of Aboriginal people for health and social services, and that these organizations provide leadership to help ensure that the recommendations are implemented.

3.3.20	Federal, provincial and territorial governments, in collaboration with Aboriginal organizations and governments, allocate funds to support Aboriginal community participation in planning, program development, training, and promoting community awareness in relation to human resources development in health and social services.
3.3.21	Governments, health authorities and traditional practitioners co-operate to protect and extend the practices of traditional healing and explore their application to contemporary Aboriginal health and healing problems.
3.3.22	Aboriginal traditional healers and bio-medical practitioners strive actively to enhance mutual respect through dialogue and that they explore areas of possible sharing and collaboration.
3.3.23	Non-Aboriginal educational institutions and professional associations involved in the health and social services fields sensitize practitioners to the existence of traditional medicine and healing practices, the possibilities for co-operation and collaboration, and the importance of recognizing, affirming and respecting traditional practices and practitioners.
3.3.24	Non-Aboriginal service agencies and institutions involved in the delivery of health or social services to Aboriginal people, and professional associations, unions, and other organizations in a position to influence the delivery of health or social services to Aboriginal people a) undertake a systematic examination to determine how they can encourage and support the development of Aboriginal health and social service systems, and improve the appropriateness and effectiveness of mainstream services to Aboriginal people; b) engage representatives of Aboriginal communities and organizations in conducting such an examination; c) make public an action plan appropriate to the institution or organization involved, outlining measurable objectives and a timetable for achieving them; and establish means to monitor and

	evaluate implementation of the plan by the institution or organization itself and by Aboriginal representatives.
3.3.25	Governments responsible for funding and professional bodies responsible for accrediting non-Aboriginal institutions and agencies engaged in the delivery of Aboriginal health and social services a) establish as a criterion for continuing funding and accreditation the preparation and implementation of goals and standards for services to Aboriginal people; and b) require that Aboriginal people, communities and nations affected by such services be fully involved in the development, implementation and evaluation of such goals and standards of practice.

Table 8

Truth and Reconciliation Commission Calls to Action for Health

18	We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19	We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess longterm trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
20	In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
21	We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22	We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
23	We call upon all levels of government to: a) Increase the number of Aboriginal professionals working in the health-care field. b) Ensure the retention of Aboriginal health-care providers in Aboriginal communities. c) Provide cultural competency training for all healthcare professionals.
24	We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Table 9

National Inquiry into Missing and Murdered Indigenous Women and Girls: Calls for Justice in Health and Wellness

3.1	We call upon all governments to ensure that the rights to health and wellness of Indigenous Peoples, and specifically of Indigenous women, girls, and 2SLGBTQQIA people, are recognized and protected on an equitable basis.
3.2	We call upon all governments to provide adequate, stable, equitable, and ongoing funding for Indigenous-centred and community-based health and wellness services that are accessible and culturally appropriate, and meet the health and wellness needs of Indigenous women, girls, and 2SLGBTQQIA people. The lack of health and wellness services within Indigenous communities continues to force Indigenous women, girls, and 2SLGBTQQIA people to relocate in order to access care. Governments must ensure that health and wellness services are available and accessible within Indigenous communities and wherever Indigenous women, girls, and 2SLGBTQQIA people reside.
3.3	We call upon all governments to fully support First Nations, Inuit, and Métis communities to call on Elders, Grandmothers, and other Knowledge Keepers to establish community-based trauma-informed programs for survivors of trauma and violence.

3.4	We call upon all governments to ensure that all Indigenous communities receive immediate and necessary resources, including funding and support, for the establishment of sustainable, permanent, no-barrier, preventative, accessible, holistic, wraparound services, including mobile trauma and addictions recovery teams. We further direct that trauma and addictions treatment programs be paired with other essential services such as mental health services and sexual exploitation and trafficking services as they relate to each individual case of First Nations, Inuit, and Métis women, girls, and 2SLGBTQQIA people.
3.5	We call upon all governments to establish culturally competent and responsive crisis response teams in all communities and regions, to meet the immediate needs of an Indigenous person, family, and/or community after a traumatic event (murder, accident, violent event, etc.), alongside ongoing support.
3.6	We call upon all governments to ensure substantive equality in the funding of services for Indigenous women, girls, and 2SLGBTQQIA people, as well as substantive equality for Indigenous-run health services. Further, governments must ensure that jurisdictional disputes do not result in the denial of rights and services. This includes mandated permanent funding of health services for Indigenous women, girls, and 2SLGBTQQIA people on a continual basis, regardless of jurisdictional lines, geographical location, and Status affiliation or lack thereof.
3.7	We call upon all governments to provide continual and accessible healing programs and support for all children of missing and murdered Indigenous women, girls, and 2SLGBTQQIA people and their family members. Specifically, we call for the permanent establishment of a fund akin to the Aboriginal Healing Foundation and related funding. These funds and their administration must be independent from government and must be distinctions-based. There must be accessible and equitable allocation of specific monies within the fund for Inuit, Métis, and First Nations Peoples.

Curriculum Vitae

Candidate: Amanda Elaine Reid

University: Dalhousie University (2009 – 2013, BScN)

University of New Brunswick (2015 – present, MN)

Publications: No publications currently

Conference Presentations:

Reid, A. E. (2017). *Community-based collaborative participatory action research approaches with Wolastoqey communities in graduate research projects*. CIHR Institutes of Aboriginal Peoples' Health National Gathering of Graduate Students, Vancouver, British Columbia, May 27, 2017.

Reid, A. E. (2017). *Community-based collaborative participatory action research approaches with Wolastoqey communities in graduate research projects*. Faculty of Nursing 22nd Annual Research Day, Fredericton, New Brunswick, April 21, 2017.

Reid, A. E. (2017). *Community-based collaborative participatory action research approaches with Wolastoqey communities in graduate research projects*. University of New Brunswick 24th Annual Graduate Research Conference, Fredericton, New Brunswick, March 18, 2017.