

**STUCK AT THE BORDER OF THE RESERVE: SELF-IDENTITY AND
AUTHENTIC IDENTITY AMONGST MIXED RACE FIRST NATIONS WOMEN**

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ABSTRACT

STUCK AT THE BORDER OF THE RESERVE: SELF-IDENTITY AND AUTHENTIC IDENTITY AMONGST MIXED RACE FIRST NATIONS WOMEN

Jaime Mishibinijima-Miller
University of Guelph, 2010

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The lowered self-esteem of First Nations people is evident in the disparities in health that exist in comparison with the rest of the Canadian population. High risk behaviors such as alcohol and drug use, and poor decisions relating to health and wellness are the outcome of decades of negative perceptions of self brought on by the lateral violence of colonialism. This research demonstrates how different determinants of First Nations identity (legal and policy based, social and culturally based definitions, and the self-identification ideology) interplay and influence a sense of authenticity which informs self-worth and the ability to realize health and wellness for twelve First Nations women on Manitoulin Island. First Nations identity is multi-layered and for women who only have one First Nations parent, and who often have Bill C-31 Indian status, identity becomes complicated and painful. Using life histories, the research participants demonstrate that an authentic identity is difficult to navigate because of the stigmatization they feel by non First Nations people for being a First Nations woman, and also the lateral violence they experience in their communities for being “bi-racial”, not growing up on their reserve, not knowing language and culture, and often having either Bill C-31

Indian status or no status at all. The medicine wheel is used to explore this topic and a Nanabush story provides the context to understand it.

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Table of Contents

PREFACE	IV
WAASANODEHKWE’S MOCCASIN JOURNEY	IV
CHAPTER I. INTRODUCTION	1
1. KEY CONCEPTS	4
<i>a. Authentic Identity</i>	4
<i>b. Health and Wellness</i>	5
<i>c. Lateral Violence</i>	6
2. SCOPE OF RESEARCH.....	13
3. SCOPE OF DISSERTATION	15
<i>a. Community Background: Manitoulin Island</i>	17
<i>b. Manitoulin Island Today</i>	19
Figure A. Map of Manitoulin Island.....	21
Table A. Key Demographics of First Nation Community Populations.....	24
<i>c. Manitoulin Island as a Research Site</i>	25
CHAPTER II: IDENTITY FORMATION FOR FIRST NATIONS PEOPLE: A REVIEW OF THE LITERATURE	28
1. INDIVIDUAL FIRST NATIONS IDENTITY FORMATION	37
<i>a. Identity Formation and Authenticity</i>	38
2. DETERMINANTS OF IDENTITY	42
<i>a. Legal Determinants</i>	42
<i>b. Social and Cultural Determinants</i>	44
<i>c. Self Identification</i>	47
3. COLLECTIVE IDENTITY FOR FIRST NATIONS PEOPLE.....	48
4. BILL C-31 AND THE INDIAN ACT.....	51
5. THE LARGER IMPACTS OF THE INDIAN ACT	55
<i>a. Statistical Extermination of Status Indians</i>	55
Figure B. Population of Survivors and Descendents by Entitlement to Indian Registration, Canada, 1999-2099	58
<i>b. Fragmentation of Families and Communities</i>	59
6. FIRST NATIONS WOMEN AND IDENTITY	62
7. CONCLUSION.....	66
CHAPTER III: LITERATURE REVIEW - ABORIGINAL HEALTH	69
1. ABORIGINAL HEALTH: A HISTORICAL CONTEXT	69
2. SOCIAL INDICATORS OF HEALTH.....	71
<i>a. The Development of Social Indicators of Health</i>	71
3. ABORIGINAL INDICATORS OF HEALTH	77
4. ABORIGINAL HEALTH STATUS	82
<i>a. Addictions and Alcohol</i>	82
<i>b. Cancer and other pathologies</i>	85
<i>c. Colonization and Marginalization</i>	86
<i>d. Life Expectancy</i>	86
<i>e. Life choices</i>	87
<i>f. Land and Culture</i>	87
<i>g. Mental Health</i>	88
<i>h. Poverty and Unemployment</i>	90
<i>i. Social Exclusion</i>	90
<i>j. Social Support and Cohesion</i>	91
<i>k. Violence</i>	92
5. ABORIGINAL WOMEN’S HEALTH AND WELLNESS.....	94
6. CONCLUSION.....	96
CHAPTER IV: METHODOLOGY	98
1. INDIGENOUS EPISTEMOLOGY.....	99
<i>a. Indigenous Knowledge and the Importance of Relationships</i>	106

<i>b. Medicine Wheel as a Methodological Tool</i>	109
<i>c. Story Telling as Research Analysis</i>	114
2. ISSUES IN QUALITATIVE INQUIRY	118
<i>a. Insider/Outsider, Positionality and the Question of Objectivity</i>	120
<i>b. “Getting Real” with Feminist Approaches on Reflexivity and Positionality</i>	121
<i>c. Post modern Discourse and Positioning</i>	125
<i>d. Phenomenology, Post-Colonialism and Post-Colonial Feminism</i>	126
<i>e. Native Insider</i>	130
<i>f. Revisiting Objectivity and Positionality</i>	132
3. RESEARCH METHODS	141
<i>a. Primary Data Collection</i>	141
<i>b. Data Sampling</i>	145
<i>c. Primary Data Analysis</i>	146
<i>d. Secondary Data</i>	147
4. RESEARCH ETHICS	148
<i>a. CIHR Ethical Guidelines for Aboriginal Research</i>	152
5. CONCLUSION	158
CHAPTER V: PRESENTATION OF DATA – IDENTITY	161
1. PLACE AND RELOCATION	162
Table B. Duration of Reserve Residency/Off Reserve Residency	163
<i>a. Push and Pull Factors</i>	163
<i>b. Relocating</i>	165
<i>c. Stability</i>	166
2. AUTHENTICITY	167
<i>a. Exclusion and Fitting In</i>	168
<i>b. Passing and Physical Appearance</i>	171
<i>c. Identifying as a First Nations person</i>	173
2. CULTURE AND TRADITIONS	175
<i>a. Language</i>	177
<i>b. Medicines</i>	180
<i>c. Ceremonies</i>	181
<i>d. Traditional Teachers</i>	184
<i>e. Spirituality</i>	187
4. THE MEDICINE WHEEL AS AN EXPLORATION OF IDENTITY	187
Figure C. Aboriginal Identity Medicine Wheel	189
<i>a. East/Identify: Where am I from? What is my nation? What is my clan?</i>	189
<i>b. South/Develop: What are my traditions? What is my family history? How did this</i> <i>contribute to who I am?</i>	192
<i>c. West/Nurture: How can I engage in my culture? How can I learn more? Who is like me?</i>	197
<i>d. North/ Maintain: How can I redefine myself? How can I continue to learn about myself?</i> <i>How can I continue to engage in my identity?</i>	202
5. CONCLUSION	205
CHAPTER VI: PRESENTATION OF DATA – HEALTH AND WELLNESS	207
1. PHYSICAL HEALTH	208
<i>a. Chronic disease</i>	209
<i>b. Nutrition, Exercise and Weight</i>	209
<i>c. Smoking</i>	212
2. MEN AND RELATIONSHIPS	214
Table C: Marital Status of Life History Respondents	214
<i>a. Men and Addictions</i>	215
<i>b. Men and Culture and Identity</i>	217
<i>c. Men and Children</i>	219
<i>d. Marriage and Dating</i>	220

3. MENTAL HEALTH AND ADDICTIONS	222
<i>a. Depression</i>	223
<i>b. Suicide</i>	225
<i>c. Alcohol, Drugs and Youth</i>	226
<i>d. Alcohol and Drug Use</i>	227
4. ABUSE.....	230
Table D. Overview of Respondent’s Experience with Abusive Relationships	231
<i>a. Domestic Abuse During Childhood</i>	231
<i>b. Sexual Abuse</i>	233
5. EDUCATION.....	235
6. CHILDREN AND FAMILY	237
<i>a. Parents and Residential School</i>	237
<i>b. Parents and their Influence on Parenting Style</i>	239
<i>c. Childhood and Poverty</i>	242
<i>d. Raising Children</i>	243
7. SOCIETY AND COMMUNITY	245
<i>a. Commitment to Contributing to Life on the Reserve</i>	246
<i>b. Role Models</i>	246
<i>c. Racism, Discrimination and Lateral Violence</i>	248
8. CONCLUSION.....	250
CHAPTER VII: ANALYSIS.....	252
Figure D. Influence of Authentic Identity on Health and Wellness	255
1. INAUTHENTIC	257
2. GROWING UP OFF RESERVE.....	264
3. STATUS CARD	267
4. LACK OF ACCESS TO TRADITIONAL PEOPLE.....	270
5. CONNECTION TO LAND	273
6. CONNECTION TO CULTURE.....	276
7. FEELING AUTHENTIC.....	280
8. CONCLUSION.....	285
CHAPTER VIII: CONCLUSION	289
1. LOOKING TO THE FUTURE FOR FIRST NATIONS WOMEN ON MANITOULIN ISLAND	289
2. URGENT CONCERNS AND POTENTIAL RESEARCH AREAS	296
<i>a. Indian Status</i>	296
<i>b. Smoking</i>	297
<i>c. Welcoming Home Community Members</i>	298
<i>d. Resiliency Strategies</i>	298
<i>e. Where Have all the Good Men Gone?</i>	299
WORKS CITED.....	301

Preface
Waasanodehkwe's Moccasin Journey

One day, Waasanodehkwe's¹ grandmother Nokomis² noticed that her granddaughter was having trouble walking. She would easily trip and fall and was unable to keep her balance. Nokomis looked at the Waasanodehkwe's feet and noticed that her moccasins were worn out. The beads had fallen off, there were holes in the bottom and the fur had worn away. Nokomis told Waasanodehkwe that it was time that she had a new pair of moccasins made and she would have to travel across the river to Strawberry Island by herself to see the moccasin maker.

Waasanodehkwe said "I don't know how to get there" (Kie gken zeen ode wa shea dea geoshina). Nokomis told her that she was too old to take her across the water to the island. She decided that Nanabush would be a good helper to take her granddaughter. Nokomis went down to the village and found Nanabush. Reluctantly, he agreed to take Waasanodehkwe to Strawberry Island. The grandmother gave her a piece of moose hide placed it in a bundle. Nokomis also gave her a spool of red thread and told her to unravel it on her journey so she could find her way back home.

Inauthentic

With her bundle of hide, Waasanodehkwe and Nanabush set out on their journey. She unraveled the red thread as they began to walk. When they arrived at the shore, Nanabush placed a pile of birch bark on the ground that he had been collecting along the way and said "here is some bark, so now you need to build us a canoe so we can cross

¹ Waasanodeh translates to "northern lights" and kwe refers to a female.

² Nokomis translates to "grandmother".

the water” (mondan anen wigosh, me disk teh sheh to en wigwas cheemaun Whe cakmeien zeebiing”). Waasanodehkwe looked at the pile of birch bark and said “I don’t know how to build a canoe; I’ve never done it before” (kie gik kinsie waasehtewan wigwas cheemaun; Kaweka gesha towseen). Nanabush, who was irritated at having carried bundles of birch bark all this way, said “every Anishnabekwe knows how to build a canoe. Are you sure you are really Anishnawbek? (Da nishnawbe nee degegenah?) You should ask your parents, maybe they adopted you” (Gid see muk kwe gem shaginosh gimema gidwa madik). Waasanodehkwe, ashamed at her lack of boat building skills, began to cry and as she looked at the puddle of tears on the ground, she saw her reflection. She thought to herself that her skin was paler than her mother and grandparents, and her eyes were big and wide.

Growing Up Off Reserve

Nanabush quickly built a small raft made out of logs and sinew. “We’ll have to use this to get over the river to Strawberry Island” (kwii nuk kasena mandan wekumeing seebing wedegush nung dememen-minis). They set off and floated across the river with a trail of Waasanodehkwe’s thread trailing behind them. When they landed, they saw a young woman with long black hair and Nanabush asked “do you know how to get to the moccasin maker’s house?” (keeken daaguna odewahshe degoshnan mikizen kenenen endat?).

The woman said “It’s easy. You have to walk past the Crane family’s house and make a left. You will see the large tree where the Elders gather on Thursdays, and turn right. After that, follow the path to the Waboose family trap line and you will see the

moccasin maker's house" (wenpunnut ke gushjitbadan endat mooshkussuk meedeshmenaanan menawage baduin gee un). Waasanodehkwe was confused, and said "I didn't grow up here so I don't know the Waboose or Crane family houses. Can you draw me a map?" The woman said "I'm sorry, I don't have time, I am skinning these rabbits. You will have to find someone else to take you there (gawiin da peech tuk seen. Mego dukshigeena waboose. Daanew beck con ziit ama geenick oda).

Nanabush was getting tired and said to the girl "Why don't you know this island, I thought your grandmother was from this island?" (kie kendan na bamonda, Kokamis geba genda gen daminin-minis)? He looked around to find someone else but there were no people around. He asked a passing beaver. "Beaver, can you take us to the moccasin maker's house" (amik gedama geesh me nago makisneken endat)? Beaver agreed, and they began the walk past the Crane house and turned left. They saw the large tree and turned right and passed the Waboose trap line to the moccasin makers house. As they walked, the red thread trailed along the path. They thanked Beaver and they approached the house.

Status Card

When they got to the front door, a young boy was chopping firewood. Waasanodehkwe said, "we came from the shore on the other side of the river. My grandmother sent me here to have a new pair of moccasins made because mine are worn out. She said that the moccasin maker lives here, and he will help me" (ka meseebing giibeen shebameng. Nokomis geekea gish moshkok shendug. Shkee mikisun weshet shegateg. Sum debeng bedanon dab en ma niin. Git geda we winadama go en, maba

mikisinken). The boy looked at the hide in her hand and said, “my grandfather doesn’t make moccasins out of moose hide. He only uses deer hide. You don’t have the right kind of hide, so you can’t make moccasins” (Mishomas kawiin dus cus seen moose skwegin. Wawaskish skwegen et-ta. Medish gug bamada dejit gotdak ba mikizin).

Lack of Access to Traditional People

Nanabush said to the boy “this girl needs to have moccasins made. Her grandmother sent me from the village to take her across the water to this island. I am tired and want to go home. She needs to find a moccasin maker. Is there anyone besides your grandfather who knows how to make moccasins?” (Kwesinens, kishnun de dwendanun. Kokomisinens eebe-sha-nash kawin zhinda kameseeba ebinshabaag. Shindughnisiing kebeja. De kwess ge nee da nee gee-ee, key ken ma na giyagagesuk topaa mikizin?).

The boy thought about all the old people in the village who know how to make moccasins. He said to Nanabush “all of the old people have left for the summer and they will not be back until the start of the winter. She will have to come back some other time” (Kenan gegkanon emagodojik mendan neebing. Dekgwogig da ma skabeok obaa menawa dibesheem).

Connection to Land

Nanabush and Waasanodehkwe began to walk back to the shore. She looked for the trail of red thread and noticed that the partridges had broken it into pieces and probably used it to build a nest. She tried to remember how to get back to the shore since she no longer had the trail of thread to guide her back. She remembered the stand of

maple trees in front of the Waboose family trap line and walked towards it. Then she smelled the burning cedar and sage that was under the Elder's tree and she turned left. Finally she could hear the stream that ran past the Crane family's house and she turned right towards the shore trail. They arrived at the shoreline and walked towards their tattered raft.

Connection to Culture

When Waasanodehkwe got to the shore, a family of partridges walked over to them. The female partridge handed Waasanodehkwe a piece of red felt and said "Nanabush told us that you needed moccasins made. We used your red thread and made you felt for the top of the moccasins" (Nanabush geein maagana mikizin dwesee. Neshgwandeh sebop ge na cus na. Wii shegtwaan teng gada gegen watek geejeh mikizin). Waasanodehkwe thanked the family of partridges for the gift. As they started to load onto the raft, beaver approached them and handed her some small beads. Beaver said "Nanabush told me that you needed beads for your moccasins, so I made some from these shells I gathered from the shore" (Nanabush gee winmuk mindomensuuk menesuen mikizine. Gee zhou disgonen sheeduk kanising, endenoog gee-ge-beek). Waasanodehkwe thanked beaver for the gift. Now she had hide from her grandmother, felt from the partridges and beads from beaver. The young girl with the long black hair ran up to them as they were about to push off from the shore. She handed Waasanodehkwe some rabbit fur and said "Nanabush told us you needed moccasins made, so here is some rabbit fur for the inside to keep your feet warm" (Nanabush gee win mag mineseum mikizin. Mondadesh waboose skwegin, beenging mikizin waasut wegeeshawuk). Waasanodehkwe

thanked her for the gift.

As they followed the remaining trail of thread across the water, Waasanodehkwe looked at her bundle of hide, felt, beads and fur, and wondered how she was going to make her moccasins. Nanabush told her that she shouldn't wait until the winter to come back and have her moccasins made by the old people because he noticed she was having trouble walking. He told Waasanodehkwe "when you need something, the land will always provide it. You just ask for it and be open to receiving it" (Gego menseun, keeng kungdengenon, ka kwe de gewat ta, me dish ge de bin na min).

Feeling Authentic

When Waasanodehkwe arrived home, she showed Nokomis her bundle that contained felt, moose hide, beads and rabbit fur. She told her grandmother that the old people were away for the summer and there was no one who could make her moccasins. Waasanodehkwe told Nokomis the gifts she received for her moccasins, but she was still not able to get the moccasins made. Nokomis told her to take off her moccasins and pull them apart. The girl pulled her moccasins into several pieces and then traced the outline onto the moose hide. The girl and Nokomis used the remaining red thread, the rabbit fur, beads and felt and made a new pair of moccasins. The girl put on her new shoes. She felt the warmth of the rabbit fur inside and saw the beauty of the beads and red felt. As she took a step she noticed she didn't trip and fall; she could stand taller and felt better.

Waasanodehkwe's felt validated and "authenticated" at the end of this experience. On her way to Strawberry Island, she felt a sense of disconnection from her identity. She felt inauthentic because she did not have the traditional and cultural

knowledge she needed to build a canoe. Waasanodehkwe became self-conscious about her physical appearance. As she tried to find the moccasin maker's house, she felt disconnected from the space because she didn't grow up in the community. She didn't know who the families were or where they lived. When she tried to find the moccasin maker, she learned that he was gone for the season and there were no other traditional people who could assist her. She also learned that the hide her grandmother had given her was considered inadequate and inferior. On her way home, she remembered the physical landscape through smells, sounds and sight. Waasanodehkwe felt connected to the environment as she navigated her way back to the shore. As she and Nanabush were leaving, the animals and people she had met along the way gave her gifts for her moccasins. She received beads made from shells, rabbit fur and red felt. The gifts she received represented the gifts of her culture.

Transmitting knowledge in a way that highlights and honors the contemporary cultures of Manitoulin Island is an important part of my role as a knowledge transmitter. The telling of this Nanabush trickster story which is retold in the analysis chapter comes out of a need to describe the experiences and stories of the research participants in a way that honors the traditions and cultures of the Anishnawbek of Manitoulin Island. The inspiration for using a Nanabush story in this thesis came from two main sources. The first source of inspiration was the Debajehmujig theatre group who often perform contemporary interpretations of trickster stories. The second inspiration came from one of my research respondents, who when asked about her identity stated:

When people ask me where I am from, I have different answers for different people on different days. Sometimes I feel like Nanabush, like where do you want

me to be from. I feel a little trickster about it, because I can. I am Ojibway and I am crane clan. There's no definitive answer to any of these things. (LH 6)

The story provides an allegory for presenting the themes that were revealed during the research which supported authentic and inauthentic cultural identity. Each passage represents different components to authentic and inauthentic identity. Inauthentic identity can be related to growing up outside of the community, having Bill C-31 Indian status and not having access to traditions and culture because of limited access to teachers.

There are many nuances to authentic identity construction for First Nations mixed race women which the story did not address fully. However, as discussed further in the methodology chapter, storytelling provides one window to view the experiences of people. The use of storytelling as an analytical tool is discussed further in the methodology chapter.

Chapter I. Introduction

We need women's stories "with women placing themselves as powerful agents within the social context. These very stories [would] also contain links between women's personal lives and the dominant socio-political structures in which they live. These will be stories of power-"full"-ness and intention, stories that demonstrate the wisdom that comes from being present in each glorious moment and rappelling ourselves up and over challenging obstacles. (Wesley-Esquimaux 2009: 30)

Despite ongoing research and efforts at the local and national levels to improve the health and social status of First Nations people, vast disparities still exist when compared to the Canadian population³. The weakened social fabric of First Nations communities as a result of colonization has left many First Nations people with lowered self esteem and self respect and has disrupted family life resulting in problems related to alcohol, drug and solvent use as well as physical, sexual and emotional abuse and suicide (Health Canada 1998). First Nations women, who are often the main caregivers of the family and an integral part of cultural knowledge transmission, carry the main burden of ill health and low social status.

³ In Canada, Section 35 of the Constitution recognizes Aboriginal people as three distinctive peoples: First Nations, Inuit and Métis. First Nation began to be used in Canada in the 1970s to replace the term Indian. This term typically applies to both Status and non Status Indians. Inuit refers to a cultural group of people living in far northern regions in territories such as Nunavut, parts of Labrador, Quebec and the Northwest Territories. Inuit people are not a part of the Indian Act, and have Inuit beneficiary cards instead of Indian Status cards. Métis is a more problematic term. It refers both to historically created communities along the Red River in Manitoba and Saskatchewan created by mixed unions between French and Scottish fur traders and Native people and in some cases, to contemporary unions between non-Native and Native people. Métis organizations grant people membership cards if they can prove an ancestral link to a historical Métis community. The term "Indigenous" is now increasingly used in the literature, and when used in a Canadian context, refers to First Nations and Inuit people.

For the purposes of this paper, the main focus is on First Nations or "Indians" or "Native people". These terms will be used interchangeably to describe both Status and non Status Indians. When referring specifically to those with Status, the term Status Indians will be used and conversely, non Status Indians will refer to those who are not legally considered Indian. Many people live "off reserve", which may refer to people living in urban centres or in rural areas. The term rural refers to areas that are non-reserve, and are either "remote or wilderness areas and agricultural lands, small towns and villages with populations of less than 1000 people and population densities of less than 400 people per square kilometer" (Statistics Canada, 2003: 18).

First Nation's women's disproportionate level of ill health and low social status is seen in lowered life expectancy, elevated morbidity rates, and elevated suicide rates in comparison to non-First Nation's women (PWCE 2004). The life expectancy for the Status Indian female is 5.2 years less than the overall Canadian population of women (Health Canada 2005). The reasons for this ill health are multi-factoral, and a multi-disciplinary investigation is required to truly grasp this complex issue. It is this high prevalence of disease, illness and ill health which emphasizes that current health models and health policies are not meeting the needs of Aboriginal people in Canada. A more informed perspective on health and wellness is needed which recognizes the importance of the social environment of communities specifically focusing on the social determinants of health. These perspectives must be focused not only on the individual nature of health, but on the influential nature of the community's ability to manage and develop healthy living. Health and wellness must be understood as encompassing the physical aspects of living but also a more holistic and integrated approach which includes spiritual, emotional, physical and intellectual/mental aspects (Bartlett 2005). Marmot's comment that "if the major determinants of health are social, so must be the remedies" (Marmot 2006: 5) cannot be understated when it comes to First Nations health and wellness.

One of these social determinants is First Nations identity. Identity is complex, and according to Stuart Hall is a production, "which is never complete, always in process and always constituted within, not outside representation" (1990: 222). But First Nations identity is complicated by further factors. Lawrence (2004) defines Native identity as one that is "embedded within the systems of colonial power" as "highly political, with ramifications for how contemporary and historical collective experience is understood"

and “is always being negotiated in relation to collective identity, and in the face of an external, colonizing society” (2004: 1).

Accepting Marmot’s contention that major determinants of health are social and that First Nations identity for the individual is negotiated in relation to collective identity within a colonizing society, this thesis documents the experiences of twelve mixed-race First Nations women, most of them Bill C-31 returnees, in attempting to construct for themselves authentic individual identities in relation to external complexities. The attempts of respondents to construct authentic identities takes place within a history of complex physical and emotional health issues. Although it is not possible to demonstrate that a First Nations mixed-race identity results in different or more severe health and wellness concerns than an identity resulting from having two First Nations parents, this research explores the relationship between an ambiguous First Nations identity and health and wellness. Specifically, this research documents how different bases of First Nations identity (legal and policy based, social and culturally based definitions, and the self-identification ideology) interplay and influence a sense of authenticity which informs self-worth and the ability to pursue health and wellness for these First Nations mixed-race women. First Nations identity is multi-layered and for women who only have one First Nations parent, and who often have Bill C-31 Indian status, identity becomes complicated and painful because it is often formulated in a hostile social environment. For these women, their identity is more tenuous because they feel stigmatized from non First Nations people for being a First Nation’s woman, and they experience lateral violence in their First Nation communities because they are “bi-racial”, they did not grow

up in the community, they don't know the language or culture and they often have Bill C-31 Indian status, or no status at all.

Feeling authentically First Nations was a factor in how these women understood their identity. The term "authentic" was not directly used by the participants, but terms like "good enough Anishnawbek" or "Indian enough" all relate the sense of feeling inadequate compared to others around them. Feeling inauthentic was influenced by three main factors: growing up off the reserve, not having access to traditional people and subsequently culture, traditions and language, and struggling with issues around Indian Status. The women were able to gain a sense of authenticity when they felt connected to the physical land, including the First Nation community and extended family, as well as being connected to their culture by participating in activities, learning about ceremonies and teachings and understanding their history as a First Nations person.

1. Key Concepts

Three key concepts are pivotal in the analysis of the experiences of the respondents: authentic identity, health and wellness and lateral violence. These topics are discussed in much greater detail in the literature review chapters; however an initial treatment of these concepts is required to frame the objectives of the research.

a. Authentic Identity

First Nations identity is about feeling authentic and as Gone (2006) describes, is a highly interpersonal process where identity is constantly contested and debated in highly complex ways. The source of authentic First Nations identity is considered by two authors. Gone (2006) describes authenticity as inevitably based on essentialist notions of identity which include "blood quantum, duration of reserve residence, language fluency,

ceremonial practice, and the like” (2006: 56). Lawrence (2004) discounts this view of authenticity because the source is colonial and oppressive. It is the external forces such as Indian status, cultural knowledge and language fluency which externally shape Indian identity. But, if we consider authenticity to be something based on culture, we must also recognize that culture is not static. First Nations culture is always changing and the prevalence of urban migration has resulted in dynamic fusions of multiple First Nations cultures that take place outside of the reserve and “the bush”. Authentic identity formation for First Nations people is highly problematic, and a more thorough treatment of this concept is presented in the literature review.

b. Health and Wellness

The second key concept that informs this thesis is health and wellness. We can look towards the 1996 Royal Commission on Aboriginal People’s report which describes Aboriginal health as one that starts from the “position that all elements of life and living are independent. By extension, well-being flows from balance and harmony among all elements of personal and collective life” (RCAP 1996). Literature on Aboriginal health is vast, however when looking at the health and wellness of First Nations women, it is important to draw specifically on health literature related directly to Aboriginal women. Dion Stout (1996) acknowledges the distinctions when she stated: “Aboriginal women’s health values, beliefs and practices cannot simply be subsumed under those of Aboriginal men”. Health issues such as violence and maternal health are distinctive for First Nations women and should be treated as such.

This research uses a holistic perspective of health. The medicine wheel provides us with a model depicting how health is comprised of multiple, overlapping elements

including mental, physical, emotional and spiritual health. Wilson (2004)'s exploration of cultural identity and health revealed that it is important for us to move "beyond a scientific approach to health and healing to integrate holistic understandings of and approaches to health" (2004: 22).

c. Lateral Violence

Lateral violence is a concept closely linked to both authentic identity and health. Jilek (1983) describes lateral violence as a perceived behavior in reaction to alienation from history and culture, feelings of frustration, defeat, discouragement and low self-esteem associated with aggressive behavior against oneself and/or others or moral disorientation and alcohol abuse. For First Nations women, the experiences of lateral violence are closely connected to identity because of the reliance on external sources to validate identity (i.e. family, community members, the Indian Act and political leaders). The experience of lateral violence by the respondents was evident in how they were treated by members of their community and by their own family. The divisive nature of Indian status, particularly Bill C-31 status was expressed through lateral violence and was most seen in exclusionary policies at the community level, as well as in day to day contact with others.

The connections between authentic identity, health and wellness and lateral violence are complex and highly interrelated. This thesis explores what is embedded at the heart of this complexity: two main types of authentic identity. The first type of authentic identity is cultural authenticity, which is grounded in externally imposed definitions of identity such as Indian status, physical appearance, knowledge and practice of culture and language, and residency. The second type of authentic identity is a

personal sense of authenticity which is not reliant on the first type of identity, and instead is based on a sense of self-worth. For women who only have one First Nations parent, specifically those who are the result of Bill C-31 reinstatement, their identity is more tenuous. These women are able to assert their self-identity ideologically, however they lack the legal/biological aspects of identity because their Indian status is considered inferior, and as a result their pursuit of identity formed by socio-cultural aspects is much more difficult. Health and wellness for this group of women is determined by the interplay of the three aspects of identity.

The literature suggests that health and wellness is also influenced directly by social conditions such as poverty, social exclusion, poor housing and poor health systems (Richmond 2009). Having a strong identity or feeling “connected” to your culture has been shown to act “as a deterrent to high risk behaviors such as multiple drug use, school absenteeism, or risk of injury or pregnancy as well as to having a poor body image and a high degree of emotional stress” (Henry & Reid 2000: 709). We also know that the trauma to identity, such as lowered self-esteem and self-worth is one that has become intergenerational and resulted in addictions and other high risk behaviors being repeated in later generations. In a study of identity and health for First Nations adoptees, Carriere (2005) found a direct causal relationship between cultural connectedness and health. Specifically, this study suggests that the connection not only to birth family, but also to community and ancestral knowledge are critical for First Nation adoptees because it provides a temporal grounding for understanding the four lifelong questions that Anderson (2000) describes: “who am I, where have I come from, where am I going, and what is my responsibility”.

But there are larger forces at play here. First Nations health was not always so poor and First Nations identity was not always so complicated and painful. The forces of colonization have damaged the ability of First Nations people to situate their identity in positive ways. Waves of assimilationist policies and programs such as residential schools and the creation of reserves have resulted in major cultural and social losses for individuals and families. Indian status has become a divisive tool amongst First Nations people and has expressed itself through negative behaviors in many communities. The experiences of many Bill C-31 reinstates and their descendents in the First Nation communities can be characterized by the term “lateral violence” as described above. First Nations identity is multifaceted and includes government imposed legal models of identity, socio-cultural determinants of identity, and the newer ways of asserting self-identity through the process of spiritual healing. Legal determinants, specifically Indian status, are significant to First Nations identity because they control access to resources, ability to live in First Nations communities, and ability to pass status onto children. The effect of the Indian Act, namely Bill C-31, cannot be understated in the ways it continues to shape First Nations identity. Indian status is now assigned through a system designed to statistically exterminate Status Indians through the degree of descent criteria and the divisiveness of this identity legislation in communities and families has accelerated. Socio-cultural determinants such as language, culture, traditions, physical appearance and geography also play an important role in identity. Socio-cultural factors are often difficult to negotiate when there is disconnection with community and culture. Decades of colonialist policies and programs have resulted in loss of language and traditional ways

of life. This loss continues to impact the health and wellness of First Nation's people because they have less access to traditional knowledge on health and wellness.

First Nations women, especially those without Indian status are now asserting their ability to self-identify, and attempting to understand the complex facets of identity formation. Contemporary theorists on First Nations identity are rejecting these structurally defined and exclusionary determinants in favor of those which are more fluid, responsive and interactive. Garrouette (2003) begins to deconstruct what contemporary native identity looks like and calls for "radical Indigenism". The contemporary "healing movement" has provided the temporal space to assert positive notions of First Nations identity. The term "healing" itself is problematic and difficult to articulate, and as Waldram (2008) discusses healing is "variable in meaning, often vague and fuzzy, and idiosyncratic" (2008: 6). Adelson and Lipinsky (2008) describe healing as a process, as something you do, not something you think or that is done to you. They describe healing as work, that it is ongoing and requires dedication and commitment from the individual. Other discourse on the process of healing from the historical trauma of colonization is offered by Gone (2009), Helin (2006) and Churchill (2008). Gone (2009) describes the Aboriginal healing movement as a reflexive orientation "counterbalanced by a simultaneous emphasis on placing one's life and experiences within the broad sweep of Aboriginal community and history" and also requires a "long-term refashioning of the self" and a "reconceptualization of one's life and experiences as an Aboriginal person in the context of European Canadian colonization" (Gone 2009: 757). The "healing movement" discourse also has its critics. As Helin (2006) argues, healing is not possible

with the current socio-economic and political barriers that exist because Aboriginal communities are not self-sufficient or self-determining. He further argues that:

The tendency is to look only inward at the wreckage from the storm – at the horrendous social pathologies, and the dysfunction that has resulted. Many leaders have made the subtle shift from ‘grieving’ to ‘grievance.’ Seemingly mesmerized by the carnage, they continue to ask only one question: “Who is to blame for this mess?” (Helin 2006: 166)

Churchill (2008) also critiques the emphasis on “reconciliation” in the healing movement in Canada, specifically as it relates to the Indian Residential Schools Settlement Agreement. This agreement was the result of the largest class action settlement in Canadian history with the former students of Residential Schools. The agreement is the driving force behind “Truth and Reconciliation Canada” (TRC) which is designed partly to provide compensation to former students and also to “learn the truth about what happened in the residential schools and to inform all Canadians about what happened in the schools” (TRC 2009). Churchill (2008) critiques the foundation of the agreement and TRC because the fundamental process of colonization continues. He argues that “healing can't begin until the wounding stops, so it's utterly absurd to expect that either healing or reconciliation can occur while the process of maintaining an illegitimate status quo remains in place” (Churchill 2008).

The critiques and discourse around healing is pertinent to this thesis because the emerging self-identity ideologies are founded on this sense of community and individual healing. Arguments like Churchill's (2008) and Helin's (2006) help us to recognize that the movement towards positive self-efficacy or self-identity has placed First Nations identity at a critical juncture. Many First Nations people who have spent their lives regarding their status cards as their guarantee to authentic identity, now realize the

inadequacy of it as a tool to measure “who belongs”. For others who believed that the only authentic First Nations identity is one that is embedded in culture, language and tradition, and the web of kinship are now faced with the realities of urban migration, parenting between different ethnic groups (inter-parenting), and the effects of residential school on language and cultural transmission. Stiffarm and Lane (1992) address these legal and socio-cultural aspects of identity and ask Aboriginal people whether they:

...will continue to allow themselves to be defined mainly by their colonizers, in exclusively racial/familial terms (as “tribes”), or whether they will (re) assume responsibility for advancing the more general and coherently political definition of themselves they once held, as nations defining membership/citizenship in terms of culture, socialization, and commitment to the good of the group. (Stiffarm & Lane 1992: 45)

For the current generation of First Nations people, understanding the need to “resume responsibility” has become apparent and the belief has grown that authentic identity can be shaped, created, nurtured and maintained in ways that are responsive to the contemporary context. This research resumes responsibility for new understandings of First Nations identity, specifically through exploring the world of First Nations women’s identity formation and how it is linked to their health and wellness. This thesis is also about my own responsibility as a “knowledge transmitter” and understanding and situating my own, sometimes tenuous First Nations identity.

The painful topic of First Nations identity is an urgent matter. The demographics of First Nations people is shifting rapidly as the off reserve population and the proportion of First Nations people parenting with non-First Nations people increases, and the proportion of people with Indian status decreases (Clatworthy 2007). First Nation women are now tending to become the head of single parent households and often the primary

income earner. Consequently, First Nation women are also increasingly challenged in seeking to carry out their responsibilities as “culture carriers.” The effective fulfillment of these responsibilities is intimately connected to identity, health and wellness.

We must approach the issue of authentic identity and how it informs health and wellness with caution. Developing authentic identity by recapturing culture and language, experiencing life first hand in the First Nation community and having Indian status does not necessarily result in a heightened sense of self-worth and self-esteem, subsequently increasing health and wellness status. Some authors argue that the opposite in fact is true. Gone (2006) argues that the search for an authentic identity for Aboriginal people is laden with implicit negative expectations of behavior. He states that “authentic or “real” Indians (it is supposed) cannot sustain happy marriages, raise terrific children, excel in their academic work, pursue successful careers, manage money well, thrive in the big city and so on” (Gone 2006: 57). Wingert (2007) also dispels some myths that language fluency directly corresponds to good health and wellness. She makes the direct correlation between lower community wellness and increased language fluency. The research participants themselves had varying negative and positive experiences in their attempts to recapture their cultural identity. For these reasons, this thesis attempts to instead describe the experiences of the women who are attempting to situate their ambiguous identity and the interplay with their health and wellness which often takes place in a socially hostile environment. This thesis is also focused on mixed race women, and is not meant to describe the experiences as better as or worse than those women who have two First Nations parents. By design, this thesis is also not meant to point to the specific causal factors of poor health and wellness for mixed race First Nations women.

A major defining aspect of this research is the collaboration with Noojmowin Teg Health Centre and the community based ethical review process that was undertaken through the Manitoulin Anishnawbek Research Review Committee (MARRC). MARRC required a demonstration that there was a community need for this research, and that the methods used were culturally appropriate. A lengthy dialogue with the MARRC and the community partner resulted in a research plan and methodology that was deemed acceptable by the community and executed with ease. This work addresses the broader goals set out by Dion Stout et. al. (2001), “to promote a dialogue between academic and community researchers, and address outstanding issues related to health research on Aboriginal women, particularly as these relate to identity, culture and key social categories” (2001: 4).

2. Scope of Research

Recently, a growing literature on Aboriginal identity has emerged. Barrios and Eagen (2002) discuss mixed racial identity, and Lawrence (2004) looks at the issue of mixed racial identity in an urban context. The politics and legislation of identity are also addressed by Clatworthy (2007), Garrouette (2003), Coates (1999), and Holmes (1987). The relation between health and social status for Aboriginal people has been recognized as a social determinant of health and has been the focus of research by Jeffrey et. al. (2006), Carriere (2005), the PWCE (2004), and Dion Stout et al. (2001). As the off reserve population increases, the role of physical place has become an area of research with a focus on urban Aboriginal people by Lawrence (2004), Newhouse and Peters (2003), and Jackson (1998). However, the biracial experience of First Nations women is

not a topic well explored in the literature, especially when it is placed in the context of health and wellness.

The literature in Aboriginal health and wellness has been addressed in two distinct bodies of literature (Wilson & Rosenberg 2002). The first body is epidemiologic, using quantitative methods such as health data, surveys, and census data to look at health and illness/disease in the wider context of determinants of health. While epidemiologic research identifies and describes health inequalities, it fails to take into account Aboriginal culture in the analysis of health (Wilson & Rosenberg 2002). The socio/cultural literature does a better job of linking culture and health using qualitative measurements. Often this type of research is region or community specific and lacks general applicability. The tension between drawing conclusions that are general and transferable from community to community and conducting research that is beneficial to the community participating in the research project is difficult to reconcile. Aboriginal communities often require relevance to their own community development for research projects to proceed.

This research project falls into the second body of health literature; however, there is an opportunity for cross applications. Manitoulin Island is not unique in that it is a relatively remote, northern region, with many First Nations situated immediately on the island (seven in total) along with many other communities surrounding the north shore of Lake Huron. There are many communities, both urban and rural with similar geographic and demographic situations. For example, the town of Kenora in northwestern Ontario is a good example of a mainstream community with seven First Nations in the area (Ochiichagwe'babigo'ining, Obashkaandagang, Iskatwizaagegan #39, Shoal Lake #40,

Wabaseemoong, Naotkamegwanning and Grassy Narrows). There is also a large population of urban First Nations people who live transiently between Kenora and surrounding First Nation communities.

While being able to generalize research findings is helpful in the context of developing national policy and reform, it is equally important to have research that is useful at the Aboriginal community level. Community-based researcher must reverse the history of academia (particularly in sociology and anthropology) of being the main research power brokers. This research project contributes to the community-based research model by taking a collaborative approach and identifying gaps in the literature, but it is also directly applicable to the community's needs for understanding their own population and developing local programs to address the health and wellness needs of First Nations women, particularly those who were raised off reserve.

3. Scope of Dissertation

The dissertation proceeds in seven chapters. A section containing the community background is contained in this introductory chapter. The second and third chapters review the literature on health & wellness and identity. This review contains literature from both Aboriginal and non-Aboriginal scholars and includes topics such as Indigenous identity, Bill C-31, the roles and contemporary context of First Nations women, and First Nations health issues, and social determinants of health. The fourth chapter, the methodology, contains a critical discussion on the methodological concerns framing the research. This includes Indigenous epistemologies and methodologies, with a specific focus on the medicine wheel and storytelling. The methodology also focuses on theoretical concerns shared with contemporary qualitative methods and other qualitative

epistemological discussions such as post colonial theory, post-colonial feminism and phenomenology which provide some concepts that are useful. The fifth and sixth chapters present the findings and are broken down into two sections: health and wellness and identity. The voices of the women are distinctly presented through direct narrative accounts by research participants. The seventh chapter contains a discussion of the data as it relates to the prevailing literature. The data is explored using a Nanabush story, a tool which is explained in detail in the methodology chapter. The last chapter provides a conclusion and a set of recommendations for further research. Some of these are community specific, while other recommendations relate to larger disciplinary and methodological issues.

This thesis is undertaken within the Rural Studies Program, and the disciplinary emphasis is in Sociology and Anthropology. Subsequently the lenses used to view the issue of First Nations identity and health and wellness provides an understanding of society and culture. This thesis is also grounded in research within native studies and social health disciplines which also tend to look at holistic factors that shape the health and wellbeing of societies. The complexity of this topic calls for a multi-disciplinary discussion of the intricacies of Aboriginal identity and how it impacts the larger Aboriginal community in areas such as psychology, geography, political science and history. The research undertaken for this thesis provides a small contribution to the larger understandings that are required to find solutions for health disparities between First Nations women and the larger Canadian population of women.

a. Community Background: Manitoulin Island

Manitoulin Island is the world's largest freshwater island. It is situated in Lake Huron and it is 200 kilometers in length. The width varies from 4 to 48 kilometers. A bridge provides access to the mainland. Within the Manitoulin Island District, there are more than 80 inland lakes. The island has a long history of First Nations occupation and early settler development. It was named Manitoulin Island by Captain William Fitzwilliam Owen, who charted the area in the early 1800s. Manitoulin is an Anishnawbe word that means Spirit Island and legend holds that the island is the home of the Kitche Manitou, or the Creator.

The island is a giant limestone formation with rocky bluffs and deep inland waters. It is part of the Niagara Escarpment, a geological formation which extends for 700 kilometers across the province of Ontario. The rocky terrain of the island has provided less than ideal soil for the growing of significant nutrient requiring crops, although farming is still a large part of Manitoulin Island's industry. Political and Geographic History of Manitoulin Island

There is little written information available from the communities of Manitoulin Island about their own political and geographic history or of the history of the local First Nation communities. Two books have been written on the Manitoulin District including Pearen's (2003) *Exploring Manitoulin* and Gutsche et. al.'s (2002) *The North Channel and St. Mary's River: A guide to the history*. Both of these accounts discuss some of the history of First Nations population of Manitoulin Island, but they do not offer perspectives from the First Nations people themselves. There is also some information from Surtees (1986) who wrote a report for the Department of Indian Affairs outlining

the history of the Manitoulin Island treaties. In 2002, the local newspaper, the Manitoulin Expositor, published a series of articles on Manitoulin Island history. Three articles were written by Debassige (2002), Beaudry (2002) and Corbiere (2002), all First Nations residents of Manitoulin Island. In my research, different stories were told by some of the research participants themselves on aspects of First Nations history on Manitoulin Island based on stories they were told by their parents and grandparents.

What we do know is that there are currently seven reserves established as a part of the Manitowaning Treaty (also known as the McDougall Treaty) from 1862-1872 which included: Sheguindah, Cockburn Island (Zhiibaahaasing), West Bay (M'Chigeeng), Sucker Creek (Aundeck Omni Kaning), Sheshegwaning, Obidjiwang (for non-Christian natives), Wikwemikong and Whitefish River (Pearen 2003). These reserves were developed based on religious and community ties. For example, Wikwemikong and West Bay were Roman Catholic communities, and Sucker Creek and Sheguindah were Anglican. We also know that the Wikwemikong chiefs refused to sign the treaty and to this day, they are the only unceded reserve in Canada (Gutsche et. al. 2002). There are some accounts that after the Manitowaning Treaty was signed, a petition was sent to the Governor General in 1863 stating that the chiefs who did sign the treaty did so because they were coerced and threatened (Corbiere 2002). However, this treaty remains intact today. The history of Manitoulin Island's settlement by both First Nations and non-First Nations people is controversial. Wrightman (1982) discusses the controversy surrounding the treaty signing and the Indian Affairs representative: "the propriety of his actions, which netted most of the Manitoulin through an agreement with less than half of the Island's population of about 1350, is certainly open to question, but no more so than the

apparent actions of the Jesuits and their preparation of the Indian to oppose his offer”. Debassige (2002) also states that there are a number of petitions and letters charging that threats, coercion, alcohol and misrepresentation were involved in the signing of the McDougall Treaty. He also states that there is evidence that indicates that some of the men who signed the treaty were not doing so based on the wishes of their respective bands and were not recognized as chiefs, but were “accorded such title for government purposes” (Debassige 2002). It is difficult to paint a truly accurate portrayal of the events that preceded the signing of the McDougall Treaty, such as the settlement of the island by the First Nations people, because there is no written account by First Nations people of their own history, although there is likely older people who still have stories of the treaty signing. The short pieces written by First Nations community members Debassige, Beaudry and Corbiere do provide some brief contemporary perspectives on the treaty signing process.

The signing of Manitowaning Treaty opened the door for settlement by non-native people. The shortage of arable land in the rest of the province promoted this movement. Non-native settlers began moving onto Manitoulin Island in 1866, and were mainly English, Irish and Scottish Protestants from nearby counties of Southern Ontario. Several settlements sprang up across Manitoulin Island, partially based on agriculture, but various enterprises such as mills, boat building and fisheries were developed. Non-native communities and the First Nations reserves continue to exist side by side today.

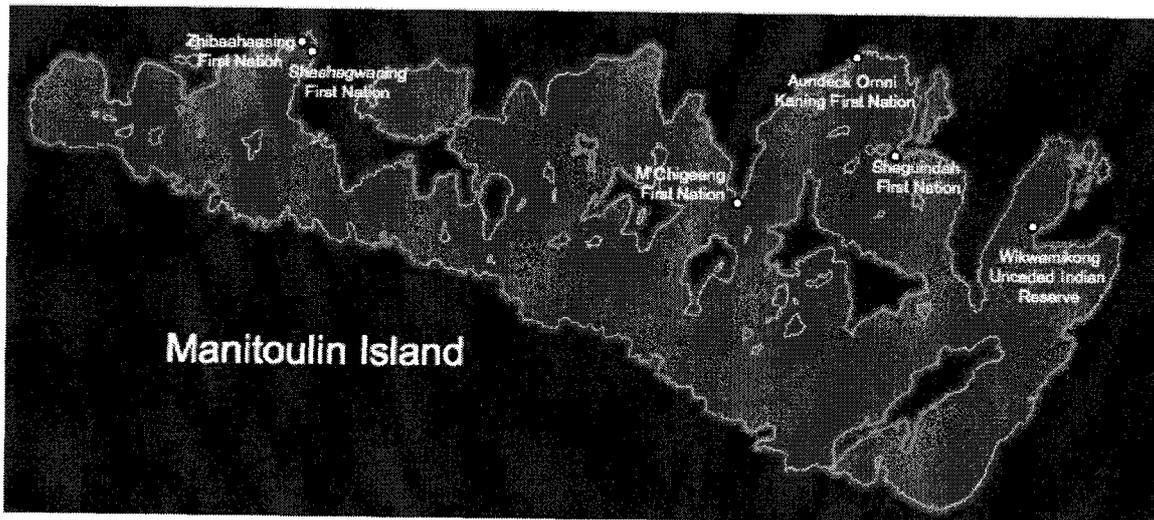
b. Manitoulin Island Today

The controversial history surrounding the settlement of Manitoulin Island by non-Native people is still relevant to the socio-economic situation of the island today.

According to Beaudry (2002), the “Anishnabe people went from being totally independent and industrious people utilizing their lands, islands and waters to being deprived of their economic opportunities.” Before the signing of the treaty, the entire island was used by the Manitoulin Island natives for farming, maple syrup collection and fishing. When the reserves were established, the freedom to utilize this range of land became limited and the “government would relegate them to smaller reserve lands of little agricultural value. The treaty text read like a blueprint designed for economic failure and ultimately dispossession” (Beaudry 2002).

Seven First Nations communities are located on Manitoulin Island, along with several other communities on the north shore of Lake Huron, and the Georgian Bay area. Figure A provides a map of the seven First Nation communities. While these communities have unique histories and cover vast distances, they are indelibly interconnected politically, socially and economically. Many service organizations serve all of these communities with satellite offices in each. The United Chiefs and Councils of Manitoulin Island is one example of a political organization that brings together six out of seven of the Manitoulin Island First Nation communities (excluding Wikwemikong) that focuses on several areas including land claims, socio-economic strategic planning, community service, social justice, technical services, community recreation, administration and finance.

Figure A. Map of Manitoulin Island



There are 4400 First Nations people residing in the Manitoulin area, which represents slightly less than 50% of the entire population. The 2001 Aboriginal Peoples Survey (APS) tells us that the median age of the residents ranged from 28 to 34.5 years old compared to the median age of residents in Ontario (37.2 years old). Single parent households are prevalent in these First Nations communities. For example, the lowest percentage of single parent households is in Sheshegwaning with 33.3% to a higher percentage of single parent households in M'Chigeeng at 43.6%. This is significant compared to Ontario where 15.2% of households are single parent run. The APS tells us that these are primarily headed by females. Employment on reserves is low, with 13.6% to 30% unemployment rates compared to 6.1% in Ontario in 2001. The two largest communities are Wikwemikong and M'Chigeeng respectively. The smallest reserves are Zhiibaahaasing and Sheeshegwaning. These two communities are less than 1 kilometre away from each other, so many services and programs are shared. Sheguindah is also similar in size to Sheeshegwaning, and is located on Highway 6, the main highway on the

island. Aundeck Omni Kaning is located outside of the town of Little Current and is where Noojmowin Teg Health Centre is located. As much as the median age in these communities is lower than the average for the rest of Ontario, the proportion of single parent households is also significantly different. M'Chigeeng has the highest percentage of single headed households at 43.6% with 82.4% of those being headed by a female. Single headed household for Ontario are reported at 15.2% however, much like the Manitoulin Island First Nation communities, 82.5% of Ontario single headed households are headed by females. Single parent households are prevalent on the First Nation communities of Manitoulin Island, with all the communities reporting 33% or more reporting themselves as single parent households. Sheeshegwaning and Sheguindah both indicate that 100% of the single parent households are headed by females.

Level of household income is only available for the communities of M'Chigeeng, Aundeck Omni Kaning and Whitefish River. For two income earning households, Whitefish River indicates that the median income is \$18,560 for the total household, M'Chigeeng's median two income households is \$27,424, and Aundeck Omni Kaning was the highest at \$31, 680. Single headed households had much lower incomes with Aundeck Omni Kaning at \$12, 704, Whitefish River at \$13,888 and M'Chigeeng at \$15,264. It is important to note that these numbers reflect gross incomes. If the income is earned on reserve by a community member with Indian status, which is likely where they are mainly employed, they will likely not be taxed by the federal and provincial governments. Regardless, the median incomes of these communities are significantly different than the Ontario population. For dual income households, the median income is \$66,476 and for single headed households, the median income is \$33,724. Table A

provides a breakdown of some key demographic information of each of the seven First Nation communities on Manitoulin Island. A more detailed breakdown of the seven First Nation communities is provided in Appendix A.

Table A. Key Demographics of First Nation Community Populations

First Nation	N of Private Dwellings	Pop'n N (% female)	% Self-Identify as Aboriginal	Mean Age of Residents	% of Single Parent Households	% of Single Parent Households headed by a female	Median Income Couple Households	Median Income Single Households	Unempl. Rate
M'Chigeeng	331	730 (50.7)	96.5	29.1	43.6	82.4	\$27,424	\$15,264	18.2
Aundeck Omni Kaning	107	310 (46.8)	95.2	28.0	41.2	85.7	\$31,680	\$12,704	\$29.2
Whitefish River	105	270 (47.2)	98.1	32.5	37.5	66.7	\$18,560	\$13,888	13.6
Wikwemikong	843	2427 (-)	-	-	-	-	-	-	-
Zhiibaahaasing	16	34 (-)	-	-	-	-	-	-	-
Sheeshewaning	48	90 (44.4)	100	34.5	33.3	100.0	-	-	25.0
Sheguindah	48	125 (45.8)	96	29.3	33.3	100.0	-	-	30.0
Province of Ontario	4,556,240	11,410,046 (49.0)	1.7	37.2	15.2	82.5	\$66,476	\$33,724	6.1

This data is provided by the 2001 Aboriginal Peoples Survey: Community Profiles (Statistics Canada 2001).

(-) indicates that the information is unavailable

c. Manitoulin Island as a Research Site

There were several reasons for choosing Manitoulin Island as a research site for examining identity and its relation to health and well being. While there are several First Nation communities on Manitoulin Island, the residents of these communities are highly transient, living in other First Nation communities, and in the surrounding off-reserve communities. As well, First Nation people from Manitoulin Island also travel and live in larger urban centers such as Sault Ste. Marie and Sudbury. The transience of the population was discussed with research participants as it related to their connection to the community.

This research project is based on collaboration with a local health organization called Noojmowin Teg Health Access Centre. This centre serves the 7 Manitoulin Island First Nations as well as the off-reserve population. Their objectives are: to provide primary care services incorporating traditional values and healing methods; to foster health and well-being that will enhance the health status of Aboriginal people; to promote equity and access to health care; to develop culturally appropriate health care programs and services; to facilitate the development of evidence based health care evaluations; and, to establish linkages with other health care service providers to develop coordinated primary care services (Noojmowin Teg 2008). Noojmowin Teg established a Research Review Committee to develop research guidelines called “Guidelines for Ethical Aboriginal Research” (GEAR) for Aboriginal health research on Manitoulin Island. This rigorous research approval process requires that all research taking place in First Nation communities undergo separate approval processes. Research that takes place off reserve does not require approval beyond the Manitoulin Anishnabek Research Review Committee’s GEAR process. For the sake of simplicity, the focus of this dissertation was

on women who were currently living, or had lived off reserve. However, the reality was that while all the research participants had lived off reserve at one point, many had returned to their First Nation community.

There is also long history of native and non-native settlement on the island. Manitoulin Island native people live in close proximity to non-native communities and are isolated with each other, compared to other areas in northern Ontario where native people live in relative isolation from non-native communities. The non-native communities of Manitoulin Island are all rural, with several large farming operations. There is also some forestry and forestry related industries along with fishing and some tourism activities. Manitoulin Island has two main incorporated towns (Northeastern Manitoulin and the Islands and Gore Bay). Both of these “towns” are actually comprised of several small communities and islands. Little Current is one of the larger communities on Manitoulin Island, with a population of 2711 people. It is the main administrative centre for the island, but is economically reliant on summer tourism and some fishing and forestry.

Espanola is the other main non-native community located in the Manitoulin District, but not on the island itself. This town has a population of 5314 people, and is the main shopping centre for the people of Manitoulin Island with two grocery store chains and a small mall. A pulp and paper mill is one of the main employers for Espanola and the surrounding communities. Espanola is 70 kilometers from the closest urban centre of Sudbury.

The non-native communities of Manitoulin Island are comprised mainly of English speaking white people, with some pockets of French speakers. First Nations

people do live in some of the non-native communities on Manitoulin Island, and inevitably there are intermarriages between First Nations people and non-native people. It is this high proportion of intermarriage amongst native and non-native people on Manitoulin Island that provided a large sample of eligible research participants.

Chapter II: Identity Formation for First Nations People: A Review of the Literature

First Nations people are in the midst of a “healing movement”. Developing and nurturing positive perceptions of oneself is an important part of the process of healing. This can be done through an understanding of familial and ethnic history, knowledge and participation in cultural activities, the transmission of language and a connection to a “homeland”. However, the pervasiveness of Indian Act policy, the transient nature of many First Nation populations on and off the reserve, and the stereotypes employed in the media and literature all serve to promote a negative perception of First Nations people. For many First Nations people, self perception is further complicated when they have parents who have two different racial backgrounds.

Identity is not just a concern for individuals and families. Because of the legalized and politicized nature of the Indian Act, identity has become an issue concerning nationhood and sovereignty. The issue of Indian status has become not only divisive, but is quickly becoming a tool for dismantling any hopes for sovereign nations. In the United States, Native American Indian tribes have a different relationship with their government, as they function to a much greater extent on a nation to nation level relative to Canada. However, Canadian First Nation communities are small, politically weak units, bound by poorly constructed treaties that fail to recognize Indigenous nationhood. Colonization has not subsided since the development of the country of Canada, and in fact continues to permeate the lives of First Nations people on a daily basis. In First Nations communities in Canada, colonization continues to impact the ability to maintain positive self images and identity, resulting in a significant social malaise that is manifested in high risk

behaviors, poor health and poverty. This chapter will explore the literature on Indigenous identity by looking specifically at Indigenous authors such as Lawrence (2003) (2004), Tallbear (2005), Horse (2005), Garrouette (2003), Big Eagle and Guimond (2009) and Anderson (2000). This chapter will also explore the literature as it relates to individual identity formation as well as collective identity. The role of the Indian Act, specifically Bill C-31 will be discussed, particularly in how it regulates authentic identity development for First Nations people and is culminating in the diminishing of Indian status individuals as well as divisions in families and communities.

The literature on Indigenous identity has emerged with Indigenous scholars at the forefront of the discussion. The Indigenous identity literature often focuses on the rebuilding and the desperate need to retain, nurture and enhance remaining aspects of tradition, language and value systems. For example, Jordan (1986) states that “the analysis by Aboriginal people themselves of the problem of loss of identity and anomie is taking a different point of departure; it is focusing on identity construction” (Jordan 1986: 272). Niezen (2003) describes the impetus for Indigenous identity as being based on the attempts by Indigenous nations to impose a new direction for social transition and healing.

Several key Indigenous authors have discussed issues of identity as it relates both to the individual First Nation (or Native American) person as well as the collective nation. Tallbear (2005) examined how the view of race as a fixed and natural division among people is perpetuated in the racialization of Native American ethnicity. She discussed recent efforts to use DNA testing to measure those who are “truly Indian”. She specifically looked at two cases. The first was the Western Mohegan of New York and

their attempts to use DNA to justify their political and cultural claim as a federally recognized tribe. The second case she examined were the remains of the infamous Kennewick man found in 1996. She also explored the issue of blood quantum and tribal citizenship. She explains that the use of racialized ideas about “Indianness” in essence, authenticity, undermines tribal political and cultural authority. She states that “tribal ideas of kinship and community belonging are not synonymous with biology” (2005: 84). She warns that “DNA analysis as a scientific tool will be used to support theories about the origins of tribal people that contradict tribal histories and tribal stories” (2005:87).

Horse (2005) discusses the multifaceted nature of Native American identity. He observed that there are a range of elements “such as ethnic nomenclature, racial attitudes, the legal and political status of American Indian nations and American Indian people, cultural change and one’s sense about what being a Native American means in today’s society” (2005: 62). The use of various terms, such as American Indian or Native American are based on “peculiarities of linguistic meaning” and what is most important is that there is an agreement to the use of a term, and there is a meaningful connection to that term. He also discusses the concept of “white privilege” and if we accept that Native Americans have been oppressed, then “our identity is already subordinated. We consciously or unconsciously take on the characteristics of the oppressed” (2005: 63).

Horse (2005) describes himself as Kiowa, and experiences his life as such. He also considers his ability to speak and understand his language as an important component of his identity. Horse (2005) states that his tribal status is an equally important part of his identity, and the use of blood quantum is an important tool to determine authenticity: “legally, Indianness is a political proposition. It is a matter of

citizenship in a given tribe. However, all tribes assess one's tribal membership eligibility based on blood quantum" (2005:64). Cultural change is also a component of identity, and it must not be viewed as static, because change is part of the "natural order of things" (Horse 2005: 64). Horse describes the attempts to cease the erosion of language, culture and tradition as a major issue in "Indian country" and is a response by American Indians to white privilege (2005:65). Lastly, Horse describes Native American identity as one that arises out of personal sensibility, and is about how one experiences life.

Garrouette (2003) explores the current models of Native American identity which include law, biology, culture and self-identification. She states that a more cohesive approach to Indian identity should be grounded in "radical Indigenism" which attempts to cope with the many paradoxes of Indian identity. For example, she finds that in relying on culture as a tool to situate Indian identity, the same constraining definitions that bind biology and legal status still exist because of the rapid deterioration of cultures and languages. She finds that Native American culture is not perceived as changing and adaptive, but instead it is inaccessible and constructed as "a mysterious something that only exists apart from intentional human activity. It can never come into being, it must forever be preexistent. It cannot be chosen; it can only be given – at the time of birth or very close to it" (2003: 69). Instead of relying on culture, law, self-identity, etc., to define Indian people, she encourages us to formulate identity through "relationship to ancestry" and "responsibility to reciprocity" (2003: 118). The relationship to ancestry ideology promotes finding genealogical relatedness or the use of ceremony to connect people with their ancestors. The encouragement to reciprocate is about respecting elders, and mutually helping tribal members.

Turning to the Canadian situation, Big Eagle and Guimond (2009) explore the current Canadian demographic bases on First Nations women, and note that the statistics are “inherently incomplete and fragmentary” (2009: 35). They examine the specific Aboriginal identities in Canada and deconstructed the various population definitions such as Status Indian, Métis and non Status Indian. The Canadian census has used varying definitions for Aboriginal people over the years. In the 2006 census, First Nations people were enumerated through four separate concepts (1) ethnic origin, (2) self-identification as an Aboriginal person, (3) Registered/Treaty Indian and (4) membership in an Indian band or First Nation” (Big Eagle & Guimond 2009: 37). Despite the inadequate available statistics on Aboriginal women, using what was available, they examine the demographic growth and the changing dynamics of the population. They observe that the future population growth of First Nations people will be increasingly challenging to cope with, specifically the non-Status entitled descendants of mixed parentage and in particular how they will identify (2009: 46). Big Eagle and Guimond (2009) argue that inter-parenting (where parents are from two different ethnic backgrounds), despite the Indian Act rules which will eliminate Indian status, is still a positive thing. Current trends indicate a large majority of inter-parented children being born (67%) under the age of 15 are being raised in households headed by a First Nations woman, who reported themselves as having a First Nations identity.

Big Eagle and Guimond (2009) reviewed the systems in place for monitoring the well-being of First Nations population and gender (im)balances and explored reproductive health issues. They specifically explore the Registered Indian Human Development Index (RIHDI) developed by Cooke, Beavon and McHardy (2004) which

was a response to the United Nations “Human Development Index” (HDI). Canada has maintained a consistent top ten position in the United Nation’s HDI. The RIHDI score indicated that Registered Indians would rank 48th in the world, “below Kuwait and Croatia, and above the United Arab Emirates and Bahamas” (Cooke et al. 2004). The RIHDI also shows us that that First Nations youth still rank amongst the lowest group in Canada in terms of educational attainment in 2001 relative to other Canadians, suggesting that they will continue to lag behind other Canadians with regards to employment and income (*ibid*).

Lawrence (2004) writes about a specific group of people, urban mixed blood Native people in the City of Toronto. The first part of her book explores the historical aspects of Native identity, specifically with regard to the Indian Act, as well as an exploration of Bill C-31. Lawrence (2004) then brings the issues related to identity to light through her research participants who live in Toronto. She describes the city as the end-point for mixed blood Native people “the setting where the most extreme levels of dislocation exists among its Aboriginal population and the site where Native people as a whole are the most invisible” (2004: 19). Native identity, compounded by being mixed-blood, urban, possessing or lacking Indian status or band membership described by the lived experiences of her research participants are some of the many tensions and layers of complexities.

Lawrence (2004) argues that the role of colonization and the state regulation of identity have become destructive in particular for marginalized people fighting for government provided resources. Lawrence (*ibid*) recommends three major steps to address the legalistic bureaucracy that continues to colonize native people. The first step

is to renegotiate treaties including for descendants who took the Métis scrip⁴. She calls for changes to the provisions of Bill C-31 and the inability to transmit status to subsequent generations so that the “continued bleeding off” of First Nations people will cease. The last recommendation she makes is to establish a fiduciary relationship and obligation for Canada to non-Status native people. Lawrence (2004) challenges us to regain, reinterpret and renew Indigenous identity and reverse the discourse on how the nation of Canada was built.

Anderson’s (2000) book provided inspiration for this dissertation in many ways. Her book “Recognition of Being: Reconstructing Native Womanhood” explored the ways in which Native women can be viewed in terms of strength, power and beauty. She explored how identity has been influenced by colonization, and describes how forty Native women reclaimed their cultural traditions and created powerful images and positive identities for themselves. Anderson (2000) looked at identity formation as being comprised of four steps: resisting, reclaiming, constructing and acting. The first step involves resisting negative images about being a native woman. This requires a set of tools which includes having a strong family and seeing positive images of male and female relations. Being grounded in a native community also forms part of the ability to resist negative images. Anderson (2000) describes the notion of “going home” to a First Nation community or other Aboriginal community. For many women, this is not possible, so instead alternatives must be created in the urban or rural centre in which they reside: “whether these are temporary or long term, urban Aboriginal communities are the lifeline for many Native people” (2000: 124). The connection to land also provides

⁴ Scrip was either as land or money which was offered to Métis families to compensate them for loss of their Aboriginal title and for grievances that led to the 1885 Resistance.

grounding in the ability to resist. Anderson (2000) describes this as a relationship that begins in childhood, as adults women must use the land “to seek restoration, solace and comfort from some of the dysfunctional situations they were involved in” (2000: 128). Language was another important tool for women who have had the opportunity to maintain their Indigenous language. These women have “found that it helps maintain and preserve their Indian identity” (2000: 129). Storytelling provides an “anchor of resistance” because it “preserves the language and the power and the meaningfulness of the spoken word. Our stories are an unadulterated version of our history and creation. They are critical for Native people who seek a sense of identity founded in Native culture” (2000: 131). Many of these stories depict the role of Native women as being strong, and they also reinforce the importance of women in Native societies. Spirituality is also “at the heart of survival, resistance and renewal” (2000: 133). Spirituality is expressed in multiple ways, and it centers around the connection with the “Great Mystery” (2000: 135).

Reclaiming Aboriginal traditions is the second step that Anderson (2000) describes as important to identity formation. Aboriginal traditions can be seen in tangible manners such as ceremonies, dances, songs and language, but are also contained in the subtle facets of everyday life. Anderson (2000) is referring to “the philosophies or values that stand behind the ceremonies” (2000:135). The third step in identity formation is to construct a positive identity by translating tradition into a contemporary context. Anderson describes this as the ongoing process of redefining one’s self. It also involves reconstructing relationships with family, community and nation, and all of creation.

The fourth step involves nourishing personal and community wellbeing by acting on our identity. Anderson (2000) emphasizes the importance of spending time focusing on our own gifts. The need to regain love is an important part of acting because “our collective history of colonization has fostered internalized racism and self-hate which we also apply to our spouses and other family members” (2000:231). Anderson also talks about the role of men, and the need to encourage men to “heal, recover and reclaim” (2000: 239). She states that while many women have been able to continue in their traditional roles as life-givers and nurturers, “many men’s responsibilities have been greatly obscured by the colonial process” (2000:239). Anderson (2000) questions the reader to ask him/herself “what is the source of my motivation? How do I define my day to day relationships? What am I creating and how does it affect the seventh generation?” (2000: 254). These are also important questions for Indigenous scholars when they undertake research within Indigenous communities. Anderson (2000) has provided a path to undertake a personal and research based explorations of identity construction for Aboriginal people.

Using these Indigenous scholars as a guidepost for how Indigenous scholars theorize Indigenous identity, this chapter will begin to explore identity as it relates to both individuals and the collective. There are three factors that impact an individual’s identity: legal determinants, socio-cultural determinants and the self-identity ideology. These three factors are integral in the identity formation of the research participants on Manitoulin Island. Identity is also concerned with nationhood, and the impact of the current system of Indian status as well as the Bill C-31 amendment on First Nation communities will be described. For First Nations people, collective and individual

identities are deeply connected. Belonging to a “group” goes beyond membership in a First Nation reserve community, and includes a larger extension of people with shared history, geography, politics and culture. Also, belonging to a nation (i.e. Haudenosaunee or Cree) also includes a sense of belonging to a pan-Indian group that has some shared historical, political and cultural experiences. This chapter will also explore the inimitable role that First Nations women play in identity formation for themselves, their families, their communities and nation.

1. Individual First Nations Identity Formation

The importance of positive identity for First Nations people becomes increasingly evident in many communities that suffer from issues with poverty, relocation, alcohol and substance dependency, youth suicides, domestic violence and unemployment like the infamous Innu community of Davis Inlet or Natuashish. The link between identity, individual health and community health is inextricable as we see the disintegration of the social fabric of Aboriginal communities has left us with individuals with poor self-esteem and self regard. It has disrupted traditional family roles and has resulted in alcoholism, drug and solvent use. The high incidence of physical, sexual and emotional abuse and suicide, especially in youth populations are connected to identity because of the poor self-regard and self-worth that individuals are feeling (Health Canada 1998). For Aboriginal people, a strong identity or feeling “connected” has been shown to become a deterrent from high risk behaviors like drug use, school drop-out, unwanted pregnancy and emotional stress (Henry & Reid 2000). In a study of identity and health for First Nations adoptees by Carriere (2005), a direct causal relationship was demonstrated between connectedness and health (Carriere 2005) through not only the birth family but also

through the community and knowledge about First Nations ancestry. As Chandler and Lalonde (2009) discuss in their examination of youth suicide in First Nations communities; in the face of personal or collective negative experience, “single individuals or whole communities lose track of themselves in time and thus suffer some disconnect with their past or future, life becomes cheap” (Chandler & Lalonde 2009: 223). There is direct pathway between how individuals feel about themselves, and the behaviors that are then manifested. As individuals feel worthless because of their low self-esteem, then they consider relationships they develop with others as worthless.

a. Identity Formation and Authenticity

The process of authentic Indigenous identity building is complex and problematic. It is comprised of those who belong, and those who do not belong. Weaver (2001) describes Indigenous identity as based on power and exclusion; someone needs to be excluded from an identity in order for that identity to be meaningful. Authenticity and First Nation’s identity is also encumbered by multiple layers. The choice of whether to identify or not to identify as a First Nations person is one layer, but also the different variations of “authentic” identity must be selected.

This is not so clear-cut. Many First Nations people have spent their lifetime hiding their heritage. With the recent cultural resurgences, First Nation’s people are now feeling tension over how to assert such an identity “authentically”. Dialogue on the concept of authenticity is evident in some literature that discusses race and in the context of black people in the US. As Favor (1999) observes, although we have some intuitive sense of what it means to belong to a group, once we begin to question these constructs with more rigor, “our notions of racial identity are fraught with complexity, contradiction and paradox” (1999:1). When we take an anecdotal examination of the subject of

authenticity, we see that the definitions are “constantly being invented, policed, transgressed and contested” (Favor 1999:2). Black race theorists such as Favor (1999) question whether the notion of authenticity is really more of a subjective construct of identity that is in constant dialogue on the axis of race, class, gender and forgoing the idea that anyone “is” or “can be” anything. The aim in this socially constructed approach to identity is to democratize people in the margins to create solidarity. However, this language fails to address the complexities of what it truly means to be a First Nations person more specifically, of the role of community, of a nation, and of a historical context that underpins the connection to identity. The notion of authentic identity has become grounded in social and political discourse for First Nations people.

Authentic identity formation is individual and highly personal but is informed by externally imposed characteristics. Horse (2005) discusses how authentic identity is constructed by being based on five main influences which include: (1) the extent to which one is grounded in one’s Native American language and culture, one’s cultural identity; (2) the validity of one’s American Indian genealogy; (3) the extent to which one holds a traditional American Indian general philosophy or worldview (emphasizing balance and harmony and drawing upon Indian spirituality); (4) one’s self-concept as an American Indian; and (5) one’s enrollment (or lack of it) in a tribe (Horse 2005: 65). Horse (2005) describes Indigenous consciousness which embraces these five elements as emerging out of “postcolonial sensibility”. This consciousness is not a clear cut process. Horse’s influences describe both a fluid and transactional set of influences (socio-cultural determinants such as culture and language) as well as static influences (legal and biological determinants such as tribal enrollment). Horse’s (2005) discussion on post-

colonial sensibility is also reflected by Radhakrishnan (1993) who argues that authentic identity is about an attitude related to identity. He states that “authentic identity is a matter of choice, relevance and a feeling of rightness. In other words, authentication also means ruling out certain options as incorrect or inappropriate” (1993: 755). This notion of identity as being choice driven is difficult for First Nation’s people because there are so many pieces of the identity puzzle that have been imposed by policies like residential schools which has impacted language fluency and pieces which have been imposed, such as Indian status.

Weaver (2001) problematizes the notion of authentic native identity in a story about an all-Native basketball tournament. The team feeling threatened by the other team’s athletic prowess begins to comment on their phenotype features and questions whether the athletes are authentically native. A long and drawn out debate ensues between the two teams using tribal enrollment cards and native language as markers of authenticity which results in the cancellation of the basketball tournament. Even though all the players seem to identify as Indigenous peoples, the ways they identify are contested resulting in a lack of agreement between self-definitions and external definitions of identity. The heated debates during this story illustrate how lateral violence spreads throughout our communities and as Weaver (2001) describes “searching for the "right" criteria is both counterproductive and damaging” (2001: 247).

Tuhiwai Smith (1999) describes the effects of questioning authenticity which are frequently the topic of political debate. She describes the intention of these debates as fragmenting and marginalizing those who speak for or in support of Indigenous issues. This has an effect of “silencing and making invisible the presence of other groups within

the Indigenous society like women, the urban non-status tribal person and those whose ancestry or “blood quantum” is too white” (1999: 72). Tuhiwai Smith’s comments refer again to the lateral violence that Victor (2007) describes as endemic in our communities, and the central role that authenticating identity plays in that violence. Lawrence (2004) describes how externally imposed notions of “nativeness” is directly related to an individual’s sense of value particularly for mixed race individuals who do not have the phenotypical characteristics of a native person. She describes externally imposed message that any form of “actualizing their Indigenous heritage would be “inauthentic” and false” which “works as a constant drain on their sense of self-worth” (2004:135). Gone (2006) also discusses how the discourse on American Indians inevitably turns to essentialistic characteristics such as physical appearance, blood quantum and language; however this type of discourse fails to be a viable conceptual framework for understanding the nuances of authentic identity formation. The discourse on authentic identity formation is fraught with contradictions and polarities both from Indigenous people and from non-Indigenous people. The impact of this negatively charged discourse is the perpetuation of lateral violence that has spread both on and off the reserve.

Determining authentic native identity is a topic that continues to permeate the Canadian mindscape. Most abundant is the essentialist based criteria which rely on legal and biological standards to determine identity through Status or membership. Indigenous identity also exists beyond Status and membership and includes social and cultural determinants. The notion of “belonging” is not just a personal sentiment that one comes to terms with, but a complex and multifaceted social and cultural process that includes things like physical appearance, geography, Indian status, language, kinship, and culture,

which are all grounded in a shared colonialist history. Degrees of descent and socio/cultural aspects aside, a new ideology of self-identity is also evident. The next section will explore three determinants of identity for First Nations people including (1) the biological and legal determinants, (2) the social and cultural determinants and (3) the self-identity ideology. The theme of authentic identity is inescapable and is woven into all three identity determinants.

2. Determinants of Identity

a. Legal Determinants

No type of determinant or criteria is more openly contested than biological and legal determinants. In Canada, this is referred to as “degree of descent”. The term “blood quantum” is used informally to describe the Canadian system, but it is a term used formally in US Native American tribes.

The issue of Aboriginal identity is a significant part of individual and family realities. In many communities, an angry and tense mood overshadows discussions on identity which has drawn “harshly enforced boundaries around communities” that is “so severe that they are sometimes characterized as race baiting and ethnic cleansing” (Garrouette 2003: 99). These sentiments are directly related to the distribution of resources for those who hold Indian status. The psychological toll of maneuvering through and negotiating identity and belonging based on biology can be painful. In an Indigo Girls song called “Blood Quantum”, this toll is articulated:

You're standing in the blood quantum line
With a pitcher in your hand
Poured from your heart into your veins
You said I am, I am, I am
Now measure me, measure me,

Tell me where I stand
Allocate my very soul
Like you have my land (Indigo Girls 1996).

Degree of legal descent is problematic for people of mixed blood/descent because of the struggle to prove authenticity. Even if an individual can demonstrate conclusively that she/he has some First Nations ancestry and receives Indian Status, there are other more culturally and socially based criteria such as language fluency that individuals may feel compelled to meet to feel a part of the group. The question will still be raised: “is the amount of ancestry she/he possesses “enough”? Is her/his “Indian blood” sufficient to distinguish her/him from the mixed blood individual spotlighted by an old quip “If he got a nosebleed, he’d turn into a white man” (Garrouette 2003: 41).

Criteria for authenticity are also based on cultural and social determinants which can be as controversial and problematic as degree of descent and can perpetuate self-hatred. The process of acculturation for Aboriginal people is not a linear one. The intersection of dominant societal culture and one’s own culture can create “a bicultural tension that may be detrimental when a person internalizes the dominant society’s negative attributions of that culture” (Barrios & Eagen 2002: 207). For many generations of people, denying Aboriginal heritage, or “passing” as non-Aboriginal has been common. The term “passing” is synonymous with the remnants of the colonial slavery days for African Americans and the “one drop rule” where no matter how distant the generation, if there is descent from an African American, the person will always be considered black. Favor (1999) states that when it comes to quantifying the amount of “blood” in a person, “there is no single standard that defines African American identity in the eyes of the state” (Favor 1999: 1). Questioning your authenticity also comes from

internalized negative messages based on stereotypes about skin color, physical attributes, or behavior. These messages can result in a negative self-identity or poor self-esteem, and denial of Native heritage and a personal tension over authenticity (Jackson 1998). A more thorough discussion of the Indian Act and Bill C-31 as it pertains to First Nation's identity follows below.

b. Social and Cultural Determinants

Shared norms such as cultures, traditions, values, geographic place, physical appearance and general patterns of thought are the social and cultural determinants of identity also used to determine membership in an Aboriginal group. Knauft (1996) describes the connection between identity and culture as being a process where the ability to define, represent and assert human identity is always being negotiated and "culture is now best seen not as an integrated entity, tied to a fixed group of people, but as a shifting and contested process of constructing collective identity" (1996: 44). Cultural and social determinants of identity were the basis of the Mashpee claim in Massachusetts. This group was embroiled in a land claims suit, and had to prove that they were authentically "Indian" by proving that they were a "tribe" rather than just a group of people with Native heritage (Clifford 1988). The City of Mashpee, the main opponents, claimed that the Indians were just like a small town community, with heavy intermarriage and full Christian indoctrination. The use of social and cultural criteria was used by both sides to legitimize and de-legitimize each other's claims. This case was problematic on many levels because the cultural definitions of identity being demanded were based on stereotypes or unrealistic ideas about Indian culture as static and unchanging, unlike those described by Knauft (1996). The Mashpee Indian situation set the precedent that US Native American Indian groups seeking federal recognition must prove that they have

been a “distinct” community over a long period of time and they must show that their differences have been observed and recognized as characteristically Indian by outsiders – for the last 300 years (Garrouette 2003; Clifford 1988).

Relying on cultural and social identities for membership can also be exclusionary. Some people, who can negotiate a legitimate identity based on biology or law, may fail to do so by cultural criteria. The large number of First Nation people moving into urban centers or who were adopted out of their communities may not have grown up surrounded by traditions, languages and values associated with their First Nation communities.

The residential school era also contributed to the identity issues that many Aboriginal people face. From young ages, thousands of Aboriginal children and youth were forcibly removed from the family home and placed into industrial-like schools run jointly by the Federal government and various Churches such as the Catholic Church. The motivation behind the development of residential schools was to remove them from the influences of their families and communities and place them in a setting where their assimilation and civilization could be controlled and managed. As children began to lose their language and were forced to learn English, the connection to their families and communities was disrupted. When children moved back to their communities after several years of often horrific experiences of abuse at the residential schools, they had a difficult time communicating and connecting with their parents and grandparents. The severing of this connection to their traditional way of life has caused much of the social malaise we see in Aboriginal communities today. Residential school survivors were raised in institutions and taught foreign ways, only to return to the poverty of their own

communities where many of these skills were irrelevant. Those negative messages about identity still remain in the minds of many individuals, families and communities.

Language is a strong indicator of social and cultural connection to identity. Being fluent in a language is something that can't be "faked", thereby making it an appropriate social determinant of identity. Lawrence (2004) makes the connection between language and culture: "language shapes thought and custom, and therefore behavior; knowing one's Indigenous language is essential to a really strong grounding in one's culture" (Lawrence 2004: 198). The connection to land is also considered to be grounded in language. McLeod (2007) tells us that "through stories and words, we hold the echo of generational experience and the engagement with land and territory" (McLeod 2007: 6). Clearly, it is difficult to enter a stage of cultural recovery given that the loss of languages across Canadian First Nation communities is so pervasive.

Norris (2009) discusses the role of families and communities as acting cohesively to transmit language from generation to generation. With the increasing prevalence of "marrying out" of First Nation's women to non-First Nations men, language transmission has declined. While research shows us that Aboriginal communities like First Nations reserves are "enclaves in supporting language transmission", without family support, community support is insufficient "to ensure the adequate transmission of an Aboriginal language as a population's mother tongue from one generation to the next" (Norris 2009: 317). Effective language transmission must incorporate a complex set of supports, where immersion is imperative. Government policies have not made this possible over the last century through residential schooling, and forced relocation to reserves.

Cultural recovery becomes a way of healing individuals and communities from the suffering of colonially imposed abuses, but can it act as a determinant of identity?

First Nation communities differ in terms of cultural recovery and maintenance. Garrouette (2003) describes the variations in the ability of people to maintain their culture:

In some tribal communities, the task of cultural renewal is based by the presence of ongoing cultural traditions, the continued use of the native language, and the continue practice of traditional religious and ceremonial activities. In other cases, much of traditional life is fragmented; in these communities cultural reconstruction requires considerable time, expense and effort. (Garrouette 2003: 192)

If communities are as fragmented as shown by the rates of violence, suicide and poverty and cultural losses are as prevalent as shown by the loss of Indigenous languages and cultural practices, it does not make sense to rely on socio/cultural determinants as the main yardstick for determining identity. Instead, we must turn to other ways, and in recent years, the ideology of “self-identification” has surfaced.

c. Self Identification

Since Bill C-31, the “concept of Aboriginal self-identity emerged in 1986 with the goal of improving the enumeration of Aboriginal populations. According to the Census of Canada, 705,245 persons self-declared a North American Indian identity in 2006” (Big Eagle & Guimond 2009: 37). Self identification is an ideology that systematically directs attention away from questions of law, blood and culture embedded in tribal and band membership rules and instead looks at the individual’s own expression of him/herself in their own profession of identity (Garrouette 2003:72). Self-identity addresses the ineffectiveness of objective indicators of ethno-cultural affiliation such as origins and language which are less and less relevant because of “acculturation, urbanization and intermarriage” (Big Eagle & Guimond 2009: 37). Because of the direct connection to resources and “special rights”, claims to self-identity are not honoured by the Federal

government. As a result, there are several definitions of “Indian” and the process of self-identification of Aboriginal people has become not only highly personal, highly variable, but also highly political. It remains a contested territory between Aboriginal and non-Aboriginal people in Canada (Coates 1999).

The ability to self-identify has produced much animosity between “pure blood” Indians and mixed race people. For mixed race people, a key factor in their identity is whether they choose their identity or whether they allow society or others to assign an identity to them (Wijeyesignhe 2001). Self-identity ideologies have provided an important space to begin the process of healing because of the freedom to express identity without colonially imposed definitions.

Self identification is appealing to those whose ancestors were not included on the register or who are unable to produce documents confirming authenticity. Self identity has also increased the capacity of Aboriginal people within urban centres to mobilize (Big Eagle & Guimond 2009). Resistance through the “pan Indian” movement is partially based on the ability to self identify. Disregarding the colonialist ties that have bound Indigenous people and communities, Indigenous people are recognizing the larger commitment to nationhood by asserting their right to self-identify using their culture, traditions and a commitment to the greater good of the nation. This cathartic ideology challenges the prevailing legal descent models and moves toward larger goals of nationhood through healing. The overlapping criteria make Indigenous identity a complicated process, both for those claiming such an identity and those wishing to understand it from the outside.

3. Collective Identity for First Nations People

Belonging to a nation has wider implications than merely belonging to a First Nation community. For First Nations people in Canada and US Native American people, the difference in what “belonging” actually means is significant specifically in relation to issues of sovereignty and self-government. There are underlying similarities around the history of colonization and the ongoing processes of assimilation between US Native Americans and First Nations people in Canada which merits some examination. The term “blood quantum” was introduced in the US through the Dawes Act of 1889. Native American tribes have adopted various “blood quantum” percentages which they have the authority to determine. In Canada, degree of descent is based on lineage to someone who has full Indian status. In the US, the Bureau of Indian Affairs states: “membership in an Indian tribe, band or colony is different from membership in any voluntary colony and is different from membership in any voluntary association of people. Membership in an Indian tribe, and/or colony is like citizenship in a country” (Tallbear 2003: 83). Horse (2005) also makes similar observations with regards to the connection between individual identity and nationhood. He states that while there are many:

...commonalities in terms of social interactions and certain pan-Indian cultural activities such as modern day tribal celebrations, the practical benchmark for ‘Indianness’ is the political distinction that tribes enjoy as sovereign nations. Members of tribal nations are thus dual citizens.... It is not simply a matter of American Indians being just another ethnic minority. (Horse 2005: 66-67)

For First Nations people, Indian status and membership is not considered by the government as citizenship in a country other than Canada, and instead they are considered more as wards of the state. Since the 1985 amendment to the Indian Act Bill C-31, First Nation communities can now prescribe their own membership criteria; however, the determination of Indian status remains with the Department of Indian Affairs. Conversely, in the US, tribes can create their own legal definitions of identity,

and the most common tribal requirement for determining citizenship in the US is tribal blood quantum (Garrouette 2003: 15). This is especially problematic for inter-tribal descendents, because in these cases, blood quantum is based on the tribal blood quantum, not the total Native American blood quantum.

In Canada, the persistence of legal criteria is based on the model of internal colonialism; the removal of authority from the community to decide upon membership in the community by the state. Degree of legal descent is considered also to be a legal tool that determines who can claim and retain “special” rights and privileges from the federal government. The federal government had anticipated that these obligations would cease (Garrouette 2003: 57). Indian Status is often seen as a special benefit, and there is much contention over this “citizen’s plus” status which became most evident with the introduction of the White Paper in 1969 by the Trudeau government that attempted to abolish these rights and privileges.

These identity determinants, which are not necessarily created by Aboriginal communities, are considered from a policy perspective as the only mechanism for determining authenticity. The very nature of public policy requires exclusion of some people and inclusion of others. Russell Means, the Native American activist states:

...our treaties say nothing about your having to be such-and-such a degree of blood in order to be covered....(W)hen the federal government made its guarantees to our nations in exchange for our land, it committed to provide certain services to us as we defined ourselves. As nations, and as a people. This seems to have been forgotten. Now we have Indian people who spend most of their time trying to prevent other Indian people from being recognized as such, just so that a few more crumbs – crumbs from the federal table – may be available to them, personally. I don’t have to tell you this isn’t the Indian way of doing things. The Indian way would be to get together and demand what is coming to each and every one of us, instead of trying to cancel each other out. We are acting like a colonized people, like subject peoples (Means as cited in Forbes 1990: 131).

In the Canadian context, the Indian Act has become one of the ways First Nations people are cancelling each other out as described above by Means (1990). The Indian Act is at the heart of the identity debate for First Nations people.

4. Bill C-31 and the Indian Act

The relation of authentic identity to resources such as access to social services is the driving force behind the Indian Act. According to Lawrence (2003):

To treat the Indian Act merely as a set of policies to be repealed, or even as a genocidal scheme that we can simply choose not to believe in, belies how a classificatory system produces a way of thinking – a grammar – which embeds itself in every attempt to change it. (Lawrence 2004: 25)

Indigenous people in Canada have had a long history with government policy, beginning with the 1763 Royal Proclamation. This recognized their inherent rights as self-governing nations. Indian policy changed in the 1800s to reflect the diminished utility of Indians when the fur trade declined with a new focus to “civilize and protect until assimilated”. With that, the reserve system was devised in such a way that European settlement would not be impeded (Wunder et. al. 2003: 24). The Gradual Civilization Act of 1857 evolved into the 1869 Indian Enfranchisement Act which replaced traditional tribal government with the municipal electoral system with by-laws and elected Chiefs and Councils (Titley et. al. 1986). These initiatives proved devastating to traditional values of leadership and continued to diminish some of the basis for positive identity especially with regards to the role of women’s leadership.

What soon followed is the Indian Act that is still in place today and largely unchanged– the Indian Act of 1876. The Indian Act determined who was legally “Indian”, who was eligible to live on reserve, how lands were managed, protected from encroachment, disposed or leased and how land revenues were invested, the

cultural/social practices carried out, and how people would be educated (Wunder et. al. 2003). The Indian Act of 1876 created the legislative framework for Indian policy that was applied more or less uniformly across the country, granting considerable power to the superintendent general and his representatives and ensured that Indians were increasingly subjected to bureaucratic regulation (Tittley et. al. 1986). What followed the Act was fifty years of hasty treaty signing and continued unhampered Western expansion as well as policies and programs such as residential schools.

Major amendments to the Indian Act were made in 1951 which included the removal of the bans on spiritual ceremonies including potlatches, powwows and other ceremonies. This did not include the removal of Section 12(1) (b) where women lost Status upon marriage to non-Indian men. The 1951 amendment also provided bands and the federal government with less control over education curriculum, granting such powers to the provinces. These 1951 amendments were an important start to the removal of the enfranchisement (or loss of status) process. Section 111 of the Indian Act, which provided for the removal of Indian Status for several reasons were also appealed; these included entering the military, voting in federal elections, entering into post secondary education or entering into the clergy. Enfranchisement was an assimilative mechanism used by the Federal government to release First Nations people from the confines of their Status and allowed them to enter the mainstream.

Bill C-31 was the next major change to the 1867 Indian Act. It stopped the process of enfranchisement through marriage. The Bill C-31 amendment was a direct response to the UN Human Rights decision in the case of Sandra Lovelace which recognized that Canada was discriminating against First Nations women who had lost

status through the marriage provisions of the Indian Act. Mary Two-Axe Early, Yvonne Bedard and Jeanette Corbiere Lavall did not have this success through the Canadian courts in the same challenges; however, the 1982 Charter of Rights and Freedoms left little room to postpone the examination of discrimination. The first amendment, Bill C-47 did not pass due to the multiple interpretations of the Charter by groups such as the Assembly of First Nations (AFN). When a general election brought in a new government in 1985, Bill C-31 was eventually passed. The amendments provided four key changes to the current Indian Act:

- Reinstatement of Registered Indian Status affected mainly women who had lost their status through the marriage provisions and the subsequent registration of children ;
- New rules governing entitlement to Indian registration for all children born after April 16, 1985 (Section 6); and
- The ability for First Nations to create and apply their own rules governing membership (Section 10(1)) (NWAC 2007).
- The ceasing of the bestowment of Indian status onto women by their Status Indian husbands.

From 1986 to 2002, 113,254 First Nations people registered as Status Indians based upon the Bill C-31 amendment (INAC 2003: 14) and regained or gained Indian status. These changes were significant and have proven to be detrimental to First Nations. The amendment generated a two tiered system of membership. Those who regained their status because of enfranchisement were now Section 6(1) Indians and his/her children became Section 6(2) Indians. A Section 6(2) Indian is unable to pass their Indian status to

his/her children unless the other parent has Section 6(1) or Section 6(2) status. This has created problems specifically for women, because they were primarily the people that became reinstated, and so after two generations, they are unable to pass along Indian status.

Because of Bill C-31, a First Nation community or band is not obligated to automatically place a Section 6(2) Indian on the membership list. Bill C-31 provided the individual First Nation band the authority to control their own membership through the development of customized membership codes. This has resulted in people who have Indian Status from the perspective of the government, but have been denied membership in their First Nation community. There are variations on criteria that individual bands have placed in their membership codes that range from a degree of legal descent of 50% rather than the 25% required previously by the Department of Indian Affairs, to parental residency requirements, to moratoriums on services and rights to reinstated persons (Holmes 1987: 20).

The intricacies of Bill C-31 and the Indian Act dictate an even more fundamental change to the Indian Act: the slow removal of Status from First Nations people over the generations through out-marriage and statistical extinction of Status Indians. This issue should be raising loud alarm bells across First Nation communities in Canada, however to date, we only see few groups and individuals such as the Native Women's Association of Canada taking a stand on this issue. Sharon McIvor⁵ and Lynn Gehl⁶ are seeking further amendments to Bill C-31 to remedy this inevitable situation.

⁵ In 2009, in *McIvor v. Canada (Registrar of Indian and Northern Affairs)* the B.C. Court of Appeal has given the government one year to amend a discriminatory section of the Indian Act. The court struck down Section 6, which gives the Indian Registrar the sole authority to determine who is and is not an Indian under the Indian Act. The Court ruled that the 1985 amendments to the Indian Act known as Bill C-

The influx of Native women and children receiving their Status stretched First Nation's resources without sufficient increases in Federal funds. There has been general reluctance to accept new band members because most bands are already unable to meet basic needs with their current resources (Frideres & Gadacz 2005: 28). Although this general reluctance exists, the reality is that few reinstated band members have returned to their communities after receiving their Status (Frideres & Gadacz 2005: 30) because of the lack of employment opportunities and limited or no housing availability. Many of these women have created lives for themselves and their families outside of the First Nation community, and in most cases, remain living off reserve.

5. The Larger Impacts of the Indian Act

Bill C-31 has caused some major social and political shifts for First Nation's people in Canada. The 1985 Indian Act amendment have brought the issues of women's rights, the inherent discrimination of the Indian Act and rules on reserve and the criticism of the issue of Indian Status. To the outside observer, the original intent of Bill C-31 appeared simple, however the outcomes have proven to be much more complex and have negatively impacted the sustainability of Native communities across Canada in several ways. Notably, the statistical extinction of Status Indians, the decay of family and community cohesion, and the decreasing solidarity amongst political leadership are all interrelated outcomes of Bill C-31. These are described in the sections that follow.

a. Statistical Extermination of Status Indians

31 violate the equality rights guaranteed by section 15 of the Canadian Charter of Rights and Freedoms. In this recent case, the court found that the 1985 amendments to the Indian Act contravened international conventions on human rights, women's rights and children's rights as well as the Canadian Charter of Rights and Freedoms. It was found that the Act drew a distinction between male and female ancestors in determining who is a status Indian.

⁶ Lynn Gehl currently has a Charter challenge regarding the continued discrimination within the registration requirements of the Indian Act.

Currently the number of First Nations people seems to be growing. According to the Department of Indian Affairs “Registered Indian Population Projections for Canada and Regions” from 2000-2021, the registered or Status Indian population is expected to rise from 690,000 (in 2001) to 940,000 (in 2021) (INAC 2001: 4). Upon closer examination, the rate of growth including and excluding Bill C-31 registrants has declined and will continue to do so. According to projections by Clatworthy (2001) “sometime around the end of the fifth generation (of descendents of Bill C-31 reinstated members) no further children would be born with entitlement to Indian registration” (2000: 42).

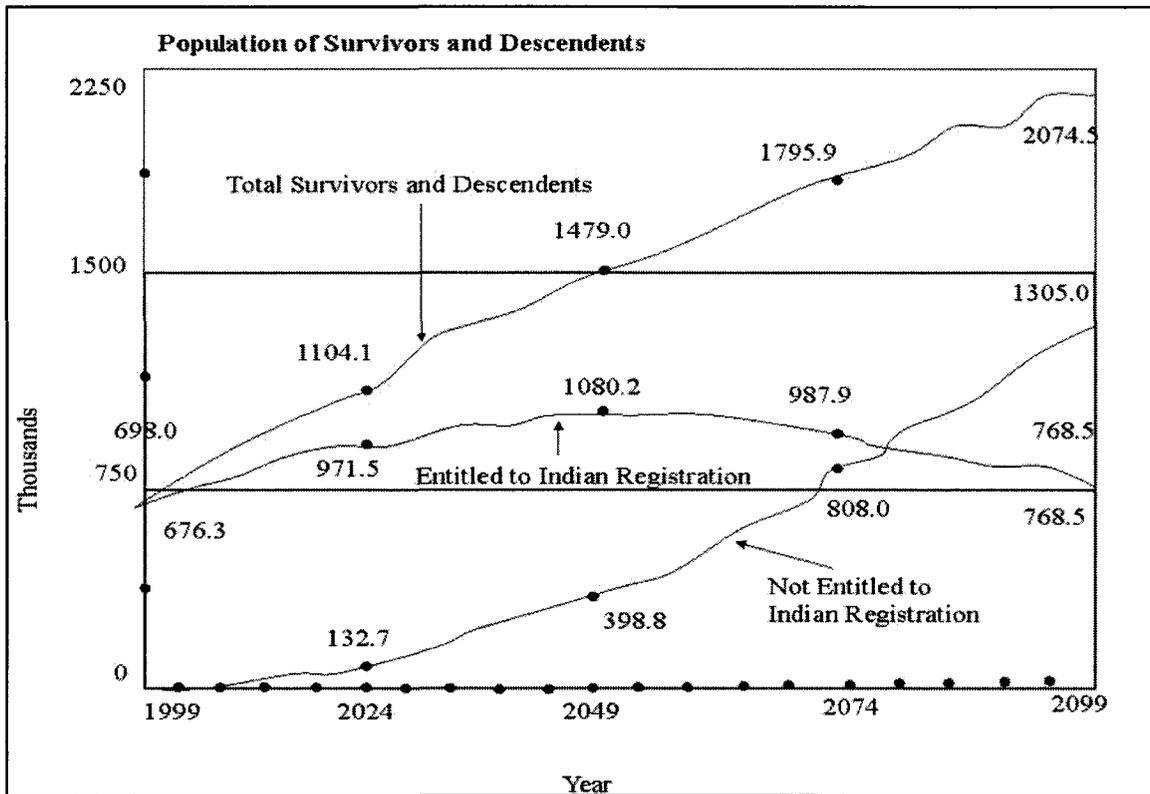
The projections provided by Clatworthy (2001) (2007) are based on scenarios that assume consistent out marriage (or marriage to non Status Indians). Factors included in Clatworthy’s projections are “higher attendance at post-secondary institutions and increasing employment off reserve” resulting in increasing social interaction between Status Indians and non-Indian populations and subsequently increased out-marriage.

Figure B shows that according to Clatworthy’s projections, individuals who trace their ancestry entirely through the pre-Bill C-31 population are expected to increase from the current level of 540,800 to 864,800 over the next two generations. Over the course of the following two generations, this segment of the Registered Indian population is expected to decline to about 547, 400 people. The Bill C-31 population (and those who trace their ancestry through Bill C-31) are expected to increase slightly for about 10 years, and after years of slow decline, in the fourth generation, will include only 7,900 people (Clatworthy 2001: 39). Giokas and Groves (2002) project that a “declining Indian

registrar population beginning in roughly fifty years or to two generations” (Giokas & Groves 2002: 68).

An even closer examination shows that Bill C-31 registration has steadily and consistently decreased since 1993. Clatworthy (2007) predicts that the total population of survivors and descendants is projected to increase to slightly more than two million people within four generations. What is most ironic about the struggles presented by Bill C-31, and the tensions and pressures that arise between Status, non Status and Reinstated Status Indians, is that if the population projections offered by Giokas and Groves (2001), Clathworthy (2001), and Friderez and Gadacz (2005) are accurate, then “there may be few Status Indians left and the entire landscape of federal government/First Nations relations that has been built on the basis of Status and non Status distinctions so carefully maintained through Bill C-31 will have changed beyond recognition” (Giokas & Groves 2002: 73). No literature disputes the predictions supported by Clatworthy (2000) (2007), Giokas and Groves (2002) and Frideres and Gadacz (2005) despite their alarming nature.

Figure B. Population of Survivors and Descendents by Entitlement to Indian Registration, Canada, 1999-2099



The implications of statistically exterminating Status Indians are tremendous for sustaining rural reserve communities. In order to live on reserve, you must be a band member or married to a band member. While many communities face huge housing shortages now because of an exploding population, such demands are expected to decrease as the number of people eligible to live on reserve declines. These impacts expand even further into the realm of land claims suits, access to treaty rights such as the Post Secondary Student Support Program and Non-Insured Health Benefits. The capacity of communities to sustain themselves in a system designed to eliminate them is surely on the horizon. The socio-economic situation of many First Nation people in Canada has placed them in an unfortunate position where long term planning is not an afforded

luxury. Instead, infighting amongst Status and non Status Indians, as well as Bill C-31 Indians for the current meager resources is a priority and short-sightedness is the current reality.

b. Fragmentation of Families and Communities

Statistics aside, the impacts to Bill C-31 are very real within the walls of the family home and in First Nation communities. The sustainability of First Nations communities is in jeopardy because of the fragmentation both politically and at the community level. This can be attributed directly to the Indian Act, and more recently Bill C-31. The family and community tension towards Bill C-31 reinstates can impact personal identity because the initial rejection of one family member by another. According to Holmes (1987), as the ability of a woman to pass on rights and band membership to her children are lost, her ability to give her children an identity will be destroyed. The rejection by an entire First Nations band is especially difficult to endure for adolescents (Holmes 1987: 37). In some cases, youth may feel alienated and turn to high risk behaviors such as solvent and drug abuse, attempt suicide and abandon education. The internal conflict of legally belonging to an ethnic group with a distinctive culture, but not being accepted by those group members may also negatively affect these individuals. Lateral violence absorbed at the reserve level from larger society results in attitudes against reinstated band members as not being “real Indians” or “pure Indians” and perceptions that women left the reserve “voluntarily” and want “something for nothing” as reported in the AWAN study (Aboriginal Women’s Action Network) sponsored by the NWAC (NWAC n.d.: 14). Community members who are raised in off reserve and urban communities can often feel a sense of being inauthentic, and these negative feelings are often validated by their family members who grew up in the First

Nation community. A high proportion of Bill C-31 reinstates live in urban centres where they are further disconnected and alienated from their families and First Nation communities. In 2001, 72% of Aboriginal women lived off reserve in rural or urban communities (Statistics Canada 2006: 185). This disconnection and isolation/alienation can be mitigated when people become involved in their own urban Aboriginal community because there are many people who have a diminished sense of connection to their First Nation.

The ties to socially constructed determinants of identity are understood by one of Garrouette's (2003:99) respondents (Billy S). This respondent felt that knowing your language, songs and culture is what makes a person an Indian. According to Billy S:

Because it [identity] is not just a legal document; it's a way of life, it's a way of thinking, a way of living, a way of worship that you can't instill on someone with a notarized legal documentation. And I feel that too many times we get into looking at things from a legalistic standpoint and really lose the idea of what it is to be Native. (Garrouette 2003: 99)

The resistance and tension that surrounds those reinstated by the Bill C-31 amendment within families and communities is mainly based on the availability of scarce resources. Trying to hold onto the "crumbs" offered by the Federal government impacts the ability to grapple with the bigger picture. The political tension and conflicts between automatic band members and incoming reinstated band members is a very real situation. In 1987, Holmes (1987) predicted that the impact to some First Nations, especially those with little resources, would be severe, and could lead to serious conflicts if the needs of the bands to preserve their social and cultural integrity are disregarded (1987: 35). These tensions exist within the same family units as brothers and sisters have unequal abilities to pass on status to their descendents. All of these inequalities contribute to strife and

division in families and communities, the results of which will be devastating to adults and children alike (Holmes 1987: 37).

The historical use of degree of descent can also foster intra-group conflict, discrimination or hostility when it is internalized by Native people (Barrios & Eagen 2002: 212). As noted by Victor (2007) “internal colonialism and internal racism is crippling many Indigenous communities. Lateral violence is endemic” (2007: 13). The effect of lateral violence on communities and individuals cannot be underestimated. Victor (2007) notes that “Aboriginal communities that have been traumatized (due to colonial processes) display fairly predictable patterns of collective dysfunction” and is expressed in various ways such as gossip, perpetual social and political infighting, political corruption and lack of accountability and transparency in governance, suspicion and mistrust of others and an inability to work together to solve community based problems resulting in a lack of progress and capacity building (2007:13).

Bill C-31 remains a colonialist act, “not even as an event based project with a beginning and an end, but as a contemporary process that is still energized by the particular history and experience of racialised and gendered exclusions in Canada” (Simpson 2003: 240). Whether one can still belong to the group without being a Status Indian, or as Simpson (2003) laments:

...living, feeling citizenships, may not be institutionally recognized, but are socially and politically recognized in everyday life of the community and that people get called out on them. The challenge to the community is to harden the possibilities into membership policy that may accommodate the simultaneity of these experiences, these different transhistoric discourses (and people), so that these “feeling citizenships” may then become lived citizenships. (Simpson 2003: 249)

Urban and off reserve people also struggle with their identity as they attempt to assimilate into communities that have many different cultures that may not reflect their

own heritage, history and value systems. Urban and rural communities are demonstrating new ways in which Aboriginal communities are developing outside of the reserve boundaries. According to Newhouse and Peters (2003), “some Aboriginal people experience marginalization in urban centres, others experience success. Many Aboriginal people maintain strong connections with their rural communities of origin, but many do not” (2003: 9).

This is especially true for First Nations women, where discrimination and marginalization associated with Indian Status persists. As “culture carriers”, it is important for First Nations women to have a positive sense of identity, so this is passed on to the proceeding generations. This last section will explore First Nation female identity in further detail.

6. First Nations Women and Identity

The impacts of colonization influenced men and women differently because of the varying roles in pre-contact/colonized society and because the Indian Act discriminated against women. The idealized Christian society and the subsequent roles of men and women are in stark contrast to the hunter-gatherer roles in many Aboriginal communities. Women authors such as Anderson (2000), Ouellette (2002), and Carter (1990) provide perspectives into the transformations of gender roles and the impacts of how women view their roles in the contemporary world.

Many traditional or pre-colonized societies embraced the notion of womanhood and acknowledged the importance of equality in community decision-making. Balance of power was more of a distinctive element as opposed to Western feminist notions of equality. As European influences crept into traditional society, the balance of power was

diminished, and legal power was held by men over their wives. Divorce resulted in debilitating poverty for women (Anderson 2000).

In some societies such as the Plains Cree, the implications of colonization had a varying impact on men and women. Carter (1990) argues that women not only benefited from the transition to reserve life, but were better able to adapt than men. However, Carter (1990) does state that women were discriminated against in all Federal government policies and programs as they took away traditional economic and political power and promoted a European based dependency on husbands. The role of women as stabilizers has persisted throughout colonization in the Plains Cree. Women were anxious to learn domestic trades from female missionaries, although they were limited by the inadequate supply of raw materials and resources provided by the Department of Indian Affairs.

Perdue (1995) also argues that the colonization efforts tried to turn American Indian women into chaste, orderly housewives, and men into industrious, republican farmers (Perdue 1995). The Cherokee women's role in agriculture was turned over to men as their ability and rights to hunt and trap was diminished by the DIA (Perdue 1995). The Cherokee men had difficulties adapting to forcible changes in gender roles. They were viewed by many as idle because their agricultural roles such as plowing and harvesting were limited to certain times of the year. Cherokee men adapted to colonial transformations by participating in larger markets and utilizing traditional ethics of hunting and warfare in the free market system. This went a long way to assisting men to adapt to colonial rule (Perdue 1995). Cherokee women, on the other hand took on a

heavier and more physical burden through the domestication of animals, manufacturing and processing of raw materials and child rearing (Perdue 1995).

Insights into gender balances among the Chepewyan of the sub-arctic is explored by Sharpe (1995). The Chepewyan culture has often been considered by many anthropologists and sociologists as a “fly in the ointment” in the understanding of gender systems because it contradicts accounts of other Indigenous North American societies. Some of the earliest accounts of the Chepewyan people are viewed through a Euro-centric, patriarchic lens. Anthropologists such as Samuel Hearne provide images of women as “beasts of burden” (Sharpe 1995: 53). Sharpe (1995) states that what existed was more likely a complementary rather than dominate-subordinate relationship between men and women. Cooperation is evident in the manufacturing of raw material. Men typically trapped or hunted animals and women processed them. Each gender was dependent on the success of the other gender in their subsequent role. Today, sedentary settlements occupy Chepewyan territory, resulting in a number of changes for men and women. The production of handi-crafts has brought together many women who otherwise may have had limited contact with each other. Chepewyan women also became managers of household income, as the Department of Indian Affairs viewed women as the centre of the nuclear family. Today, as Chepewyan women age they gain more status and influence, as opposed to men whose status is diminished. The traditional notions of balance and power, or at the very least complementary roles, have managed to resist the dominant colonial view of gender roles. This is likely due to the isolation and minimal exposure to mainstream Canadian society throughout the colonial process.

Mainstream North American society has in recent years seen the emergence of feminism. Contemporary feminist frameworks have provided a variety of theories such as liberal feminism, Marxist feminism, radical feminism and socialist feminism. Feminist theory has tried to unmask the basis of patriarchic society and provide meanings to equality of gender roles (Ouellette 2002). The Native women's movement conversely has an understanding of the roots of male domination and power imbalances as stemming directly from colonialism, and does not seek equality between men and women. The Native women's movement recognizes the traditional roles of men and women and that each gender has a specific purpose and place. Further, disruption of those roles causes severe disruptions to the intricate balance of family and community life. Contemporary feminist movements provide little emphasis on the issue of racial oppression as a key force in the subjugation of Native women. By seeking balance in decision-making models on community and organizational levels, the traditional balances can be restored.

The social transformation provoked by colonialism has resulted in shifts in gender roles and responsibilities. Traditional notions of balance rather than equality are not evident in European-based society where men were considered the heads of the household, and women function in more servitude type of roles. The imbalances caused by European colonization have impacted different Native societies in different ways depending on the amount of long term exposure to mainstream society. The increased exposure is due mainly to geographic proximity to concentrated settlement areas, traffic and trade routes, and the resource based interest in land areas from the Federal government and private industry. As decisions related to federal, provincial or departmental responsibility over First Nations people were in a state of flux, exposure to

programs such as residential schooling was not homogenous across Canada. Also, the roles of women varied from one traditional society to another traditional society as we have seen in the case of the Chepewyan women (Sharpe 1995) as well as those described by Anderson (2000). Some societies may have more closely resembled European based notions of gender relations, where others were in stark contrast. Whatever degree of exposure to mainstream society and the extent to which it played a part in the changing roles of women, there is little doubt that there has been an impact. It cannot be assumed that the extent itself is homogenous across all Native societies, and neither have been the subsequent contemporary impacts.

7. Conclusion

First Nations identity is multifaceted and must not be viewed in isolation from the larger history of colonialism and the impacts on individuals, families and communities. A holistic examination of the complexities of the historical context of the process of colonization, policies such as the residential school program and legislation such as the Indian Act is required. A consideration of the resulting seclusion and alienation of children and families, the disruption of gender roles, and the contemporary realities of culture and language loss is required to fully comprehend First Nations identity and the impact it is having at individual, family, community and nationhood levels.

One way to conceptualize First Nations identity is to consider it as consisting of three interrelated categories. Biological and legal definitions of identity have been imposed by governments and are now used in First Nation communities as a mechanism to direct resources to some, and exclude others. Indian status has become a divisive tool in families and communities and has resulted in much pain as First Nations people come

to terms with their identity. The Bill C-31 amendment to the Indian Act has only served to continue the patterns of lateral violence in families and communities.

Social and cultural determinants provide some means for people to identify with their language, culture, place, and ties to kin. This continues to become challenging for First Nations people when the loss of language and culture is so prevalent because of programs and policies that promoted assimilation. The increasing tendency for people to live outside of their First Nation in urban and rural communities also feeds into the disconnection from family and community. Self-identification is a more recent phenomenon which rejects the strict definitions of who is a First Nations person through the Indian Act. Those who choose the self-identity ideology are asserting their First Nations identity as a part of their own healing process. This is recognition of the outcomes of the historical trauma of colonization that have impeded their ability to fully know their language and culture.

An important part of understanding First Nations identity is also contained in the understanding of First Nations women's identity as cultural and knowledge transmitters. Contemporary movements are now mobilizing First Nations men and women to re-examine traditional notions of gender balance and native womanhood and to begin "rewriting" the stories of communities. As these movements gain momentum, literature will evolve to strengthen the re-examination of native womanhood and identity. What will follow is the altering of policies and programs, as seen with Bill C-31 and the "legalization of the balance". Wesley-Esquimaux (2009) describes the responsibility of reshaping the history of Aboriginal women in Canada through the telling of stories:

We are storytellers. We have an obligation to tell our stories to each other and to other non-Native women. We may have to change the language of our stories and

the focus of our discourse. Instead of telling only the stories about trauma and victimization and pain, let us talk about our survival and our undeniable strengths. (Wesley-Esquimaux 2009: 28)

This research forms part of this re-telling of our stories for First Nations women on Manitoulin Island by exploring the layered issues surrounding First Nations identity and how it interplays and influences health and wellness. The next chapter will explore some of the literature relating to health and wellness for First Nations people. The decline of health and wellness for First Nations people is directly related to the experiences of colonization. Eurocentric models of health that focus on individual health choices and physiological makeup do not adequately address the complexities of First Nations health. The social indicators of health models have provided us with an important lens to view individual and community health and have evolved to include First Nations specific indicators such as colonization, marginalization and social exclusion. While the literature on First Nations health has increased, the actual health status continues to decline as seen in increasing cardiovascular disease and diabetes rates, huge disparities with regards to mental health, suicide and alcohol and substance abuse, as well as poor relational health. This chapter has provided the context to understand how the forces of colonization continue to shape identity formation. The following chapter will also provide the context for understanding the dynamic interplay of identity on health and wellness by shedding light on the significant health issues facing First Nations people.

Chapter III: Literature Review - Aboriginal Health

In recent years, the focus of Aboriginal health research has extended beyond the pathologically based views of physical and mental health and ailments. While diabetes, cancer, heart disease, anxiety and depression are still considered epidemic across many Aboriginal communities in Canada, health is now understood within a larger social, economic and historical context. This chapter will explore some of the current literature on Aboriginal health, starting with the historical context of health and wellness for First Nations people in Canada and the direct relationship with colonization. Aboriginal women compared not only to the Canadian population, but also to Aboriginal men, face some unique health and wellness challenges because of the interplay between individual health and wellness behavioral choices and the broader influence of the community and the community's capacity in securing good health. The literature reveals some of the burdens that Aboriginal women face, which has culminated in their compromised health status. This literature also provides the context for the discussion of data in subsequent chapters which revealed the complexities around authentic identity formation and health and wellness.

1. Aboriginal Health: a Historical Context

Before contact and in the early stages of contact, health and healing were closely linked to the resources of the land. In many First Nation communities, healers or shaman, who were either men or women born with a natural gift for healing and who had studied under Elders, worked within the framework that health and wellness involved the mind, body, spirit, and emotions (Mandelbaum & Goodman 1979: 146). The healer learned as an apprentice through experience and spiritual development. Some women were

midwives and possessed a sophisticated knowledge based on nutrition, herbology, gynecology, counseling and obstetrics (Malloch 1982: 105).

Change happened at different rates across the nation, as Aboriginal peoples were dispossessed of their lands, and missionaries and Indian agents began to dominate the landscape. These changes weakened access to traditional herbal medicines and most importantly, the transmission of this important knowledge from generation to generation. As contact persisted and newcomers settled into Native lands, diseases were introduced such as tuberculosis and smallpox, to which Indigenous people had no immunity or cure, thereby resulting in a huge decline in a once healthy and vibrant population (Mancall 1995).

The Department of Indian Affairs was established in 1880. The DIA did not initially have direct medical services; however in some areas, such as Treaty 6 (which comprises some of Manitoba and Alberta and a large portion of Saskatchewan First Nation communities); medical care was provided by non-medically trained DIA staff with supplies from a medicine chest. In 1904, Indian health was beginning to be addressed within the department, and in 1922 a mobile nurse program was developed. In 1930, the first nursing stations were opened, although health data was not being collected at the time (Anderson et. al. 2006). From that time onward, Indian health care took on various forms within the DIA. In 1927, the DIA further established services and in the 1940's it became the Indian and Northern Health Service Branch of the National Health and Welfare Department. In the 1960's, the branch evolved into the Medical Services branch, and in 2000 to the First Nations and Inuit Health Branch (FNIHB) of Health Canada.

The federal government, through FNIHB is responsible for health care of Registered First Nations people and Inuit beneficiaries, which include drug coverage, allied health care services, dental services, medical equipment, and transportation for medical services (Anderson et. al. 2006). Many services and programs are available only for First Nations people living on reserve or Inuit people living in northern Inuit communities, and in the last eight years many of these services have been reduced and eliminated (i.e. certain prescription drug coverage). However, the FNIHB through Health Canada is the main supporter of Aboriginal health care.

2. Social Indicators of Health

Social Indicators of Health (SIOH) is a concept that has come to conceptualize health as a complex mix of social, political, economic and biological factors (McKeown 1979; McKinlay 1975; Rose 1985). SIOH research has attempted to move away from health explanations that solely rely on biomedical measurements. The SIOH concepts attempts to alleviate negative health outcomes by focusing on preventive strategies. However, there are many inequities in health and wellness for many groups, specifically Aboriginal people. This chapter will explore the limited amount of research that has focused on Aboriginal SIOH. Mainstream SIOH research has many applications for First Nation, Métis and Inuit communities, but large gaps still exist which continue to affect health policy and practice. The role of identity and culture is one of those gaps that must be examined to advance the applicability and development of SIOH measurements in Aboriginal communities.

a. The Development of Social Indicators of Health

Social indicators of health continue to be at the forefront of discussions relating to individual and community health. In the 1970's research on social, economic and health indicators began as a way to measure and improve the gross domestic product in international and development studies. The focus on Gross Domestic Product (GDP) and Gross National Product (GNP) as a way to measure the wellbeing of populations was quickly recognized as inappropriate because it failed to capture how income was distributed amongst the population, and therefore did not capture various aspects of quality of life (Miringhoff & Miringhoff 1999: 26). Social development was soon considered an important aspect of overall human development, along with economic growth.

In order to begin standardizing measurement of social and economic wellbeing, many different indicator concepts were developed nationally and internationally. The intention of many of these models was to combine different dimensions of quality of life into a single measurement tool that can be used across demographic groups over periods of time.

In 1990, the United Nations Development Programme published a set of indicators in the Human Development Report in 1990. The **Human Development Index (HDI)**, a main feature of this report, examined three areas including income, health, and knowledge, as a single indicator (UNDP 1990). The UNDP continued to look at these measures and has since developed other measures including the Gender Development Index and the Gender Empowerment Measure, both which measure women's inclusion and contributions to society. During the 1990's Canada earned a high ranking and was one of the leaders in the list of countries with "high human development". The Strategic

Research and Analysis Directorate of Indian Affairs modified the HDI and quantified that Registered Indians in Canada do not have the same level of human development as other Canadians and in fact they rate at the same level as many developing countries (Beavon & Cooke 2003; Cooke et. al. 2004).

The **Quality of Life Index** (Diener 1995) was another tool that attempted to look at value-based elements of the quality of life, as well as physical health and economic activity (Diener & Suh 1997). Three measures; biological needs, coordinated social interaction, and the survival and welfare needs of groups were used. The QOL also accounted for the differences in economic, social and political structure and developed different indicators for developed and developing countries. The QOL identifies seven “value regions” measured by a separate indicator. These region indicators for developed countries are: mastery (physicians per capita), affective autonomy (subjective well-being), intellectual autonomy (college/university attendance), egalitarian commitment (income equality), harmony (major environmental treaties), conservatism (monetary savings rate), and hierarchy (per capita income). These scores on these regions contribute to a total quality of life.

Prescott Allen (2001) developed the **Indices of the Well-being of Nations** focusing on how economic and social wellbeing must also incorporate the environmental impact of human beings. The report that discussed this indices model looked at sustainability in 180 countries using a 36 indicator Human Wellness Index and a 51 indicator Ecosystem Wellbeing Index. The scores of these two indexes provided an overall social and environmental wellbeing index.

The Centre for Aboriginal Economic Policy Research at the Australian National University developed the **Index of Relative Indigenous Socioeconomic Disadvantage** for specific application to Aboriginal people (Gray & Auld 2000). The Indigenous index, using census data examined income, proportion of the population below the poverty line, housing quality, secondary school completion, and employment.

The concept of SIOH has remained imprecise and fluid in its definition and application, however the theoretical foundation places attention squarely on the societal factors that shape people's health. The SIOH concept arose from the international focus on quality of life indicators and a series of influential publications in the 1970s and 1980s focusing on the limits of perspectives and interventions aimed at reducing risk of disease for individuals (McKeown 1979; McKinlay 1975; Rose 1985) within the larger sphere of indicators of quality of life and wellbeing.

The Lalonde Report (1974) entitled "New Perspective on the Health of Canadians" was one of the first documents that discussed factors such as the health care organization, human physiology, environment and lifestyle as contributing to health (Lalonde 1974). Even though it received a great deal of criticism for the lack of discussion of social environments and the impact on health, it ignited the discussion on SIOH in Canada. Canadian scholars and practitioners reacted to this report with a series of academic and government based documents. One of those important reports entitled "Achieving Health for All" by the Ottawa Charter for Health Promotion in 1986 went further to identify health challenges and called for: (i) reducing inequalities, (ii) increasing the prevention effort, and (iii) enhancing people's ability to cope (Epp 1986). In 1991, another significant document came out of the Healthy Public Policy Committee

of the Premier's Council on Health Strategy called "Nurturing Health: A Framework for Determinants of Health" which went on to further examine determinants of health.

Also in 1991, Dalhgren and Whitehead's model on the "main determinants of health" depicts health as a set of concentric arcs around the individual. The arcs range from broad social conditions through social and community networks, to individual lifestyle factors. This model influenced other models such as Brunner and Marmots (1999) social determinants of health model and Najman's (2001) model of causal pathways that depict the connection between social and biological causes of disease and began the discussion in health policy on new ways to understand the role between social environments and conditions and physical health. The main critique from those examining Aboriginal populations and perspectives on health is that these models depict health in a linear fashion rather than a more holistic perspective (Graham 2004).

On an international level, the health determinants concept has been examined by many developed countries. In 2003, the World Health Organization published "Social Determinants of Health: The Solid Facts" by Marmot and Wilkinson (2003). This document provided a framework for understanding recent sociological and epidemiological research on scientific indicators for measuring health that address the root causes of ill health, health inequalities and the needs of those who are affected by poverty and social disadvantage (Marmot & Wilkinson 2003: 5). The indicators that the WHO looked at were: the social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food and transport.

The Assembly of First Nations, the main national body representing First Nations people with Indian Status in Canada is dedicated to improving health for their members.

In a document entitled “First Nations Wholistic Policy and Planning Model” written for the World Health Organization, they recognized that the current western biomedical approach to health does examine some determinants of health, namely housing, employment and education (Reading et. al. 2007). However, these models fail to absorb, identify and incorporate the negative “health impact of colonialism and is culturally limited in its definition of wellness” (Reading et. al. 2007: 21). For example, the AFN points to social cohesion as the main predictor and determinant of health that is not examined in western-based biomedical models. Social cohesion is defined by the World Health Organization as the quality of social relations and the existence of trust, mutual obligations and respect in communities or in the wider society, all which assists in the protection of health (WHO 2003: 22). Specifically, the AFN states that social cohesion was in major decline during the period of residential schooling. They describe the various traumas that First Nations people experienced during their residential school experience as contributing factors to their experience of poor mental health, personal wellness, and access to supports (Reading et. al. 2007: 18). In the First Nations Healing Foundation Mental Health Profile Report, 100% of case files reported sexual abuse at residential school; 90% reported physical abuse; 75% reported alcohol abuse; and 21.1% reported major depression (Reading et. al. 2007). It is this high prevalence of disease, illness and ill health that emphasize that current health models are not meeting the needs of Aboriginal people in Canada. Health policy that is created at the national level is not meeting the needs of unique communities and nations who have had unique socio/political/cultural/economic histories which all play out in varying health patterns. A more informed perspective on health and wellness is required with a specific focus on the

social determinants of health as it relates to unique First Nation communities. As stated: “if the major determinants of health are social, so must be the remedies” (Marmot 2006: 5).

The population health literature recognizes that health is influenced by a number of social factors or determinants such as gender, income and social status, social support networks, education, employment and working conditions, social environments, biological and genetic factors, personal health practices and coping skills, health child development, health services and culture (Health Canada 1999). This more holistic perspective on health is similar to many Aboriginal concepts of health and wellness (Deiter & Otway 2001) which explores the connections between individual health and community health, as well as the interconnections between physiological health, and spiritual, emotional and mental health. There have been some recent attempts at understanding SDOH for Aboriginal people, such as described by Reading et al (2007) however major gaps in the literature still persist.

3. Aboriginal Indicators of Health

Aboriginal health is a growing topic of research interest, especially in biomedical fields. The reality of the state of Aboriginal health in Canada makes the need for research difficult to ignore. For example, the suicide rate for Aboriginal adolescent girls is eight times the national average, the diabetes rate among Aboriginal peoples is ten times the Canadian rate, and is generally higher for women than men (Young et. al. 2000). Rates of cardiovascular and respiratory diseases, disability, infections and mental health problems are all higher among Aboriginal women than Canadian women. Aboriginal women also suffer higher rates of cervical cancer (Marrett 2003: 3), and sexually

transmitted disease (Health Canada 1999). It is these staggering statistics that have put pressure on governments, communities and health organizations to address the root causes of these health outcomes.

Bourassa et al (2004) looked at the connection between racism, sexism and colonization and the effects on the health of Canadian Aboriginal women. They explored multiple dimensions of identity including Indian status and cultural identity. They found that while cultural identity has implications for the external world in which women live, it also “has implications for feelings of self-worth and belonging and this has been an impact on health as well” (2004: 296). They found that Aboriginal women can look to their cultural identity as a foundation for building healthy lives. However, having a positive sense of cultural identity is not possible for many Aboriginal women, and therefore:

...maintaining and promoting health could be more difficult. Unfortunately there are large numbers of women who are in the latter position. It is through this removal of cultural identity and status within Aboriginal groups, that Canadian legislation has produced a significant threat to the health and well-being of many Aboriginal women. (2004: 296)

Bourassa et. al. (2004) discussed the Indian Act, and Indian status. They discussed the continuous impact of Bill C-31 on First Nations women today. They note that Bill C-31 did not repair the damage of the Indian Act, and “kinship ties, cultural ties and participation in governance were severely disrupted. Long term consequences for these women and their children would include the erosion of connections and rights that may have enabled them to work collectively to address social disparities” (Bourassa et. al. 2004: 298).

The Prairie Women's Health Centre of Excellence (PWHCE), "Sharing our Stories" presents the perspectives and stories of Aboriginal women in describing what good health and healing means to them and their communities (Deiter & Otway 2001). The PWHCE looked at 98 women from urban, reserve and remote northern communities in Manitoba and Saskatchewan and dealt with the oral life histories of five female Elders. The result of this study was a set of recommendations for multi-levels of government and community to re-examine the role of traditions in managing healthy communities.

Healey and Meadow's (2008) "Tradition and Culture: An Important Determinant of Inuit Women's Health" project examined how Inuit women conceptualize their health and wellness. The research participants connected identity to notions of culture. They specifically felt tension in wanting to respect their cultural traditions and awareness that they live in a world where traditions are not as valued as formal education, and gainful employment. They also acknowledged that Inuit communities are growing both with Inuit and non-Inuit peoples, and this has changed the way of life for Nunavummiut because of the influences of non-Inuit lifestyles on Inuit people.

Henry & Reid (2002) conducted research on occupational status and health in "A Full Measure: Women's Occupational Status and Health". Henry and Reid were mainly interested in exploring the discrepancies between the concepts of women's diversity (class, race/ethnicity, immigrant status, sexual orientation, age/lifespan, geographical location and ability/disability) and women's diversity, which narrowly focus on race/ethnicity and age.

The Ontario Women's Health Status Report looked at subpopulations, specifically Aboriginal Women and Health (Grace 2002) by looking at various data sets including the

Ontario First Nations Regional Health Survey, the National Population Health Survey, the Aboriginal Peoples Survey and Royal Commission on Aboriginal People as well as the Ontario Federation of Indian Friendship Centers recent publications on urban Aboriginal girls in Ontario. Grace (2002) discusses how the marginalized, socioeconomic lifestyles of many Aboriginal women has resulted in “detrimental lifestyles, unsafe environments and overcrowded housing”, conditions that all impact the health status of Aboriginal women (Grace 2002: 359).

Bent (2004) conducted research entitled “Anishnaabe Ik-We Mino Aie Win Aboriginal Women’s Health Issues: A Holistic Perspective on Wellness” for Ojibway women and uncovered how Aboriginal women conceptualized wellness compared to health. This study revealed that the majority of women surveyed felt that their health was good, despite the high rates of poverty among the sampled population. They also indicated that the absence of disease and physical symptoms was what defined health, while spiritual, emotional and intellectual parts of themselves related more to well-being.

Bartlett (2005) looked at health and wellbeing for Métis Women in Manitoba. She used the Aboriginal Life Promotion Framework (ALPF) to examine whether this model may increase culturally pertinent planning, collection and analysis of health survey data. The main findings indicate that health is “expressed as involving physical aspects of living, while well-being is holistic, integrated and includes the dimensions of spiritual, emotional, physical and intellectual/mental aspects of human life” (Bartlett 2005: S26). The ALPF consists of four wheels containing sixteen elements of living that characterize “determinants of life” to reflect beyond the health sector. The ALPF is grounded within an Aboriginal construct of holism and connectedness, and is consistent with the Royal

Commission on Aboriginal People's (RCAP) description of the Native concept of health and responds to Brant Castellano's call for "holistic awareness and highly focused analysis that are complementary, not contradictory" (Bartlett 2005: S12-13).

Aboriginal Women's Health Research Synthesis Project (Final Report) (Dion Stout et. al. 2001) is considered one of the most thorough examinations of health initiatives undertaken or supported by the Centres of Excellence for Women's Health, and focused on five principal themes: violence and sexual abuse, substance abuse, maternal health, health seeking behavior and access to services. This report was groundbreaking for researchers because it provided a set of recommendations for further research in Aboriginal women's health based on the current gaps. One of those recommendations provides a basis for this collaborative research project with Noojmowin Teg Health Centre. The recommendation calls for the Centres of Excellence for Women's Health to "work with appropriate Aboriginal and non-Aboriginal organizations to promote a dialogue between academic and community researchers, and address outstanding issues related to health research on Aboriginal women, particularly as these relate to identity, culture and key social categories" (Dion Stout et. al. 2001: 4).

Another project by the Mohawks of Akwesasne and the University of Ottawa on the development of "community health indicators" was based on a life indicators wheel which was founded on local knowledge and requirements of the community for practical application (Anderson et. al. 2006: 33). While this project is community specific, it provides an interesting understanding of the community dialogue around health and wellness and the collaborative process between a First Nation community and an academic institution.

4. Aboriginal Health Status

The literature exploring health epidemics in Aboriginal communities is endless however health disparities are steadily increasing. There is no doubt that Aboriginal people across Canada face lower health status than the rest of the country and research must look at new ways of addressing these disparities that examine a cross section of health influences. Looking at the Human Development Index where Canada consistently places in the top five nations of the world, First Nations population's rank 63rd representing significant gaps in health (Assembly of First Nations 2002/2003).

Authors such as Waldram (2004), Chandler et. al. (2003), Svenson & Lafontaine (1999) and Reading et. al. (2007) cite various indicators that either coincide with international models of Indicators of Health (such as the WHO) or enhance the understanding of specific issues within the area of Aboriginal health. Some of these include addiction and alcohol, acculturation and colonization, cancer and other pathologies, culture, depression, food security, land, life expectancy, lifestyle choices, social capital and social exclusion, stress, and unemployment.

a. Addictions and Alcohol

Surveys and reports consistently report the abuse of alcohol and other substances as problematic in First Nation communities. Some of this evidence includes the 1991 Aboriginal Peoples Survey which reported that alcohol was considered a problem by 73% of First Nations respondents along with 59% respondents who indicated that drug abuse was a problem (Statistics Canada 1993). In examining the improvements in alcohol reduction in communities, the First Nations and Inuit Regional Health Survey indicated that there was no progress made between 1995 and 1997 (Svenson & Lafontaine 1999). There has been a significant fascination with the role of alcohol in the lives of First

Nations and Native American populations since the earliest occupation of North America by newcomers. Such historical studies include the role of alcohol in economic transactions (Lawson 1920; Keating 1824), the impact of community condemnation of alcohol (McCord 1960), the role of alcohol and the supernatural (Hallowell 1955) and the curing of diseases (Kinietz 1940). This historical research has done little to truly shed light on the role of social breakdown and exclusion and according to Hamer (1980: 121) has resulted in a:

Stereotyping of the Indian as a drunkard by the white man, and the Indian's response thereto provides for a reciprocal understanding and predictability of their different roles. The whites associate the poverty of the Indians with the excessive use of alcohol, and therefore assume that Indians are inherently irresponsible.

More recent and enlightened understandings of the role of alcohol and drugs for Aboriginal people have emerged. Waldram (2004) in "Revenge of the Windigo" believes that Aboriginal people have such strong addictions to alcohol and drugs because they "experience anomie and sociocultural disorganization as a result of colonization" (Waldram 2004: 143). He ties the rapid sociocultural change, especially that which arises from increased and more intense contact with Western influences, to the increasing rates of mental illness (Waldram 2004: 143).

The WHO also discussed drug use as a "response to social breakdown and an important factor in worsening the inequalities of health" (2007: 24). The WHO describes addictions as a mirage of escape from everyday adversity and stress that they actually make the individual's problems worse. Alcohol and drug use should be viewed less as a determinant of health, and more as an outcome of larger health and social inequalities.

The relationship between Aboriginal people and alcohol in North America began with the fur trade, and prior to contact, alcohol was not present in Aboriginal societies

(Wadden 2008: 99). Mancall (1995) tells us that the demand for items such as guns and blankets by the native people declined over time because they were durable, long lasting commodities that did not need replacing. In contrast, the demands for alcohol remained consistent because the “Indians” were unable to produce alcohol themselves, so they would return to the fur traders to restock their supply.

Aboriginal people often submit themselves to a self-fulfilling prophecy, where drinking is an “Aboriginal thing”. In an interview with the Australian Broadcasting Corporation Noel Pearson states that:

When you get to the stage where a people actually believe that it is somehow part of their identity that we live in parks, that we sit around in circles and drink, that we sit around and waste all of our money gambling and stuff – when you get to that state of mind, or where they actually believe that it’s to identify as a true Aboriginal person to engage in those things, I think that’s a real indication of how wrong the whole tone and the whole direction of thinking about Aboriginal people in this country has become. (Pearson as cited in Wadden 2008: 117)

Men in particular are at greatest risk of alcohol related problems. Addictions to alcohol and drugs continue to impact men the hardest because the historical and cultural shift in Aboriginal society has dramatically reduced men’s status and productive roles in society (WalDRAM 2004). Men would get their esteem from providing for their families through traditional activities such as hunting large game and providing for not only the family, but the extended family as well. Ross (1992) describes this “life in the bush” as being “a vibrant world of challenges both physical and mental, full of opportunity for exhilaration and accomplishment, experienced at all times from a psychological stance of openness and philosophical posture of accommodation and harmony” (1992: 94). He describes the shifts that men and women had to make to wage work, particularly when the job opportunities were short term, government based “make work” projects. For

women, their roles as mothers and caretakers of the households largely remained the same. For men, who were expected to participate in the wage economy of reserve life, the manner in which they garnered their self-esteem changed dramatically. It is therefore no surprise to see the prevalence of alcoholism among native men in First Nation communities.

Intergenerational trauma is a concept discussed alongside addictions in the last 25 years. The term intergenerational trauma was first coined by US Native American scholar Yellow Horse Brave Heart as a description for how ethnic groups are traumatized over an extended period of time. She describes this as forced assimilation and built up losses across generations which involved language, culture and spirituality, all contributed to the breakdown of family kinship networks and social structures that guided those networks (Yellow Horse Brave Heart 2004). The difference between intergenerational trauma, and “post traumatic stress disorder” most commonly associated with wartime experiences, is the intergenerational trauma looks at the whole community, family, nation, history and apparatus of state oppression (Wadden 2008: 101). Addictions and intergenerational trauma are directly related. Addiction is not only a “family disease”, but also one that infiltrates communities that are comprised of family kinship networks and social structures.

b. Cancer and other pathologies

The Ontario Women’s Health Status Report (2002) discusses how the rate of cancer for Aboriginal women is 28% lower than for other women in Ontario (Stewart et. al. 2002). However, data points to the fact that certain types of cancer were more prevalent in the Aboriginal population such as cervical cancer which occurred 73% more often in Aboriginal women as well as gallbladder cancer (Stewart et. al. 2002).

c. Colonization and Marginalization

Colonization is not a single event, but a process in which Aboriginal people are still intently engaged. The legacy of colonization means that Indigenous people live much of their lives in crisis. In an International Symposium on Indigenous Health by the World Health Organization, several themes were consistent from country to country. The collective history of colonization and the subjugation of Indigenous peoples worldwide have resulted in health crises (WHO 2007). When looking at Indigenous people, it is important not to separate the collective well-being of the community from the individual: “An individual’s health even broadly defined cannot be understood in isolation of the collective well-being of their community and/or nation” (WHO 2007: 24). The connection between health and marginalization is no coincidence. Where ever there is poor health, there are people suffering economically and politically:

Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services. (PHAC 2003)

Another aspect of colonization and marginalization includes self-governance.

Self-governance can have a powerful effect on cultural continuity, and can be considered a determinant of mental health status and suicide as it increases the feelings of having control over one’s destiny (Chandler et. al. 2003).

d. Life Expectancy

The average life expectancy of a person with Indian Status is approximately six years less than the overall Canadian population (DIA 1998). Despite major improvements since 1979, infant mortality rates among First Nations people in 1994 were still twice as high as among the Canadian population as a whole and the prevalence of major chronic

diseases, including diabetes, heart problems, cancer, hypertension and arthritis/rheumatism, is significantly higher in Aboriginal communities and appears to be increasing (PHAC 1999). The increasing prevalence of disease will continue to lead to higher morbidity rates for Aboriginal populations.

e. Life choices

The choices individuals make on a day-to-day basis concerning their life is greatly influenced by the socioeconomic environments in which they are situated. According to the Public Health Agency of Canada (1999), these influences impact lifestyle choices through at least five areas: personal life skills, stress, culture, social relationships and belonging, and a sense of control (PHAC 2003).

The PHAC (2003) also reports on the high rates of smoking in Canada as being responsible for at least one quarter of all deaths for adults between the ages of 35 and 84 (PCAH 2003). Smoking rates among Aboriginal people are double the overall rate for the Canadian population as a whole.

Poor lifestyle choices that lead to ill health and limited wellbeing include multiple risk-taking behaviors that include combinations of alcohol, drug use and unsafe sex, remain particularly high among young people especially young men (PCAH 2003). The social indicators of health are important predictors of individual and population health and form the basis for lifestyle choices.

f. Land and Culture

Land is a key component contributing to Indigenous health, however very few studies exist that examines the impacts of Indigenous people's relationship with land on their health (WHO 2007). Economic and resource management systems and sense of community are deeply intertwined with land.

This means that threats to land, through loss or disruptive intrusion, severely damage social relations which lead in many instances to alcohol and substance abuse and suicide (WHO 2007). The 1996 First Nations and Inuit Regional Health Survey which surveyed 10,000 adult respondents in First Nations and Inuit communities found that over 80% agreed that a return to traditional ways would be a good way to promote community wellness (Svenson & Lafontaine 1999).

Language was discussed as a determinant of health by Health Canada (2005) who reported that “language can impact wellness through the quality and accessibility of health services, such as the need for an interpreter to assist in delivering care, or the lack of health information in Aboriginal languages” (100). Norris (1998) also reports that for Status Indians living on reserve, there is an 80% likelihood of language continuity between generations.

g. Mental Health

There are clear connections between mental health and other aspects of health and wellbeing because of long-term stress. The WHO (2007) considers long term anxiety, insecurity, lower self-esteem, social isolation and lack of control over work and home life as impacting good health. As these psychosocial risks accumulate during life, the chances of poor mental health continue resulting in premature death (Wilkinson & Marmott 2003).

Suicide is one of the most apparent mental health and social issues across First Nation communities in Canada. First Nations girls are twice more likely than boys to consider suicide and nearly 1 in 5 First Nations women have attempted suicide at least once in their lives; over 40% higher than men (Reading et. al. 2007). Suicide has also

been linked to a lack of personal and cultural identity in a study on mental health in the Swinomish communities of Washington. This study suggested that Native people who struggled with personal and cultural insecurity were more prone to suffer from depression, anxiety resulting in physical ailments, failure in school and work, poor self-esteem and an overall sense of personal doom (Swinomish Tribal Community 1991).

Depression is a major mental health issue in Aboriginal communities. Waldram (2004) describes two very different perspectives on depression. For the clinician, depression is a common, often severe, sometimes mortal disease characterized by sadness, irritability and joylessness. It is also characterized by cognition problems including difficulty concentrating and memory disturbance as well as vegetative complaints such as lack of sleep and appetite and energy disturbances. These types of complaints run a typical course of symptoms and have predictable responses to treatment (Waldram 2004: 168). Waldram (2004) argues that ethnographic views of depression see it more simplistically as a “a feeling state of sadness, hopelessness and demoralization that may be as fleeting as a momentary nostalgia or as lasting as prolonged grieving” (Waldram 2004: 169).

Depression was a topic in Donner 's study (2000) in which the majority of research participants viewed depression, low self-esteem and feelings of low self-worth as attributed to poverty among Aboriginal women. As one participant explained, if a mother is unable to provide basic necessities of life including nutritious food and housing, for herself and her children, she feels demoralized, impacting her mental, emotional and spiritual health (Donner 2000).

The Regional Health Survey suggests that people who have stable mental health and who seek out support from immediate family members or traditional healers when they are feeling depressed are also more likely to report using mainstream mental health and emotional supports (RHS 2009).

The AFN reports that mental health support is important because people who receive less social and emotional support from others are more likely to experience less wellbeing, more depression, a greater risk of pregnancy complications and higher levels of disability from chronic diseases (Reading et. al. 2007).

h. Poverty and Unemployment

The Aboriginal population in Canada faces significant unemployment, most significantly in rural and remote regions. The 2006 census data reveals that the unemployment rate dropped from 17.4% in 2001 to 13.2% in 2006 compared to a drop in 2001 to 2006 from 6 to 5.2% for Canadians (Statistics Canada 2008). The WHO states that unemployment is linked to the psychological consequences and the financial problems it brings are directly linked to health (Wilkinson & Marmot 2003). Housing standards and living conditions are consistently poor and below national standards (Waldram 1995). In 1999 Health Canada stated that 56.9% of on reserve homes required minor or major repairs, and 20% of homes do not have access to safe water in their homes, and are often under permanent boiled water advisories (Health Canada 1999).

i. Social Exclusion

Populations experience social exclusion based on social and economic conditions and result in a social gradient that includes some people, and excludes others. Social exclusion results from racism, discrimination, stigmatization, hostility and unemployment. These conditions prevent people from participating in education or

training opportunities, and gaining access to services and community engagement activities. Social exclusion is socially and psychologically damaging, materially costly, and can have a major impact on health and premature death, and for some social groups, the chances of living in poverty are “loaded heavily against” them (Reading et. al. 2007: 16-17). It is claimed that “poverty and social exclusion increase the risks of divorce, and separation, disability, illness, addiction, and social isolation and vice versa, forming vicious circles that deepened the predicament people face” (Reading et. al. 2007:16-17). Social exclusion exists in Canada; specifically for Aboriginal people (PCAH 2003). The incarceration rate of Aboriginal people mirrors that of Black males, which has seen increases of over 200% in the last 10 to 15 years (Galabuzi 2002).

j. Social Support and Cohesion

The WHO (2003: 22) states that “social supports help give people the emotional and practical resources they need...this has a powerful protective effect on health. Supportive relationships may also encourage healthier behavior patterns.” Social support and relations is a part of the community process of social cohesion, a process that is based on the quality of social relations, the existence of trust, respect and understanding of mutual obligations. “Inequality is corrosive of good social relations” (Wilkinson & Marmot 2003: 22). Social capital is another concept, which according to Mignone and O’Neil (2005) is a determinant of health that is measured using a combination of concepts of bonding (relations within the community), bridging (relations with other communities) and linkage (relations with formal institutions).

The AFN agrees that the social capital model resonates with the National Forum on Health’s recommendations with respect to Aboriginal communities. The Forum acknowledged that the lack of a flexible, accepting and responsive external environment

was a significant barrier to achieving a holistic approach to Aboriginal wellbeing (Reading et. al. 2007).

k. Violence

The health and well-being of women cannot be discussed without mentioning the role of the men in their lives. In many cases, the men whom Aboriginal women chose to partner and parent with cause significant stress and anxiety, impacting the women's health. As Fiske (2006) states "we must also accept that in some circumstances it is no longer the descendents of the European settlers that oppress us, but it is Aboriginal men in our communities who now fulfill this role" (2006: 337). A 1989 study of Aboriginal women in northern Ontario indicated that 80% of Aboriginal women were abused (ONWA 1989). Green (2000) notes that in 1991, 80% of Aboriginal women reported victimization by physical, sexual, psychological or ritual abuse, twice the rate as non-Aboriginal women. The Saskatchewan Women's Secretariat noted that at least 57% of the women who used shelters in Saskatchewan in 1995 were of Aboriginal ancestry, but only 11% of the total female population of the province was Aboriginal.

Violence against women by Aboriginal men must be understood within the broader context of the violence that invaded whole communities through the process of colonialism, rather than as being a problem specific to couples or individual households (Warry 1998). Through the process of colonialism, Aboriginal men became disenfranchised from their roles, and experienced a sense of loss of control. Their traditional roles disappeared with lowered populations and the relocation onto reserves, and the institution of the residential school policy. Men dealt with dramatic changes and as Mussell (2005: 49) states:

Parents seem to continue to have low expectations of sons, who do not usually adapt as well as their sisters to life's everyday pushes and pulls. For girls, like their mothers and grandmothers, there has been a greater continuity of responsibilities and roles.

The family setting has become one of the only places where men can reclaim some control or influence in their lives particularly as we see the role of woman as primary caregiver and often breadwinner increase in prevalence. Mussell (2005) discusses several topics relating to the current imbalances between Aboriginal men and women in contemporary society, much of which culminates in family violence. The problems that the Aboriginal man faces in today's society are multi-faceted. Part of the issues relate to the "poor preparation as caregivers and warriors" (Mussell 2005: 63) which means that men are not adequately taught or receive role modeling from their parents or extended family on healthy relationships and contributions to the family. Mussell (2005) also attributes the inability to make a living and personal renewal as affecting self-esteem and human satisfaction and consequently results in negative and high risk behaviors in and outside of the family home which includes violence.

We can also understand the persistence of violence in Aboriginal communities by turning to the concept of "swift transformations" which are characterized as "changes to relationships that occur much more rapidly than normal. Swift transformations occur through unexpected or unpredicted events" (Lollis 2009: 36). Lollis (2009) turns to the residential school era as an example of a "swift transformation" that took place across Aboriginal communities in Canada. She describes the transition in relationships that took place not only for the children who were the students of the residential schools, but also for the parents and communities who also suffered a loss. As a way to cope with their feelings of aloneness and isolation, they "banded together" and created close

relationships with each other. While this may be true for the students themselves, these adaptations were often lost in adulthood when healthy relationships with partners, peers and children were being formed. The resulting breakdown of families from these swift transformations resulted in entire breakdowns in communities.

5. Aboriginal Women's Health and Wellness

The health of Aboriginal people and communities is intimately linked to the health of the women. In some traditional Aboriginal cultures, such as the Anishnawbe of the Great Lakes regions, a women's role as givers of life and carriers of culture is highly respected (Grace 2002). The reality for Aboriginal women is that they face greater risks of complex health related issues than the general population. For example, the suicide rate for Aboriginal adolescent girls is eight times the national average and the diabetes rate among Aboriginal peoples is ten times the Canadian rate, and is generally higher for women than men (Young et. al. 2000). Rates of cardiovascular and respiratory diseases, disability, cervical cancer, infections and mental health problems are all higher among Aboriginal women than in women in general (Marrett 1998).

Dislocation for Aboriginal women is also especially high due to fleeing from domestic violence and lack of support, especially for women in remote and isolated communities across the country. Aboriginal women living in a marginalized economic status can result in detrimental lifestyles, unsafe environments, and overcrowded housing and directly impacts their health. Many Aboriginal women in Ontario suffer extreme poverty, most live on an average income of less than \$14,000 per year. Ontario specific data is not available for Aboriginal women; however 35% of Aboriginal women in Canada were living below the low income cut-off, which is two times the Ontario

provincial rate of 15% (Statistics Canada 1995). The poor economic status of women has always varied across communities. In many rural and northern areas, wage labour opportunities are often minimal and consist mainly of short term jobs. For communities like this, the primary source of personal cash income comes from federally administered programs (Fiske 2006). However, women's ability to earn income has increased in recent years, the result of the cooperation and sharing of childcare has enhanced women's social mobility, allowing them to pursue wage employment and education away from their communities (Fiske 2006).

Today, female headed households remain common, with mothers raising children in their own homes or sharing homes with other female kin who distributed the burden of child care and economic resources (Fiske 2006). In 2001, 65% of on-reserve Aboriginal children lived with both parents compared with 82.5% of non-Aboriginal children in Canada. In the same year, 32% of on-reserve Aboriginal children aged 0-14 lived in lone parent families, compared to 16.9% of non-Aboriginal children (Health Canada 2005). The proportion of families headed by a single mother increased 3% from 1981 to 1996 to 23%, and one in three Aboriginal mothers in 1996 was a lone parent compared with one in six in the Canadian population (Health Canada 2005).

At the outset, it would seem women have more relative wealth than men, especially with increased education and employment opportunities, as well as access to child benefits. However, the reality is that the greater a woman's cash or subsistence contributions to household economy, the larger the number of kin who depend on her (Fiske 2006). Some also argue that Aboriginal women have relatively high political status compared to men in some communities in terms of access to elected office, appointment

to administrative positions, employment and economic advantages within domestic units (Fiske 2006). However, Fiske (2006) also describes that women face significant challenges such as domestic violence, abuse related to alcohol dependency, the stress of single parenting and lack of intimate, stable relationships.

6. Conclusion

Understandings of health are no longer limited to the study of epidemiology and physical ailments. From the time of earliest contact, the health issues that Aboriginal populations faced took a drastic turn for the worse. Exposure to new disease and the inability to physiologically manage those diseases began the path of declining health status for Aboriginal people. Alongside the issue of disease are the socio/cultural/economic/geographic/political shifts that took place which also resulted in the broader components of health, or the social indicators, to emerge as problematic.

Across the world, the health community has embraced social indicators of health as a more holistic perspective not only for Aboriginal health, but in all types of communities. Aboriginal health is layered with additional complexities of historical oppression, marginalization, and land dispossession that many mainstream communities do not face in the same manner. There is a stark contrast between the health status of Aboriginal people in Canada and the rest of the Canadian population. For that reason, more exploratory research on social factors contributing to Aboriginal health is integral to improving the health status of this population. Looking at the broader determinants of health, such as identity, helps us to frame Aboriginal health within a more appropriate model. Understanding Aboriginal health and wellness also requires new tools of inquiry. For many Indigenous scholars, the use of methodologies that are grounded in Indigenous

culture and ways of knowing are an important part of asserting their own identity in the academy. The use of Indigenous methodologies such as the medicine wheel and storytelling are an important part of this thesis. The Indigenous methodological foundations that guide the dissertation, along with the specific tools used will be explored in the next chapter.

Chapter IV: Methodology

A new research era has dawned for Aboriginal peoples and communities. The relationship between researchers and communities is becoming blurred and redefined, the ways that Indigenous knowledge and research methods are valued have changed, and the types of research that can take place in Aboriginal communities is closely aligned with the larger goals of Aboriginal self-determination. This research embraces all of these shifts in Aboriginal research.

This chapter will review four main methodological concerns that frame this research. The first section will focus on the increasing prevalence of Indigenous epistemology and methodologies in the academy with particular emphasis placed on the medicine wheel and storytelling. The medicine wheel was used as a methodological tool during the interviews as a way to explore the participants' identity. The presentation of the findings chapter will describe how the women situated their identities within the context of the medicine wheel. Storytelling was used as a tool in the discussion section to explain and summarize the themes that emerged from the interviews. The second section focuses on several theoretical concerns that are shared with contemporary qualitative methods. Following this is a critical discussion of the role and implications of the "native insider" as researcher as well as the western epistemology that assists in framing this research including phenomenology, post-colonial theory and post-colonial feminism.

The methodology used in this research project adds to the growing body of scholarly Indigenous literature concerning epistemology and methodology (see Wilson 2008, Tuhiwai Smith 1999, Absolon & Willett 2004). A contribution to the Indigenous research paradigm is made through a methodological framework that recognizes

Indigenous epistemology as scholarly discourse. The research uses qualitative data collection methods that are culturally appropriate, and the methodology is shaped by community imposed ethical guidelines developed within the broader discussion of Aboriginal community research ethics.

1. Indigenous Epistemology

There are a number of convergences between contemporary qualitative methods and the methodologies developed by First Nations scholars and there are also important cultural and historical differences. Partly, the emergence of Indigenous methodologies are the result of an increasing number of Aboriginal people completing advanced degrees and contributing important research to the academy. It is also due to the impact of the global Indigenous self-determination movement working at local, national and international levels. Indigenous methodologies are also being utilized as a more appropriate way of engaging communities in research processes that are reflective of local cultures and traditions of knowledge gathering. This important shift has resulted in a foundational debate on the validity and value of Indigenous methodological frameworks and appropriateness of tools to understand Indigenous cultures and inter-cultural social processes.

Indigenous epistemology and methodologies are a place for Indigenous scholars to assert their own academic sovereignty by seeking ways of knowing in a culturally expressive manner. As Indigenous epistemologies have begun to appear in the literature and methodologies of research, it is important to trace the journey that scholars have taken to get us to this point of critical discussion. Wilson (2008) describes for us the evolution of Aboriginal research, and categorizes it as falling into six phases: terra nullius

(1770-1900); traditionalizing phase (1900-1940); assimilationist phase (1940-1970); early Aboriginal research phase (1970-1990s); recent Aboriginal research phase (1990-2000); and the new Indigenous paradigm.

The terra nullius phase began with the exploration of “empty lands” by European explorers and missionaries. As the explorers came across Aboriginal people, they were viewed as “possessing barely human status” (Allen 1998: 80). Aboriginal people were seen initially as objects of curiosity, then as beings to Christianize and reform, then as a nuisance and impediment to Western expansion and settlement. In Canada, due to the need for fur pelts in England, treaties were established, forming what Wilson (2008) describes as a “treaty commonwealth”.

Such early historical accounts of the encounters and exchanges with Aboriginal people provided an important foundation for the following centuries of Aboriginal-centered research. Much of the data gathered was not to the benefit of the Indigenous people. One example is the Hudson’s Bay Company accounts, which provided information to the Crown on which the “Hudson’s Bay Charter of 1670” was based. This information provided ownership and jurisdiction to the HBC of all lands that had rivers draining into the Hudson’s Bay and provided the grounds for several centuries of violence, most notably the battle between the Northwest Company and the HBC, and the 1869 rebellion by the Métis people of Manitoba (Knalpa 2004). Other early “research” within this era can be seen in works by missionaries and reports of their conversion efforts. They were considered essential purveyors of “knowledge” about Aboriginal people and often the ways of life and beliefs were “belittled, even deplored” (Carter 1990: 78). The Aboriginal occupants were seen as a “feeble and backward race, living in

a world of ignorance, superstition and cruelty” and they were not capable of “being the custodians of these vast lands that were rich in resources and could be the home of hardy, industrious people who would build farms, railways, cities and factories” (*ibid*). These sentiments were provided by missionaries and gave further evidence of the need to Christianize and civilize Aboriginal people so as not to impede westward expansion.

The next phase of research coined the “traditionalizing phase” by both Wilson (2008) and Denzin and Lincoln (2000) is associated with positivism. Aboriginal people were treated by the settlers and colonizers in the same way as the landscape where the variances in cultural practices, language and kinship were all documented by government officials, missionaries and early scholars. The underlying assumption was that this way of life would soon be disappearing under the colonialist westward expansion. Psychological testing for intelligence of native people came out of this era as a way to categorize them into racial groups. Brantlinger (2003) reports on some of the discourse on the extinction of “primitive races” as being founded on the notion that societies progress from being savage to civil. The science of racism had a firm grip during the 18th to 20th centuries where missionaries, colonizers, government officials, soldiers, poets and others saw the customs and practices of Aboriginal people as being doomed to extinction (Brantlinger 2003) and assimilation was required. The aim of this phase of research was to measure the degree of acculturation, and out of this process the “noble savage” concept began to appear. At first glance, this concept would appear to convey a romanticized sympathy toward Aboriginal people, but upon closer examination, it instead reinforces what Brantlinger (2003) discusses as the racist myth that a “traditional” native, who lives unfettered in the wilderness is unlikely to survive the rigors of civilization. Wilson (2008)

describes how this era has affected the romanticized image that was “carried forward through the “hippie” movement of the 1970s and the new-age movement of the 1980s through to today” (Wilson 2008: 48-49).

This was soon followed by the assimilationist phase (1940-1970) described by Wilson (2008) as a period of time when the positivism and objectivity debate came to the forefront. The exploration of social structures of Aboriginal cultures, such as kinship and mythologies began to prescribe the Aboriginal experience as being either “traditional” or “non-traditional”(Wilson 2008: 49). As this was taking place, the development of social policy to deal with the “Indian problem” was underway by the government and churches through the residential school program and the resettlement of communities into reserves and villages. An understanding of how these societies functioned was necessary for the successful implementation of these assimilationist programs and policies. This stage represented a time where research was primarily used for colonial interests as a means of controlling Aboriginal people.

The early Aboriginal research phase (1970-1990s) described by Wilson (2008) coincided with the human rights movement, which was a large force in this research phase. In the mid twentieth century, international momentum for human rights increased. After the atrocities of the Second World War, an active concern for human rights, those abroad and within nations, was heightened. One important example is the International Military Tribunal at Nuremberg from 1945-46, where German officials were tried for charges of war crimes, crimes against peace, and most significantly “crimes against humanity” against civilian populations, even when those acts were within the laws of the country. Research on Canadian society during the mid 20th century was often focused on

polyethnicity, pluralism and multi-culturalism. The human rights movement in Canada was heavily influenced by the Universal Declaration of Human Rights adopted by the United Nations General Assembly in 1948 that outlined the UN's view on human rights guaranteed to all people. Global attention on human rights issues has put Aboriginal people into the world spotlight, specifically when it comes to issues like health, poverty, language and cultural losses.

Wilson (2008) describes a more recent phase of Aboriginal research taking place from 1990-2000. Indigenous movements took place across the world, which in Canada culminated with the Royal Commission on Aboriginal People (RCAP) report in 1996 and laid the important groundwork for this new phase of research. This critical examination and extensive set of recommendations sought a redress of the unequal structural relations of Aboriginal people to the Canadian government and society. A nation-wide exploration of the impacts of residential schools, the mass adoption of Aboriginal children in the 1960s and the negation of treaties through natural resource extraction took place through research, social activism by both Indigenous and non-Indigenous people, and then was subsequently popularized in the media. Indigenous scholars began to emerge strongly during this period and so the introduction of Indigenous methodologies began, most notably by Tuhiwai Smith (1999).

Indigenous paradigms slowly took shape as Indigenous people began asserting their non-mainstream and non-western perspectives in the academy. Rather than separating themselves as Indigenous people and their research from mainstream academics and their research, as explained by Medicine (2001), a few scholars began to challenge this dichotomy (see Vine Deloria 1969 whose hallmark book "Custer Died for

Your Sins” challenges society to consider the Native American goal of sovereignty without political and social assimilation) (Wilson 2008). Steinhauer (2001) explains the transformation of Indigenous paradigms into the academy as an introduction by the scholar but with the maintenance of western epistemological influence so as to avoid marginalization within the academy.

Indigenous paradigms in the academy took a further shift with Linda Tuhiwai Smith’s (1999) important book *Decolonizing Methodologies: Research and Indigenous Peoples* where western methods of inquiry were challenged as perpetuating ongoing colonization of Indigenous peoples across the globe. Smith (1999) questions the assumption that research and research methods are “culture free” or “value free” and that researchers occupy a moral high ground of objectivity. This important contribution to legitimizing Indigenous research methodologies has influenced the current stage of Indigenous research. Presently, Indigenous scholars are openly acknowledging and illuminating their Indigenous worldview using their own data collection methods and research paradigms (Wilson 2008: 54). Brant Castellano’s (2004) article on the “Ethics of Aboriginal Research” published in the inaugural edition of the *Journal of Aboriginal Health*, paved an important path to exploring the rigors placed on scholars who wish to research in Aboriginal communities. Indigenous scholars, like Brant Castellano are now using the academy as a way to explore their own cultural pedagogy and challenge historical assumptions. Indigenous scholars today are focused on taking cues from their communities on research that is pertinent and contributes to Indigenous self-determination. This is a marked shift from the earlier phases of research on Aboriginal

people which sought to control and assimilate individuals and whole communities into the mainstream.

The foundation of this research project involves examining elements of Indigenous philosophical worldview (typically called “teachings”). Teachings provide grounding for understanding the world and the relatability of elements. In the most general sense, Aboriginal teachings⁷ encourage a close relationship between life experiences and the principles that guide our behavior. Indigenous teachings disregard the subject/object dualism, and acknowledge that we inhabit a lived world where land, the elements, and people interact with each other (Boeree 1998: 1). Teachings can take multiple forms such as storytelling, ceremonies, conversation and day-to-day experiences and reflection on the world around us. Working towards true balance is a key principle in Aboriginal teachings.

As Loppie (2007) reminds us, there is no one universal Indigenous epistemology, just as there is no one Indigenous grouping of people. However, there are fundamental philosophical similarities that allow us to use the term “Indigenous methodologies”. For example, in many Indigenous cultures, narratives symbolize and describe concepts of wholism and stories guide the understanding of connectedness between individual, community and social processes (Cruikshank 1990). Elders symbolically describe socially appropriate behavior and share philosophical knowledge and instruction through stories, myths, and legends (Loppie 2007). During Loppie’s exploration of the use of Indigenous methodologies, she found that Indigenous principles instructed her “to

⁷ The term “Aboriginal teachings” does not adequately describe the importance of being culturally specific when discussing such teachings. Different cultural groups have different stories that provide the framework for how people are to live their lives. On Manitoulin Island, the participants will be Anishnawbee or Ojibway, so any teachings that will frame the research will be in that tradition.

recognize the fluidity of human constructions and to consider the entirety of human reality in relation to the minutiae of human existence and lived experience” (Castellano 2000 as cited in Loppie 2007: 277).

Simpson (2001) provides us with Anishawbe worldviews. These Indigenous principles are culturally appropriate to the Anishnawbe research area of Manitoulin Island:

1. Knowledge is cyclical and dependent on relationships and connections with living and non-living beings and entities
2. There are many truths, depending upon individual experience
3. Everything is alive
4. All things are equal and related
5. Land is sacred
6. There is an important relationship between humans and the spirit world (Simpson 2001: 171).

This research aligns itself with such principles, particularly with the second tenant “there are many truths, depending upon individual experience”. Feminist principles can be found in this tenant with the acceptance that women can interpret their own identity and experiences which are reflective of their own truths (Geiger 2004: 400).

a. Indigenous Knowledge and the Importance of Relationships

Understanding relationships is the essence of Aboriginal research done by Aboriginal scholars. When Wilson (2008) refers to Indigenous research “as ceremony”, he is referring specifically to the role of explaining relationships as ceremony itself. Relationships constitute the Indigenous reality, and Indigenous research is the ceremony of maintaining accountability to these relationships. The development of relationships requires researchers to make careful judgment about research topics, the ways in which data is collected, how analysis takes place, and how this knowledge is presented (Wilson

2008). This philosophy is evident in the day-to-day expression often heard in native circles “all our relations”. Smith (2005) makes the connection between relationships to research ethics in Aboriginal communities:

For Indigenous and other marginalized communities, research ethics is at a very basic level about establishing, maintaining and nurturing reciprocal and respectful relationships, not just among people as individuals, but also with people as individuals, as collectives, and as members of communities, and with humans who live in and with other entities in the environment. The ability to enter preexisting relationships to build, maintain and nurture relationships; and to strengthen connectivity are important research skills in the indigenous arena. (2005: 97)

The added burden of “understanding our history and applying that understanding of knowledge that contributes to the liberation of our present and future” is placed on Aboriginal scholars as they conduct research in their own communities or in other Aboriginal communities. This burden and opportunity for Aboriginal researchers is coined “berry picking” by Absolon and Willet (2004). She translates the traditional practices and the accompanying skills required in berry picking and hunting into the 21st century contemporary practices of researching (Absolon & Willet 2004: 5). As Aboriginal scholars “berry pick”, it is also crucial that they acknowledge or locate their self within the process. This “location of self” in research is a precarious phenomenon facing Aboriginal scholars because of the negotiation between self and “Other” as researched and researcher. Absolon and Willet (2004) argue that the study of the “Other” is not a part of Aboriginal traditions because inquiring about matters not directly concerning you is not culturally relevant. This notion is in stark contrast to the social science disciplines such as anthropology which were at one point seen as based on the inquiry and exploration of the “Other”. The process of “Othering” involves the differentiation of “them” from “us” by identifying the social, psychological, historical,

political, physical and behavioral characteristics and constructing specific markers of difference.

In recognition of the importance of research as a means of countering destructive hegemonic renditions of Aboriginal people and in recognition of my own personal identity as an Indigenous woman responsible for transmitting cultural values, I have chosen to use two Indigenous conceptual tools in this research. The medicine wheel was used in the interviews to assist the research participants in explaining their life journeys in regards to their health and identity. Story telling was used in the analysis to provide a means to provide a culturally appropriate explanation of the data. Both of these tools will be explored further in this chapter.

Acknowledging how my relationships were built is important because it provides an explanation into the depth of personal experiences that were revealed by the research participants. It also reinforces the personal sense of responsibility I have to share the experiences of these women so that other women can be critically reflective of their experiences and how it relates to their health and wellness. Like Ogawa, I feel some personal responsibility for my own “society” and this research has provided me with an opportunity to explore complex issues relating to my own First Nations identity. The concept of “research as ceremony” that Wilson (2008) refers to is a part of this responsibility to my own “society” that Ogawa (2006) discusses. In Anishnawbe societies, the term “adisokan” is used to describe the role of storytelling (Vizenor 1970). In Anishnawbe communities, traditional storytellers would travel between communities and pass along vital information through songs and stories. An “adisokan” can take on a contemporary form and refer to Indigenous researchers who are sharing critical

knowledge between communities on issues that affect those communities. Utilizing Indigenous concepts as a part of my methodology and analysis provides one way to act as a cultural transmitter of knowledge or “adisokan” and thereby actively works toward the new Indigenous paradigm discussed by Wilson (2008).

b. Medicine Wheel as a Methodological Tool

One element of Indigenous methodology is to employ the medicine wheel symbol as a methodological tool. The medicine wheel is a contemporary Aboriginal philosophical notion which provides a symbolic metaphor of life. It begins in the East, where the sun rises, where spring comes to the Earth. It passes to the South, where the sun is at the pinnacle of its journey through the sky and summer warms us. It moves to the West, where the sun sets and fall changes the colors of the leaves, the grasses fade, and the animals become ready for winter. Then, it comes to the North, where the sun is beyond our gaze, and winter is upon us, allowing the Earth to rest. There are many traditional teachings contained in the Medicine Wheel, but perhaps the most important teaching of the Wheel is that of balance. The Medicine Wheel provides the guide in seeking a holistic balance of the spiritual, mental, emotional, and physical worlds, and provides explanations on how these are interrelated and dynamic. It provides us with a tool to reflect fully on all aspects of our experiences.

Aboriginal people across North America have made use of the Medicine Wheel as a contemporary tool, although there are various interpretations and explanations of the history of this symbol. The medicine wheel is a circular model with four quadrants representing various phenomenon (seasons, life cycles, colours). It has been used in many disciplines as a way to capture the interrelatedness of cycles and to conceptualize

the bigger picture. A fuller description of the medicine wheel is provided later in this chapter.

The use of this symbol has recently met with some criticism, particularly from Bear Nicholas (2008) and Parkhill (1997) who criticize it as being an inauthentic tradition. Bear Nicholas (2008) considers the medicine wheel an invented tradition that evolved from a man fraudulently representing himself as a Cheyenne man to a symbol that is seen as the essence of native traditions (Bear Nicholson 2008). Bear Nicholson denounces the medicine wheel as an inauthentic tradition and calls it ironic that “this now very non-Native invention is seen as the essence of Native traditions, not only by the immigrant society but also by First Nations people, even many who style themselves as “traditionalists” (Bear Nicholas 2008: 26). There are few other scholars who dispute the authenticity of this symbol in representing traditional Aboriginal worldviews, and a strong body of contemporary Indigenous literature and practice uses the medicine wheel as a contemporary tool for explaining relationships and interconnectedness (Isaak & Marchessault 2008; Takahashi 2007; Kind 2005; Pheasant-Williams 2003; Weaver 2002; Walker 2001).

Anderson (2000) addresses some of these tensions around traditionalism, the hyper-focus on authenticity, and the importance of questioning the teachings: “I think you have to double-think things. That is part of an Aboriginal pedagogy: double thinking, double listening” (Anderson 2000: 264). At the same time, Anderson (2000) also encourages us to question “traditions” as a static notion, and suggests that instead they should be viewed as something that was “constructed to fit a certain reality of the people who were living it at the time” (35). It is important to address the notion of pan-

Indianism⁸, but it is equally important to note that while originally there were many Indigenous traditions from many Indigenous groups, underlying common values including the definition of human relationships are shared (Anderson 2000). Tuhiwai Smith (1999) challenges us to consider Indigenous scholarship as being developed not necessarily in the “purest” sense, that is within a vacuum of only Indigenous ways of knowing, but to acknowledge the “association with civil and human rights movements, other nationalist struggles, or other theoretical approaches” (38). She also explains that the development of Indigenous theories are about “new ways of theorizing by Indigenous scholars are grounded in a real sense of, and sensitivity towards, what it means to be an Indigenous person...contained within this imperative is a sense of being able to determine priorities, to bring to the centre those issues of our own choosing, and to discuss them amongst ourselves (Smith 1999: 38). Criticisms of the use of the medicine wheel as a methodology also speak to the debates over “hybridity⁹” and the inevitable influence of environmental surroundings to culture. Weaver, Womack and Warrior (2006) argue that the essentialist notion of tradition is impossible, and “only hybridity is possible” and a more improved model of tradition must “acknowledge its meanings in a community rather than expending so much energy on point of origin” (2006: 140). They also claim that we must consider that “traditions are fluid yet still retain some kind of continuity with the community that claims them and perceives them as part of its own

⁸ Pan-Indianism refers to two separate concepts. One is the transnational movement of the 1960s which brought together native people from across North America in a common effort to bring attention to Indigenous issues and injustices. The term “pan-Indian” is also used in reference to the tendencies of viewing all Indigenous people as one homogenous group sharing common cultural practice, language and customs instead of distinctive societies with equally distinctive language, cultural practices, histories, customs and languages, including multiple dialects.

⁹ Hybridity refers to the influence of non-Indigenous or settler cultures on Indigenous societies and also to the reality of mixed blood identity and the subsequent struggles with identity politics.

culture” (Weaver, Womack and Warrior 2006: 140). Regardless of its origin, the medicine wheel has provided a way for Indigenous and non-Indigenous people to understand experiences and phenomenon in a holistic sense using a reflective tool within a cross-culturally relevant framework. As Weaver, Womack and Warrior (2006) discuss the medicine wheel is perceived as part of many Indigenous cultures in Canada and should thus be considered part of a tradition.

As a research tool, the Medicine Wheel provides a thematic framework for interpreting and examining the identity journeys of the women whose experiences form the basis of this thesis and the relationship to health and wellness. A useful model to contextualize the experiences of the First Nations women participants is provided by Anderson (2000). This model provides a framework for understanding how research participants interpret their identity and the links to health and wellness by considering identity formation as an ongoing, lifelong process. Anderson (2000) uses the description in the construction of her book. She quotes Maracle in Castellano and Hill (1995):

In trying to walk the traditional path there are four lifelong questions we ask ourselves: Who am I? In order to answer that I have to know: Where have I come from? And once I know where I have come from, I have to know: Where am I going? And once I know where I am going, I need to know: What is my responsibility? We ask ourselves these questions and every time we think we know that answer to one, it changes all the others. (46)

The medicine wheel model often starts in the east quadrant because it represents “new beginnings”. The eastern portion of the medicine wheel examines questions of where we came from, including our families and territories. As Dumbrill and Green (2008: 498) describe “here we must understand the past: who has been included and excluded from the space we occupy, who is defined as Other, and who has the power to define”. The questions that the respondents were asked in the eastern quadrant included

“where am I from”, “what is my nation”, and “what is my clan?” Women interpreted this set of questions differently. Some interpreted these questions literally, and discussed where they were born, and where they grew up. Others interpreted these questions more abstractly and answered the questions based on their family history or their membership into their First Nations community. Not all of the women had knowledge about their family kinship systems and were unable to answer questions about their clans, while others were very familiar with their family clans and kinship systems.

In the southern quadrant respondents were asked how their identity has developed. The respondents were asked if they knew what their traditions were, their family history and how it contributed to who they were. The women also reflected on when they could remember asking these questions of themselves or to other people and what initiated these questions.

The western quadrant represented the nurturing stage of their identity. They were asked to consider how they engaged in their culture. The respondents were also asked if they had ever found other people who were like them, specifically others who were bi-racial, or who had similar experiences growing up. The women were also asked if they knew how they could learn more about their culture and identity.

The northern quadrant represents the maintenance of identity. Women were asked whether they had begun to redefine themselves, how they continue to learn about themselves, and how can they continue to engage in their identity and culture. Two of the women felt that this stage was premature for them, and they were still at the early stages of understanding their identity. The respondents who were over 40 years old were able to answer these questions confidently and had already reflected on these questions.

This exercise was done at the end of each life history interview and it provided an opportunity for the women to summarize their experience with their identity and discuss other experiences that did not come up during the other portion of the interview. The responses from each quadrant of the medicine wheel will be discussed in a later chapter.

c. Story Telling as Research Analysis

Culture and tradition is something that is passed down by the women in Anishnawbek communities through the use of stories. Transmitting culture and values from generation to generation is often done by the grandmothers, aunties and women who are considered “Elders” (Barrios & Egan 2002; Sams 1994; Schweitzer 1999; Wiebel-Orlando 1999). Women are considered “culture carriers” and are responsible for teaching children spiritual and cultural aspects of society. Anderson (2000) explains the role of women in carrying culture as the foundation of creation stories: “many Native creation stories are female centered, and there are many stories that speak about the role of women in bringing spirituality to the people” (2000: 71). Anderson (2000) gives the example of the White Buffalo Woman in the Sioux creation story that brought the sacred pipe to her people. Using storytelling as a research methodology is therefore relevant to this research topic because I situate myself as an Indigenous female scholar sharing stories about other Indigenous women. I also see this research as a modern interpretation of fulfilling the traditional roles of women as culture carriers by way of research.

The use of Indigenous storytelling as a medium of analysis is not typically employed by scholars. Some scholars, such as Borrows (1997) and Wilson (2008) make use of storytelling to convey meaning to the readers to some degree. No other scholars have been found that create their own Nanabush stories to explore analysis of the data. The uniqueness of this approach is an important contribution to Indigenous scholarship as

it provides a meaningful way to discuss the key concepts of the research in a way that is culturally meaningful and significant to the Anishnawbek people of Manitoulin Island. That is not to say that the use of storytelling is a way to simplify the data to make it accessible to community members. The opposite is true in fact, as the use of stories allows the reader to internalize the message and the multiple layers of meanings being expressed. A reader can re-tell the story so that some of the story is altered in order to provide emphasis on concepts that are personally relevant. That is the nature of storytelling; the constant relationship between the reader and the listener.

Often, traditional stories, like those told of Nanabush, have such a powerful impact on people it becomes part of their moral compass. As Archibald (2008) describes “sometimes the traditional story becomes part of one’s life-experience story, to be shared with others when appropriate” (124). Story-telling within First Nations community play an important role, and the story-teller helps to “carry on the oral tradition’s obligation of educational reciprocity” (Archibald 2008: 112).

A challenge in conducting Aboriginal research, is giving meaning to the data in a way that is not only accessible to members of the community, but also culturally appropriate. On Manitoulin Island, as with many First Nation communities, the role of stories to explain causality is an important cultural element. Storytelling is a way to communicate meanings. The use of Indigenous storytelling is slowly emerging as a way to explain contemporary issues. John Borrows, an Aboriginal legal scholar from Nawash First Nation on Georgian Bay, makes use of Nanabush stories to explain the legal positions of his people in environmental and land use disputes with government. He justifies this as “a full understanding of First Nations law will only occur when people are

more familiar with the myriad stories of a particular culture and the surrounding interpretations given to them by their people” (Borrows 1997: 455).

Story telling within the Anishnawbe tradition does more than merely transmit knowledge and provide guidance and meaning to life. As Gross (2002) describes, “the myths of the Anishinaabe are helping us to maintain a distinct identity, and by continuing to tell our sacred stories and controlling the telling of those stories, we are sustaining our cultural sovereignty” (2002: 436). Nanabush is a celebrated figure in Anishnawbe culture and folklore. This trickster figure is a part of an “intellectual tradition that teaches about ideas and principles that are partial and incomplete. The Anishnawbe (Ojibway) of the Great Lakes call the trickster Nanabush; the First Nations people of the coastal Northwest know him as Raven; he is known as Glooscap by the Mi’kmaq of the Maritimes; and as Coyote, Crow, Wisakedjak, Badger, or Old Man among other First Nations people in North America” (Borrows 1998: 39). Many of Nanabush stories focus on the relationship with food resources, environmental ethics and morality (Gross 2002). Other scholars, such as Smith (1995) who looked at Nanabush stories from Manitoulin Island observed that one of the major concerns of Nanabush stories is that of personality. She describes Nanabush as someone who “*balances* himself, depending on his body, his free soul (instinct/intuition) and his ego soul (reason) at appropriate times. He seeks *alliances* with others and exercises *caution* and *emotional restraint* and *reciprocates* for the help he has received” (Smith 1995: 179). Gross (2002) also describes Nanabush as continually challenging the social norms, inviting a questioning of authority and tradition (Gross 2002: 447).

Nanabush stories continue to play an important part of the lives of Anishnawbe people of Manitoulin Island. This is most evident in the theatre group De-ba-jeh-mu-jig (which translates to “storytellers” in Ojibway). This is a community based, non-profit group on Manitoulin Island which creates performing art that celebrate the Anishnawbe worldview. Many of their productions use Nanabush as a central character to discuss contemporary issues such as youth suicide (in a play entitled “Billy”). In April 2009, De-ba-jeh-mu-jig Theatre Group held a two day “Trickster Festival” devoted to the re-telling or showcasing of new Nanabush stories¹⁰. The story created for this thesis is similar to most Nanabush stories, where this character is on some kind of journey and he faces obstacles and challenges. As he navigates these obstacles, important life lessons are learned. In this original story, Nanabush is accompanying a girl on a journey, where he acts not only as a helper, but also as an antagonist. The dialogue between the girl and Nanabush is written in both the local dialect of Anishnawbemowin and in an English translation. This story is meant to provide another way of bringing meaning to the data in a way that is culturally relevant and meaningful. It is meant to complement the academic interpretation of the data and is not meant to provide the main analysis of the data. It represents a method of knowledge transmission that fits within the traditions of the communities of Manitoulin Island.

The values contained within the Indigenous research paradigm have come to be recognized by contemporary qualitative research methodology in general as important elements in research. I will now discuss some of these issues in relation to developments in contemporary qualitative research which inform some of the Indigenous

¹⁰ De-ba-jeh-mu-jig Theatre Group showcases the talents of First Nations youth through compelling stories that are embedded in Anishnawbe culture and tradition. Their web-site, www.debaj.ca provides information on past and upcoming performances.

methodologies currently being used. This discussion begins with the development of qualitative inquiry as an accepted form of research methodology. What follows is a review of concerns around insider/outsider perspectives, the role of positionality and the question of objectivity in research. The next section deals specifically with a description of the data gathering methods that were employed. The final section concludes with a discussion of the community specific research ethics that inform this community-based research.

2. Issues in Qualitative Inquiry

This research required a qualitative approach to inquiry. The data that was sought was based on layers of information and explanation, which could not be brought out in a survey or questionnaire format. Using Denzin & Lincoln's (2000) well-known discussion of qualitative inquiry, this research assumes that the nature of reality is socially constructed. This qualitative approach assumes an intimate relationship between the researcher and the participant, and that situational constraints can shape inquiry (Denzin & Lincoln 994: 4). A qualitative research methodology is the most appropriate form of inquiry for this research because it allows the researcher to explore the various perspectives of the population (First Nation's women, human service and health workers) and to explore causality (interconnections between health and wellness and identity), in a process that supports inductive understanding (Healey and Meadows 2008: 27). Smith (2005: 102) advises Indigenous scholars to make use of qualitative research methods and to be more than "travelers or cultural tourists". Qualitative research methodologies are an "important tool for indigenous communities because it is the tool that seems most able to wage the battle of representation;...to create space for dialogue across difference; to

analyze and make sense of complex and shifting experiences, identities and realities; and to understand little and big changes that affect our lives” (Smith 2005: 103).

Early champions of qualitative inquiry are found in the Chicago School of Sociology in the 1920s and 1930s where the importance of qualitative methods in the study of human group life emerged (Denzin & Lincoln 2000). Early anthropologists, using ethnographic fieldwork as a methodology to understand societies different from the mainstream, popularized qualitative inquiry. Qualitative inquiry is now considered a form of inquiry that no longer exists solely within any particular discipline, and extends into many areas such as political science, geography, anthropology, sociology, education and medicine. It is made up of a “complex, interconnected family of terms, concepts and assumptions” (Denzin & Lincoln 2000: 2). Through almost a century of epistemological debate, a shift to broadly accepting qualitative enquiry has emerged. Alongside these debates has been an acceptance of the use of Indigenous methodologies as important tools for engaging communities in meaningful research.

Denzin and Lincoln describe the seven historical epistemological moments that led up to the growing acceptance of qualitative enquiry. These include the “traditional (1900-1950); the modernist or golden age (1950-1970); blurred genres (1970-1086); the post-modern, a period of experimental and new ethnographies (1990-1995); post-experimental inquiry (1995-2000); and the future” (2000: 3).

The traditional phase described by Denzin and Lincoln (2000) is associated with positivism and was seen as the dominant mode of inquiry in the sciences. The modernist phase (1950-1970) was a period of time when critical discussion about the role of objectivity began. Epistemological understandings such as “hermeneutics, structuralism,

semiotics, phenomenology, cultural studies and feminism” began to appear in the literature (*ibid*).

The blurred genres phase (1970-1986) described by Denzin and Lincoln (2000) was the start of a borrowing of different theoretical models across disciplines based on the research task, so much so that the disciplinary boundaries became obscured. This period marks a time when the recognition of multiple approaches and an embracing of more creative and artistic approaches to research took place. Also in this era was the “crisis of representation” phase (1986-1990) where researchers struggled to locate themselves in research subjects and understand how their own worldview impacted the research. Denzin and Lincoln (2000) describe the challenges in this phase, where humanists looked to new ways to study popular culture through ethnographies, and social scientists looked to the humanities to explore social texts using post-structuralism. The post-modern phase came out of this crisis of representation, and new ways of giving meaning to text emerged. Rather than the linear and undeniable production of text, the lines between context and text became blurred.

a. Insider/Outsider, Positionality and the Question of Objectivity

The major tenet of this research project is to create conditions for understanding and making sense of current situations in Aboriginal societies and the interplay of multiple historical, political, social and economic factors on health and wellness. The foundation of this study lies within the advancement of Aboriginal community development theory and Aboriginal health studies as well as exploring the convergences between Indigenous and Western epistemologies. To explore these themes, an inductive approach is used.

A major critique of using solely Western based academic work to understand Aboriginal cultural phenomenon is that this “can only yield findings that are distorted and incorrect” (Absolon & Willett 2004: 11). Aboriginal community based projects require ownership of data, community participation and control of the research project which contradict positivist methods that call for objectivity, neutrality and researcher owned findings. A classic debate within the social science literature has evolved from the positivist insistence that research maintain arms length distance and objectivity.

b. “Getting Real” with Feminist Approaches on Reflexivity and Positionality

The notion of “getting real” is encouraged by some feminist scholars to see our own personal knowledge and experience as an important element in the work of social science research, writing and representation (Tierney 2002). “Getting real” also provides important contributions to cultural continuity. As Absolon and Willett state: “as we (Aboriginal scholars) put our knowledge, experiences and worldviews into written text, we must do so in connection to our communities (whoever or whatever that may be)” (2004: 13). In Wilson’s personal and scholarly discussion on research methodologies as an Aboriginal scholar, he states that “Indigenous people in Canada recognize that it is important for storytellers to impart their own life and experience into the telling. They also recognize that listeners will filter the story being told through their own experience and thus adapt the information to make it relevant and specific to their life” (Wilson 2009: 32).

“Getting real” coupled with the burden and responsibility of contributing to my community is the personal foundation for this research project. My own life experiences, those of my family and peers surrounding the struggles with their identity as well as the struggles of maintaining health and wellness have formed the foundation of this research.

As such, I am located directly in the intention and goals of the research topic itself. I locate myself in the methodology in terms of my research participant criterion as someone who could meet the criterion. I also locate myself in the analysis of the data because many of my own experiences align with those of my participants.

Several terms that fall within a wide continuum of reflexivity describe this approach and intention to research. Along this continuum fall approaches such as “testimonio” where the text is written as a novel in first person and an affirmation of personal experience (Beverley 2000). Another approach on this continuum is “autoethnography” where an insider view is afforded by being a native of the culture under study or by looking inward at an experience or phenomenon (Ellis & Buchner 2000). The spectrum of autoethnographical approaches vary with a range of emphases on “the research process (graphy), on culture (ethnos), and on self (auto)” (Ellis & Buchner 2000: 740). Reflexive ethnographies are another approach to ethnographic research that is not objective and acknowledges the location of the researcher. Reflexivity in anthropology emerged out of the critiques of the “long-standing belief that anthropologists could function as objective observers of social and cultural worlds. These are not idle concerns, for the subjectivity of the anthropologist was magnified through the power of anthropologists to represent these social and cultural worlds in ethnography” (Hoffman & Gardner 2006: 4). Reflexivity focuses on culture, and uses the researcher’s own experience to look deeply at self-other interactions (Ellis & Buchner 2000: 740). Feminism provides important contributions to reflexive ethnography by starting with the perspective and experiences of the author, an explanation of the personal connection to the project, and the use of personal knowledge to help the research (*ibid*).

The notion of the “native anthropologist” is considered problematic by some scholars who dispute that merely having factors in common with the “natives” such as ethnicity does not preclude the researcher more access as an “insider” and does not necessarily offer an authentic perspective (Narayan 1993). Narayan describes how her position as a scholar with a “mixed background” eliminates her from authentically using the label of “native”. According to Narayan, the cultural fact of mixed ancestry also requires a dialogue around the gender of the parents, the power relations between the ethnic groups in question, and the racial prejudices at the time of the mixed union. All of these factors impact how a person perceives of their “mixed blood” identity (Spickard 1989). In the case of this particular research, the mixed blood aspect of my identity is what makes me “native”. My “nativeness” is aligned with my research participants because we all have “mixed blood”, and we all grew up off reserve. On the surface, our situations resemble each other, so I indeed consider myself to have an “insider” view.

Throughout the interviews undertaken during this research, the discussion that took place often involved sharing common humorous and painful stories and experiences between the research participant and myself (for example being mistaken as Asian) which allowed me to develop bonds and trusting relationships with the research participants. My insider view provided me with a common ground with the research participants allowing me to dialogue with them as peers with shared experiences. At the beginning of the interviews, I revealed my own intentions for the research, my own family background, and the personal outcome I was searching for. It is therefore important to be forthcoming about my intentions as it likely influenced the stories I was told by the women I interviewed and undoubtedly influenced my interpretation of the findings.

My “insider” role was also enhanced and relationships were built during the data gathering stage by the fact that I was pregnant. Goldade (2006) reflects on her experiences as a new mother during her research. Her academic colleagues indicated that the baby would make recruiting participants less challenging and “knock down trust barriers, thus smoothing the work of eliciting narratives on sensitive, yet pertinent topics confronting my informants around reproduction, reproductive health and motherhood” (2006: 53). For my own research, being pregnant opened the door to discussions with the participants. The first part of the conversation began with the question “what is your due date?” and then proceeded onto the telling of their experiences of being pregnant and childbirth. Nine out of the twelve women interviewed had children, and one of the participants held a newborn baby while I was interviewing her. Some of the women also shared some of the cultural practices they participated in around childbirth, including burying the placenta and going through naming ceremonies.

My approach to the research falls within the reflexive ethnography field, but is also heavily influenced by my own cultural responsibilities as a woman and “culture carrier”. According to Archibald (2008), knowledge and wisdom contain power: “if one comes to understand and appreciate the power of a particular knowledge, then one must be ready to share and teach it respectfully and responsibly to others in order for this knowledge, and its power to continue” (2008: 3). Archibald is referring to what Wilson (2008) calls “research as ceremony” in terms of relatability between researcher and community through the responsibility of sharing. The responsibilities of an Indigenous scholar to carry on knowledge are a motivator for this research. My intentions for this research is to explore how my own experiences of bi-racial identity, as someone who

grew up in an urban setting with little connection to our native community, and to being an outsider and an insider. My intention is to see whether my personal experiences are mirrored in the experiences of other women and how this influences our behaviors, specifically as they relate to health and wellness. I consider myself accountable to the relationships not only to my community partner, my research participants, but also to Aboriginal women who struggle with issues around identity. Because I have received insights from my peers on this topic, my responsibility to share this is embedded in this thesis. I consider this thesis to be part of my responsibility in the “ceremony of research” as described by Wilson (2008).

c. Post modern Discourse and Positioning

This research looks to some post modern concepts within phenomenology and post-colonial feminism as one way to understand how the inter-subjective world of First Nations women and their identity journey informs their patterns of health and wellness. The observations gained from in depth interviews are also undoubtedly influenced by my own experience and perspectives and acknowledging my positioning is essential to this research. With recognition of my own location within this research, there is no claim to objectivity. Instead, I look to ways of knowing primarily from Indigenous epistemologies and methodologies and also from Western theoretical discourse to inform this research. As Smith (1999) notes, current Indigenous methodologies are a mix of existing methodological approaches and Indigenous practices, which reflect the training of Indigenous researchers within the academy and “the parameters and common sense of understanding of research, which govern how Indigenous communities and researchers define their activities” (1999: 143). Smith (2005) encourages us to study all forms of inquiry or “all the maps of qualitative research” and “draw some new maps that enrich

and extend the boundaries of our understandings beyond the margins... Even those tried and retried maps of qualitative research may hold important clues such as the origin stories or genealogical beginnings of certain trends and sticking points in qualitative research” (1999: 102). This research is an example of this mix of Indigenous and traditional methodological approaches with an emphasis on moving the Indigenous methodologies forward and beyond a reliance on academic prescriptions of epistemology and methodology. An exploration of the concepts of phenomenology, post-colonialism and post-feminism will uncover some of the influential concepts that shaped this research.

d. Phenomenology, Post-Colonialism and Post-Colonial Feminism

Elements of western epistemology such as phenomenology, post-colonialism and post-colonial feminism provide lenses to view how we know truth, but must be used judiciously. While there are elements of these theories that lay some groundwork for this research, there are also distinctive gaps that they fail to effectively deal with Indigenous research. It is therefore important to acknowledge that the epistemology that truly grounds this research is Indigenous.

Battiste (2000) differentiates between post-colonial theory and post-colonial Indigenous knowledge which is grounded in Indigenous epistemologies and is concerned with developing knowledge based on Indigenous ways of knowing, Indigenous worldviews, and Indigenous research processes. Post-colonial theoretical perspectives have attempted to add to the discourse on the colonized, specifically around issue of race. Post-colonial theories can best be described as a grouping of social, political and moral concerns about the history and legacy of colonialism and how it shapes people’s lives. According to Browne et. al. (2005) there are many concepts associated with post-colonial

discourse which include identity, representation, subjectivity, the subaltern, nationalism and the political economy. The concepts most relevant to health include issues of “race, racialization, culture and ‘Othering’” (Anderson 2004). Post-colonialism is also disputed by Indigenous scholars as not truly representing the current colonial structures in place and the ongoing settler state, and the denial of sovereignty for Indigenous peoples. It is important however to acknowledge that post-colonial theories provide a forum to analyze the ongoing colonization of Indigenous people and relate experiences of colonization with other colonized people.

Garroute (2003) discusses some of the opportunities and failures of post-colonial theory in addressing Indigenous issues. Post-colonial theory has explored and legitimized for the academy the value of Indigenous intellectual traditions despite being “overwhelmed, deformed, rendered invisible” by the academy itself (102). Garroute (2003) also acknowledges that post-colonial theory has explored the role of intermediaries, those who can negotiate and mediate the interests of dominant academic society and the Indigenous populations, and that there are alternative ways of knowing that impinge on “our current conception of knowledge” (2003: 103). There are many criticisms offered by Indigenous scholars of post-colonial theory, and generally it is the inability to grapple with the “fundamental assumptions regulating the conduct of inquiry” particularly with regards to Indigenous philosophies of knowledge (Garroute 2003: 103). Weaver, Womack and Warrior (2006) also tackle one of the many assumptions that post-colonial work offers with specific regards to “hybridity”. They discuss how post-colonial theory has produced an obsession over the influence and penetration of white settler culture into traditional Indigenous cultures. Hybridity should have been considered only

an interesting, but briefly discussed topic in Native studies, but instead has resulted in “the major trope to take over the discipline” (Weaver, Womack & Warrior 2006: 140).

Phenomenology also contains some value for this research and is defined by Leedy (1997) as a “research method that attempts to understand participant’s perspectives and views of social realities”. Specifically, hermeneutical phenomenology provides part of the philosophical approach used to frame the research because of the focus on the interpretability of human existence. As Struthers (2001) describes, qualitative research, specifically phenomenology lends itself well to Indigenous research by Indigenous scholars because it “is more conducive to a holistic worldview and oral tradition. It adds fluidity and flexibility to the research process and utilizes the art of traditional storytelling” (2001: 129). The subjective element of phenomenology fits within the Indigenous paradigms articulated by scholars such as Smith (1999) and Battiste and Henderson (2000).

Elements of the post-modern movement also offers some insights into the methodology in use, specifically the unified concern about bringing “the Other” into research, and the emphasis on empowering previously subjugated peoples (Denzin & Lincoln 1998). The spectrum of post-modern feminist movements is quite broad and contains areas such as post-colonial feminism, which is primarily concerned with decolonizing “the Other from the social and political forces that colonize, subjugate, disempower and even enslave those deemed Other in a global context” (Nagy Hesse-Biber, et. al. 2004: 19). Other areas within the post-modern feminist movement include post-structuralist feminists who are concerned with a critical deconstruction as a way of exposing and transforming oppressive power relations (*ibid*).

Post-colonial feminist theories also speak to the issues that this research seeks to address. In an examination of postcolonial theoretical perspectives in Aboriginal health, Browne et al. (2005) discuss the four interrelated ways that postcolonial theory can guide Aboriginal health research. These include: (1) issues of partnership and voice, (2) a commitment to redressing inequities with Aboriginal people and the mainstream society through praxis-oriented inquiry, (3) understanding how continuities such as policy and programs from the past shape the present context of health and health care, and (4) the recognition of the colonizing potential of research to perpetuate unequal relations of power and control (2005: 19). McConaghy (1998) discusses post-colonialism as “a place of multiple identities, interconnected histories, shifting and diverse material conditions” where “new racisms and oppressions are being formed” (1998: 121). An example of this is increasingly limited resources allotted to remote First Nation communities for health care provision such as doctors, nurses and technologies as well as the continued reduction in prescriptions provided through the First Nations and Inuit Health Branch (FNIHB) despite the knowledge of poor standards of health for First Nations and Inuit people. Feminists, alongside Indigenous scholars have also critiqued post-colonialism, mainly in the ways that it does not adequately deal with issues of gender, and solely focuses on issues of race, ethnicity and culture. Coupling emergent feminism with post-colonialism as a way of layering multiple factors such as race, gender, historical positioning and class speaks to these critiques (Anderson 2000; McConaghy 2000).

According to Anderson (2000) post-colonial feminist perspectives are conceptualized as building on the critiques and extending feminist discourse by showing how racialized, classed, and gendered positioning that originated in the past and continue

into the present, intersect in multiple ways to positively and negatively shape the lives, opportunities and choices of women. This research draws on both the Western based post-colonial feminist discourse as well as Indigenous knowledge.

e. Native Insider

Visweswaran (1994) in her collection of essays entitled “Fictions of Feminist Ethnography” urges us to examine the literature on the “native insider” further. She discusses the new challenges facing anthropology and other cultural studies disciplines in the new power relationship between the “subject” and the researcher. Specifically, she discusses the loss of “ethnographic authority” when the subjects of ethnographies are now the audience, and are writing back. She questions the potential conundrum facing anthropology when the “subjects about whom we write now write back, and in doing so pose us as anthropological fictions” (Visweswaran 1994: 9). Examining the new challenges of native anthropologists is a part of the decolonizing of the discipline of anthropology itself.

Also relevant to this research within the post-modern movement is the practice of reflexivity whereby the changing position of the researcher within the research process, the socio-historical context, and the changing relations of power within which the research participants operate is acknowledged (Denzin & Lincoln 1998). Nagy Hesse-Biber and Yaiser (2004) define reflexivity as:

the process through which a researcher recognizes, examines and understands how her social background, positionality, and assumptions affect the practice of research....One’s own beliefs, backgrounds and feelings become part of the process of knowledge construction. The process of explaining and interpreting the data draws upon the researcher’s knowledge and understanding. (2004: 115)

A part of this reflexivity is the ability to be both an insider and an outsider.

Beoku-Betts (1994) discusses her insider perspective, her full disclosure of her

background to her research participants, and the fact that she was raised in a similar environment with similar cultural values allowed her to make contacts and obtain data that would not have been made available otherwise. Naples (2004) offers some insights into the insider/outsider phenomenon within the feminist perspective, and a reexamination into what constitutes “Indigenous knowledge”. The insider/outsider experience is often seen as a static position, but as Naples (2004) argues, insidership/outsidership is fluid and there are three methodological elements that must be considered:

We are never fully outside or inside the community; our relationship to the community is never expressed in general terms but is constantly being negotiated and renegotiated in particular, everyday interactions; and these interactions are themselves located in shifting relationships among community residents. (Naples 2004: 373)

Naples explains how some of her background and gender have provided her with some elements of insider perspectives, but in other ethnographic contexts (such as low income Puerto Rican families in New York City), she becomes an outsider. Ogawa (2006) describes his experience as an action researcher and a “native anthropologist” in his study of Japanese civil society:

I was a Japanese anthropologist doing research on his own society. Thanks to the action-oriented approach, I believe I can be involved with making positive changes happen at my field site instead of just formulating arguments from afar (like an armchair anthropologist). There was a crucial responsibility I had to take in doing this type of research as a native anthropologist. (Ogawa 2006: 220)

For Ogawa, his insider perspective and need to contribute to his own community provided specific intentionality towards his research. In some ways, this is also true for this research project. I have the same ethnic background as my research participants, I grew up in some similar context (off reserve), and I have lived only briefly on reserve. I also was briefly married to someone whose parents lived in one of the First Nation

communities, and this also provided me with a set of contacts, experiences and context for understanding the communities of Manitoulin Island. So my insiderness /outsiderness can be considered fluid as Naples (2004) suggests.

I also carry the last name of my ex-husband, a name that is somewhat prominent in one of the communities due to a well-known artist named James Mishibinijima. I was often asked whether I was related to this artist. When I was asked about my last name, I stated that I was not from Manitoulin Island and that my last name was a married name. Some of my participants already knew that I was married because I had known them previously. This provided me with some additional insights especially in one of the cases where I knew a great deal about one respondent's family, and she did not provide any details of a controversial family situation. I knew two of the respondents as acquaintances before the research. I also had other personal contacts in the community through one of my closest friends. In fact it was her family that welcomed me into their homes and assisted me in finding my way across the roads and highways connecting me to the communities. They also provided me with important insights into community history and socio-political issues facing the communities currently and were the translators for the Nanabush story. My positive experiences in the community are partially attributed to their extraordinary hospitality.

f. Revisiting Objectivity and Positionality

Anthropologists have long been engaged in these discussions on positionality, a critique on how the "Other" is understood, the relationships with the communities under study, and how the research can be interpreted, and of course, the debates on the role of objectivity in the social sciences. These debates occurred alongside and in fact complemented the debates around Indigenous methodologies, the relationships between

the researcher and the community, and new forms of interpreting Indigenous knowledge. The concept of “location of self” is a part of the anthropological debate of the 1980s often coined the “crisis of representation”. This period of introspection in anthropology was centered on the difficulties of accurately “representing” the objects of ethnographies. This period of “a strong internal politics of anxiety” for anthropologists resulted in a new self awareness of the power differentials between the researcher and the subject (Marcus 1998: 249). Scholars such as Clifford & Marcus (1986), and Fabian (1983) argue that there was a misrepresentation of the “Other”, resulting in only partial, incomplete and biased interpretations of cultures and societies. The period of disciplinary introspection was also a result of the acknowledgement of the connection between anthropologists and colonialism (Said 1978).

This debate also evolved into the exploration of fundamental disciplinary questions around objectivity and “how should I be towards the people I am studying?” As Schwandt (2000) argues, attempting to be objectively neutral and minimize the obtrusiveness in the gathering of data, and also within the text itself (Schwandt 2000: 203) is one way to be towards the research subject. The new exploration of power dynamics and relationships began to illustrate the benefits of more relationship-based research encouraged by many Indigenous methodologies (Smith 2005). This tension around objectivity of recording ethnographies and the subjectivity of writing those accounts came to the forefront with Clifford & Marcus (1986). Anthropologists had built careers out of claiming to be the “experts” of the cultural group under study, however the subjective element of writing about that culture could not be denied and “it is always

caught up in the invention, not the representation of cultures” (Clifford & Marcus 1986: 2).

This important discussion was furthered by the argument that ethnographies were as much a literary exercise as a scientific activity, not necessarily facts, but a version of a truth or as Clifford and Marcus tell us “fictions in the sense of ‘something made or fashioned’” (*ibid*). Fabian (1983) also weighed in on this argument by pointing out the denial of “coevalness” or that the “Other” in anthropological writing was not considered equal to the researcher, and that by using evolutionary notions anthropologists had constructed these cultures as backwards and primitive. In definitive ways, this undermined the claims to scientific objectivity and factually based ethnographies developed by anthropology’s founding fathers such as Malinowski.

Two important questions were raised in this debate. The first was a critique of the purpose of anthropology, and how the discipline had impacted colonizing the “Other” and secondly, how ethnography was no longer representing objective facts, but merely subjective interpretations and possibly misinterpretations of societies. The classic debates over objectivity and subjectivity continued to persist in the literature, particularly in the feminist methodological literature and provided an important contribution towards the understanding of Indigenous methodologies. As Hawkesworth (1997) states in Megill’s collection of essays entitled “Rethinking Objectivity”, “objectivity lies beyond reclamation. It represents a peculiarly male mode of knowing, a “specular epistemology” that necessarily objectifies women and contributes to their exploitation” (1997: 154).

Hawkesworth (1997) also discusses the relationship of the notion of objectivity to objectification which approximates reification: “to reify a human being is to view a

person as a thing, that is, as an entity devoid of consciousness and agency” (1997: 155). Megill (1997) discusses how objectivity itself is a cultural construct, having four principal senses in contemporary usage. These include the: (1) *absolute sense of objectivity* where it represents a reality free from distortions and aspires to a knowledge that is faithful to reality, and where no rational person could deny the truth; (2) the *disciplinary sense of objectivity* where members of research communities are the benchmark for what is considered objective within their discipline and subsequently academic authority is constantly disputed and re-imposed and reinforces the question “by what authority do you speak?”; (3) the *dialectical sense of objectivity* which takes a more positive attitude towards subjectivity, where there is a preference for doing vs. viewing, where the knower may have some subjectivity, but objects are still objects within the interplay between subject and object, and knowledge production still requires the making of such objects and; (4) the *procedural sense of objectivity* which may aim to be impersonal in terms of investigation of research, however, the belief that truth will be obtained objectively is an abstraction, rather than a reality. A set of rules prescribes for a narrowing of the play of subjectivity, and constrains the exercise of personal judgment (Megill 1997).

Fabian (1997) provides insights into Megill’s (1997) discussion of dialectic objectivity and questions the lack of attention to objectivity as an epistemological issue rather than an ontological one. In discussing the difficulties of ontological assumptions, he tells us that “method does not make the object” (Fabian 1997: 87). Fabian furthers the discussion on objectivity through the discussion on positionality. He considers that the fundamental issue in ethnography is not necessarily accurately representing the culture.

What is important is “presence” itself “because before there is representation there must be presence and in the end the question of ethnographic objectivity still comes down to the question of what makes it possible to have access to another culture, or to be in the presence of another culture – both of which seem to be required if ethnographic knowledge is to be more than projection or delusion” (Fabian 1997: 93).

Rosaldo’s (1993) discussion of objectivity is also valuable in that he argues that no observer can claim “innocence”. He discusses his experiences of doing ethnographic research with the Illongots of the Philippines in their headhunting rituals and the relationship to grieving. Rather than staying true to the cultural relativism he was indoctrinated with, he instead recognizes that “it is a mistake to urge social analysts to strive for a position of innocence designated by such adjectives a detached, neutral or impartial” (Rosaldo 1993: 69). Recognizing the inability of researchers to maintain some sense of impartiality, they should acknowledge their partiality and “their readers should be as informed as possible about what the observer was in a position to know and not know” (Rosaldo 1993: 69). Rosaldo himself is a Latino scholar, and encourages others to embrace their positionality or “presence” in his introduction to *Culture and Truth* (1993). For Aboriginal scholars, this positionality is important to acknowledge because it places the observer and the research participant on an equal playing field, and the stories are a shared experience rather than a one-way data gathering process. This is essential in relationship building.

Haraway’s (1991) makes a fundamental contribution to the epistemological debates of Rosaldo (1993), Megill (1997), Hawkesworth (1996) and others with a discussion of the role of relationships in research, positionality and situated knowledge.

She calls for researchers to become accountable in the process of making knowledge, to see the world from another's point of view, and become answerable to that in the form of taking responsibility for changing the world. Haraway's position falls within a post-modern framework, that acknowledges that we come from specific social positions and personal identities which all shape how we understand the world. As Llewelyn (2007) discusses, Haraway argues that knowledge is not as completely socially constructed as many post-modernists would argue, but that there is a material world where truthful accounts are possible, however much of these accounts are contextually based.

Acknowledging positionality also acknowledges that the researcher is no longer omniscient a point clearly brought out in Haraway's 'situated knowledge' nor innocent (Rosaldo 1993). The analysis can then be more accurately understood through the experiential lens of the researcher, rather than through an unattainable "objective" lens. Rosaldo (1993) also discusses the issue of objectivism as being akin to imperialistic or colonialist research which imposes one set of cultural assumptions onto another culture. He signals that a change in ethnographic and anthropological methodology is necessary in anthropology and cultural studies disciplines.

These ethical dilemmas called for a more practical engagement of anthropology, specifically through "advocacy", that is representing the community not only through ethnographies, but also politically. Debate continued on with regards to the disciplinary rigor of applied anthropology, specifically when it came to advocacy and the interpretive nature of ethnographies. The important theme that underlies these debates is the new power relationship that was being forged between the researcher and the research subjects. The unwanted legacy of colonialism was now well understood by

anthropologists. In an attempt to distance themselves from that legacy, discussions that highlighted a more useful engagement with cultural groups surfaced as well as turning to Indigenous methodologies surrounding relationship building, co-investigations with communities, and traditional Indigenous knowledge.

Haraway's (1991) request for accountability in knowledge production through revealing the role of relationships and positionality informs some of the outstanding questions that this research has not adequately addressed. As I position myself as an individual with the same ethnic background as my research participants, there are other distinguishing factors that separate me from these participants. In understanding power relations within a North/South context, Sultana (2007) describes some of these factors: "even if a researcher is from the Global South, in which case some of the access and relational aspects may be addressed, class and educational differences (i.e. material, social, political power differences) remain trenchant markers of difference and often precondition exploitation in the research process" (2007: 375).

There are several distinguishing features between myself and several of the research participants. Most evident is the role of growing up in poverty. As discussed in the presentation of data and discussion chapters, all of the research participants experienced some form of poverty during their childhood. How this influenced their lives varies; some may be seen as responding by "rising out of poverty" by completing post-secondary education and participating in the professional workforce. Other participants may have responded to their childhood poverty by perpetuating the cycles of poverty through not entering into post secondary education, not working, by being the primary caregiver and not taking the opportunities to become less poor, or by being burdened with

other circumstances that forced them to remain economically poor. What is important to note with regards to positionality is being economically disadvantaged is not something that I have personally experienced, and acknowledging this privilege means that my “insider” view is altered.

The majority (9/12) of the research participants had completed either college and/or university, but none had done so at a graduate level. The fact that six out of twelve of the respondents had completed university undergraduate degrees provided some form of common ground. For the other participants, there is a notable difference in relational aspects, which places me at a different level of power structure.

In terms of the community partner, the power relations issue is addressed in some ways through the control of the data, the co-development of research methodologies, and the assistance in locating research participants, but they are not able to control the actual discussion of the dissertation itself. The discourse is mainly about the research participants and their experiences with identity and health, and they are not active co-writers of the dissertation.

The scale of power relations with the community partner and the research participants and the researcher, although addressed at some level still tilt in favor of the researcher and the academy. This research does not represent a panacea of equitable research where the community partner, the research participants and the researcher are all equally represented as voices. What can be said is that the Indigenous concept of “research as ceremony” as being accountable to relationships described by Wilson (2008), and the responsibility felt by Ogawa (2006) as a native anthropologist to “his society” are guiding forces for this research.

There are potential issues that can arise for people researching in multiple Aboriginal communities including the ongoing strife that exists within the communities themselves in terms of band membership, land and resource allocation, and leadership as well as inter-community conflicts. However, because this research fell under the umbrella of a partnering organization, the research has been shielded from any potential controversy. In fact, there was no political fallout of this research, and the fieldwork was unhampered. This may be due to the strong leadership of the community partner, and their esteemed position within the communities. It also may be due to the fact that the research topic may have been seen as benign and not having any potential salacious outcomes that would have reflected poorly on the research participants or the communities themselves. Also, because the research was focused on individuals, rather than whole communities, it may also have been seen as not having a direct impact on the community's themselves. It is most likely the fact that this research was approved through the rigorous MARRC ethics process that there was community approval.

Regardless of the success of this research, it is important to acknowledge that this experience was atypical. Even though being an "insider" in some regards provided me with ways to build relationships that may have not been accomplished by an "outsider" there were certainly opportunities where this research could have become the centre of controversy. There are plenty of opportunities for native and non-native researchers to become embroiled in inter and intra community conflicts, including leadership crises, debates around resources, family dynamics, and other situations which may hamper the research process. It is also important to acknowledge that even though the community partner and the research participants played a role in the development of the methodology

and review of the transcripts, this dissertation is situated in the academy, and in the words of one of my committee members “they do not have a voice in the dissertation meetings”. It is up to me to discuss the data and to attempt to balance the power relations that are heavily entrenched between the academy and Aboriginal communities.

3. Research Methods

The analysis of the data also comes from Indigenous ways of communicating knowledge. The presentation of findings is organized using the “medicine wheel” concept to discuss how the participants conceptualized their identity journey. The medicine wheel is used throughout Aboriginal research as a way to understand and organize systems of knowledge and how they interact with one another. The analysis of the data is framed within a culturally based concept of storytelling to draw meaning from the data.

Nanabush, the Anishnawbe trickster, provides the medium to explore the concepts that arose from the data.

a. Primary Data Collection

Primary data was mainly collected through life histories of First Nations women.

Interviews with key informants who were health and human service workers on Manitoulin Island were also undertaken in order to provide context for the experiences of the First Nations women. There are several agencies and organizations with staff who agreed to participate in the key informant interviews.

Life histories comprise the majority of the research data. The life history approach used for this research falls within the feminist objectives for oral history methods.

According to Geiger (2004), oral histories which fall into feminist methods include the following characteristics: (1) they “presuppose gender as a (though not the only) central analytical concept;” (2) the research stems from the basis that the study of women

embodies and creates “historically and situationally specific economic, social, cultural, national and racial/ethnic realities;” (3) they deconstruct notions about “what is “normal” by establishing or contributing to a new knowledge base for understanding women’s lives and the gendered elements of the broader social world;” and (4) they accept that women have their own interpretation of their identity, experience and social worlds which contain and reflect their own truths” (Geiger 2004: 400). All of these characteristics typify the bases of this research project. Despite the new willingness to acknowledge the contribution and lives of women through the feminist and post-modern movement, according to Jolles (2002) research is often still very focused on men as the centre of the community: “Native American women are still less likely than others to be featured in life histories...Native women’s lives even now are perceived as extensions of men’s lives” (Jolles 2002: 38).

Visweswaran (1994) offers a critique of the use of life histories, particularly in the case of Native Americans. She describes Boas’ students collecting life history narratives from the last living members of tribes as an attempt to capture testimonies for lost ways of life due to the building of the American frontier “that obliterated native cultures, and the Boasian liberal ethnography that recorded their passing” (1994: 7). This research project did not focus on the “last living members of tribes” and instead acknowledges that First Nation communities are alive and vibrant with First Nations women as an integral component of community life as leaders of the family and community, culture carriers and educators. The research topic of identity and how it informs health and wellness cannot be adequately understood without a broader life context. A life history format is essential to this understanding.

A part of the life history includes using an informal conversational approach along with a semi-structured interview guide. The *Informal Conversational Approach* was used to maintain a high degree of flexibility where as the researcher I could share my own experiences and background and the research participant could feel unencumbered by the boundaries of a structured interview. A relationship of trust was required between the participants and the researcher as previously discussed.

In depth interviewing is an ideal method of collecting data especially when the research focus is narrow (identity and health), the respondents are relatively homogenous (women with one First Nations parent, one non-First Nations parent) and the respondent's context is already known (growing up and/or living off reserve in rural Manitoulin Island). An interview guide was used to ask women about their day-to-day lives and factors that they perceived affected the health and wellbeing. There were four main components to the interview which included:

1. General life history framework (From childhood to adulthood, major life events, family)
2. Identity (How do they define themselves? What is the role of Indian status? How do they feel about their identity as a First Nation woman?)
3. Health and Wellness (How do you define health and wellness? What health and wellness issues have you faced? How did you deal with those issues?)
4. Reflection: (How do you relate your life to Anderson's (2001) medicine wheel model? Where were you at different life stages/events in your life on this wheel?)

These interviews began with a historical overview of the participant's life. The participant discussed the different experiences which contribute to the person she is

today. The participants were asked about their identity, different experiences they had that shaped their identity and how they define themselves. Questions were asked about their connectedness to their community of origin, whether Indian status played a role in their identity formation, and how they relate to other people, including family members, from their community. The interview then moved to topics of health and wellness.

Research participants were asked to define health and wellness, and to discuss what the difference was between the two concepts. Participants were asked how they consider their own health and wellness over their lifetime. Health and wellness was considered broadly to include physical, emotional and mental health. The last portion of the interviews provided an opportunity for participants to reflect and interpret their own experiences. They were asked to refer to Anderson's (2000) identity medicine wheel to reflect on their lives, their identity, health and wellness. Attempts were made to follow this interview plan, although aspects of the life history overlapped into areas of health, wellness and identity.

The life histories were transcribed and participants were each given a copy of the transcript. The data was gathered in all seven First Nation communities (Wikwemikong, MChi'geeng, Zhibaaahaasing, Aundeck Omni Kaning, Sheshegwaning, Sheguindah, and Whitefish River) and in three off reserve communities.

An "Interview Guide Approach" was used for the key informant interviews. The key informants were professionals working in the health and human service agencies and organizations as social workers, health practitioners and health administrators. Questions were asked specifically relating to identity and health and wellness. Responses from key informant interviews provided some comparison for how community professionals

perceived the issue of identity and health and how the life history respondents perceived the issues. The key informants were also asked whether issues like Indian status, and living off reserve impacted the ability of community members to access health and social services such as those offered by Noojmowin Teg Health Centre. Six key informants were interviewed including four from Noojmowin Teg and two from other health and social service agencies on the island.

b. Data Sampling

Data was obtained through key informants and life histories only. *Key informants* were chosen based on current contacts and associates, and through a list of potential participants provided by the partnering community organization. Purposive sampling was used for the *life histories* whereby women were chosen based on how they meet the criteria and their availability. The following criteria were used:

- First Nations women who have one parent who has a First Nations background and one parent who does not; and
- Grew up off reserve or currently living off reserve.

There was an initial concern that the deeply personal nature of the interviews would limit the number of participants. However, there were more respondents to the advertisements for life history respondents than were required for the study. The majority of the respondents were aware of the study through the monthly newsletter sent by Noojmowin Teg Health Centre to First Nations people on and off the reserve. Snowball sampling was used in some cases. As relationships were built, the participants provided the names and contact information of other potential research participants, and in only one case, was this referral used for life history participants because of the need to provide anonymity. All life history respondents were given \$150.00 in cash after the interview.

After the interview, all the respondents were mailed a thank-you card along with a copy of Anderson's (2000) "Recognition of Being: Reconstructing Native Womanhood". This book was sent because it was referenced during the life history interview in the last set of reflection questions, and provides some interesting insights into native women's identity.

Recording Data: Data was recorded using a digital audio recorder as well as handwritten notes. All of the research participants indicated that they were comfortable with a digital recorder. There were no instances where the audio recorder failed to work. The interviews were recorded in a field journal. One side of the page contained the interview material, and the other side contained other observations. Key patterns were noted during and after the fieldwork research. Identifiers replaced the names of participants to ensure confidentiality (i.e. the first life history participant is referred to as LH 1).

c. Primary Data Analysis

All data was aggregated. This involved manually changing key identifiers (such as place names) to avoid obvious connections to community members, but not compromising the integrity of the research. For example, if a respondent used the name of a community such as Sheshegwaning, it would be changed to (First Nation community). All occupations and other place names were changed. Also, changes such as aunt to uncle and brother to sister, etc., were made in the data aggregation. A copy of the aggregated interview was sent to the research participants to review. In three cases, the respondents asked for parts of the interview to be removed, specifically in parts that discussed their experiences around sexual abuse.

Latent coding was the content analysis tool. Underlying meanings were identified with the aim of presenting a holistic picture of the experiences of the women. The phenomenological nature of the meanings associated with self-identity and contemporary

First Nations women and mainstream society, the phenomenon of the losses of cultural identity, the descriptions of what has occurred during their lives, the complexity of reality, and the circularities and interdependencies of their experiences and relationships were examined in the primary data analysis (Patton 1980: 325). The process of data collection/analysis continued until consistency and depth of understanding was satisfactorily established and no new patterns or themes emerged. Using NVIVO 8, a qualitative software package, a total of 18 key topics were uncovered which will be discussed later in the findings chapter. These topics were broken into two main headings: health & wellness and identity. The qualitative software package was not used for deep analysis, and merely provided a tool to arrange and organize data.

Data analysis occurred with the assistance of several research participants who were interested in research generally. A presentation on key findings was made to Noojmowin Teg Health Centre in the spring of 2009 and some feedback was provided. The staff was specifically interested in knowing about the perceptions of the participants on the lack of access to traditional people because Noojmowin Teg has a traditional health program. They were also interested in knowing about the participation in harmful health behaviors such as smoking. The findings and an update were also reported to Noojmowin Teg's Annual General Meeting in June 2009.

d. Secondary Data

Secondary data collection took place in several forms including community studies, archived newspapers, other scholarly research on Manitoulin Island, and some historical document analysis. This involved doing a library search of material, as well as a visit to the local museum in Sheguindah, the Ojibway Cultural Foundation, and the Wikwemikong Heritage Organization. Few historical books have been written on

Manitoulin Island, although two books were found including *The North Shore and St. Mary's Channel: A Guide to the History* by Gutsche et. al. (1997), and *Exploring Manitoulin* by Pearen (2003).

A brief review of the history of the communities and the broader history of the settlement of the island is provided in the context chapter to provide an in depth understanding of the social, political and economic aspects of communities in Manitoulin Island. Considerable literature is available outlining events within the Aboriginal history of Canada, specifically within the Georgian Bay and Lake Huron northshore, although the majority of these historical accounts are not written by Aboriginal authors themselves.

The media provided another component for reviewing text relating to contemporary issues. Specifically, Anishnawbek News (First Nations produced newspaper for central Ontario) and the Manitoulin Expositor (for all of Manitoulin Island) provided some important insights into the contemporary and historical political, socio-economic and geographic context of the area including land dispute issues, race relations and economic development. Contemporary data also came from organizational studies and reports available from local health and social service agencies, as well as other research on the topic of social indicators of health, identity and Aboriginal health and wellness. Some specific health research on Manitoulin Island was also used to contextualize the health status of the population. Overall, there has been little academic research on the First Nations population of Manitoulin Island. This research should fill some of the missing gaps in the literature.

4. Research Ethics

Academic research on Aboriginal people has a long history in Canada. From the earliest missionaries to today's anthropologists, understanding the value systems, culture and social organization, the political and economic systems of Indigenous societies in Canada has been a significant focus of social science research. Earliest observers knew little about Canada's original inhabitants and ethnocentric interpretations have had significant impact on Aboriginal people in Canada ever since. As communities regained strength and continue to emerge as determiners of their own future, researchers are now faced with a new research relationship with Aboriginal people; one where the researcher no longer holds the locus of power, and research is collaborative and relevant to communities. Much has been written on this topic, beginning with the ethical standards outlined in the Tri Council Policy Statement: Ethical Conduct for Research Involving Humans established jointly by the Canadian Institute for Health Research (CIHR), Social Sciences and Humanities Research Council of Canada (SSHRC) and National Sciences and Engineering Research Council of Canada (NSERC).

Community based research provides an important opportunity for the forging of research and knowledge relationships. Good community based research within the Aboriginal community context aligns itself with important principles around the control and ownership of data and comes from the community's own need for information. The "Ownership, Control, Access & Possession" (OCAP) principles¹¹ are being utilized across Canadian Aboriginal communities as a way to assert self-determination of the research process (Schnarch 2004) by Aboriginal communities. As Visweswaran (1994)

¹¹ OCAP is a concept that arose from the First Nations and Inuit Regional Longitudinal Health Survey in 1998 as a result of the increased interest in First Nations ownership of health data. The National Aboriginal Health Organization (NAHO) published a paper called "OCAP: Ownership, Control, Access and Possession" which was sanctioned by the First Nations Information Governance Committee to further explore and operationalize these principles (First Nations Centre, 2007).

reminds us “if we have learned anything about anthropology’s encounter with colonialism, the question is not really whether anthropologists can represent people better, but whether we can be accountable to people’s own struggles for self-representation and self-determination (1994: 32). Warry (1990) also challenges anthropologists “to ‘decolonize’ anthropology and to make the discipline accountable and relevant to the local communities who are the subject of much of our study” (1990: 63). By furthering the development of Indigenous methodologies and adhering to community-based ethics, this research makes a contribution through the academy to the goals of self-determination for First Nations people.

This research, and the research ethics protocols and methodologies are informed most notably by Castellano (2004) and the Saskatoon Aboriginal Women’s Health Research Committee (2004). In 2008, the Canadian Institute of Health Research (CIHR) made changes to their funding applications. Applicants must indicate on all CIHR funding applications whether their proposed research involves Aboriginal people. In addition there must be evidence of community approval through a formal research agreement if research does involve Aboriginal people. Community approval was provided by Noojmowin Teg Health Centre because CIHR funded part of this research through the Indigenous Health Research Development Program (IHRDP) through the Network Environments for Aboriginal Health Research (NEAHR). This requirement is a part of the shift in how research is done with Aboriginal communities.

Aboriginal communities themselves are now becoming equipped to enforce their own research protocols. On Manitoulin Island, a program called GEAR (Guidelines for Ethical Aboriginal Research), initiated by Noojmowin Teg Health Access Centre and

administered by a community committee called Manitoulin Anishnabek Research Review Committee (MARRC) was developed in 2003. The MARRC ensures that research, specifically health research that takes place in both First Nation communities and in rural off reserve communities is in compliance with community set guidelines (Noojmowin Teg Health Centre 2003). These guidelines also reflect the OCAP principles as well as the larger goals of community self-determination.

This research project falls under the guidelines outlined by the GEAR document. In the spring of 2007, this project was reviewed by the MARRC, and after some additions and amendments, it was approved in the fall of 2007. In addition, Noojmowin Teg provided support in the way of assisting in the search for research participants (specifically key informants), guidance and troubleshooting, providing access to local health and social service workers through email requests for participants, and the use of meeting facilities for individual interviews as well as staff presentations. The research project is also aligned with Noojmowin Teg's mandate of wholistic health. This centre along with other health organizations has previously taken the lead on larger, island wide research projects on dental health and FASD (fetal alcohol spectrum disorder). This organization is well versed in the process of research, and the Executive Director herself is in the process of completing her own PhD.

The provision of community specific data about women's health and wellness will be beneficial for Noojmowin Teg Health Centre because it contributes to their mandate of providing wholistic health. Other ways that the research will benefit Noojmowin Teg is through their traditional health program. There are two staff members at Noojmowin Teg who practice traditional healing methods including medicines and

ceremony. It will be useful for Noojmowin Teg to know how important culture, traditions and ceremony are for women when it comes to their health.

Noojmowin Teg will also benefit from knowing some of the health behaviors of the women who were interviewed, especially when it comes to smoking, nutrition and exercise. This will assist them in developing programs that target these health issues. The notion of connection to community is also something that can be beneficial to Noojmowin Teg. Understanding the perceived importance of being connected to community may assist them in developing programming for their off reserve community members. Currently Noojmowin Teg offers several community-building preventative health programs such as the “Colour it Up” program where community members are taught how to cook a balanced meal and encourages the connections between youth and elders by collaborating with the youth centre and the seniors centre. Noojmowin Teg also holds events such as a triathlon to promote exercise and community connectedness. When Noojmowin Teg is seeking funding for programming or staff, this research may provide them with data that will support their perceived gaps in programs and services.

a. CIHR Ethical Guidelines for Aboriginal Research

In 2007 the CIHR provided guiding principles to engage in the relationship between researchers and Aboriginal people and communities. These guidelines include: ethical space, traditional and sacred knowledge, community jurisdiction and approval processes, research as partnership, collective and individual consent, confidentiality/privacy, respect for individual autonomy and responsibility, inclusion and protection of cultural knowledge, benefit sharing, cultural protocol, language and communication, data collection, storage, use and management of data, and interpretation

of results and dissemination. These principles will be reviewed in relation to this research project.

(i) Ethical Space

Ethical space refers to “the process by which specific values and beliefs related to a specific research project are articulated, discussed and negotiated” (CIHR 2007: 12). The GEAR process was an opportunity to dialogue on all aspects of the research and whether it fit within local research priorities and complied with the guidelines developed by the community. The GEAR ethic’s review subcommittee reviewed the research and determined that the proposal was ethical from a First Nation’s perspective. The GEAR subcommittee made the final endorsement of the research to Noojmowin Teg Health Centre. Noojmowin Teg was also the project collaborator. If the research was conducted in one specific community, such as Wikwemikong, approval from the Chief and Council would be required. While the original intent was to only interview respondents growing up and living off the reserve, the outcome was that nine out of the 12 respondents were living on reserve, even though they had all grown up off the reserve.

(ii) Traditional Knowledge

Traditional knowledge is a term that is widely debated amongst Aboriginal people, scholars and policy makers. The CIHR provides two examples of traditional knowledge which encompass the range of definitions: (1) “knowledge, innovations and practices derived from customary uses and associated cultural practices and traditions; (2) a body of knowledge, spirituality and art forms that reflect history, culture, ethics and creativity that are based on customary laws and protocols and that have been handed down from generation to generation” (CIHR 2007). Within the scope of this research,

traditional knowledge, as it is defined here, was not gathered. The stories that were told by the research participants were their own life stories and did not involve discussion around customary knowledge and specific spiritual practices.

(iii) Community Jurisdiction and Approval Process

Aboriginal communities have the right to regulate research projects that take place within their communities. These include rights to (a) partner in research conducted about their communities, (b) informed collective consent, and (c) to manage the research process, including the creation of ethics review principles and procedures. By falling under the GEAR program, all three of these issues are dealt with. Noojmowin Teg Health Access Centre is the research partner. Through the GEAR program, collective consent was granted and research was managed through the community partner.

(iv) Research as a Partnership

Aboriginal communities must be given the option of participatory research partners in the research process. This may include formulating projects, determining best methods to determine research outcomes and to interpret and disseminate results. The impetus and foundation for the research topic was formulated by the Aboriginal scholarly community. The call for further research into social indicators of health for Aboriginal people, specifically around identity, comes from the groundbreaking work of Dion Stout, Kipling and Stout (2001) and the Centre of Excellence for Women's Health, from Jeffery et. al. (2006), the ongoing work of the National Aboriginal Health Organization, as well as the Prairie Women's Centre of Excellence (2004) project. The motives of this research also come from the Assembly of First Nations (2003) in the Wholistic Planning and Policy Model. The AFN is interested in having innovative research that now directs effort

at “meaningful engagement of communities in the research process, building capacity in community, translating research results into policy and programs and the call for proposals that emphasize factors that can assist vulnerable communities to become strong” (Reading et. al. 2007: 8).

Initial findings were reviewed by Noojmowin Teg Health Centre in an open staff meeting. The life history research participants also reviewed their own stories and three of the research participants assisted in some initial dialogue on the findings and provided some insight into analysis. This was done through email correspondence.

(v) Collective and Individual Consent

In most research projects, written consent of the individual is considered adequate. However, in an Aboriginal research context, “researchers must fully inform the community leadership or appropriate authorities and obtain prior approval from the community leadership or other appropriate authorities before research can be conducted in the community” (CIHR 2007: 16). Collective consent was given during the GEAR process. The MARRC reviewed the research proposal and made a recommendation to Noojmowin Teg, who is the “appropriate authority” on Manitoulin Island for health research. The Noojmowin Teg board of directors is comprised of community members and elected leadership, and chaired by a representative from the UCCM (United Chiefs and Council of Manitoulin). They are the appropriate authority to determine what research falls within the GEAR program.

Individual consent is the consent given between the research participant and the researcher. This includes providing information to the research participant on “possible consequences of their choice to be involved in the research and their rights to withdraw

from consent or participation in the research at any time” (CIHR 2007: 16). While written consent was sought, oral consent was also sought when appropriate. Oral consent was documented with the date, time and place of the oral consent of the participant. There were no instances where English was not the first language of the research participant, so a translator was not required.

(vi) Confidentiality/Privacy

Confidentiality and privacy is often an issue in research involving Aboriginal people. Given the “historically negative impact that research has had on some Aboriginal communities, including the communication of unsubstantiated stereotypes, Aboriginal communities may wish to minimize their exposure to harm by having the community’s identity remain anonymous in relation to certain conclusions reached by the research project” (CIHR 2007: 17). This research project ensured that the individual participant’s names were confidential by using number/letter identifiers. For example, changes that were made include changing a sibling from a brother to sister, not including the occupation, removing all direct references to places that the research participants was raised, where they may have gone to school or traveled, and any other features of the interview which may have made it easy to identify the respondent. When referring to their reserve community, rather than using that name, or switching the name to another First Nation community name, the notation of (First Nation community) was used instead to indicate that they were indeed talking about a First Nation. In the case of the identification of their occupation, the notation of (occupation) was used, and so forth. All the research participants reviewed their aggregated interviews to ensure they felt it was as anonymous as possible.

(vii) Inclusion and Protection of Cultural Knowledge in Research

There was no provision of cultural knowledge, or traditional knowledge according to the CIHR definition during the research so including and protecting such knowledge is not relevant. Some of the interviews contained discussions of doing cultural activities (such as attending ceremonies, going to powwows, and knowing the Ojibway language), there were no details on ceremonial practices, recipes for traditional medicines or other cultural knowledge that was shared.

(viii) Benefit Sharing

Research in Aboriginal communities must meet the needs of those communities. This research provides data to support the work of Noojmowin Teg to effectively work towards their mandate of wholistic health and wellness. As well, the life history participants all received a copy of their transcribed and aggregated life history. Research participants who participate in a life history interview were also paid an honorarium of \$150.00.

(ix) Cultural Protocol, Language and Communication

Interactions within the community are often based on cultural protocols. Seeking knowledge from an Elder may come in the form of an offering of tobacco. Elders were not approached for this research. The solicitations for research participants in the newspaper, in emails and in the newsletter all indicated that an honorarium would be paid. A document for public consumption was provided for the community partner with minimal technical academic language to ensure there was an accessible transfer of knowledge.

(x) Data Collection, Storage, Use, Management and Ownership

Where and how the data is stored, managed, used and owned is an important part of the OCAP principles and was a necessary component of the GEAR process and MARRC approval. “Aboriginal communities have the rights to control and determine their proprietary interests in the collection, use, storage and potential future use of data” (CIHR 2007: 21). The data produced from this research project is co-owned by the researcher and partnering organization, Noojmowin Teg. Copyrights and co-authorship of other publications will be negotiated with Noojmowin Teg. The co-ownership of data excludes the dissertation itself, but includes all transcribed, aggregated data and interviews.

Use of data beyond the primary research purpose by either Noojmowin Teg or myself will only happen after consent of the other party. Since all the data is confidential, consent from all research participants is not necessary. Both Noojmowin Teg and I can transfer the data to a third party for further research if (a) the interpretations of the data of both parties is respected, and (b) any subsequent publications based on the data recognizes the contributions of the original researchers in terms of authorship. All written notes are in a locked cabinet in my home and after the completion of the dissertation, will be destroyed.

(xi) Interpretation of Results and Dissemination

A review of preliminary findings and final results took place in several formats. First, all research participants reviewed their interviews for inaccuracies. Preliminary findings were presented for staff at Noojmowin Teg Health Access Centre.

5. Conclusion

Aboriginal research has entered a new era. Aboriginal scholars are now significantly shaping the discourse on what is considered acceptable research in Aboriginal communities. While Western based approaches are still used in Aboriginal research, they are used in conjunction with Aboriginal approaches to research. Qualitative research provides a range of opportunities for meaningful and rich data collection that fits more easily within many Aboriginal approaches to knowledge gathering. Using folklore or storytelling, drawing on spirituality and ceremony, and recognizing the value of traditional knowledge are now becoming more common in Aboriginal research. Intentionality of Aboriginal research must be explored at the earliest stages of research, which means that researchers must develop a relationship with their communities or partner organizations during the initial stages of the research proposal as well as be reflective and open about their intentions. This research follows in the footsteps of Wilson (2008), Absolon and Willmet (2004) and other Aboriginal scholars, who are striving to develop research methodologies that alters the methodological discourse, and embeds positionality within the design of the research.

Research topics must be based on the needs of the community, as well as the perceived needs of the researcher. Methods must also fall within what is culturally appropriate which often means new types of protocols must be developed and followed. For example, approaching Elders may involve a third party, the gifting of tobacco or other protocols that are specific to the community involved in the research. The partnership with Noojmowin Teg Health Centre has provided an ideal opportunity to collaborate on a research topic that is relevant to the community and fills an important gap in the literature. It has also provided a way to be mentored by an Executive Director

of Noojmowin Teg and a thriving Aboriginal health agency. Research projects like this one that go through the rigors of community based research ethics only add to the validity of third party ethical reviews. A new power relationship is being created where Aboriginal people are no longer the subjects of research, but the active initiators and participants in the design, implementation and analysis of the data. Bridging the requirements of the academy and the needs of the communities has required negotiation and flexibility, but has also contributed to the models emerging across institutions and universities of Aboriginal community based research by Aboriginal scholars.

The following chapter explores the stories of twelve mixed race First Nations women and their attempts to situate an authentic identity and develop positive health and wellness. As the analysis reveals, there is no simple formula for First Nations women to develop authentic identity and use it to shape their health and wellness. The path to health and wellness is not linear, and there have been many roadblocks, such as inauthentic identity formation, which have compromised this pursuit. Seeking out authentic identity itself is wrought with implicit health negating behaviors which the respondents revealed. Understanding these complex nuances is important for developing health models and policies that are reflective of the realities of First Nations women and that promote the improvement of First Nations health.

Chapter V: Presentation of Data – Identity

Identity is closely connected to feelings of self-worth and self-esteem and embeds itself in behaviors and actions. For the First Nations women who were interviewed as a part of this thesis, identity was nuanced and dynamic. Shifting notions of self were compounded because they had parents from two different ethnic backgrounds (white and First Nations) and by the fact that they grew up outside of the First Nation community. The women had returned to live and work on the reserve as adults. Their shared experiences were both negative and positive and demonstrated how they were able to “straddle both worlds” and come to terms with what it means to be “authentic”. Identity became a source of strength during their lifetimes and also a source of inner conflict and turmoil. Identity influenced their health behaviors in both constructive and harmful ways. The richness of the interviews demonstrates the complexity of identity for individual First Nations women in shaping their everyday experiences but also shows how far reaching identity is not only for First Nation communities, but also in the context of broader issues of nationhood and sovereignty.

The life history approach was very useful in ascertaining information on the broad spectrum of their lives. It provided an opportunity to share stories about First Nations identity with the research participants in an informal conversational style. The interviews were coded using grounded theory; the interviews were subsequently coded into 200 narrow topics. These 200 topics were then grouped into 10 key topic areas which include: (1) place and relocation (2) culture and traditions (3) authenticity (4) men and relationships (5) physical health (6) mental health and addictions (7) abuse (8) education (9) children and family and (10) society and community. The data was also divided into

two categories: identity and health and wellness. These two categories will be presented as separate chapters. This chapter will present the data that discusses themes of identity manifested in the topics of (1) place and relocation, (2) culture and traditions, and (3) authenticity. The last section of this chapter presents the results of the concluding part of the interviews: the medicine wheel. The data contained in this section provides an encapsulation of how the women perceived their identity journeys.

The life history respondents are referred to by number to maintain confidentiality (i.e. LH 1, LH 2, etc). Identifiers such as people and place names and occupations have also been removed to provide some measure of confidentiality. Key informants were also interviewed from local health and human service organizations which were used to confirm some of the patterns from the life history data.

1. Place and Relocation

All of the life history respondents were raised for a portion of their childhood off the reserve and 10 of them moved back either as a young adult or adult. Two of the respondents never lived in their First Nation community, but worked in their community. Table B provides a breakdown of the respondents and where they were raised as children and teenagers and where they live as adults.

Table B. Duration of Reserve Residency/Off Reserve Residency

Respondent	Raised as a Child (Age 0-13)	Raised as a teenager (Age 14-18)	Lived as a young adult (Age 19-25)	Lived as an adult (Age 25+)	Currently living on or off reserve
LH 1	off	off	off	off	off
LH 2	off	on	off	off	off
LH 3	off	on	on	off	on
LH 4	off	on	on	on	on
LH 5	off	on	on	on	on
LH 6	off	off	on	off	on
LH 7	off	off	off/on	off	off
LH 8	off	on	on	off/on	on
LH 9	off	off	on	off/on	on
LH 10	off	off	on	off	on
LH 11	off	off	off/on	off	on
LH 12	off	off	on	off/on	on

Being connected to the physical place of community was important to all of the respondents. Being raised off the reserve and moving back later in life impacted all the women in how they felt connected to their community. Three of the topics discussed around place and relocation were (a) push and pull factors, (b) relocating, and (c) stability.

a. Push and Pull Factors

Push and pull factors can be described as the tension between loss and opportunity. The factors that push you into the community may be the connection to family and access to services. Pull factors may include the experiences of violence and poverty (Newhouse and Peters 2003:8). Access to things like housing was an important pull factor for some of the respondents. In some communities, you “rent to own” your house through the band. LH 12 had invested years of her income into her house, which she would have to give up if she left the reserve and rented it out. While she went away to school, she ended up paying rent in the “rent to own” program through the band in

addition to the rent she was paying in the university town. This has kept her from seeking other employment: “the things why I don’t leave is the house, while you are paying rent, you can’t leave it. I can’t rent it out. When I was at school I was paying rent on this house and I couldn’t go anywhere” (LH 12). Because she financially invested significantly to this home, she was not willing to “give it up” to the band. So she was in essence trapped through the band policy into paying rent through the “rent to own” program, as well as paying for rent on a place while she attended university. This policy inhibited her from leaving the community to seek other employment opportunities.

Another respondent felt that there was insufficient programming for children on her reserve, and she felt unsafe there: “the kids there are more taking over. You can’t even walk down (First Nation community) without being robbed, it’s just really bad; nothing is being taken care of there. They don’t have any programs for kids, nothing” (LH 2). Another respondent felt that her kids were safer in her community than in the city, despite there being fewer opportunities: “I like it better here because it’s quieter; I feel my kids are safer” (LH 5). This respondent also acknowledged that there are negative factors on the reserve “I think there’s a lot more drinking here. There are a lot of people who you know would harm children in not a very good way. I’ve taught my kids to only stay in certain areas. They know the ‘rules of the rez’” (LH 5). LH 12 felt a major pull factor to staying on the reserve was access to childcare. She said “On the reserve there is basically a free daycare. Because I have no family, childcare is a big issue for me, after school and everything” (LH 12).

For those who receive an education, there is a pressure to return to the community to “give back”, especially when the First Nation funded them. What some people are

finding is that there are insufficient opportunities for employment even when they do return. LH 4 discussed this conundrum in her interview: “I think about how we push young people to go get their education, to come back and give back. Now that I’ve been here, I see all the educated people leaving for jobs, but how are things going to get better if all the educated people leave” (LH 4).

b. Relocating

All of the nine women who moved back to their First Nation community were happy with their decision. Despite acknowledging some of the negative factors to reserve life like poverty, access to opportunities for children, the prevalence of addictions and limited employment opportunities, the women who returned to live on the reserve felt that their life was more carefree. LH 10 reflected on moving to her husband’s First Nation community and living on reserve for the first time:

Life is simple out here. First Nations people live a simple life. When you go off the reserve, things can get complicated. I don’t need a lot of stimulus. I like the quiet life and like the fact that our community is small and life is simple. It teaches you to be humble. (LH 10)

LH respondent 11 also appreciates the quiet life on reserve:

Coming back from the urban setting to here, has been a release. There’s not that manic pressure that you find in the city, keeping up with the “Jones”, the smog and the noise. Here it’s quiet. You hear the loons and the frogs in the morning. (LH 11)

The importance of being close to family and friends was discussed by all of the participants who had decided to live on the reserve as adults. Four of the respondents had moved to the reserve to follow their parents who had decided to move back. LH 12 moved to the reserve while she was in university because her mother had decided to relocate after the band offered her a house as a returning Bill C-31 Indian. LH 12 felt welcomed by some people, but not by others. She said: “the only reason I came back was

for my mom. I was mostly wrapped up in just her and I; so I wasn't concerned with what people are saying" (LH 12). LH 2 also moved back to the reserve to follow her mother: "My mom wanted to move back to the reserve; she wanted to get out of the city and go back to reserve" (LH 2). LH 5 moved from a large urban centre to her First Nation when her family inherited a house on the reserve. LH 6 has considered leaving the reserve, but feels her son would lose the connection to his culture. Her partner's family "is a large one, and there's lots of love there" (LH 6).

c. Stability

Having stability for themselves and their children was important for the respondents. Not having a stable place to live and moving around a lot impacted the respondents. LH 4 noted that: "I did well in high school; it was just my first year at MSS [Manitoulin Secondary School] I had a hard time. I think there was so much change going on" (LH 4). One of the respondents credits her good life to moving back to the reserve. Reflecting on her time in the city, she said:

I think that I wouldn't be where I am today if I didn't move to the reserve. I was hanging around with the wrong people; I was living in low-income housing, skipping school. I often think that if I just stayed there, I would have still lived in the ghetto, and not finish school, with 10 kids. (LH 3)

Six of the respondents moved frequently during their childhood and teenage years which resulted in a lot of instability. LH 5 moved from the city to the reserve several times while her parents looked for work: "we did move to (urban city) when I was 4, 5 and 6 and came back to (First Nation community) for a year, and then back to (urban city) again" (LH 5). LH 7 never moved to her reserve, but has lived in the same community most of her life. Stability is important for her: "that's been important for my kids, to keep them in one place and give them some stability. They are very firm in who

they are” (LH 7). LH 8 moved around a lot due to financial circumstances and her mother’s addiction to alcohol. She said: While in (urban city) we got evicted a couple of times and stayed in the Haven House and there was a lot of unstableness. She stopped drinking for a while, while we lived in (urban city)” (LH 8).

We moved a lot around when we were with him. In the summer time we would live in (city). In the winter we would live in (city). He was a migrant worker, picked fruit. I never really stayed at one school for very long. (LH 9)

LH 2 moved almost every year of her adult life because she was “just never happy anywhere” (LH 2). She felt that each place she moved to, there was always something wrong with it, so she would move somewhere else. LH 5 also feels unstable about her living situation and constantly moving around: “it feels like I have to be moving all the time, but I don’t want to move. It’s a feeling of uneasiness and I’m not sure what it is. I think if things are going to good, and I let myself relax, then I think something is going to happen” (LH 5).

2. Authenticity

The research participants felt strongly that where they grew up had a lot to do with how authentically they felt connected to their family, community and culture. The First Nation communities of Manitoulin Island are small, and in some cases there are only a small number of families which have lived in these communities for generations. Being asked “who your parents are” is a common question. One respondent stated that “with native people, they always ask “oh, are you native? You’re from (First Nation community)”. I’ve had some negative reactions. They ask who my parents are” (LH 8). The experience of authenticity was discussed in various contexts including: (a) exclusion and fitting in, (b) passing and physical appearance, (c) identifying as a First Nations

person, (d) partners and their identity, (e) working in the First Nation.

One life history respondent, who had never even visited her First Nation when she was growing up since her father was adopted out, had feelings of authenticity immediately when she moved to her reserve. She began to feel a sense of inclusion and connectedness with a conversation she had with a community member:

My cousin took me to the Ojibway Cultural Foundation, and I went to see her dance. There was an elder there, who asked who I belonged to. Which I thought was kind of interesting. She said that this was (woman's name)'s granddaughter. And he started telling me stories about visiting my grandma in (urban city). It was the first time I had met someone who knew her. (LH 6)

Feeling excluded can result in lower self-esteem. One respondent stated: "I don't think I am a good enough Anishnawbek because I'm half. I think it's something I carry with me all the time. Something I feel like I have to prove to people" (LH 4). All of the life history research participants grew up off reserve and had various feelings of disconnect from their family, culture, language and the land.

a. Exclusion and Fitting In

Feeling connected and a sense of belonging is the foundation of community. Fitting in can be difficult in small communities where there is a shared history and experience among families and lives are so interconnected. One of the respondents who grew up and lived in an off reserve community near her First Nation, then moved to the First Nation community of her husband. Her husband had grown up and lived in his First Nation his whole life (except for the period of time he went to university) and had deep family and community connections. She had not felt these connections to her own community. She transferred her band membership from her First Nation to her husband's First Nation, and never felt that she truly belonged to this community. She says "over

here, I was waiting for someone to say to me that I don't belong here. I'm sure there are people who think I don't belong. Part of me is just waiting for someone to say something to me" (LH 10). KI 3 stated that social stratification exists for those who "grew up on reserve and are mixed compared to those who grew up off reserve and are mixed. When you grew up there you know the issues at the core of your being, not just by hearing about it" (KI 3).

Another life history respondent shared her feelings of exclusion when she was working on the reserve because she grew up off reserve: "they make you feel like you're white, a white person working on the reserve. In a way, I might as well be white, was my kind of thinking. And if they don't know you, because you didn't grow up there, they treat you differently" (LH 1).

The same life history respondent discussed exclusion not within the context of being bi-racial, but specifically within the context of where and how she grew up:

I find that I talk to different people, this not so much the fact that I'm half, because I've talked to people who are full native, who grew up off the reserve and went back to work on the reserve and they're having a hard time fitting in. You grew up with a different set of values almost. (LH 1)

Transitioning to living and/or working on the reserve was initially difficult for all of the women interviewed. Part of this difficulty was the actual physical relocation from an often urban setting like Toronto or Ottawa which has cultural diversity, opportunities for recreation, and larger populations. The rural reserve settings of Manitoulin Island have arguably less cultural diversity, different types of recreational activities, less people, and more natural surroundings. The differences in norms and values seemed to cause more difficulty in the transition to reserve life:

It was hard to get used to the culture of living on the reserve. It was a different way of thinking, different way of doing things. Just the starting out with drugs and alcohol so young, having sexual relations so young, so many of my peers at that age caring for their younger siblings because their parents were at bingo or out drinking themselves. (LH 4)

The recognition of different value systems was noticeable for one of the life history respondents who grew up off reserve, and still lived off reserve, but who went to work in the community for several years.

...they really pay attention to the fact that you didn't grow up on reserve. And you're not the same as the people who grew up on reserve, your mind is different. I hate to bash my own people, but you can really spot the people who grew up on the reserve and people who didn't. People who grew up on the reserve just kind of take things for granted. (LH 1)

Feeling connected to the community was something that came eventually for some of the women, specifically those who had moved from off reserve communities to live in the First Nation. One life history respondent, who grew up in a nearby urban centre and moved to her First Nation community when her mother returned, eventually felt a sense of belonging. This woman said "when I lived in the city, I didn't feel like I belonged there, I had no connection, it never felt like home" (LH 12). This same respondent stated: "when I moved to the reserve, I felt a better fit. That's one thing I noticed about native people, they're always laughing and friendly; not all of them" (LH 12).

To build a circle of friends, six of the women discussed having to adjust their value systems to align with those in the community. For example, LH 5 describes how her social life revolved around drinking, and she often was the designated driver so she could participate in the social activities. She states: "even to fit in, I used to be a designated driver. My kids suffered for it. My mom would be babysitting, and I would be driving these people around having a good time. I just wanted to have some friends" (LH

5). The role that alcohol plays in First Nation communities can be much different than in off reserve towns and cities. When LH 5 moved to her First Nation as a young adult, she noticed immediately that there was a direct connection between fitting in and drinking alcohol. She commented that “it was the thing all my friends were doing, was drinking; they don’t do anything else. If I didn’t drink, they wouldn’t hang around me anymore. Even right now, all the ones I used to hang out with all drink” (LH 5).

The women who lived on reserve felt comfortable living in both the First Nation and in off reserve communities. Not only because of their physical appearance, but because of the experience of growing up off reserve had provided them with different perspectives on life in mainstream communities. This ability to “live in both worlds” was seen as a positive thing for the women: “even though I live here on the reserve, I would have no problems moving back to the city and fit in. I could fit in, because I fit in” (LH 5) LH 5 is referring both to her physical appearance and her experience and knowledge about city life.

Both KI 1 and KI 3 discussed the role of lateral violence¹² in the social stratification that exists in communities. Lateral violence takes place in several ways by community members turning on each other through emotional or verbal abuse in gossip, jealousy, and blaming.

b. Passing and Physical Appearance

¹² Lateral violence is a situation where both people involved are victims of oppression, and rather than addressing this system, they internalize their feelings of rage and anger and turn on each other in negative and abusive manners.

The phenotypes of those interviewed for this research varied from woman to woman. The women had varying combinations of light or dark hair, skin and eyes. How closely they resembled what they perceived to be a “typical” native woman, had different impacts on different women. Women who could “pass” for either a native or a non-native woman often used this to their advantage: “I found over the years that I’ve utilized that to my advantage; I’ve been able to blend in both societies, simply by using what I’ve been given” (LH 11). Blending in with other people was a common theme for many of the life history respondents:

Everything goes back to the sense of appearance. In the early days, identifying myself as First Nation didn’t win me any coups, so I tended to blend in. My last name would only be recognized up here. In the south, I could just blend in. Because of my complexion I was never taken for Indian. (LH 11)

Another respondent felt that “looking white” was an advantage to her. She noticed that when she went to stores or restaurants, her husband who was native would always ask her to interact with the cashier. When she asked him why he did that, he told her ‘you look white, and they treat you better. If I went up there, they wouldn’t treat me the same as they treat you.’ After a while, I did start noticing that there was a difference” (LH 5).

Three of the women discussed how they would pass for other ethnicities to avoid being identified as native. One respondent stated: “I remember being harassed and people always used to ask what nationality I was. Really they were asking why I was darker. All through high school, I was not acknowledging my native heritage” (LH 12).

Another woman would identify herself as belonging to a specific ethnic group to avoid being identified as native: “in high school, people thought I was Italian. I was embarrassed to be native. I used to go to afterhours clubs and I changed my name to “Pina Pichelli”. I really tried to hide the fact that I was native because I was embarrassed,

because of little slurs that I had heard (LH 5). Another woman also tried to pass as Italian: “Before I didn’t know who I was, I would always pretend I was Italian” (LH 12).

c. Identifying as a First Nations person

The women had different perspectives on and experiences with identifying as a First Nations person throughout their childhood and into adulthood. Some of this had to do with skin color, perceptions of First Nations people by the women themselves, and by others. Identifying, for the most part, seemed to be context driven. Who am I talking to and what impact will it have on our interaction? One respondent indicated: “It depends on who I am talking to. With non-native people, I will say I’m native. I’m proud to be native, but my skin color is light, so sometimes people will say ‘are you native?’ ” (LH 8). KI 3 discusses that what distinguishes First Nations people from others, is how they introduce themselves. KI 3 says that “when you introduce yourself, you say what First Nation you are from, and sometimes what clan you belong to” (KI 3).

Another respondent indicated that her choice to identify as a First Nations woman was entirely context driven. In her description, she refers to Nanabush, the mythical trickster figure in Anishnawbe culture:

When people ask me where I am from, I have different answers for different people on different days. Sometimes I feel like Nanabush, like where do you want me to be from. I feel a little trickster about it, because I can. I am Ojibway and I am crane clan. There’s no definitive answer to any of these things. (LH 6)

Identifying also coincided with an understanding of what it meant to be a First Nations person for the women themselves. Some women felt shame about being native:

“I was embarrassed to be native” (LH 5). She also said:

Once I accepted who I was as a native woman, and living on the reserve, I became a much stronger and prouder person because I didn’t have to deal with hiding who

I was. I could let who I was out, and I felt better about myself. Once I learned the things about our history, it made me prouder to be a native. (LH 5)

LH 8 felt some pressure from her non-native father to not identify as First

Nations:

He always told me growing up to change my name to his last name because employers would know you were native, and you won't be a good employee because they are always late. It bugs me when he talks about it. It makes me angry and that I have to show him that I am not going to be that way. I feel like I have to prove myself to him. (LH 8)

Another woman felt the stigma associated with being native caused her not to

identify as a First Nations woman:

I remember being called a squaw. Later on as I became more aware that I was an Indian girl; I had a lot of identity confusion. I didn't want to be identified as being native. I used to tell people I was English and not acknowledge my mom's side at all. (LH 12)

The stigma associated not only with being a First Nations person, but also a

woman was also felt by the same respondent:

I think if no one asked me my nationality or called me a squaw, I don't know if I would have questioned my identity; I would have thought I was just a regular kid. But because people told me I was different, that's when I knew I was different. So it wasn't my own perception of me, it was people telling me I was different. (LH 12)

Other women felt that identifying as a native women gave them confidence and

pride. One woman, who was in a custody battle with her ex-husband over their children,

discussed how the native court worker encouraged her to be proud of her heritage:

Every time I would go to court, I would go with my head down and I would cry. I remember her telling me, she was quite stern, that she doesn't want to see any of that, and she wanted me to hold my head up high like the native woman I was. That's what I did, and from then on, it really opened my eyes to what a strong, proud native woman I should be instead of going in there the way I was. (LH 9)

Understanding what being a First Nations person means was instilled in women

from an early age by their parents or grandparents. Whether this was positive or negative,

these notions stayed with them for a long time. One woman, who was raised by her native grandmother stated: “I was very aware of who I was, that I was native. I don’t think growing up I thought much about it, I was proud to say I was half French and half Indian” (LH 10). Another woman who was raised by her native mother and moved back to her First Nation as a teenager stated that “If someone were to ask me, what my ethnicity was, I always say native, I don’t even think to say that I’m half, and that’s just because once my parents split, I spent more time over here than with them” (LH 4). “Over here” refers to her First Nation community.

Another woman who was born, raised and currently lived off reserve, felt her children were ashamed of being native. While she felt a lot of cultural pride, and had worked in First Nation communities on Manitoulin Island for most of her career, her children did not have the same pride. For the majority of this life history respondent’s childhood, she was estranged from her native father and had little connection to her extended family in her First Nation community. When discussing her children, she said: “my kids don’t identify themselves as native, my daughter a little bit, but mostly they don’t. They see a lot of dysfunction in the native community and their father is non-native, so they don’t have any connection” (LH 7).

2. Culture and Traditions

Life history respondents had various experiences with their culture and traditions. All respondents felt strongly about their culture and all of them expressed an interest in learning more: “I love my heritage; I love drumming and the spirituality of it” (LH 9).

Another respondent said: “I go to powwows, I listen to music, I learn how to drum, and I pray and sing with the drum. I make drums. I’m learning to do some of the

craft things. I keep music around my culture” (LH 11).

None of the respondents felt less entitled to learn about their culture because they had a non-native parent. LH respondent 8 felt that her culture “has made me stronger; actually having something to believe in. I felt like I needed something to believe in, especially during the 14-16 age, I was quite lost. To be at peace with myself and to be self-confident in something is part of my identity” (LH 8). One of the respondents felt it was easier to learn about her culture and traditions when she moved back to her First Nation: “In (urban city), the only contact is with the Friendship Centre and taking part in their programming and there is always a cost factor associated with that. Here, it’s symbiotic, go down the road and talk to an Elder” (LH 11). LH 12 noted that culture and traditions have resurged in her community. She talks about one of her coworkers who began learning about his culture through drumming, which impacted his life significantly:

He’s really changed as a person. He really tries to practice his culture and it’s really nice to see. When I first met him, he used to live very differently. He has a long way to go, but he’s getting there. The same with another guy I know who used to do a lot of drugs and drinking, but now he’s really into his culture and language and it’s really amazing. So we are seeing a lot of that now. (LH 12)

Culture and tradition was one of the main topics discussed in the interviews and was seen as a positive part of their heritage: “I have a lot of respect for the traditions and the way things were, it was such a simpler time” (LH 1).

LH 10 also felt that culture happens with doing traditional activities like harvesting rice or maple syrup. She said that:

When you look at the culture and your identity, you become humble with the things you learn. Learning how they used to do things, you know, people don’t do those things. I learned it, but when you actually do it, it makes you humble to know how things are done. My husband and I did wild rice and that was a

process. We whittled the pounding sticks ourselves. We went in the boat ourselves, we danced on the rice. (LH 10)

LH 6 felt that when she gave birth to her son, her spirituality “reawakened itself” and she felt that “we are all connected through energy, and that we are a lot more powerful as creators of our own destiny than we like to admit” (LH 6). She now feels a sense of responsibility to carry culture to her son. She is still in the early learning stages about her culture and traditions and she says that she has “always thought about my traditions and how it contributes to me, but haven’t always been formulated. Now that I have a baby, there comes more of a sense of responsibility to do those things” (LH 6). For LH 4, learning about her traditions came with learning about her own family: “When it came down to traditions, it was always about family history (LH 4). LH 5 also learned about her traditions by learning about her family: “My aunts were the ones who told me about my roots and relatives who were related. The two older sisters are traditional people and they kind of filled me in on my roots. My mom just told me the basics” (LH 5). Respondents discussed topics relating to culture and tradition as (a) language, (b) medicines, (c) ceremonies, (d) traditional teachers and (e) spirituality.

a. Language

Language was a topic discussed by all respondents, with none of the respondents having fluency in Anishnawbemowin, and the majority of them attempting to learn it at some point in their life. Three respondents had negative experiences when they tried to learn it from their parents or grandparents. LH 1 asked her mother to speak to her only in Ojibway one summer so she could be immersed in learning the language. She got frustrated by this experience: “she would try to be telling me something, in Ojibway, but I would be taking time to figure out what she was saying and she would go, “Ahhh!” So

that didn't last that long, but I'm going to try doing that again. Because I would love to be able just to speak it" (LH 1). This same respondent tried to speak the language with her grandmother: "but she just made fun of me, I think that's so wrong" (LH 1).

LH 11 had a fluent mother, but only spoke to her family members in the language. She said that "if she saw other people on the street, she said, "speak English". So it's almost like she was angry at her own nativeness, where conversely I wish I could speak the language fluently" (LH 11). LH 12 also attempted to speak the language with her mother. She said: "I've heard my mom speak the language; I wish I had learned but she would never teach it to us. I've tried, but you need a language teacher. I would come home and try to speak with her, but she'd say 'that's not the way you say it, that's (First Nation community) talk, it's not the way we say it here.' She would end up arguing with me" (LH 12). Another respondent wished she had learned the language from her mother: "she speaks the native language really good and she regrets not teaching us the language because she knows it so good" (LH 2). LH 7's father was a fluent speaker who only spoke the language when native people visited their home: "he never spoke to us in the language, although I heard him speaking it" (LH 7). Some respondents felt that their parents felt shame about teaching the language, and conversely the respondents also felt shamed by fluent speakers for not knowing the language. LH 12 said that her grandparents thought that learning the language was not necessary. Knowing the English language was seen as more relevant and made it easier to live in their changing society. She said that during her grandmother's time "the Indian Agents were not promoting the use of the language, so my grandma saw that as a survival thing" (LH 12). LH 1 felt frustration about not speaking the language: "that's the one thing that really bothers me

about the elders on the reserve is that they complain about how the youth don't speak their language, but when you try, they laugh at you" (LH 1).

For LH 10, her non-native father would not allow her native mother to speak the language "because my dad thought that was ignorant if other people were over who couldn't speak it. In his house, people had to speak English" (LH 10). LH 10 also noted that her father spoke French in the house with his family despite the fact that his wife and children did not speak that language. LH 1 felt pressure about not speaking the language when she worked on the reserve: "people, elders would always call and they'd want to speak in native language, they refuse to speak English to you" (LH 1). LH 11 says she can understand the language because she "was raised by my grandparents, I can't articulate it back. When I do, it just sounds like a white person speaking Indian" (LH 11).

Moving to the community helped some of the respondents pick up language more easily: "I'm learning more language being home, being home all the time" (LH 4). LH 5 said that while her mother didn't speak to her in the language, she "learned more native when I moved up here" (LH 5). One respondent who moved to her husband's First Nation to live and work in the school as a teacher said that:

My children teach me the language as much as my husband. I understand the language more than I speak it. I know I used to get mad at my husband, if you spoke to someone in the language that he was being ignorant, just like my dad. We had a conflict over that, and (partner's name) explained it to me that the more I listen, the more I would pick up the language. Today, that's what I do, I listen more. I think I've learned quite a bit of culture since I moved here. (LH 5)

One of the respondents felt so strongly about language retention that she chose to have part of her wedding ceremony done in her language. She said that "was one of the things we decided for the wedding, that we were going to do the ceremony in the language. I have one month to learn it" (LH 4). LH 5 reconciled the fact that she will

probably never learn the language, but her children are learning it in school: “I’m glad my kids will learn it. My kids got a couple of awards for Ojibway. I try to encourage them and try to teach the stories” (LH 5).

b. Medicines

All respondents except one had some exposure to traditional medicines either through their own family members or through traditional teachers. Three of the 12 respondents make use of traditional medicines on a daily basis. What seemed to be important was for the women to have a mentor or someone to learn this knowledge from. LH 11 is going to start taking classes on traditional medicine and her cousin is learning to be a traditional medicine woman. She feels strongly about this because “it was so integral to my grandmother’s existence, and she was so healthy” (LH 11). LH 5 found a mentor: “she’s been a very good mentor to learn from. She’s taken me out and shown me where to look and pick sweet grass” (LH 5). Despite reluctance from her native husband, LH 9 has exposed her children to traditional medicine: “I go to the medicine man when I feel like I need to. All my kids have their [traditional] names. I see him for physical health. The kids see him; (son’s name) has seen him for health reasons, and also for their names” (LH 9). LH 11 gained some knowledge on traditional medicines from her grandparents, but wasn’t able to retain it:

My grandmother was a medicine woman; she was also the local midwife. When I was a child, I got to gather medicines with her, but it was at a time when we didn’t talk about it. It was a very traditional; you don’t tell people that you do medicines because the juganosh (white people) will take it away from you. Today, there are only a certain things I would remember, she wouldn’t let me write it down or take pictures. (LH 11)

LH 5 had some experience with a relative who taught her traditional healing methods that she now uses for her own kids. She said:

I remember when I was a kid, I had a fever. My step dad knew a lot of the medicines because his dad was a traditional healer. When I had a fever that wouldn't break he cut up an onion and put it in my socks. In the morning, it had cooked my onions, and the fever broke. (LH 5)

This same respondent learned to make a salve from her aunts that is:

...made out of buds, honey, bear fat, and a bunch of stuff and it's good for anything. If you get a cut, you put that on there and it heals it. It smells like pine or cedar. I like that. That's the only one I use. (LH 5).

LH 7 incorporates traditional medicine and healing into her daily life and says that "I believe strongly in the medicine wheel and balance of elements" (LH 7). LH 8 mainly uses western medicine but says she has used roots "for colds. I've used cedar tea, and this other stuff that is a powder but you boil it to a tea as well" (LH 8). LH 12 believes in the power of traditional healing and medicine: "natural medicines, I've seen my mom use them, and I've seen one actually work so I believe in the power of natural medicines" (LH 12).

c. Ceremonies

Respondents had various experience in different ceremonies such as sweat lodges, naming ceremonies, feasts, rain dances and sun dances. Some of the respondents grew up attending ceremonies with their families, while others had to seek out these experiences as adults. LH 4 had a mother and stepfather who were very involved in traditional activities, and she incorporates that into her daily life. She says: "we do a lot of traditional ceremonies. We usually have shake tent ceremonies. We've always grown up in it. Stuff that goes on in the communities, like seasonal feasts; we try to go to that" (LH 4). LH 7 says that "I know some traditional stuff, and I do ceremony and I've participated in ceremony" (LH 7).

LH 8 said that she began going to ceremonies when she was 9 years old. Her

mother was a part of that learning for her: “I asked my mom for help with that. When I went to ceremonies I got my native name and at the same time he [the traditional teacher] reassured us on our clan” (LH 8). LH 11 also incorporates ceremony into daily life: “I’ve been very interested in native spirituality over the years, I do drum myself, I sing with the drum, I do ceremony and I purify and have been collecting native artifacts” (LH 11).

Nine of the respondents began to participate in ceremonies when they moved back to their First Nation. LH 5 says: “I’ve learned more since I’ve moved to the reserve than when I lived in (urban centre). I’ve been to powwows, I’ve been to a sweat, I’ve taken part in ceremonies at different seasons, I’ve learned more native words (LH 5). LH 10 has participated in ceremonies with a local Elder since moving to her husband’s reserve:

...when they have things like the feast of the dead, she does teachings on why we have those ceremonies, so learning about that and the way they are. I’ve been to those teachings. My husband has taught a lot of his beliefs to me, or shared what he knows. If I have questions on those things, I’ll ask him. (LH 10)

Another respondent practices her spirituality in a private way: “there are ceremonies I do, but my life is my private life. There’s people I share with, and a friend that I talk with who is high up in Midewiwin lodge. It’s interesting because I can walk in both areas” (LH 7). Other respondents tend to participate in ceremonies on a less frequent basis: “it’s not something I do on a daily basis, more when activities come up, or when community members ask me to dance. I go to ceremonies, in the mid-winter, spring and summer ceremonies that I go to (LH 8). KI 3 was not exposed to culture and tradition as a child. She said that “my Dad was very religious [Christian] and threw away culture, ceremonies and didn’t pass along language, because our parents didn’t converse in Ojibway. In terms of culture, these were things I had to pick up myself” (KI 3).

For seven of the women, participating in drumming circles has provided them

with an avenue to explore ceremonies. LH 9 first started experiencing ceremonies through her drumming group. She said “with drumming, we would feast our drums and ceremonies, like the birthing of the drums. We were supposed to be going on a fast, but I’ve not been able to do so because I am always pregnant, so that gets postponed. So I’m waiting for that” (LH 9). Powwows are a social event that involves intertribal dancing, performances and sometimes dance competitions, but the music, dances and ceremonies have a spiritual aspect. LH 8 was an active dancer which helped her to connect with her culture and spirituality. She said that:

I was a part of a dance troupe for a while and they would do different shows for tourists and I would travel to powwows. I don’t dance right now, I’m trying to make a new dress, but school is more important right now and keeping me busy. (LH 8)

Respondents felt some frustration as they attempted to learn and participate in ceremonies because of different interpretations of protocol and practices. LH 4 was planning her wedding, and wanted to have a traditional ceremony. One of the issues she encountered in planning her ceremonies was identifying what clan she belonged to since her father is non-native. She said “I always asked this question, because people have a different take, some say you get your clan from your father. What about me, because my father is non-native? So many people have so many different opinions on it” (LH 4). LH 12 also questioned what her clan was because her father is non-native:

In terms of my clan, I didn’t learn about that stuff till I came to university. I still hear a lot of mixed messages and teachings about that. I’ve heard some people say it comes from your father’s side, but he’s non-native. I’ve heard other people say you dream about it, so there’s a lot of confusion. If I look at it strictly the way it is, I don’t have a clan. (LH 12)

LH 6 had a similar experience when she took her baby to a powwow and brought him into the dance circle. She consulted with her own cultural teacher and she said that:

Someone told me that I shouldn't dance with him, because the spirits would think he was an offering. I talked to (name of man) and he seemed to think that was a way of controlling people. To me, it feels like a thing that didn't sit right with me. (Name of man) didn't seem to have any connection with it, but I thought if it was going to freak people out, I should wait. It's not the kind of belief structure I would like to nurture it, but I still would like to respect it. (LH 6)

LH 4 also experienced mixed messages about different traditions. She said that "there are even some traditions that to me sometimes don't feel right, they don't sound right. There are so many different people who say so many different things, so I just take from each person" (LH 4). Another respondent felt apprehensive about delving too far into learning about spirituality. She said that:

I don't know what I am afraid of. Even with going on my fast. I want to do it, and I am supposed to do it, but I don't know if I am afraid of what I'll see, what I'll find out about myself. Maybe I'm just afraid of who or what I am like. I still feel like I have more to learn before I step any further. (LH 9)

d. Traditional Teachers

Eight of the respondents had trusted traditional people who teach them about their culture, ceremonies and traditions. LH 10 learned about some of her culture by sitting on the powwow committee. She says that "I've learned a lot from our Elder about the protocols and etiquette. If there is something I don't know, and if she doesn't know, she'll find out for me" (LH 10). LH 10 also felt that she learns the most from children and elders: "I love listening to the elders. I'm probably more attracted to elders and children than I am to people my own age. I learn from both of them" (LH 10). One of the respondents has a friend who is the Midewiwin society who has "helped me learn things. I have been given eagle feathers and I know the responsibility of them" (LH 7).

However, several of the respondents did not feel like they had access to a traditional person who they could feel at ease with. LH 6 says that "I would like to find somebody, a woman that I was comfortable with, but I think that will come. I'm a

believer that when you start talking about things, they come to you” (LH 6). LH 12 found that once she left university, she didn’t have as much access to her culture even though she was back in her First Nation. This respondent describes the lack of teachers in her family: “once you’re out of school, there’s no one to talk to, there’s no elders. There’s one person who dances, and you have to make an appointment to see someone. I don’t have any family teachers” (LH 12). LH 12 felt she did not have access to traditional teachers: “I don’t have anyone to teach me traditional things, and I get such mixed messages. Because I don’t have a family member to talk to, it’s hard. You almost have to schedule an appointment with someone. How do you access the teachers?” (LH 12). LH 4 said that there were some conflicting messages she has heard in teachings and that she just takes what feels right from different people. LH 9 says that growing up in the community doesn’t necessarily mean that you grew up knowing your culture. She says that:

There are other people in the community, people who’ve lived here their whole lives who don’t know their traditions or know who they are and are afraid to ask. There is someone who lived in (local town) her whole life, her Dad was white. She still doesn’t have her spirit name. (LH 9)

Three of the respondents were fortunate to have parents who were involved in teaching them about culture and traditions. LH 4 has found that in comparison to her peer group, she has a stronger sense of cultural identity. Her mother supported her interest in powwows and other cultural activities: “when I was younger, I really got into the powwows, so she took me all over in the summers, all over Canada and the States” (LH 4).

LH 2 would like to get more involved with her culture for the sake of her children. She says that she would like to know more: “I should be doing more but I don’t

because it's just so hard, there are no places, especially in (local town). In (urban city) there's a lot. I'd like to get our native names; I would like to get that done" (LH 2). LH 7 felt that because her children are not interested in their culture and traditions, she doesn't participate as much as she would like to:

I've been to a few sweats, but I haven't exposed them to it a lot because they aren't interested. They don't go to powwows. I brought them to stuff when they were little. They are resistant to it, mostly the boys. My daughter has been, she's been to a sweat. She talks about her "nativeness", but my boys are not remotely interested. I wish they were interested, I wish it was something I could share with them because it's part of who they are. (LH 7)

Often, the women will seek out traditional people from their own community or area to learn about the culture related specifically to their community. Two of the respondents felt they had to look for teachers outside of the community. LH 7 states that "all my teachers have not been from here. All the ceremonies I've learned are from people who were not from here. I don't feel there is anyone who I am comfortable with because I see how they behave outside of the sweat lodge" (LH 7).

Respondents also indicated that they saw a lot of hypocrisy from traditional people and that:

If that's the path that you walk, then your whole life has to reflect that. It's the same as the drummers, who drink and use drugs; you can't sit round the drum. If you choose that life, you choose the whole life. (LH 7)

She also states that "I look at how people run their lives and if what they are teaching doesn't match the life path they walk, than I don't have anything to do with them. I've dealt with too many people who are hypocrites" (LH 7). This duplicity is important because it can be a deterrent for people to become involved in reclaiming traditions and culture, especially with younger generations.

Traditional healing is something that is being sought out by many of the

Noojmowin Teg Health Centre clients with mixed parentage. At one of the health centres, a key informant estimated that 30% of their clients had one First Nations parent, and one non-First Nations parent and that “they are the most interested in learning about their culture” (KI 1).

e. Spirituality

Respondents had varying perspectives and inclinations around spirituality. All of the women except for three were not raised in a household that practiced native spirituality, and it was something they learned as young adults. Other respondents were raised within a Christian context and continued to hold onto those beliefs. LH 11 blends Christianity and her Ojibway traditions which guide her in her “moral perspective of what is right and wrong. So I do smudging, which is symbolic to me of cleansing, because we are using the four sacred herbs. I try to do that on a daily basis” (LH 11). Another respondent reflected on things her mother had done that were spiritually based, although at the time she didn’t realize it. She said she remembered her mother taking her and her siblings for walks in the bush when her father was drinking. This allowed her to connect with nature: “I think even her bringing us back here allowed us to keep that connection with the land. I’ve always felt that, and that respect for animals. I feel that “all my relations” connection” (LH 12). This refers to the notion that everything and everyone is connected together. Another respondent felt a spiritual connection to place when she first began working in her community:

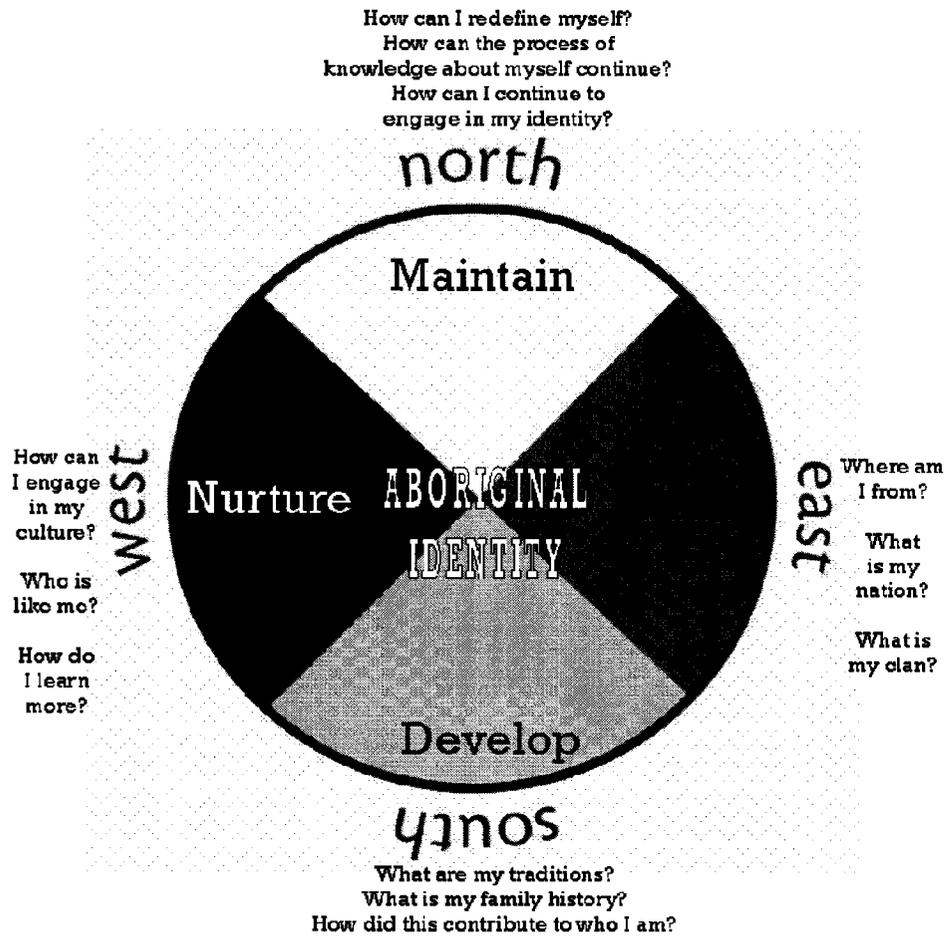
I remember that it was an awesome feeling that I was connected even though I wasn’t raised there. I felt an awesome connection to the land. It was nice to feel like I felt somewhere for the first time in my life. (LH 7)

4. The Medicine Wheel as an Exploration of Identity

For the purpose of this research, the medicine wheel that Anderson (2000) presents was adapted and presented to respondents asking questions relating to their identity. This was used as a tool in the life history interviews to capture how the women situate their identity. Figure C provides a review of how these questions were framed. A more detailed discussion of the medicine wheel as a methodological tool is provided in the methodology chapter. LH 10 describes the importance of the use of the medicine wheel in her daily life:

Anishnabek people are very spiritual people, and it's who I am, I am very spiritual. I believe in the Creator, and think that things that happen to me are what the Creator has in mind for me. I try to look at the good every day. I think I've always been like that. The Creator is a big part of my life and he always has been. (LH 10)

Figure C. Aboriginal Identity Medicine Wheel



a. East/Identify: Where am I from? What is my nation? What is my clan?

“Where am I from?” is a standard question posed upon initially meeting a person. For some people it is easy to answer. People may say that they were born and raised in the same place, or they emigrated from another country. For First Nations people, the notion of “where am I from” takes on another meaning, because they may have been born and raised in one place, but their ancestral history is from a specific place that has a formal membership. Status Indians belong to a specific community (band) within a specific political nation (i.e. Nishnawbe Aski Nation or Anishnabek Nation).

Traditional kinship systems can be a difficult identifier because much of this

knowledge, which at one time determined the makeup of the community and a family's roles and responsibilities, may no longer be relevant in terms of marriages and community relations. For First Nations people from a mixed racial background, traditional kinship models are more complicated by the manner in which lineage is passed from the matriarch or patriarch. The women interviewed in this thesis all agreed that belonging to a clan was something passed down from their father's side.

The respondents had various responses to questions on their origin and kinship. Three respondents stated that they consider themselves to be from their First Nation community. LH 3 says "I always identified myself as from here, (First Nation community)" (LH 3). LH 4 identifies herself as being from a specific part of her First Nation community "I would say I am from (part of the reserve)" (LH 4). LH 11 also says she is from her First Nation: "esoterically, I am from (First Nation community)" (LH 11). Other respondents had less definitive answers: "if someone asks me where I am from, I say from (urban city). I'll say I grew up on the reserve for a couple of years. I would tell people I was from (First Nation community) if people asked" (LH 2). LH 5 also identifies herself with the urban centre she was born in:

If someone asked me where I was from, I'd say (First Nation community). I'd kind of give my life story; I was born in (urban city) and now live in (First Nation community). I can't give (urban city) up as my root place, because that's where I was born. (LH 5)

LH 6 also doesn't have a concise response: "when people ask me where I am from, I have different answers for different people on different days" (LH 6). LH 7 also had some difficulty in pinpointing where she was from:

Where I am from, that all came about when I got our status cards. Before that, I didn't have a sense of where my dad was from or that mattered. We were living in (local town) with the whole idea that I wasn't from there. Once we got our status

cards, and saw the benefits, once I knew that, then I wanted to know who I was and where I belonged. This was kind of interesting because it created more of a problem – what do you mean, I don't belong here? The fact that I wasn't just from (local town) and then still not knowing how that all fit together. (LH 7)

LH 10 also is less definitive about her origins and she began to really examine these questions when she went to university where the focus was on Aboriginal culture:

Where am I from? Probably I started thinking about that in the last five years. I knew I was from (First Nation community), but my whole being, it probably refers back to that identity thing, really looking at who I am and where I come from. I ask more questions today than I did back then. Even my own children ask. (LH 10)

The concept of nationhood was complicated for the respondents. Politically, all of the respondents, whose First Nation community is on Manitoulin Island, belong to the Anishnabek Nation which is comprised of tribal groups that include the Odawa, Ojibway, Pottawatomi, Delaware, Chippewa, Algonquin and Mississauga tribes. The following treaties fall within Anishnabek Nation: the Robinson Superior Region (Thunder Bay, E. to Wawa), the Robinson Huron Region (Sault S. Marie, E. to North Bay, S. to Parry Sound), Southeast Region (Central Ontario) and the Southwest Region (Western Ontario). The communities of Manitoulin Island belong to a tribal council called “Ogimaag miinawaa Zagaswe'iwewinan Manidoo-minising” or the United Chiefs and Councils of Manitoulin (UCCM).

Only one of the respondents identified that she belonged to the Anishnabek Nation: “when someone asks me what nation I am from, I say Anishnabek” (LH 4). The rest of the respondents were either unable to answer the question, or gave varying responses like “I'd say First Nation is my nation” (LH 5).

Identifying what kinship clan they belonged to was difficult for the respondents because for the communities of Manitoulin Island, clans are patrilineal, and many of their

fathers were non-native. LH 12 has this dilemma around clans because her father is non-native “I’ve heard some people say it comes from your father’s side, but he’s non-native” (LH 12). For four of the respondents, they knew their clan definitively: “I knew about my clans, my mom talked to me about that” (LH 3), “I am Ojibway and I am crane clan” (LH 6), “when I went to ceremonies I got my native name and at the same time he reassured us on our clan” (LH 8), and “I recently found out we were bear clan” (LH 10). Four of the respondents did not know what their clan was: “I don’t know about my clan, my mom knows, but I never asked her” (LH 2); “I don’t know my clan but I surround myself with frogs and turtles and I love the waters, so now I think it might be fish” (LH 7); “I knew that I was Ojibway and I knew nothing about clans until I moved up here and started drumming” (LH 9); and:

Partly because their non-adherence to traditional values, or avoidance, we were never given a clan designation. Over the years I’ve been told that I belong to the deer clan. Apparently the deer clan tends to have characteristics of gentleness and nurturing and steadfastness. So that’s what I identify with. (LH 11)

Questions about kinship, such as knowing your “clan, colours and helper” are questions that are received by the traditional healers at Noojmowin Teg Health Centre most frequently by “mixed people” (KI 1). These are ceremonies that the traditional healer can provide to clients.

b. South/Develop: What are my traditions? What is my family history? How did this contribute to who I am?

Respondents were consistent in their responses about their knowledge of culture and traditions. The respondents who had a native mother were for the most part, more confident in stating they had an understanding of their family history and traditions. Out of the nine women who had a native mother, eight of them felt that they knew their traditions and family history. Out of the three who had native fathers, none of them

indicated they had a strong sense of their culture and family history.

Only one of the women who had a native mother had little knowledge of her culture and family history. She says: "I know where my mom and her parent's were raised. They were all just raised in the bush. My mom never really told us much about our family history. I think because we were raised in (urban city), that was part of the reason she never told us" (LH 2). The rest of the women who had a native mother had some sense of their family history and culture. LH 3 talks about when she started to learn about traditions and her family history: "I didn't trust traditional medicines at first, I think I was skeptical. I didn't start using it until I was 15. When we moved back from (urban centre) is when I started to understand it more. My mom always talked to me about her parents, and their status and history in the community" (LH 3). Today LH 3 takes a leadership role in organizing and participating in cultural activities in her community.

LH 4 had learned about culture and traditions from her mother from a young age. Her mother took her to ceremonies and traditional gatherings as a child, and today she still participates in these activities. She describes her love of the culture and her family history:

Traditions wise, I've always been intrigued, even before, just growing up, I was always curious about everything. When it came down to traditions, it was always about family history. I would always ask my grandmother about how people came here, with migration. She told me my grandfather's family was originally from (US state), so we actually still have family over there. My grandfather's Potawatami, and my grandmother's Odawa. I for sure feel like all this has contributed to who I am. (LH 4)

LH 4's mother and stepfather had exposed her to cultural activities as she was growing up. Today she still participates in many family based ceremonies and

community cultural activities. LH 5 started to learn about her family history and culture when she moved back to her First Nation community and reconnected with her extended family. She states:

It wasn't until I moved up here that I started to think about my traditions, and not really right away. It wasn't until I was around 25 is when I started thinking about that, experiencing the ceremonies and sweats and learning about different workshops. My aunts were the ones who told me about my roots and relatives who were all related. They went down to the archives and got genealogy sheets. The two older sisters are traditional people and they filled me in on my roots. My mom just told me the basics. (LH 5)

LH 5 participates in some community activities such as parenting workshops, but she does not actively participate in ceremonies. LH 8's mother also got her involved in dancing and culture at a young age. However, it wasn't until she was a teenager that she started to seek out information on her family history: "once I got into high school we had to do a family tree and that's when I had to ask who my grandparents and great grandparents were. That's when it came together when I started to think about residential schools and thinking about my mom. So then I knew that is why we are like that" (LH 8). LH 8 has worked in the cultural centre in one of the communities during the summer where she continued to learn more about local culture and history.

LH 10 has learned more about her culture and history since she moved to her husband's reserve and transferred her membership to his community. She says:

I asked a lot of those questions, what are my traditions. Because I do have a lot of friends in (First Nation community), I do ask what the traditions are. A friend of mine has a mother who is a medicine woman, and she teaches me a lot of stuff if I am asking about it. She shares what she knows about it. I knew my mom's dad originated from (First Nation community), and there aren't a lot of family members left. Now that I am a member here, I've learned more about the history of this place. (LH 10)

LH 10 sits on her community's powwow committee, and participates in

community based cultural activities. As a young child, LH 11 was raised by her grandparents who taught her a great deal about traditional medicine and culture. Today she is a very spiritual person, who is involved not only with her native spiritual traditions and culture, but also with the Catholic Church. She describes her spirituality: “my traditions are emerging from the Ojibway traditions that seem to feed both into my Christian perspective and my moral perspective of what is right and wrong. So I do smudging, which is symbolic to me of cleansing, because we are using the four sacred herbs. I try to do that on a daily basis” (LH 11).

She describes how her grandmother used to show her how to pick and process plants for medicinal purposes, and the strong sense of values they instilled in her. Her grandparents provided a solid Catholic based foundation in morality and self-worth which helped her in her later years. LH 11 felt that the unconditional love her grandparents and aunts and uncles had shown her provided her with the strength to overcome her years of hardship when she moved to live with her mother and stepfather. She describes this love:

I think it was the kernel that kept my inner heart secure with all the stuff that came. The next 8-9 years after that was a really volatile period. That impacted, but didn't destroy my kernel of who I was; it had been formed by my grandparents and uncles and aunts. (LH 11)

LH 12 grew up knowing about her extended family and visited them in the summertime. Her mother always made sure to keep her children connected to her family on the reserve:

She always raised us to have some connection. When we came here, she always made a point of visiting all of them, so we always got to see our aunts and uncles, so that was good. I think once you live here, it's different, and people are sometimes not even speaking to each other. (LH 12)

LH 12 did not know a lot about her cultures and tradition growing up, although she did learn about it while she attended university.

LH 6 has a native father, who was adopted out of the community as a young child. While he has returned to his First Nation community on Manitoulin Island, LH 6 has not learned as much as she would like to about her extended family. This may be due to the fact that she is not living in the same community as her father and her extended family.

As a new mother herself, she has become more aware of the importance of knowing about her family and culture for the sake of her son: “I don’t know as much as I’d like to about my parents and grandparents. A lot of those things require a lot more digging. Now that I have a baby, there comes more of a sense of responsibility to do those things” (LH 6). LH 7 also has a native father who became estranged at a young age. While he was in the family home, he became a Christian minister, and did not teach his children about his culture. As well, he did not have any connection with his family on the reserve, so LH 7 and her siblings did not grow up knowing any of their native relatives.

As an adult LH 7 has learned about traditions and ceremonies and is an active participant in cultural activities. She says learning about her culture has “taken a long time to get there. It certainly didn’t happen when I was young” (LH 7). Much of the activities that LH 7 participates in are not in her community. Today she has little contact or knowledge of her father’s family although she actively works in native organizations on Manitoulin Island. LH 9’s father was also native, and like LH 6, he was adopted out of the community at a young age. Now that she has returned to the community, she has begun to learn things about her family: “I’m still trying to find my family history. My dad can’t remember. My husband’s grandmother knows more about my family than my dad

does because he was taken away from here when he was five. Traditions are things that I am still learning” (LH 9). LH 9 has tried to involve her children in cultural activities like their naming ceremony.

c. West/Nurture: How can I engage in my culture? How can I learn more? Who is like me?

The western quadrant provided some more difficult questions for the respondents. Respondents easily identified how they engaged in their culture, but had more difficulty answering how they could learn more. Also, respondents had difficulty identifying other people who were like them, and seemed to feel like there were not many people with mixed racial backgrounds.

Three of the participants felt that they were in the beginning stages of engaging in their culture, and four of the participants found it difficult to access traditional teachers to assist them in learning more about their culture. LH 5 discussed how she engages in her culture: “I think I’m still in the process of learning. I’m still at the point where I don’t feel I’m totally settled and learned everything yet. I call myself a late bloomer” (LH 5). She also tries to get her children to participate in cultural activities in the community:

When I engage in my culture, I go to powwows. I just usually go to our powwow. I do show respect for Elders and teach it to my kids. When we do go to a workshop where they do the smudging, I participate in that. I try to teach my kids to respect the medicines. When I go berry picking, I put down tobacco. Little things like that. (LH 5)

LH 5’s children are learning about their culture and language in their school. She noted that one of her children won an award for learning the Anishnawbemowin (Ojibway language). LH 6 finds that her work in the arts community provides her with opportunities to explore and learn about her culture:

I always knew the arts was the way I've learned about my traditions because you have to depict it and you want to be true and have some authenticity. At this point, I think there is another layer, that's more personal and less work based. (LH 6)

LH 8 felt that she was currently at the stage where she is engaging in her culture:

“I think I am there now, trying to figure out how I can learn more” (LH 8).

Four of the participants felt that engaging in their culture was difficult because they didn't have traditional teachers they could access. These respondents felt that many of the traditional people in their community were not living their lives in a way that mirrored traditional values. LH 5 discusses this:

I learned a little about ceremonies. I thought they were ok. I didn't care for them because to me, these people who go the ceremonies, you have to love your neighbor. They talk about all their traditions, but I don't see them putting them into practice when they are here. These leaders in our community, but you don't see them practicing it on a daily basis. So it's hard to buy into it. (LH 5)

LH 7 expressed similar sentiments around finding traditional people who are not only practicing ceremonies but also ascribe to traditional values in their everyday lives:

That's one thing I struggle with, people I trust and when I want to talk about spiritual issues because of my experience. I look at how people run their lives and if what they are teaching doesn't match the life path they walk, then I don't have anything to do with them. I've dealt with too many people who are hypocrites. For me, when I want to learn more, I have people I talk to, people I trust. (LH 7)

LH 12 had trouble finding traditional people in her community because she does not have anyone in her family that practices traditional culture: “I don't have anyone to teach me traditional things, and I get such mixed messages. Because I don't have a family member to talk to, it's hard. You almost have to schedule an appointment with someone. How do you access the teachers?” LH 6 has found some difficulty sorting through the various interpretations of her culture: “I try to get a clearer sense of cultural practice and there are many different ways of being with it. I need to figure out what I am going to be comfortable with” (LH 6). She has received conflicting teachings and has one teacher

who she trusts and seeks advice from.

LH 9 has traditional people and teachers available, but she is reluctant to initiate further cultural learning:

I think I'm afraid still, to ask about cultural things. I just have to ask, and I guess it's not time. I don't know what I am afraid of. There are people I feel comfortable with, but maybe I feel I'm not ready to go further. Even with going on my fast. I want to do it, and I am supposed to do it, but I don't know if I am afraid of what I'll see, what I'll find out about myself. Maybe I'm just afraid of who or what I am like. I still feel like I have more to learn before I step any further. I just have no clue; it will come when it's time. (LH 9)

LH 11 also feels like she has traditional people she can access to learn about her culture. She is actively learning and participating in her culture through music, gatherings and the arts: "I like the theatre. When Debajehmujig (theatre group) was being formed, I attended all of their performances and supported them" (LH 11). LH 11 also accesses the Elders in her community: "going and talking to the elders is how I listen and learn. It's reading and being on the internet, and being open. My grandfather says that I should learn something new every day. You shouldn't go to sleep without learning something new, even if it's about yourself; even if it's about forgiving someone" (LH 11).

Noojmowin Teg Health Centre has a traditional healing program which was held in high esteem by several of the life history respondents who were aware of their services. Their programming tends to incorporate traditional teachings into their regular health programming. For example, moss bag making¹³ workshops are held which incorporates teachings about child rearing, prenatal health and Fetal Alcohol Spectrum Disorder prevention. KI 5 discusses how this traditional healing program has become

¹³ Moss bags are a traditional method of baby diapers. Moss is considered to have many healing elements that do not cause irritations or rashes. Bags of animal hide were used to gather moss and used for a baby's diaper, and once they were soiled, the moss would be returned to the earth and it would degrade naturally.

very popular because health staff across Manitoulin Island are becoming familiar with it and are making referrals. However, KI 5 states that there are still many inroads with physicians that need to be built in terms of referrals to the traditional healing program.

Only one of the participants felt that language was an important part of engaging in culture. None of the participants were fluent speakers despite having parents who could speak the language fluently. LH 4 discusses language and the connection to identity: “in terms of engaging myself in my culture, I just really have this belief that you have to know about your language and culture to know who you are” (LH 4).

The participants were asked whether they had ever connected with people who were “like them”, meaning people who were biracial, or people who had similar experiences growing up (like being born and raised off the reserve and moving back to the reserve). None of the respondents ever intentionally sought out people like them. Two of the respondents did have friends that they considered to be “like them”. LH 3 says that although she has never sought out people who were “like me”, she has a friend in the community who was raised off reserve and now lives in the First Nation community. She says that the two of them connect and “we get frustrated because there’s lots of negative things happening in the community...just the regular stuff” (LH 3). LH 4 also does not connect with other people like her, but has connected with someone who is non-native, but was adopted into the community by native parents. She says:

I don’t think I’ve ever found someone who is like me. I’ll meet other half native people, but for the most part, I find we’re different. The only person who is similar to me is a non-native person who was adopted into the community and has gone through similar things I’ve gone through, someone who has gone through similar transition, acceptance and health and well-being issues. (LH 4)

LH 2 never intentionally connects with people like her. LH 6 also does not

intentionally seek out people like her, although when she does, she has connected with them on issues around identity: “I don’t think I’ve sought out people who would have had the same background as me. I recognize people and am happy to engage in conversation when it happens. I’m trying to think of being aware of what people are carrying. I wouldn’t say it’s on a conscious level, there’s a certain thought process of where that person is from, and what their family situation is” (LH 6). LH 5 also does not seek out and connect with others who are similar to her. She says: “most people I know were born here, so I do feel isolated because sometimes I can’t connect. I can cohabitate, stay in the background, but can’t always connect with people” (LH 5).

LH 8 has met other people who are like her in terms of her biracial background, but also her experiences growing up: “I’ve met some people who are half native and half white. Then I’ve met other people who are just white but had a similar upbringing, a lot of trauma. One of my best friends has had the same kind of trauma, all the alcohol” (LH 8). LH 9 also knows of other people in her community who have a similar biracial background as her:

I know there are other people in the community, people who’ve lived here their whole lives who don’t know their traditions or know who they are and are afraid to ask. There is someone who lived in (local town) her whole life, her dad was white. (LH 9)

LH 12’s partner is also biracial and was born and raised off reserve before moving to his community:

My partner had the same family upbringing. We both lived off reserve; we are able to go the city easily. That’s something that’s helped us. We both moved back to the reserve. We had the same experiences where people challenged him. But he did the opposite; he got really involved in the heavy partying and I didn’t. I think that made life easier for him. (LH 12)

Despite having some similarities, LH 12 and her partner still have conflicts over

their differing values. LH 11 has family members with similar backgrounds who she has connected with: “Some of my cousins came from mixed marriages, they had alcoholic parents. We have these conversations that tend to come at erratic moments, like at people’s wakes” (LH 11).

All of the communities have opportunities to learn about culture. The Ojibway Foundation in M’Chigeeng provides extensive programming across Manitoulin Island, and all of the communities hold powwows throughout the summer. In terms of teachers, Noojmowin Teg has a traditional health worker, and much of their health promotion programming involves cultural activities. There is no organization that formally arranges for traditional teachers for community members except for Noojmowin Teg.

d. North/ Maintain: How can I redefine myself? How can I continue to learn about myself? How can I continue to engage in my identity?

In the northern quadrant, the women were asked how they have maintained their identity, and whether they have begun to redefine themselves. Seven of the women described themselves as coming through this stage and were back to the eastern quadrant of identifying. Two of the respondents did not feel like they were at ready to re-formulate their identity by returning to the eastern stage of identity formation.

LH 2 had trouble finding places to learn about her culture because she was in a small community. She says: “there’s nothing in (local town) for that. I’d really like to know my culture, but there’s nothing there. But in (urban city), there’s the Friendship Centre. When we were there, I went there, and I joined the programs” (LH 2). LH 2 likes the privacy and anonymity that she gets in the community she is currently living in.

LH 3 feels that she is constantly in the process of redefining herself, a process she

actively participates in: “I read a lot of self-help books. I listen to the Elders and the teachings, try to reflect back on my life and how it impacts my life now and my future and learning from the past. I think I’ve taught my daughter how to do this as well. It’s a personal journey, not really about work. I’m at a pretty good stage of my life” (LH 3). LH 5 has reflected on the learning she has done and thinks she is at the stage where she is redefining herself:

I would say I am redefining myself. I’ve been thinking about it. I know some things are in the works, but there are some things that are settled. I think since I’ve had kids, I’ve tried to be a better person. And I’m still working on it. I even think about that, where I was 17 years ago, and all the changes I’ve done. I’m like a completely different person. And I’m proud of myself. I think once I accepted who I was as a native woman, and living on the reserve, I became a much stronger and prouder person because I didn’t have to deal with hiding who I was. (LH 5)

LH 7 says that ending her marriage helped her to redefine herself: “I’m past the stage of redefining myself when I figured out who I was” (LH 7). She has spent a lot of time thinking about her value systems and what is important to her. She says:

I’m firm in my identity, I have a strong value system and I know what is important to me. Those things, I don’t waiver on. I would always say my family was most important, but I was a workaholic. One day I thought, I am missing all these things I am missing in my kids lives. If my family is important, then that’s where I need to be, so I left some committees. (LH 7)

LH 8 also discusses how comfortable she is with her identity when asked about redefining herself: “I think I get the best of both worlds being bi-racial. My brothers and sisters tease me a lot, but I feel like I am just as native as they are. I feel like I’m part of non-native people as well” (LH 8). LH 11, who was the oldest of the respondents felt that she continues to redefine herself. She says: “I think all in all, I am happy with me as a person. I like who I am today. I think being native has made my spirituality strong and given me strength and I’m very proud when I say I am native, equally I am proud to say I am white” (LH 11). This respondent attributes her education as assisting her in being

reflective of her behaviors and interactions:

I think I redefine myself daily as a nurse, my work in my community and more on the global side of being aware and being tuned into what is happening. I continue to be aware of my own shortcomings and I try to work on those. It comes out in some of my poetry and music that I write about the journey towards balance and self-fulfillment. I think because I am educated, I have the wherewithal and the desire to self-improve; to make the world around me a little better place as well. (LH 11)

LH 8 also feels her accomplishments in post secondary education have helped her redefine herself: “now that I’ve graduated, I feel more adult-like” (LH 8). In university, LH 12 was exposed to her native culture through native studies courses. This was the first time she has learned about her history. These courses played a pivotal role in her life and choice to work in her community. She felt that these courses helped to redefine her:

I think that happened when I was in university. It opened up a door for me and took away that shame of being native. I don’t think that learning would be the same without those courses. I think I needed to understand why I felt the way I did and that piece of the puzzle that I never got from anyone else. Without those courses in university, I would have never gotten involved in drumming. (LH 12)

LH 6 feels that her life as an artist has helped her to reflect on her identity. She is currently employed full time in an arts organization, but she is starting to reevaluate her situation: “my identity as an artist is shifting and it might be time to move on. I don’t think I am a “lifer”. I need a different set of stimuli and need independence. I think you can become lax as an artist if you are too comfortable, and you fall into a certain set of dynamics and your point of exploration becomes less on the edge (LH 6). LH 10 has spent a lot of time reflecting on her experiences in life and feels that she has come to the place of redefining herself:

I do my smudging and do my prayers, and I try to leave the bad stuff there, and not take it back. I reflect on leaving things, it is the way it is. I think I was a “poor me” person for a long time, and now I just trust the Creator and I learn that more every day. I am grateful that I am alive and healthy. I look at our home every day

and think, wow this place is beautiful. Not taking things for granted is important to me. (LH 10)

LH 2 and LH 9 do not feel like they are at the point of redefining themselves. LH 9 says: "I'm not at the stage of redefining myself yet. I'm stuck, but haven't moved along that far" (LH 9). LH 9 has been reluctant to participate in some ceremonies like fasting and sweat lodges.

The medicine wheel exercise was a useful interviewing tool because it was a symbol and concept that all the respondents were familiar with, and it provided them with an opportunity to reflect on their interview and include any other information. It also provided the respondents an opportunity to review their own processes of identity and how it has been shaped by life experiences and transformed throughout their lives. Eleven out of the twelve respondents indicated without being prompted that the process of doing a life history was a positive experience. Only one of the respondents seemed reluctant to disclose a lot of personal information, although she did not indicate that the interview was a negative experience. Three of the respondents asked for sections of the interview to be removed, one that included stories about sexual abuse.

5. Conclusion

All the women were at various stages in terms of reconstructing their identity as First Nations women. Identity issues were woven into their everyday lives from the use of their Status card, where they lived and worked, and what they saw in the mirror looking back at them. The respondents all faced significant struggles in their lives like growing up in an alcoholic home and feeling excluded, but one of the threads that pulled them through these struggles was the strength they drew from their identity. Understanding their distinctive culture and traditions, participating in ceremonies and

cultural activities, and knowing and learning language all worked towards positively confirming their identities.

At the same time, their identity also pulled them down other pathways that were not always beneficial to their health and wellness. The next chapter will describe how the respondents participated in high risk behaviors, remained in abusive and negative relationships, and neglected their physical health by living an unbalanced lifestyle. The women also explained their health status and the significant changes they have made to improve their lives. How these findings relate to the literature will be explored in Chapter seven.

Chapter VI: Presentation of Data – Health and Wellness

Health is an issue for everyone. Whether discussing positive health behaviors or low health status, health is a pervasive issue in everyone's lives. It was very apparent that the women's experience with their health closely coincided with their lived social experiences. The women discussed several interrelated aspects of their health and wellness, and discussed them well beyond the limited parameters of physiological health to include broader social indicators of health and wellness such as education, relationships and family. They also spoke about other social issues which affected their health and wellness over their lifetime. The respondents were all engaged in an examination of the multiple aspects of their health and wellness and many made or were making concerted efforts to make lifestyle changes. This awareness of their health and wellness became obvious through the interviews. The key informants, who were working in health and social service sectors, discussed the trends in health and wellness. They reported that women were primarily clients, and that health and social services have begun to take a more integrated approach to dealing with health issues. KI 5 noted that prevention has become more prevalent (such as women coming in for PAP smears) rather than just treating chronic illness (such as diabetes).

The data were categorized into seven broad areas which includes both physiological health and relational health and wellness. These include: (1) physical health, (2) men and relationships (3) mental health and addictions, (4) abuse, (5) education, (6) children and family, and (7) society and community. Many of these categories overlap in themes, for example, men and relationships were also discussed in relation to abuse and/or mental health and addictions. These categories must be viewed as

fluid and inter-related rather than as distinctive and discrete.

1. Physical Health

The life history respondents discussed various health issues, however there were several consistencies between respondents. While none of the women interviewed were diabetic, it was a concern for all of them due to a family history of the disease. The women all considered their physical health to be good to excellent. LH 2 says that: “I will see a doctor only when I’m sick. My health is pretty good. My kids and I don’t have a doctor here. We usually only go when we are sick” (LH 2). When asked about their perceptions of health and wellness, respondents all distinguished between physiological health and wellness. LH 3 said: “I think despite having disease, you can still be healthy and have a good life. Wellness is having a balanced life and outlook. It’s living a good life and doing the best you can with what you have” (LH 3). Women were also motivated by their children and by the experiences of their parents to become healthier: “It’s been in the last 8 years that I really decided to get healthy. My mother has struggled with weight issues her whole life, so I decided I wanted to be healthy and I wanted to make sure I would be here with my grandchildren” (LH 7).

Access to health services varied for on and off reserve respondents. According to LH 5 there are approximately 1000 off reserve band members living on Manitoulin Island who are not accessing the services as much as they could. The off reserve respondents, like LH 2 only go to the doctor when someone in the family is sick, did not have direct access to the services on reserve. Some of this was reported by a key informant as a “transportation issue” and that the off reserve population is “falling through the cracks” (KI 1). On reserve clients have more direct access to health services in their communities

and the service varies from seeing a doctor to seeing a nurse practitioner or Community Health Representative (CHR).

Most of the women interviewed were focused on healthy eating and exercise, however ten out of the twelve women interviewed were either currently smoking or had recently quit. The main topics discussed pertaining to health were (a) chronic disease, (b) nutrition, exercise and weight, and (c) smoking.

a. Chronic disease

Only one of the women interviewed had experienced cancer herself, and four out of 12 respondents had a family history of cancer. All of the life history respondents were well aware of their predisposition to diabetes and had seemed educated in preventative measures. LH 11 said “we have diabetes in the family. I’m a non-confirmed diabetic. My genealogy will predispose me if I don’t watch out (LH 11). LH 6 is also aware of her family’s prevalent history of diabetes: “8 out of 10 people in the family have diabetes” (LH 6). LH 8 says: “My mother has diabetes and it’s something I am concerned about it” (LH 8). LH 5 has made a concerted effort recently to change her diet: “diabetes runs in our family, but I don’t have it yet. I keep away from the sugar” (LH 5). Five out of 12 respondents had a parent who was suffering or currently suffered from cardio vascular disease. LH 11 was recovering from a heart attack. She said: “my family has a history of coronary heart disease, and I suffered a heart attack this year” (LH 11). Closely related to heart disease is hypertension. Seven out of 12 respondents were currently hypertensive.

b. Nutrition, Exercise and Weight

All of the women were conscious of the need to be physically active. Several of the women exercised on a regular basis. Some of the women integrated exercise into their

daily lives: “we walk a lot, since I don’t drive, that’s what we do” (LH 2), “I try to walk at least once a day, around the block which takes about an hour or so. I’ve been doing that for the last few years” (LH 5). LH 7 considers her health status to be extremely good “I bike 18-20 kilometers three times a week, and I’m training to run some marathons, and I play hockey and I kayak and canoe and hike” (LH 7). Other respondents make a concerted effort to visit a gym: “I work out about five days a week. I’m very lazy at times, and I need something to get me out of the house” (LH 4) and “When I’m at school I go to the gym three times a week” (LH 8).

Other respondents faced challenges when it came to exercising regularly. LH 6 attributes her fitness level to her smoking: “Yeah. I’m a smoker. I would say it’s impacted my ability to be as physically fit as I want to be” (LH 6). LH 8 exercises while she is away at college, but finds it difficult in the summer months because there is no gym in her community “I’m not exercising as much as I usually do” (LH 8). LH 9 also finds some challenges to regular exercise: “I used to be quite athletic. Now I don’t exercise as much, part of it is getting lazy, but also because of having kids and housework and working, and I’m not as motivated as before” (LH 9).

Several of the women were conscious of their eating habits and were taking measures to have a nutritional diet. LH 4 says “I’ve always been good with my eating. I love fruits and vegetables” (LH 4). LH 5 has spent this year revising her eating habits and has lost 20 pounds. She said that “I tried to cut out the starches and the salt. I was a big salt eater, and that was really hard to change” (LH 5). When one of her family members was diagnosed with diabetes, LH 6 began to really focus on her nutrition: “I eat pretty good 80% of the time, I eat a lot of legumes, but when diabetes came into play, I started

focusing on it more” (LH 6).

Some challenges to eating a nutritious diet were discussed. LH 8 finds it difficult to afford proper food: “It’s not really all that good right now because I’m at school. Financially it’s hard to buy good food. I know I shouldn’t be eating certain foods. I’ll go through certain spurts where I will eat healthy” (LH 8). LH 2 also finds her income to be an obstacle to buying the food she would like for her family “I’m getting into organic. About half my food is organic, but it’s expensive. I read lots of stuff on nutrition. In the last three years I’ve really been dedicated to eating healthy. My kids really like vegetables; I have no problem giving them even raw vegetables” (LH 2). LH 6 discusses variety and access to food while living on the reserve: “When you’re here, your options feel limited, and you have to know how to eat right, having enough protein and fiber, and I’m not sure that people think about while they are eating” (LH 6). KI 1 stated that part of the nutrition issues are related to the fact that there is less family farming, and so people are eating less nutritious foods. Noojmowin Teg has incorporated gathering food and medicine into their programs.

Six out of the 12 women interviewed considered themselves to be struggling with weight issues. LH 1 has always faced weight issues: “I lost a lot of weight a few years ago; I was small, down to a 31 jeans. But you know what I never let go of the fact, when I look in a mirror I still see a fat girl” (LH 1). LH 12 has also struggled with her weight her whole life: “my weight still goes up and down; right now I think I am a little bit high. I am an emotional eater, so I really have to watch it” (LH 12). LH 3 also struggled with weight “I was always overweight; in grade 8 I was over 200 pounds, and it was always related to being sexually abused. I actually lost a lot of weight after getting sick in grade

9, and stayed slim for a long time, until I quit smoking” (LH 3). LH 12 also attributes her weight issues to psychological problems she has faced: “When I was a kid, I ate for stress, I became an emotional eater. I have to watch that more. I started experimenting with bulimia. I would gorge and then vomit. The more I got stressed, I would do some more. I wasn’t stupid, I knew what was happening. I guess I was just so depressed” (LH 12).

c. Smoking

Six out of the 10 working women were working in health and human services. Despite being educated on the risks associated with smoking, these six health and human service workers were currently or had been smokers. Another four women were also or had previously been smokers. All of the women who smoked were well aware of the risks to their health. KI 3 reports that she has seen a lowering of the rates of smoking in the last few years. She notes that developing a “culture around not smoking” like “wearing seatbelts” and “not drinking and driving” is needed to lower the rates of people smoking.

All of the women who smoked, started to do so at a young age. LH 4 said that she has been smoking since she was 12 years old. She said: “I think I started because I always hung around older people and wanted to feel included (LH 4). LH 5 also smoked as a teenager: “I started smoking when I was in high school. I think I was 16” (LH 5). LH 8 began smoking when she was fourteen: “when I was small I would steal smokes from my mom and smoke them in her car” (LH 8). Despite being pregnant, LH 9 has been smoking for 25 years “I’m smoking right now while I’m pregnant. I’ve tried many times to quit. The longest I quit smoking was about 3-4 months” (LH 9). LH 6, who also smoked during her pregnancy, finds that her social environment fosters a culture of

smoking:

I smoked quite late into my pregnancy and I think that's because I am here. I didn't feel as much pressure because there are a lot of women going through the same thing, and there's some justification around it. If I look at the circle of girls I associate with, lots of beautiful, strong women, and what people are dealing with in terms of men's and women's roles, women get pregnant and the immediate thing that we have to be clean and sober, but the men don't have to do that. So there's an imbalance, and that stresses the women out. So there's justification for smoking when you are stressed; not that it's right, but that's how it plays itself out (LH 6).

LH 9 also attributes her smoking to the prevalence of smoking in her community:

"I think it depends on if I'm around people who smoke, then I smoke. If I'm around people who don't, then I don't smoke as much. There are a lot of smokers here (LH 9).

LH 4 also notes that smoking is embedded in her social life: "my social environment is a part of my smoking, social and family life" (LH 4). As someone who moved to her First Nation community and struggled to fit in with her peers, LH 4 found that smoking helped her to do that: "being included in friendships is a part of smoking. You can refuse a drink, you can refuse drugs, but if you refuse a smoke, then you're just not cool" (LH 4). Other respondents attributed stress to their need to smoke: "when I'm stressed out it sometimes just feels good to have a cigarette when you're stressed" (LH 1). LH 5 also noted that stress is the cause of her need to smoke:

I noticed I smoke the most when I am stressed out. If I get into a little argument, I want to smoke. If the kids are stressing me out, I want to smoke. I thought it was just purely habit, but now I've pin-pointed it. (LH 5)

Some of the respondents found the cost of smoking to be a deterrent. LH 2 said that she refrains from abusing alcohol and cigarettes: "Because I have kids, I would rather spend my money on them and the house. I don't smoke either. Knowing that my kid's dad has a problem also is a reason I don't do that stuff" (LH 2). LH 1 also considers smoking an expensive habit. She said that when she was a teenager, cigarettes cost six

dollars a pack, and now they are eleven dollars: “eleven dollars! How would you afford that now? 6 bucks seems like giving them away” (LH 1). LH 8 has noted that smoking has “financially affected me” (LH 8).

2. Men and Relationships

The majority of the women had either previously partnered with a spouse, were currently married, or were in a common law relationship with a man. Three of the women were presently single. The impact of positive and negative relationships with men was profound for the women who were interviewed. The main topics discussed were (a) men and addictions, (b) men and culture and identity, (c) men and children, and (d) marriage and dating. Table C provides a quick overview of the marital status of the life history respondents:

Table C: Marital Status of Life History Respondents

Respondent	Age	Currently Married or Common Law	Previously Married or Common Law
LH 1	34	No	Yes
LH 2	27	No	Yes
LH 3	36	No	Yes
LH 4	25	Yes	No
LH 5	39	Yes	No
LH 6	32	Yes	No
LH 7	43	Yes	Yes
LH 8	22	Yes	No
LH 9	40	Yes	Yes
LH 10	45	Yes	Yes
LH 11	54	Yes	No
LH 12	42	Yes	Yes

a. Men and Addictions

Out of the 12 life history respondents, 11 of them either currently had a spouse or previously had a spouse who had an addiction to drugs or alcohol. These women were very aware of the role that alcohol had played in their own lives and that of their marriage: “my ex-husband drank enough for the both of us” (LH 7). Another woman said “I didn’t ask him to, but I did ask him to slow down, but I guess he can’t, so he just stopped altogether” (LH 4).

The impact of dealing with a family member with an addiction problem was reported to cause anxiety, stress and in some cases also led to addictive behaviors by the women. One of the life history respondents recently began reflecting on her current relationship and his alcoholism: “what I recognize now, is learning when your partner is the alcoholic, and you’re the person who is taking care, that is where I am sitting. Except now I have a baby” (LH 6). KI 1 reported that when addictions are an issue for men, it is the woman who carries the burden for the family.

The women also discussed how the pattern of choosing alcoholic partners, especially when they themselves grew up in a household with alcoholism seemed to continue until they made a conscious effort to stop the pattern. One woman, who grew up with two alcoholic parents, has not yet had a partner who was sober. She said: “I got involved with someone who is an alcoholic, so I had periods of him being sober and nice, an easy going personality” (LH 12). One woman stated that:

Ever since my divorce, I started drinking, I did start going out with men who were drinkers and probably violent. When I met (partner’s name), he was a drinker, but once we were married, we both slowed down. He still drinks, but not like he did. (LH 9)

Another woman discussed the pattern of choosing alcoholic partners, but since

having a child, is trying to make a decision on leaving the relationship. She stated:

We both grew up with alcohol as a factor in our lives, and violence. (Partner's name)'s identity is very wrapped up in his use of alcohol. I think it's going to take many, many years for him to heal from that. My hope is that he does that with some grace for (name of son) sake. (LH 6)

For some women, their partners seemed to alter their behavior when they started having children, and for some women, having children made no difference in altering their partner's addictions. One of the life history respondents discussed how she grew up separated from her father, and in many ways was shielded from his lifestyle. She was continuing the cycle of hiding the alcoholism from her own son the same way her mother did from her: "because I don't want (name of son)'s personal mythology to be about (name of Partner)'s violence, I want it to be about the good things about his father, even if he is still drinking" (LH 6).

Another woman noticed her husband's alcohol consumption diminish as she got closer to her due date "he'll still drink a little bit, not so much now, we are getting close to the baby. Every week he goes out and plays poker, and he'll drink. He hasn't lately because we are getting ready to have a baby" (LH 9). One life history respondent lives separately from the father of her children because of his addiction to drugs: "he doesn't live with us; it's just me and the kids because of his lifestyle" (LH 12). This same respondent feels like she is at a crossroads. She doesn't want her children to see the addictive behavior of her partner, but still wants him to be a part of her children's lives:

He chooses his addiction over his family, but that's what he does. I know if I put pressure on, he'll walk; I need his presence to help with the children. If I make him chose between us and the drugs, I know what he'll choose. He's a chronic, he does drugs like people smoke cigarettes. (LH 12)

LH 6 has a new perspective on alcohol now that she has had a child. She said

“there isn’t a bottle of gin that could take me away from my baby” (LH 6). This respondent has faced some anxiety dealing with a new baby and a spouse addicted to alcohol. She found that it is always the women that need to put their foot down when it comes to alcohol. LH 6 says that “I am not going to be made to be his prison guard” (LH 6).

Some of the issues related to men’s mental health and addictions can be attributed to the loss of men’s self esteem. As discussed by KI 1, “there are less jobs for men, and men see themselves as less worthy as the family providers. Women are the primary providers because of the availability of jobs (health and social service sector, administrative)” (KI 1). The main employment opportunities for men are seasonal (such as logging and fishing).

b. Men and Culture and Identity

The past and current partners of the interviewed women had different experiences with both their native and non-native relatives and how they viewed the native culture and identity. This had an impact on how the women felt about their own culture and identity.

One woman felt some shame around her own identity with one of her non-native partners: “I was not allowed to tell his mom that I was native. Because she already had an assumption of what natives were. So I had to tell his mom I was Italian. For a long time I wasn’t allowed to meet her” (LH 1). Another woman had repeated negative experiences with her native partner when she tried to learn and participate in traditional ceremonies and activities:

My partner has issues and says things like “look at those Indians dancing”. I tell him not to say things in front of the boys and that this is who we are. But he’s got issues, and I have to try to watch that he doesn’t start getting the boys saying things. My boy made a comment one time he learned at school. I try to take them to powwows, and if I go to ceremonies that they are able to go, I bring them. (LH 12)

Another woman had similar reactions from her native husband when she tried to get involved in traditional activities:

When we do something, like drumming, he gets a little snarky about it. Because I want to go more traditional, he’ll make comments about it. I think he’s had his own experiences getting into drumming and he was told he wasn’t allowed when he was a kid. Even going to see the medicine man, I think he had a negative experience. He’ll come with me when we have to do something with the kids. (LH 9)

One of the respondent’s past partners had a negative perception of native people, even though his mother was from a nearby First Nation community:

My first husband would get angry when someone would ask him if he had a status card. He didn’t have one, but he had a Métis card, when he wanted to get into hunting and fishing rights, he got one. I think I said to him, “oh, it’s good to be native now” (LH 10).

One of the women interviewed who had a non-native husband felt supported and encouraged about exploring her native identity. She said that when she married him “he was a very pro-native individual, and when I told him I wanted to come back and live on the reserve, he was very supportive” (LH 11). Life history respondent 11 was very active in her native community and participated in many traditional ceremonies and activities. Her non-native husband would often accompany her to events to show his support. She says:

He’s been very supportive of my native identity and try to, in his own small way, undo some of the damage. So he does go to powwows and he is learning how to do native crafts. He appreciates it all a great deal. (LH 11)

Men participated in cultural activities on Manitoulin Island. There are several

sweatlodges and rain-dance ceremonies that are facilitated by males in the communities. Men also made use of the traditional healing services provided by Noojmowin Teg Health Centre, as reported by KI 1. While there is a fluctuation in terms of how many men use the service over the year, KI 1 noted that traditional healing services are utilized by men “because it is a non-invasive form of healing, and men are more comfortable with it than the medical model of healing”.

c. Men and Children

The women interviewed had various experiences with their partners and their children. Some of the men inflicted direct trauma on their children: “there was lots of violence in our home, towards me, and lots of verbal abuse towards my children. They have scars today because of it” (LH 10). LH 10 said that her husband physically abused her oldest son, but he was told not to tell.

Other women had inconsistent relationships between the children and their father. When LH 12 had her first child she was very alone: “the father wasn’t in the picture, he didn’t call, and he basically abandoned me” (LH 12). The father of life history respondent 2 is currently incarcerated. When asked whether he financially supports his children, she responded: “when he’s working he supports us. The kids don’t know where he is. They think he’s somewhere in the Sault. I told his parents not to tell the kids where he is” (LH 2). The spouse of LH 12 does not support her or her kids financially. She said that “he’s supported me more when we were broke up. What I do is get him to pay for diapers, or if we go to the movies, or get him to pick up groceries” (LH 12). She and her partner broke up for a period of time, but she found it difficult. She said that:

I'm already isolated as it is, if he's out of the picture, it will be worse. At least when he comes up on the weekend, I have some relief. That period when we were apart I had no help and it was really hard. (LH 12)

Other women had to deal with the reality of blending families. LH 5 said when she and her partner decided to move in together several years ago, the rules began to change and there was an adjustment period: "we took back control. All the younger kids are ok with him, it's the oldest ones" (LH 5). LH 9 admires her partner as the father of her children:

He's done pretty well compared to other people his age and people he's hung out with all his life. I look up to him for that, for being a strong man. He's a good father. We have our little problems we work through, but he does pretty good. I'm happy to be with him. (LH 9)

LH 4 also admires her partner and his relationship to his child: "I admire my fiancé. I don't think he was ready to have a son; he was only 22 years old. He took that responsibility on, he wasn't ready for it, but he had to mature fast" (LH 4).

d. Marriage and Dating

All of the women interviewed were either currently in, or had been in a marriage or common law partnership. Four of the women were not in a marriage or common law relationship; however one of the women was dating, but not cohabitating. Women had varying experiences with dating and marriage. Finding a partner in a small community can be challenging because of the limited available prospects due to closely related families. One of the single life history respondents stated:

I'm 34, I'm still single, so everybody says men on the island who are single right now either have too much baggage or they're single for a reason. Where do you meet them? I don't want to go hang out in a bar, I don't want to do that. That's where you find the ones that are single for a reason. (LH 1)

Another respondent expressed similar sentiments when it came to finding an appropriate mate. Her reasons for staying in her current relationship are that all the good

prospects are already in relationships. She feels stuck in her current relationship:

Where am I going to meet someone, at the bar? If you go the bar, who are you going to meet there? If you go to the powwows, a lot of the people aren't healthy there either. All of the healthy guys are taken, and with the age that I am at, I'm only going to be with someone whose been dumped by a woman, so he probably has issues. I'll have to find someone whose wife died. I would always be asking, why is this guy single? Why isn't he with some one? So what do you do? (LH 12)

Another respondent who stayed unmarried until she was in her forties was unable to find a suitable man in her early years. She said "the year I turned 40, I said, well, I guess I'll never get married. I was thinking it was because I was asking too much, no-smoking, no drinking, faithful and Catholic" (LH 11).

Alcoholism and violence was the cause of several marriage breakdowns. One of the respondents discusses her ex-husband:

He was an alcoholic. He wasn't physically abusive, but very controlling and emotionally abusive. You really do marry your father at least once. Coming through the social work field, because you couldn't fix him, you decided you would marry someone like him. I remember thinking my dad had all these ideas about how to make money, and it never worked out. So I married someone like that. He couldn't hold down a job. (LH 7)

Another respondent ended her marriage and also ended up losing custody of her children. She said that there was "no violence, but there was drugs and alcohol with both of us. That played a part in why we split up and the loss of custody" (LH 9). Several women experienced violence in past relationships and had the strength to end them. One woman's husband threatened to commit suicide if she left him. When she did leave him, he fulfilled his promise and shot himself dead:

This man would say he would kill himself if I left him. I believed him, and I didn't want that on my conscious. It came to the point where he was following me, and I decided that I was done and leaving. He shot himself about 20 minutes after I said I was leaving. (LH 10)

This woman experienced severe violence in her home. She attempted to go to marriage counseling with him, and when he refused, she went by herself. The more she went to see a counselor, the angrier he got. A violent episode initiated the marriage counseling: “It started off because he beat me pretty bad one night to the point I couldn’t put a brush through my hair. He cried, and I said I would stay if he would get marriage counseling. When the time came, he wouldn’t go” (LH 10). Another woman is still in limbo with the father of her children and says she still feels attached to him “because we never went to counseling to figure out if it is going to work out” (LH 2).

One of the key informants discussed the prevalence of male chauvinism in the workplace when working for the community. KI 5 discussed how women often “go where it is safe and are not taking risks” when it comes to education and “they come into success late in life”. Some of this is related to the high rate of teenage pregnancy, but also dealing with absent fathers, and maintaining a single parent household.

3. Mental Health and Addictions

Mental health and addictions to drugs and alcohol were prevalent themes for all the life history participants. Five of the respondents reported having experienced moderate to severe depression, which required treatment including medication and therapy. These five women had attempted suicide at one point in their lives. Mental health was discussed in the following topics: (a) depression and (b) suicide. Addictions were discussed with regards to (c) alcohol, drugs and youth, and (d) alcohol and drug use.

None of the participants were currently abusing drugs and alcohol, although 4 out of the 12 participants did indicate that at one point in their life they had been abusive with either drugs or alcohol. All participants had used alcohol to some degree and seven had

reported using drugs before. All of the respondents stated that either one or both of their parents who were addicted to alcohol during their lifetime. Ten out of twelve women either currently had, or did have, a spouse with an alcohol or drug addiction. Four of these women were still with this partner.

a. Depression

Experiencing depression and anxiety was often related to specific episodes in their lives, but for many it was a chronic condition that they have dealt with for their entire lives. Depression, coupled with low self esteem has led many of these women to make poor choices with regards to relationships and their health and well-being. A key informant reported that “grief is the biggest issue, which can result from the loss of a job, or a family member and can be seen through anxiety, stress, conflicts in relationships, substance abuse, and nutrition problems. Depression is connected to grief and clients may be put on medication. They will access traditional services afterwards because they don’t like to be on meds” (KI 1). KI 5 reported that their health centre sees a lot of dual disorders: “they may have anxiety or depression, but also have significant addiction issues as well” (KI 5). LH 11 has experienced depression her whole life, but has found at some periods in her life it is more pronounced. This depression has impacted her ability to maintain consistent relationships with men and some of her family members. She said:

I’ve suffered from years of recurrent episodes of depression, when we’re talking about impacts to my health. For many years, my anger episodes only came when I came home. I would have episodic rages; I would get hypertensive, I’d hyperventilate, I would want to go out and get drunk, but wouldn’t. I would become very profane and vulgar, all in anger. Or paradoxically, I would become totally silent. (LH 11)

LH 5 also noted a lifelong battle with depression: “I thought I did have chronic depression, and I did speak to a mental health worker. He asked me a few questions,

when I'm depressed, am I able to pull myself out. I do get low periods, but I haven't felt like that since I've been with him" (LH 5) [she is referring to her partner as "him"]. LH 12 also says that "depression was one thing I am battling every now and again. I've never had anything diagnosed; it may be more episodic depression or situational depression" (LH 12). LH 10 had experienced depression from a young age. She said "depression was very big. Probably very early, but I started seeing therapists when I was probably in my mid-20's. I was on anti-depressants for quite a while" (LH 10).

Other women experienced depression that was situational, involving a major change in their lives or situation in the family: "depression, I think it's a recurrent scene across the board with most of my family members. Most of it is circumstantial, based on family dynamics" (LH 11). LH 12 has experienced depression on and off her whole life, however certain circumstances made her depression worse: "I had antenatal depression when I was pregnant, I was seeing a local counsellor for that, but I don't think she realized I had it. It was so bad, I was suicidal" (LH 12). All of the women were able to identify the source of their depression from experiences either from their childhood or current situation. LH 5 said: "I think a lot of it was money issues, when the fridge was empty and the kids were hungry. Since I had the extra help, I haven't had any depressive bouts like I used to" (LH 5). LH 4 noted that: "the depression is the biggest thing, but I even know that that stems from something else. I was sexually abused when I was a child, that's where that comes from" (LH 4).

Another woman was cutting her arms to express her depression, which escalated following a traumatic event: "Around the age of 14, I started cutting my arms and tried to stick to myself and in my room and crying a lot. I was cutting my arms before that

assault, and it was even worse after that. I went to a counselor about four years ago because I wasn't feeling good about myself and wanted to cut my arms" (LH 8). LH 4's depression expressed itself as "I will cry a lot, not sleeping, mood swings, and just really, it's almost a thought process when nothing is good in your life and having a negative outlook on life" (LH 4). LH 9 noted the connection between her behavior and her depression: "probably the drinking and drugs with the depression. Since I quit drinking, I don't feel depressed like I used to, I don't need medication" (LH 9).

b. Suicide

Five of the women had attempted suicide early in their lives. In addition, three different women had an immediate family member who had either attempted or committed suicide. LH 10's abusive husband committed suicide after she decided to leave the relationship. LH 7 had a family member who committed suicide:

My oldest brother who committed suicide, it had a lot to do with identity. He couldn't live in either world, he couldn't live in the native world, and he couldn't fit in the white world. It was too hard for him to figure out where he fit. (LH 7)

LH 8 has experienced suicide attempts from her mother: "she has depression. She takes anti-depressants; she's been on them since I was born. She's been suicidal; she tried killing herself a couple of times" (LH 8). LH 5 attempted suicide when she moved back to the reserve as a teenager. She went to counseling and never attempted suicide again:

Shortly after I moved up here, I tried to commit suicide, and that's when I saw a mental health worker. But then he died on me. For me if there is a crisis going on in my life, I will seek help. If it's a complete stranger, I find it easy to talk to than someone I know. (LH 5)

LH 3 suffered from depression when she was young. She said "when I was 16, I attempted suicide. I took a bunch of pills. I went on the couch to wait to die, and then all of a sudden, I got afraid and decided I didn't want to die" (LH 3). LH 12 experienced

suicidal thoughts while she was pregnant although she was never treated properly. LH 11 has taken anti-depressant medication for the last 15 years and has had concerns with suicide:

I've tried to go off of it, and I find for me, it provides a comfortable balance for coping and takes the edge off or those incredible pits of depression where I am worth nothing and very self-deprecating to the point of suicidal ideation. (LH 11)

c. Alcohol, Drugs and Youth

Most of the women indicated they had experimented with alcohol, drugs or both at an early age. None of the women felt that their drinking and partying was anything "out of the ordinary" for a teenager. One of the respondents found the transition to life on the reserve in her teenage years difficult because she had never been exposed to all the drugs and alcohol at such an early age:

I had a hard time adjusting because it was the first time I really lived on the reserve. It was hard to get used to the culture of living on the reserve...just the starting out with drugs and alcohol so young, having sexual relations so young. (LH 4)

LH 5 also found that the social norms for teenagers are different than in the urban centres "the lifestyle is different and some of them get into the drugs and can't get out of it" (LH 5). She found that there was a lot of pressure to drink and do drugs as a teenager, and this pressure has continued into adulthood:

When I moved here, it was to fit in. It was the thing all my friends were doing, was drinking; they don't do anything else. If I didn't drink, they wouldn't hang around me anymore. Even right now, all the ones I used to hang out with all drink. So now, it's just me and my partner. (LH 5)

LH 2 also began drinking as a teenager when she moved back to the reserve: "It first started when I was 15 when I was down there (in (First Nation community)), and it went downhill from there" (LH 2). LH 8 also began to experiment at an early age: "I was in grade nine and starting to experiment with drugs and trying to be a rebel" (LH 8).

For other women, different factors acted as deterrents to drugs and alcohol. The influence of other people's addictions made alcohol less appealing for LH 11: "I drank, but having seen what it did to my parents and aunts and uncles, and this young man that I was in love with, it acted as a deterrent" (LH 11). LH 2 is also influenced to stay clean by another person's addictions: "knowing that my kid's dad has a problem also is a reason I don't do that stuff" (LH 2). LH 9's father's alcoholism impacted her decision to not drink at an early age: "seeing my dad, I was always afraid to drink. I didn't start drinking again till I was 23 or 24" (LH 9). LH 12 felt she was socially reclusive as a teenager, which prompted her to stay away from drugs and alcohol: "I think it was also good that I had such low self esteem, because I didn't have friends so didn't get involved with drugs or drinking" (LH 12). This comment is interesting since many of the other LH participants related their low self-esteem with their decision to participate in drinking and drug use. LH 12 instead found that her lack of self-esteem kept her secluded from her peers and as a result, she did not have the opportunity to participate in such activities.

d. Alcohol and Drug Use

Drug Use

The use of drugs was not as prevalent in the lives of the women interviewed as alcohol. However, some women did report that they had used drugs in their lifetime. Some noted that their use of drugs had resulted in negative outcomes, while others did not see their current or previous drug use as problematic. One respondent discussed the neutral effect of drug use in her life:

I was always a drug user and drank, and I remember it was always important for me to know clinically what it did. I'm not sure I am the kind of person who would preach abstinence. But how do you live with alcohol and drugs and sugar? They

are things you have a relationship with like anything else, so how do you live with it in a moderate way? (LH 6)

Drugs and alcohol abuse, and the eventual loss of custody of her children was discussed by LH 9: “That played a part in why we split up and the loss of custody” (LH 9).

Drug use in the spouses and parents of the respondents was also discussed. One woman’s current partner’s addiction to drugs has impacted their relationship: “we tried to live together for a little while but it didn’t work because he has an addiction to marijuana. He says he will quit, and that he wants to live with us. But I just say that I’ll believe it when I see it” (LH 12). Another respondent noted that drugs were the reason her parents were no longer together: “I know one of the reasons him and my mom split initially was because he was heavily into drugs, not just doing them, but dealing them and getting into trouble” (LH 4). LH 8 connected the drug and alcohol use that her family experienced to the experience of residential school:

I think all of us, our cousins, are really messed up because of residential school. My one aunt had four kids, one killed himself and the other two are alcoholics and the other one is stuck in (urban city). My other aunt, she’s got three kids, are all alcoholics and drug users, anorexic and bulimic. There’s lots of dysfunction. I believe that their time in residential school really messed them up. (LH 8)

Alcohol Use

All of the women discussed the role of alcohol in their childhood or adulthood. Some of the women had relationships that involved alcohol abuse and the connection to their parent’s alcohol use. LH 10 discussed how her father’s alcoholism impacted her choice in spouse “When I look at my life, I went from an angry father in an alcoholic home, to a man who was an alcoholic and abusive” (LH 10). LH 12 also discussed this connection:

I think my parents and their alcohol problems had something to do with the choices I made with relationships. I think I had low self-esteem, I didn't feel good about myself so I make these bad choices. My self-esteem is still up and down, it comes and goes. But I still stay away from drugs and alcohol. (LH 12)

While LH 12 has never had a problem with alcohol herself, all of her relationships have been with men who had alcohol or drug addictions. She discusses how there are few options in finding a suitable partner: "it's extremely hard to find a native man who does not have alcohol problems. Even on the rez, most of the guys are my cousins, so I don't have a lot of options. It's very hard to find a healthy native man" (LH 12). LH 5 also discusses how difficult it is to find a partner who does not use drugs or alcohol: "they were always into drugs or something, so it never worked out. Out of all of them, this one is the most stable, which is funny because he used to be a heavy drinker" (LH 5). LH 6 also finds that alcohol has played a role in her past and current relationships with men: "we both grew up with alcohol as a factor in our lives, and violence. (Partner's name)'s identity is very wrapped up in his use of alcohol" (LH 6).

There is no denying the prevalence of alcohol addictions in life on reserve: "I think alcohol has a role in how people socialize" (LH 6). LH 5 noted that when she lived off the reserve in an urban centre, alcohol was not as much of an issue because she felt there were other opportunities for teenagers. This changed when she moved to her reserve "When I moved up here I really got heavily into the drinking, I don't know why. It seems to be a favorite pastime around here is the drinking" (LH 5). LH 12 also noted the social prevalence of alcohol: "I could have easily have gotten involved with drinking, up here, that's what's going on, you get invited to parties. Thank goodness I didn't, something inside of me told me not to do that" (LH 12).

LH 6 feels that alcohol plays a role in her life because it is a part of the socializing

norms not only on the reserve, but in her life generally: “it’s partly my social nature, and partly where I end up meeting people. It’s where I initiate the relationship, that’s where I socialize” (LH 6). She had decided to stop drinking before she got pregnant and was able to have a different perspective on the world around her:

I was seeing the amount of alcohol being consumed was directly related to the amount of chaos around me with my relationships. It’s hard to have any clarity while you are using. The only thing I could control was my part in it. (LH 6)

Alcohol played a destructive role in the lives of two women when it came to the custody of their children. Both women lost custody for a period of time because of their excessive drinking and the subsequent chaos of their lives. Reflecting back, LH 5 decided to quit drinking and get her children back from foster care because “I decided that I couldn’t do that, because those were my kids, and who else was going to look after them” (LH 5). Alcohol currently does not play a major role personally for any of the respondents, although it is still a factor in the lives of their partners, family and peer groups.

4. Abuse

Abuse was experienced by all the respondents except for one. Abuse was discussed relating to domestic violence between parents, towards the respondents from their parents, towards the respondents from past or current partners, and other experiences of violence, including emotional, physical and sexual abuse. KI 5 reported that often women came into the health centre with physical ailments, but often were coming in with larger issues related to domestic abuse and issues in the household. Often women want someone to talk to about their experiences at home, and they would often come seeking medical help for a physical ailment. None of the respondents were

currently in a relationship with a spouse that was currently abusive. Table D provides a snapshot of the respondents experience with abuse.

Table D. Overview of Respondent’s Experience with Abusive Relationships

Respondent	Domestic violence in the home during childhood	Domestic violence in past relationships with spouse	Domestic violence in current relationship with spouse	Other emotional, physical or sexual violence experienced
LH 1	Yes	No	N/A	No
LH 2	No	No	N/A	No
LH 3	Yes	Yes	N/A	Yes
LH 4	Yes	No	No	Yes
LH 5	Yes	Yes	No	Yes
LH 6	No	Yes	No	No
LH 7	Yes	Yes	No	Yes
LH 8	No	Yes	No	Yes
LH 9	Yes	No	No	No
LH 10	Yes	Yes	No	No
LH 11	Yes	No	No	No
LH 12	Yes	Yes	No	No
Total	9/12	7/12	0/12	6/12
Total %	75%	58%	0	50%

These experiences will be discussed in further detail specifically in regards to: (a) domestic abuse during childhood and (b) sexual abuse.

a. Domestic Abuse During Childhood

Experiencing abuse directly or witnessing abuse between parents were topics discussed among several life history participants. Some of the respondents only witnessed physical abuse between their parents, and were never directly abused themselves. In all cases, domestic violence was always accompanied by alcohol. LH 12 describes this abuse: “there was a lot of arguing and a lot of physical abuse; although it was mostly my mom who was abusive. My dad was just a yeller. Thankfully, there was no sexual or physical abuse towards the kids. The abuse we took was emotional abuse and neglect and

general poverty” (LH 12). LH 4 also describes the fighting she witnessed in the home between her mother and stepfather: “when they fought it was very volatile. There was a lot of physical and verbal abuse between the two of them. I was the only one out of both of their kids that really saw it because I was the only one who really lived with them” (LH 4). In the home of LH 9, only one of the children was physically abused: “never on us kids, just the oldest one. He got the most of the violence, and against my mom.

LH 5 also describes the violence between her mother and stepfather:

I can remember a couple of times and fights that I saw. I remember one that really stands out, my mom when she drank, she used to nag at my dad a lot and accuse him of stuff. There was lot violence with him and my mom. He never really hit her that often. Once he broke her arm when we were in (urban city). I don't know what it was over. (LH 5)

Other respondents discussed different types of abuse including emotional and psychological. LH 7 says: “I know my mom was abused by him. When he found God, he became controlling, so more psychological abuse” (LH 7). LH 9 describes always being “on the run” both when her father was with the family because of employment reasons. They eventually left and hid from him out of fear: “we hid from him lots. He was violent” (LH 9). LH 1 describes the abuse her mother experienced as a child which carried on into her marriage:

There was a lot of abuse in the home, she never had a father, then she was terrorized by nuns at the Catholic school and then she came home to be treated again, like a slave. She went into a marriage that was so turbulent and abusive. She says, ‘this is 50 years of behavior, and I can't change it’. (LH 1)

Some of the women who experienced violence during their childhood, carried on in abusive relationships as adults with abusive spouses. LH 3's first boyfriend was abusive towards her: “he would call me a bitch, slut, and accuse me of fooling around on him. He was my first real serious boyfriend. He would mostly yell and shove and scream.

He was powerful and I was very fearful of him” (LH 3). LH 6 talks about one of her past relationships “With (man’s name) there was some violence and he certainly has his issues with alcohol. I think I’ve always been attracted to people who drank, at least social drinking” (LH 6). LH 11 ended her abusive relationship after 25 years: “When my relationship with him finally broke, I suffered a breakdown. But when his drinking got to the stage when his behavior got verbally abusive, I decided I can’t do it anymore” (LH 11). LH 10 discussed the physical violence she experienced at the hands of her husband for many years that ended when her husband committed suicide after she left him. The key informant interviews contextualized the prevalence of violence in the home and how the women come to eventually leave these situations “this comes from the early years and is related to how men are dominant in the home. Women who break out of these relationships seem to be stronger” (KI 3).

b. Sexual Abuse

The prevalence of sexual abuse was evident in 6/12 of the interviews. Perpetrators were always family or friends, and in some case they were the parents. The women who were sexually abused were candid about their experiences without being pressed for any details. They were also able to discuss the healing process that they continue to take to deal with these traumatizing experiences. LH 3 describes her experiences: “My father sexually abused me when I was a child and my mom’s brothers and I was told that with other people. There was lots of drinking back then. My mom told me that one of my dad’s friends who sexually abused me when I was about 2 years old” (LH 3). LH 4 also discusses remembering the childhood sexual abuse:

It happened when I was five and I repressed the memory of it. It wasn’t someone so close to me that I had to see all the time; it was someone who at the time was a

part of our family. I started to have dreams, and then all of a sudden, in a big wave, it came back to me. (LH 4)

LH 5 also describes the sexual abuse she dealt with as a child:

There was a building across the street that had a bunch of cats and she used to give me candy. When I went there, there were two men, and something happened that shouldn't have. I was scared to go home, so I slept outside in these two boxes. (LH 5)

LH 8 describes her situation "During that time I started drinking and I was drinking with one of my sisters and her boyfriend at the time. She had left, and her boyfriend forced himself on me" (LH 8). For LH 7, she was abused, but she also thinks her brother was sexually abused by their father: "I was sexually abused by my father. I have one brother who committed suicide and my mother suspects that he was also abused" (LH 7).

The women who were sexually abused were able to identify how these experiences had shaped their lives in both positive and negative ways. LH 3 describes how some of her current behavior relates to the experience of sexual abuse:

I know how my sexual abuse has affected me to this day. I'm a perfectionist. I need to feel in control of my life at all times. That's why I have trouble committing to relationships. Subconsciously it would be like giving up my control. I am used to being independent. I don't look at it as negative. (LH 3)

LH 4 describes how the sexual abuse affects her now "it led to different issues like self-esteem and self-worth" (LH 4). She also noted that as a teenager "when I was first experiencing having sex, I did notice myself becoming promiscuous right away" which she attributed to the sexual abuse (LH 4). LH 5 discusses how she is dealing with her experience and how it has affected her today: "I learned to deal with that a little bit, but it made me a little untrusting towards men. That's probably why I've had so much trouble trusting him. I've had this wall ever since for letting people in and trusting

people. It's slowly coming down, but it's still there" (LH 5). LH 4 finds that talking to other women who have had similar experiences has helped her to deal with the sexual abuse experiences: "I think it's something I deal with everyday. It's not something I could ever say it's dealt with" (LH 4).

5. Education

The education experiences of the women interviewed was diverse. Four out of twelve women went to and finished a college course. Five out of twelve finished a university degree. Three out of twelve women did not complete high school. Two of those women had completed job training programs. Those who completed their post-secondary education were all funded by their First Nation community through the Post-Secondary Student Support Program. All twelve women went to elementary schools off the reserve.

There is one high school in one of the larger First Nation communities, Wikwemikong. Only one of the women went to that school for less than a year. All of the other women attended high school either at Manitoulin Secondary School in West Bay or in the urban community they were living in. One of the women was home schooled for high school.

For some of the women who attended college and university, the importance of their experience went beyond the actual knowledge they learned in the classroom. LH 10 learned a lot about her own identity in her program and credits it for her current positive outlook on life. LH 12 also felt that university provided her with an avenue to explore her own identity, culture and history:

Education wise, going to school was the best thing I ever did, and the native studies courses were part of that. They posed a lot of questions that got me thinking about it. Taking different courses got me to think about those kinds of things. (LH 12)

For LH 4, going to university was a natural goal, and she came from a family where education was highly valued. She discussed how members of her family influenced her academic success: “My grandma went back to school when she was in her late 30’s. She’s always taught me that education and working were a large part of our life and we are always going to have to do it” (LH 4).

For other women, post-secondary education, and even high school completion has many challenges. LH 4 has looked into upgrading and college courses, but her First Nation community has not been helpful. She discusses her experience: “Sometimes I find it hard to get any funding. I’ve talked to other workers, and asked why she isn’t giving it to me. Now they’re trying to say that education is in the hole” (LH 5). LH 2 finds challenges in finishing high school, although she has made several attempts: “I tried last month, but it was too hard for me right now with the kids. I’d like to, but I find it hard, mostly math. I’m more like a mother, school is just...it’s just too hard” (LH 2).

While education was seen as important for the women, it was also noted that there is less opportunity to work in the community, and level of education does not seem particularly relevant. LH 11 discusses this: “you have to go where the work is, we don’t have work for PhD and master’s or even bachelor graduates. That’s not to say we can’t generate that work in our communities instead of having non-native people doing that work for us” (LH 11). LH 4 also experienced a lack of employment opportunities related to her post secondary education and the conundrum that young, educated community members face who want to support their community’s development, but must sacrifice

their own careers to work in jobs unrelated to their education. Other respondents also spoke about this tension of feeling a responsibility to work in their community, but often there is a low availability of jobs and they are typically low paying. Of the ten women who are currently working, two have only previously worked on the reserve and are not currently working there. Six of the women had worked previously on the reserve and are still employed on the reserve. Two of the women did not previously work on the reserve, but currently are working there. Also of interest is whether the women who had post secondary education were currently working in their chosen field. Eight of the women interviewed were currently working in a related field to their post secondary education, and one was not. Two of the women were not educated at a post secondary level and were also not employed.

6. Children and Family

The women spent a great deal of time talking about their family, including their own children and parents. The role that parents had played in shaping their behaviors and choices in their lives was strong. LH 7 describes her parent's influence on her life "we become who we are either in spite of our parents or because of our parents" (LH 7). The women were also well aware of how their parents were raised, and how their different experiences shaped their parenting and family. Topics that were discussed were (a) parents and residential school, (b) parents and parenting style, (c) childhood and poverty, and (d) raising children.

a. Parents and Residential School

Out of the twelve women, 7 had a parent who went to residential school. Not all of the women knew about their parent's experience, but they were all aware of the larger

impact that residential schools had generally. In June of 2008, the Prime Minister Stephen Harper issued a nationally broadcasted apology to residential school students in the House of Commons. Several of the participants discussed this event, and the settlement packages that their parents had received. LH 2 was with her mother when she watched the apology on television. She said: “my mom was at residential school for four years, but she was able to go home to her aunt and uncle on special occasions. She only went up to grade 8” (LH 2). LH 5 said that her mother wouldn’t tell her much about her experience at residential school, except that “she thought her time at residential school was the best thing that ever happened to her” (LH 5). LH 8’s mother also didn’t discuss her experiences at residential school and doesn’t say whether she was abused or not. She did say that “she went to residential school in Spanish and she hated it” (LH 8). LH 9 also knew her father was in residential school, but he also never spoke about his experience “he went to residential school, which I never really understood. I knew he was in foster care, but I never knew anything about that until I moved up here and see why he is the way he is” (LH 9).

Some of the women knew about the abuse that their parents experienced at residential school: “No, he’ll talk about some stuff, but only stuff about his friends. He talked about some of the abuse, but not really. My dad’s not a really open person” (LH 9). Other women were able to connect the experience of going to residential school to their own parenting styles. LH 2 knew that her mother didn’t receive affection while in residential school, and this impacted how she parented:

She raised all of us, but like, she never really showed us, gave us hugs and kisses. Even though we knew she loved us, but she wasn’t like, in that way, giving hugs and kisses and stuff like that. We always knew she loved us, we had a decent

house, and we had everything you know, she showed it in different ways I guess. (LH 2)

LH 8 also related her mother's experience in residential school to her parenting style: "She blames a lot of how we turned out because she wasn't taught how to love and nurture. She thought she tried her best with what she knew but didn't know much about parenting" (LH 8). LH 9 also understood her father's parenting style was impacted by his childhood experience: "he only lived with us for so long, but he would never tell us he loved us or gave us hugs. We could never whine or complain or ever show our feelings" (LH 9). LH 8 can see the role that residential school played with not only her mother, but her aunts and uncles, and how this impacted her extended family:

I think all of us, our cousins, are really messed up because of residential school. There's lots of dysfunction. My mother's brother, he sexually abused my aunt and I don't know if he did to my mom or not. I believe that their time in residential school really messed them up. (LH 8)

Understanding how their parent's childhood affected how they were raised by their parents was an eye-opening experience: "I understand my dad better, why he is the way he is, the way I am the way I am" (LH 9).

b. Parents and their Influence on Parenting Style

The respondents noted various experiences of the guidance they received from their parents and how it affected their current parenting style. There was a significant amount of divorce and separation of the parents of the respondents. Six of the respondents' parents were divorced or separated, two of the respondents had parents who were never together, and four of the respondents had parents who stayed together. One of the LH respondents was raised initially by her grandparents. She said: "My real mother I considered her to be a visiting aunt, she brought me presents at Christmas, but I considered my grandparents my parents" (LH 11). Her mother had brought her back into

the family once she remarried, however LH 11 didn't feel welcome into this new family. Both her mother and stepfather were alcoholics, so she often was the one to shield the younger children from the abuse and violence that happened when they were drinking. She describes this as "when the children were young, I was brought in as the built-in babysitter; I became the protector when they were drinking" (LH 11).

LH 12 felt a lot of responsibility for her children because her parents were neglectful:

Even though she was there, we were on our own. I remember having to cook dinner for my brother and sister so I took on a lot of those duties that should have been my mom's. The house was neglected, so I often did the cooking, the towels. (LH 12)

LH 5 has a lot of conflict with her mother around how she is raising her own kids. She has tried to confront her mother on things that she says to her children. She says: "we have lots of disagreements, so I tend to just stay away. I always got a long better with my step dad than her" (LH 5). LH 9 describes how she was raised, and how her mother was often depressed and behaved selfishly. She tries to do the opposite of her parents in raising her own children.

The women identified how their parents influenced their own behaviors and their own relationships with others. LH 1 describes this as "the behaviors I witnessed when I was growing up. I think that I have a very bad temper; I lived in an angry house" (LH 1). LH 1 has also described how her mother's alcoholism has impacted her "my mother and her drinking has turned me completely off of it. I feel like that now" (LH 1). LH 10 was raised with an abusive, alcoholic father, and at a young age, she married a man with the same traits. LH 11 had a tumultuous relationship with her mother, and never felt accepted by her:

When I was a teenager, my mother constantly told me I was a mistake. That was drummed into me so vehemently, that I thought I believed it. That's how I would introduce myself, those are her kids, and I am the mistake. I now believe that I am the best mistake she had ever had. (LH 11)

LH 12 had parents that didn't push them to work or go to school. She and her siblings eventually went to college and university despite a lack of encouragement: "she wasn't big on whether we went to school or not; which is too bad, I think everyone in our family could have achieved more. Schooling was never a priority; basically we could have done whatever we wanted to do. We basically did that on our own; my parents weren't involved in our education" (LH 12). LH 2 also did not feel that her mother pushed her academically either:

She didn't really say as much as I think she should've. She should've forced me to, you know, like, "don't do this." She didn't really. I guess she was so busy, she opened up a store in (part of the reserve), so she was too busy with that. (LH 2)

LH 5 also didn't feel pressure from her mother, but instead provided a positive role model when she went to college as an adult. She said:

My mom always told me that it was my choice when I decided to try things. She always knew I would try things, but I didn't have to feel pressured to do things. She always left the door open, she didn't push to talk, even though I knew she was there, I always had the fear of letting her down. (LH 4)

KI 3 felt that her own success has less to do with having a native and non-native parent, but about how they guided her: "I think it was less about race, and more about how my parents influenced me and helped me make good choices" (KI 3). LH 5 also did not feel academic pressure from her mother. As a mother herself, she tries to encourage her children to work hard in school: "I've always tried to work on my parenting skills. I'm really strict with them going to school because my mom wasn't strict with me, and I think if she was, I think I would have accomplished more" (LH 5). She has made some significant changes in her household with how she parents her own children:

One was relearning my whole parenting skills. That was really hard, because it had to make me think about my childhood. Some of it was hurtful and some of it was ok. That's where I started thinking about the right and wrong. Now I'm trying to maintain my parenting skills with consistency. (Name of son) and (name of daughter) must have had the hardest time because there was no consistency. (LH 5)

c. Childhood and Poverty

The women interviewed had many happy and unhappy memories of their childhood. Only one of the respondents indicated that she did not grow up with poverty; the remaining twelve spoke extensively about their experiences being raised in poverty. The respondents shared several of their most prominent memories and were reflective of how their experiences shaped their lives: "life was pretty good. We had a happy childhood. We always went on walks" (LH 5). LH 6 also has some fond memories: "I remember being with my dad a lot; I remember playing a lot in the barns" (LH 6). LH 11 felt loved by her grandparents and extended family: "It gave me a really strong foundation in morality and a sense of self-worth which was probably a really good thing given what was to come. If I had not been rooted in the fact that I was loved by my grandparents, and uncles and aunts; they doted on me" (LH 11). Six out of the twelve women were the children of divorced or separated parents. Two of the respondents had parents that remained together throughout their lives, and one had a father who was unknown. Ten of the twelve women had a childhood with violence between her parents.

Other respondents remember the poverty, and how it impacted their ability to socialize: "we were living in a house, but then when he left we moved in with my grandmother. We lived on welfare, and my grandparents. My mom seldom worked. There was a lot of poverty. I remember that as very hard; not having anything, crappy places to live, no clothes, and barely any food" (LH 9). LH 12 also remembered growing

up in a dysfunctional and poor household and how it impacted her:

Growing up as a young person, I was considered a fat kid, even my brothers and sisters used to tease me, so I always grew up thinking I was unattractive. I never had any boyfriends in high school. I was used to dressing in dirty clothes. (LH 12)

LH 10 remembers wanting to escape the poverty and abusive home environment:

“I would make excuses to stay at someone’s house” (LH 10). LH 11 remembers the poverty, but didn’t feel like it impacted her as much as the alcoholism and abuse in the home: “we were poor, but we made do. We would get hand me down clothes and food baskets”. LH 12 recalls the poverty in her home: “I was very aware that we were poor; I remember we only had two pairs of pants and two shirts for the whole school year. She didn’t care whether we had clothes for school” (LH 12). LH 3 also considered the poverty she and her brother experienced growing up: “I was always embarrassed to bring my friends home. I felt a little bit less embarrassed. But we were always poor” (LH 2).

d. Raising Children

Eight out of the twelve women interviewed had children. One of the women had a step-child. These women had dedicated a great deal of themselves to raising their children and providing them with a childhood better than their own. LH 3 discusses raising her child: “I think I did a good job of raising her, but I think I over compensated her from my own childhood” (LH 3). The impact of having children on these women has been profound: “Once the baby came, everything changed and the baby was the best thing that ever happened to me” (LH 12). KI 2 discussed how enlightening being a parent has been for her: “kids are important to teach us as much as we teach them” (K1 2). LH 5 has spent a lot of time getting educated on parenting skills. She attends workshops regularly to learn different coping skills for her children: “I’ve always tried to work on my parenting skills” (LH 5). Raising children without a spouse has been a difficult task.

Six out of the eight women who were parents have had to be a single parent. LH

12 discusses the stress of raising children alone:

It's still hard to raise two kids on your own. When you're at work all day, and you come home and have to deal with the kids, it's hard. I have no social life anymore, I just go to work, come home and look after the kids and go to bed. There are a lot of things I can't do. (LH 12)

LH 5 has spent the majority of her time as a parent without a partner. Even though this was financially difficult, she chose to go it alone: "I'm not getting any support from any of the other kids' dads. I don't want the fathers to have anything to do with these kids, so I don't look for money" (LH 5). Only two of the women reported having children with more than one father.

LH 5 has children with her new spouse as well as children from a previous relationship. She and her partner both had to make adjustments and compromises in terms of parenting:

At first it was really tough because his rules are different than mine, but they do make sense. So we're just working out all the kinks, but it's going a lot better with our parenting skills, if I don't agree with what he does, I'll tell him. (LH 5)

She is on a long term journey of constantly evaluating her parenting style: "my parenting always needs improvement; you can never learn too much parenting. For me, when I was smaller I thought I had a great childhood" (LH 5). KI 2 discussed the positive environment she encourages in her house:

We follow the seven generations and know who they are and how to confront people to deal with things. I don't encourage gossip in my house, and negative conversations don't reflect how our family deals with things. It's important to have open communication. (KI 2)

For some of the women, access to daycare and schools on the reserve has been a positive aspect of living on the reserve: "I'm close to home and the daycare. Even in the

morning, the daycare is only a five minute drive away. It's been easier that way. If the kids get sick, I can just go pick them up" (LH 12).

7. Society and Community

Three of the twelve respondents were currently living off reserve. Two of those respondents had never lived on the reserve, and one of them had spent some of their teenage years living in her community. Despite acknowledging some of the negative aspects of living and working in their First Nation communities, all the women had a profound love and respect for their community and extended family and friends within those communities. Many of these women felt that their community was a source of pride for them, and that their lives had changed in a positive manner because of their experiences in their community: "I'm proud to be from here, and proud to be Anishnabek" (LH 4). Another respondent felt community pride "I felt an awesome connection to the land. It was nice to feel like I felt somewhere for the first time in my life" (LH 7). All of the women were currently working or had previously worked on their reserve. Nine out of the 12 women were currently working on the reserve. Topics that were discussed were (a) commitment to living on the reserve, (b) role models, and (c) racism.

a. Commitment to Contributing to Life on the Reserve

The women acknowledged that there were some barriers to finding employment in the community, but felt such a strong connection that they were willing to work for less money so they could remain in the community. A recent graduate from university discussed this: “I think that’s why, because I have such a love for my community, that even though I am going to struggle, I am going to stay here no matter what” (LH 4).

Another recent graduate was also committed to using her education to make positive change in her community by working and living there: I can basically work anywhere when I could make more money somewhere else. People ask me why I come back here. I like it here” (LH 3). LH 5 felt that her kids have a better life on the reserve than living in the city: “I think they have a better life, as long as you protect them. In the city I wouldn’t let them go to the park on their own, but here I can. For the most part, I love it here. I don’t think I could move back to the city” (LH 5). LH 4 also thinks that her reserve is a good place to raise kids “because I think there’s a lot of great resources in terms of language and culture” (LH 4) She also has some concerns about raising kids on the reserve “I have a fear of safety in the community because there are so many youth in the community that have a lack of positive identity and have such little respect for themselves and other people, that’s what worries me” (LH 4). LH 3 feels committed to staying on the reserve because she feels “some responsibility to be here and want to make a difference for the community and the kids. I feel passionate about the community and the kids” (LH 3).

b. Role Models

Role models and mentors were important for setting positive examples in their communities. One of the key informants discussed the importance of role modeling for

youth and women: “If younger women see older women doing well, they will do better. For example, if there is an artist in the community interested in helping the youth, you will see a lot more art” (KI3). LH 3 also discussed the importance of role models for the youth and considered her actions as a form of role modeling: “the young people need to see good role models here, education is very poor here. Not too many people go into postsecondary. Having people like me staying in the community, it shows the children something different” (LH 3). KI 4 states that women often do not have strong role models, and often, their parents are not acting as their first role models for their children.

Several of the women mentioned the impact that role models had on their lives that included parents, family members and teachers. LH 12 credits the teachers at university and college as her role models:

I’ve had some really good teachers in my life, and I don’t know where I would have ended up. Even the non-native teachers who encouraged me to go on was important, because I never got that from my parents. Everybody needs affirmation, you can give it to yourself, but you can doubt your own affirmations as well. (LH 12)

Other women discussed family members as being role models: “my grandmother, she was a kind lady and very helpful. She was a very strong lady, everyone talked well about her” (LH 3). LH 4 also considered her grandmother a role model:

My grandma, I know life was harder back then and for her to try every day, and she really does have so much compassion for people, and I sometimes think that’s what I lack, I don’t have that understanding, to come down to other people’s level so I can understand what they are going through. (LH 4)

LH 6 considers both her parents as role models:

My dad is a very free thinker and very open, warm and generous, sort of outside of the box kind of person and spirited. My mom is organized and she values almost the flip side of that, being punctual, being responsible, and she’s a good care taker. So I think I’ve tried to incorporate both of those into me. (LH 6)

LH 8 looks up to her sister as her mentor: “my eldest sister was in the health field and I’ve always looked up to her and she was a role model for me, and she still is to this day. She was always supportive of my choices” (LH 8).

One of the women did not have anyone she considered a role model. She looked at how she was raised and tried to take lessons from that for her own parenting:

I always tried not to do the things my parents had done with their parenting style and working, mostly the parenting style. I didn’t like the way I was raised; I try to give my kids everything I never had, all the attention and love. I think I do a pretty good job. (LH 9)

The women working in human and health service fields and education felt that they were role models in their community. One of the health workers said “I think that I am a role model, and proud to be Aboriginal. There’s lots of pressure on me too, lots of eyes watching what I do, but it’s not too stressful” (LH 3).

c. Racism, Discrimination and Lateral Violence

The women talked about different experiences they have faced in and outside of their communities with racism and discrimination. Some women felt racism using their status card to receive tax exemptions on purchases, others felt racism within their own community, and some had not experienced racism at all. LH 2 was the only respondent who had never had any experience with racism: “I’ve never been through any racism. I’m proud of it, I’ll say, “yeah, I’m native”. No one has ever said anything to me” (LH 2).

The majority of women had felt some discrimination when using their status card outside of the community. LH 10 felt she had been treated badly at some stores. She said “if I’m not allowed to use my card, I will walk away and spend my money somewhere else. It felt awful to be treated that way, because they don’t have the right to tell me I can’t use it” (LH 10). LH 11 faced comments throughout her life when she tried to use her status

card: “Even things like going to the shops and presenting your status card, and they say “you’re not Indian, you don’t look Indian” and I say, that’s not my fault, its genetics” (LH 11). LH 12 has also faced comments by store clerks:

I was buying shoes at one store, and there was someone being trained. And the clerk said to the trainee that you have to check the cards to make sure that they have them because sometimes they lie. I have no problems confronting people now about it. 20 years ago I would have never said anything, so I guess I’m making up for lost time. (LH 12)

Some of the women noted that they were treated poorly in some establishments in the local towns because they were native. LH 10 said “I have had people who will ignore me and go to someone else, like at a restaurant” (LH 10). LH 3 felt discrimination in the local high school: “even in school, they don’t challenge you, and place you where they think Aboriginal students should go” (LH 3). LH 11 also noticed some discrimination at school: “because I look Caucasian, I wasn’t taken to be Indian, so I ended up having to deal with a lot of Indian stuff, like why was I getting on the Indian bus” (LH 11).

LH 5 notices that when she is not with her (native) partner, she is treated better: “I get treated better when I’m shopping or at a restaurant. As soon as my partner comes, there’s a change. It doesn’t bother me; I’ve never noticed it before” (LH 5). She also finds the discrimination more pronounced on the reserve: “I find it more racist on the rez than in the city. People are racist towards their own people here” (LH 5).

The discrimination felt by the respondents who were Bill C-31 was also apparent and was seen in various forms including access to housing and post secondary funding. One of the key informants described the basis of this treatment “is the perception of them taking away community funding. When Bill C-31 came, so did some funding for housing for them, but people didn’t understand” (KI 1).

8. Conclusion

The women who participated in this study were likely willing to do so because they were currently engaged in healthy behaviors and felt confident in sharing their journeys. None of the women were currently experiencing what they would consider ill health, and all of the women had an active concern for their own health and wellness and the health wellness of their children and families. Also, none of them reported currently being in abusive relationships or currently being addicted to alcohol or drugs.

Issues that affect health and wellness fall into three broad and interrelated areas: hereditary, preventable and other illness, lifestyle choices, and socio-economic circumstance. The next chapter will explore how the social indicators of health literature describe these issues as inter-related and complex. Some respondents had family histories of disease such as diabetes, lupus and heart disease. None of the respondents were currently diabetic; however a strong concern for the potential onset of diabetes was discussed. Because of this, and for other health related reasons, these women were all engaged in lifestyle changes which included added exercise and heightened attention to nutrition. Illness was discussed within broader contexts to also include mental health and addictions as well as choices around relationships. The issue of suicide was also prevalent in many of the lives of the respondents.

The women's relationship to men as well as their parents, children and other family was also discussed within the broader area of wellness. The respondents were able to identify how issues like family and relationship stress impacted their health and wellness. The role of alcohol and to a lesser degree drug use was also discussed as a factor in their lives either personally, through their spouses and/or parents. Socio-

economic issues such as education was also discussed along with other issues such as racism, living on the reserve and role models.

Many of these findings are consistent with the literature in health and wellness and also begin to illustrate how issues like Indian status, language fluency, reserve residency and other factors are closely linked. The women all experienced lateral violence in their communities from not only their peers and community members, but also their own families and so the process of colonization and the impacts to health and wellness cannot be separated, and must be looked at holistically. The SIOH models help us to explore the intricate web of relationships between social environments and individual and community health and also show us how colonization continues to impact health and wellness. The ability of women to make health promoting choices is intricately connected to the regard they feel for themselves and whether they feel they are “worth it”. Their ability to have a positive sense of authentic identity is bound up in complex factors that are unique to First Nation’s people. The next chapter discusses these findings as they relate to the literature on health, wellness and identity using the literature to contextualize these findings.

Chapter VII: Analysis

It is clear that among this group of First Nations women, identity is multifaceted and is clearly linked to behaviors that affect health and wellness. The inability to feel “authentic” results in reduced self-worth and self-esteem which expresses itself through high risk behaviors and poor choices relating to health and wellness. We know that factors impacting identity are complex, and issues like Indian status, where you were raised, understanding of culture, language and traditions and a connection to land and environment are all a part of the identity equation for First Nations people. This research investigated how First Nations identity played itself out in terms of health and wellness. Understanding the layers of complexity that shape identity for First Nations women and subsequently impact their health and wellness is integral to this investigation. First Nations identity is multi-dimensional, so the intricate interplay of legal/biological definitions, socio/cultural factors and self-identity ideologies must be explored in depth.

These women are considered “bi-racial” or are the result of inter-parenting in so far as they have one parent who identifies as First Nations and one parent who does not. The findings suggest that their identity is a powerful force in the choices they made concerning their health and wellness, however, their identity is clearly a product of the interplay between three perspectives which are discussed in the literature. Identity is viewed as (1) legally and biologically determined, (2) determined through society and culture and (3) through self-identification as being connected to First Nations communities. Legal or biologically determined identity is viewed in terms of degree of descent and how it relates to Indian status and the band or First Nation in which they have membership. Socio/culturally determined identity is viewed as being shaped by

things like physical appearance, understanding of culture, traditions and language, and connection to community through extended family networks. The third perspective on identity is an ideological self identification that allows them to view themselves as belonging to a nation, perhaps the “Anishnawbek Nation” or a “First Nation” regardless of Indian status, their degree of descent, where they were born and raised or what they look like. A self-identity ideology subscribes to an awareness of being First Nation’s women, which is distinctive from non-First Nations women. These three perspectives of identity are interwoven and all impacted their behaviors around their health and wellness, however for the most part the women based their identity around legal and biological determinants and the socio-cultural determinants. For example, the legal identity associated with Indian status impacted several of the women’s choices to have children with their partners, regardless of the health of the relationship, so that Indian status could persist with the children.

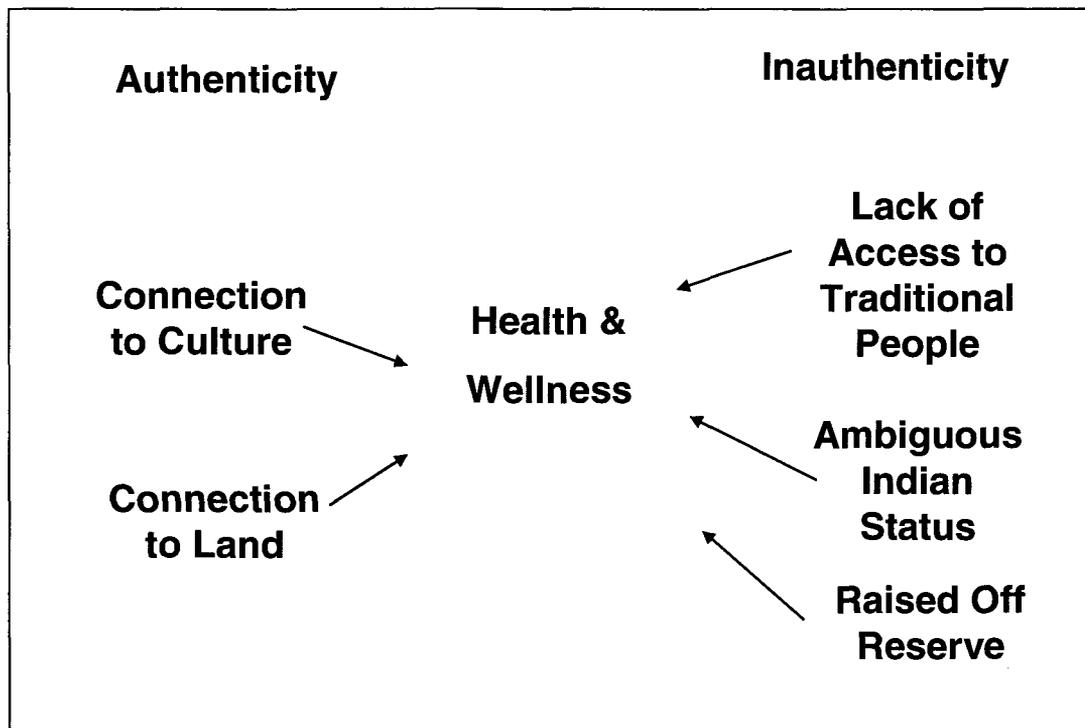
The data also revealed that the notion of authenticity was a salient factor in understanding constructions of their identity. The women revealed that as they felt more connected to their First Nations identity, they were better situated to make positive decisions regarding alcohol and drug use, nutrition and exercise, smoking, positive relationships with peers and partners, and the use of traditional medicines.

Authenticity was a powerful force for these women in how they situate their identity both within the context of cultural authenticity and an internal sense of self-worth. The sense of authenticity as it relates to health and wellness and how the three determinants of identity are interwoven will be discussed. The research found that there were two factors that connected women to an authentic First Nations identity including:

connection to land (nature, community or reserve), *connection to culture* (language, spirituality, ceremony). The three factors that contributed to an inauthentic sense of identity included: *access to traditional people* (inability to find trustworthy and knowledgeable traditional people for guidance on spirituality, ceremony, language and medicine), *Indian status* (non-status vs. Bill C-31 status vs. automatic Indian status), and *growing up off the reserve* (you don't really know what it's like around here because you didn't grow up here) which resulted in a sense of inauthenticity (I don't feel like a real "Indian").

The data revealed that the women have suffered some type of disconnection to their authentic identity during their lifetime. It also showed the ways that they journeyed towards healing and reconnecting to their identity. As women begin to lose track of themselves and their communities, this disconnect becomes prevalent, and as Chandler and Lalonde (2008) discuss, can lead to issues like suicide. Figure D shows these seven identity connecting themes.

Figure D. Influence of Authentic Identity on Health and Wellness



The stories of the twelve First Nations women who participated in the research were laden with experiences of poverty, abuse, addictions and violence, and also with powerful stories of healing, family and children, achievement, and strength. It is the latter stories that are needed in order to alter the discourse on Aboriginal women and as Wesley-Esquimaux (2009) describes, a retelling of our stories that highlight these “undeniable strengths”.

The stories of the research respondents will be explored through the use of a Nanabush story entitled “The Moccasin Journey”. As discussed in the methodology, the use of storytelling to transmit values and knowledge is a common practice in Anishnawbe traditions. Minh-ha (1989) tells us that stories are the “simplest vehicles of truth” and have the “power both to give a vividly felt insight into the life of other people and to revive or keep alive the forgotten, dead-ended, turned into stone parts of ourselves (1989:

123). The use of a Nanabush story is even more specifically tied to the traditions of Nanabush storytelling on Manitoulin Island. This story will help to illustrate the experiences of feeling connected and disconnected to one's First Nations identity through the central character's own journey. The story's symbolism will be explained further in the discussion. The story begins with a conversation between a girl and her grandmother:

One day, Waasanodehkwe's¹⁴ grandmother Nokomis¹⁵ noticed that her granddaughter was having trouble walking. She would easily trip and fall and was unable to keep her balance. Nokomis looked at the Waasanodehkwe's feet and noticed that her moccasins were worn out. The beads had fallen off, there were holes in the bottom and the fur had worn away. Nokomis told Waasanodehkwe that it was time that she had a new pair of moccasins made and she would have to travel across the river to Strawberry Island by herself to see the moccasin maker.

Waasanodehkwe said "I don't know how to get there" (Kie gken zeen ode wa shea dea geoshina). Nokomis told her that she was too old to take her across the water to the island. She decided that Nanabush would be a good helper to take her granddaughter. Nokomis went down to the village and found Nanabush. Reluctantly, he agreed to take Waasanodehkwe to Strawberry Island. The grandmother gave her a piece of moose hide placed it in a bundle. Nokomis also gave her a spool of red thread and told her to unravel it on her journey so she could find her way back home.

The granddaughter's inability to walk properly is related to the poor state of the moccasins on her feet. These moccasins represent her identity and they protect her feet from the harsh environmental elements and provide comfort and warmth. Her identity as

¹⁴ Waasanodeh translates to "northern lights" and kwe refers to a female.

¹⁵ Nokomis translates to "grandmother".

an Anishnawbe woman is in poor condition. As a result, the difficulty she faces while walking represents her health and wellness. Without a strong sense of identity, the ability to experience positive health and wellness is impeded, just as the ability to walk is impeded by her worn out moccasins. The spool of thread that her grandmother gives her acts as a guide that connects her to her grandmother, and to her home.

1. Inauthentic

With her bundle of hide, Waasanodehkwe and Nanabush set out on their journey. She unraveled the red thread as they began to walk. When they arrived at the shore, Nanabush placed a pile of birch bark on the ground that he had been collecting along the way and said “here is some bark, so now you need to build us a canoe so we can cross the water”(mondan anen wigosh, me disk teh sheh to en wigwas cheemaun Whe cakmeien zeebiing”). Waasanodehkwe looked at the pile of birch bark and said “I don’t know how to build a canoe; I’ve never done it before” (kie gik kinsie waasehtewan wigwas cheemaun; Kaweka gesha towseen). Nanabush, who was irritated at having carried bundles of birch bark all this way, said “every Anishnabekwe knows how to build a canoe. Are you sure you are really Anishnawbek? (Da nishnawbe nee degegenah?) You should ask your parents, maybe they adopted you” (Gid see muk kwe gem shaginosh gimema gidwa madik). Waasanodehkwe, ashamed at her lack of boat building skills, began to cry and as she looked at the puddle of tears on the ground, she saw her reflection. She thought to herself that her skin was paler than her mother and grandparents, and her eyes were big and wide.

Waasanodehkwe’s inability to build a canoe represents her feelings of inauthenticity as an Anishnawbe woman. Like many of the research participants, the

feeling of inauthenticity and being “under the microscope” can cause depression and anxiety. The prevalence of suicide either personally or in the family is important to note. As LH 10 described her brother’s anxiety about “being in both worlds”, the depth of depression and anxiety that can result from feeling inauthentic is profound. The prevalence of the issue of suicide for the woman cannot be underemphasized. Eight of the twelve women had direct experience with suicide. Five of the women had attempted suicide themselves with another three having an immediate family member who attempted or committed suicide. This is consistent with the literature which indicates that one in five women attempt suicide in their lives and First Nations women are two times more likely to attempt suicide than First Nations men (Reading 2007).

As KI 4 discussed, multiple disorders are experienced by many of the clients who come to the health centre. Clients may be coming in for help with managing their diabetes, and the health care providers found that there are multiple issues that often arise including alcohol and drug abuse issues. Drugs and alcohol seemed to provide a coping mechanism not only for the participant’s themselves, but also for their family members, partners and children. The culture of alcohol and substance abuse is well documented in the literature (Waldram 2004; Svenson & Lafontaine 1999; Statistics Canada 1993). The women were able to make the connections to their experiences as children with alcoholic parents, and as adults choosing alcoholic partners. But as several of the women stated, it is difficult to find an available partner who does not have alcohol and drug issues.

The inability to find a suitable partner who is situated within the same socio-economic context is an important issue, because as women become educated and advance in their careers, the reality of tolerating an alcoholic and/or uneducated partner becomes

less and less appealing. This has significant implications for Indian Status and band membership with increasing “marrying out” as discussed by Clatworthy (2007). Increasingly Aboriginal women are benefitting from post-secondary education; Statistics Canada tells us that Aboriginal women are more likely to have college diplomas than Aboriginal men (18% vs. 11%) and more likely to have university degrees (9% vs. 6%). A part of this higher education often means that women are relocating or remaining in urban and off reserve communities for employment. Subsequently they are likely to find partners who are non-Aboriginal, and the cycle of Indian status is perpetuated. LH 12’s insistence on staying with her drug-addicted partner and have children with him so that her Bill C-31 6(2) status can persist for her children is also an example of the interplay of legal determinants of identity through Indian status and the perpetuation of negative cycles of alcoholism she experienced as a child. Despite having a university education and a successful professional career, the perpetuation of Indian status for her children was part of the reason she has chosen to stay with her current partner. She was fully aware that his addictions and accompanying abusive behavior were similar to the experiences she had with her own alcoholic parents, but the “pull” of Indian status kept her in this dysfunctional relationship. For her, Indian status provided her and her children with opportunities such as affordable daycare and post-secondary funding, which made it “worth it” to stay with her partner. This commitment to maintaining Indian status is certainly an exception.

Physical appearance is also a significant issue with regards to feeling “inauthentic”. Minh-ha (1989) makes the connection between physical appearance and inauthenticity as a “*loss of origins* and a whitening (or faking) of non-Western values”

(1989: 89). Physical appearance is also related to biological determinants of identity. The tendency for these women to feel more authentic was connected to how much they resembled their image of a First Nations woman. Waasanodehkwe felt she had physical features which were different from her native relatives, and felt this sense of inauthenticity or of being “white”. Several of the participants had what one may describe as typical white features such as light skin, blonde hair and light colored eyes. Other women felt that they were easily identified as “native” by their appearance. Experiences with physical appearance therefore varied. Often women would deny that they were First Nation’s women which resulted in what Jackson (1998) describes as “poor self-esteem, and denial of Native heritage”

The benefits of being able to “pass” as a white were identified by several participants. LH 2 describes being treated better at stores and restaurants than her partner who was First Nations because she “looked white”. Identifying as a First Nations person was often context driven for several of the participants. LH 6 feels this contextual nature of her identity by saying “I am Ojibway and I am crane clan. There’s no definitive answer to any of these things” (LH 6). Being aware of their audience was an important part of choosing to identify or not. LH 12 chose to only acknowledge her father’s non-native/English background. Physical appearance is an illogical way to measure authenticity, and the laws around genetics never guarantee that a person will have specific physical traits from either of their parents.

Feeling excluded from the community was felt by the women, who attributed this mainly to the fact that they grew up off the reserve. All of the women were either currently working or had worked in their First Nation’s communities at one time, and

most felt that they did not belong. LH 2 describes that when she did try to work for her community, she was treated as an outsider, “like a white woman living on the reserve”. This sense of not being welcomed as a band member working in the First Nation is related to both legal determinants of identity and socio-cultural determinants of identity. Most First Nation communities prefer to hire “their own”, meaning they prefer to hire community members. Without Indian status and accompanying band membership, the options to work in the First Nation are limited. At the same time, socio/cultural determinants of identity come into play when the respondents, especially those who did not live in the First Nation, chose to work in their First Nation community and were not welcomed. The women experienced being shunned by community members and were perhaps perceived as “taking jobs away” from long-residing community members. As LH 1 described, her inability to speak the language was an impediment and impacted her socio/cultural identity when she worked in her First Nation’s administrative office. Older community members who would call her office would often ask to speak to a fluent Anishnawbe speaker, making her feel rejected and “inauthentic”.

This issue is important when we look at community capacity building in First Nation’s communities because there is a “brain drain” of qualified members to urban areas. If there is a sentiment that First Nations women raised off the reserve have no place working in the communities, because they either do not live in the community, or have not experienced the social aspects of reserve culture, the ability of those communities to prosper becomes stunted. This is especially prevalent when it is educated people with important skills who are not feeling valued by their communities. LH 4 and LH 11 describe the conundrum communities face when they fund post secondary

education for their members, particularly those who live off reserve, and if there is a lack of jobs in the community for them to take once they graduate. As LH 11 says “you have to go where the work is”.

Feeling inauthentic is also attributed to a general sense of loss of power. When these women did not have the ability to strongly situate their identity with the prevailing essentialist notions of First Nations identity, they felt some powerlessness. Biological determinants, which most notably concern degree of descent and Indian status, also contain physical traits as determining features of identity. Even social and cultural determinants, like growing up off the reserve and not speaking the language, all impacted the women’s sense of feeling inauthentic.

Feeling inauthentic can also equate to feeling powerlessness in the face of the static notions of identity that still exist in our First Nations communities. These notions of identity are consistent with the biological and legal determinants of identity resulting from the larger impact of colonization. These impacts include loss of language and the forced relocation of people off the land and away from their culture and language, and the current influence of government policies and programs that promote Indian status as the tool to determine authenticity. Many of the parents of these women were forced to leave their communities because they had married non-native men and had therefore lost their Indian status. Because of the Bill C-31 rules, they were unable to raise their children in their community surrounded by an extended family. This impacted the opportunities for their children to learn their native language. As well, residential schools promoted the English or French languages as the only necessary language and the elimination of culture in favor of Christian beliefs and practices. In order for inauthenticity to be

eliminated, First Nations identity must be re-centered and become more of a fluid concept rather than “a fixed, passively inherited entity that one is endowed with” (Said 1993: xix). There is an interesting interplay between biological/legal determinants of identity when we look at the role the Indian Act has placed in forcing women to leave their First Nation because they “married out” as well as the role of residential schools, and the socio/cultural determinants of identity where their children were not able to ground themselves in First Nations culture because of the inaccessibility of culture activities, traditions, language and values due to growing up off reserve. Biological and legal determinants of identity have removed the ability of the woman to situate their identity within a socio/cultural context and resulted in a loss of authenticity.

The outcomes associated with feeling “inauthentic” are far reaching. The loss of power that a First Nations person can experience as someone who is “inauthentic” can result in multiple and overlapping issues such as depression, anxiety, suicide, and feeling excluded. For First Nation communities, promoting the notion of “inauthenticity” through poor treatment of returning community members through lateral violence, exclusionary policies such as housing and post-secondary education can also result in a diminished human resource capacity by forcing members to live and work outside of the community. Struggling with not feeling “Indian enough” or as LH 4 describes “a good enough Anishnawbek” serve only to “obfuscates the real sources of oppression – colonialism and global capitalism” (Grande 2004: 92). A “shared peoplehood” or as Isajiw (1985) describes, “Gemeinschaft”, should instead be the goals as communities work towards sovereignty and self-determination rather than dividing people into self-imposed categories that perpetuates lateral violence.

2. Growing Up Off Reserve

Nanabush quickly built a small raft made out of logs and sinew. “We’ll have to use this to get over the river to Strawberry Island” (kwii nuk kasena mandan wekumeing seebing wedegush nung dememen-minis). They set off and floated across the river with a trail of Waasanodehkwe’s thread trailing behind them. When they landed, they saw a young woman with long black hair and Nanabush asked “do you know how to get to the moccasin maker’s house?” (keeken daaguna odewahshe degoshnan mikizen kenenen endat?).

The woman said “It’s easy. You have to walk past the Crane family’s house and make a left. You will see the large tree where the Elders gather on Thursdays, and turn right. After that, follow the path to the Waboose family trap line and you will see the moccasin maker’s house” (wepunnut ke gushjitbadan endat mooshkussuk meedeshmanaan menawage baduin gee un). Waasanodehkwe was confused, and said “I didn’t grow up here so I don’t know the Waboose or Crane family houses. Can you draw me a map?” The woman said “I’m sorry, I don’t have time, I am skinning these rabbits. You will have to find someone else to take you there (gawiin da peech tuk seen. Mego dukshigeena waboose. Daanew beck con ziit ama geenick oda).

Nanabush was getting tired and said to the girl “Why don’t you know this island, I thought your grandmother was from this island?” (kie kendan na bamonda, Kokamis geba genda gen daminin-minis)? He looked around to find someone else but there were no people around. He asked a passing beaver. “Beaver, can you take us to the moccasin maker’s house” (amik gedama geesh me nago makisneken endat)? Beaver agreed, and they began the walk past the Crane house and turned left. They saw the large tree and

turned right and passed the Waboose trap line to the moccasin makers house. As they walked, the red thread trailed along the path. They thanked Beaver and they approached the house.

The fact that all of these women grew up off the reserve can partly be attributed to the legal determinant of identity – Indian status. Most of the women grew up off reserve because their mother married a non-native man and they were not allowed to reside in their First Nation community until they had their Indian status returned to them after 1985. For the three women whose father was First Nation, two of them did not even become registered until they were adults. The third woman still remains unregistered, although her father has recently registered and is a band member in one of the seven Manitoulin Island communities. She resides in one of the First Nation communities where her spouse is a member. Indian status plays a role in determining who can reside in the First Nation community, and can therefore impact the socio/cultural aspects of identity by determining who can have easy access to culture, language, ceremonies, and the social aspects of reserve life.

The majority of women spent most of their childhoods being raised off the reserve, but some did have some familiarity with their original communities because of time spent there in the summer or during periods of their childhood. Disconnection was felt by many of the participants, especially for the nine women who moved back to the reserve. This disconnection was expressed by the lack of knowledge of inter-familial histories of families, where people lived and the general geo-politics of the community. This sense of disconnection is consistent with Lawrence's (2004) discussion about having a "flawed" or "inferior" sense of Indianness compared to on-reserve Native people

despite the actual lived experiences between on and off reserve people being similar (2004: 203).

Childhood poverty was something experienced by all of the women as they grew up in off reserve and urban communities. Not being connected and having access to a large network of extended family, and often being “the poor kids in the neighbourhood” was a common experience for most of these women. In many cases, this involved moving around a lot and not having a lot of stability. Not having a “motherland” was a source of emptiness for these women who didn’t have the experiences of commonality amongst extended families. Lawrence (2004) describes that this “homeland” provides a profound type of anchor “even if most of the actual connections they develop in their lives are within the urban Native community” (Lawrence 2004: 196).

There are many factors which the respondents discussed as “pushing” them out of the community as well as factors that “pulled” them back in. Being connected to an extended family, accessing affordable daycares, and experiencing a “quiet life” are all factors that pulled them to living on the reserve. Paradoxically, there were many factors that pushed them out of the community including the culture of alcoholism and drugs, the lack of opportunity for employment and recreation, and unhealthy social behaviors like nepotism and lateral violence. For nine of the women, despite the negative factors of life on the reserve, they chose to live, work and raise their children in the community. Newhouse and Peters (2003:8) discuss the push and pull factors as a tension between loss and opportunity. They describe urban areas as representing a ‘loss of culture and community for Aboriginal migrants’ as well as an opportunity for “better education and employment” (Newhouse and Peters 2003:8). The impacts to this brain drain, or as they

describe it, a draining of the “intellectual capital needed for building healthy rural communities and nations” has increased these tensions between those living on and off the reserve . This again speaks to the issue of community capacity building with potentially skilled community members not being able to participate and contribute to the First Nation, and an ongoing reliance on non-community members to fill skilled positions such as dentists, nurses, engineers and accountants.

3. Status Card

When they got to the front door, a young boy was chopping firewood.

Waasanodehkwe said, “we came from the shore on the other side of the river. My grandmother sent me here to have a new pair of moccasins made because mine are worn out. She said that the moccasin maker lives here, and he will help me” (ka meseebing giibeen shebameng. Nokomis geekea gish moshkok shendug. Shkee mikisun weshet shegadeg. Sum debeng bedanon dab en ma niin. Git geda we winadama go en, maba mikisinken). The boy looked at the hide in her hand and said, “my grandfather doesn’t make moccasins out of moose hide. He only uses deer hide. You don’t have the right kind of hide, so you can’t make moccasins” (Mishomas kawiiin dus cus seen moose skwegin. Wawaskish skwegen et-ta. Medish gug bamada dejit gotdak ba mikizin).

Waasanodehkwe’s moose skwegen or moose hide was considered inferior compared to deer hide. The hide is representative of the issue of Indian Status for the research participants. The moose hide represents the Bill C-31 6(1) or 6(2) Indian status and deer hide represents the “regular” Indian status or pre-1985 status. The possession of a Status card has multiple meanings for different people and the interplay of legal determinants and socio/cultural determinants is connected to health and wellness. For

some of the respondents, Indian Status represented an important part of their identity, providing them with validation for their identity. For others, it was merely another piece of identification in their wallet. Indian status does provide some benefits, especially for those living on the reserve such as access to affordable daycare and housing, or “pull factors”. A woman may choose to live and work in a community because of the benefits her Indian status provides. LH 11 described being questioned on whether she was really “Indian” when she presented her card at a store clerk to receive tax exemption. Her Status card provided her with some form of “proof” of her identity.

The most significant issue surrounding Indian status concerns those with reinstated Bill C-31 status. These reinstated Status Indians are often considered to have inferior Indian status and were therefore discriminated in their own communities. This was expressed in many ways including the inability to secure permanent housing from the First Nation community. For some of the respondents, their Bill C-31 6(2) status has prevented them from passing on their status to their children, which has excluded them from participating in programs for children and youth. LH 3 discussed the sentiments she heard from other community members about all the Bill C-31 people coming back to the community wanting housing and how the band “should just build their houses down in the swamp”. For LH 12, passing on her Indian status to her children was a significant factor in why she chose to have children with her current partner, who also has 6(2) Indian status, despite his being a chronic drug addict.

There is no denying that the issue of Indian status has gotten to a critical point for First Nations communities and that the 1985 Bill C-31 amendment has done little to ameliorate the issue of declining status, and in fact has perpetuated it. The demographics

of First Nation communities are on their way to a state of crisis as the reliance and adherence to Indian status and outdated band membership rules persist. For these women, passing on Indian status to their children has become problematic. There will be significant outcomes for their children if they choose to partner with non Status men. While Indian status may not have been at the forefront of their decision to partner or not partner with men with Indian status, it will likely become even less prevalent for the children of these women.

Indian status is closely connected to issues of authenticity on a symbolic level, and as Lawrence (2004) states, Indian status is also equated “quite openly with cultural knowledge or heritage” and non Status people are not seen as authentically originating from a community and are seen as “detrribalized” , having “untraceable roots and therefore having lost their heritage” (Lawrence 2004: 221). The future decline and elimination of Indian status is in the not so distant future, so this association described by Lawrence (2004) must take on a dramatic shift. Big Eagle and Guimond (2009) agree with the need for this shift and predict that “if non-entitled descendants are raised with the knowledge of their cultural heritage and a majority of them choose to self-identify as First Nations, despite *Indian Act* rules, then the demographic future of First Nations communities is one of healthy growth” (Big Eagle & Guimond 2009: 46). The present reality of the Indian Act excludes non-entitled descendants described by Big Eagle and Guimond (2009) as a healthy demographic growth. Lawrence (2004) also encourages us to forgo the reliance on outdated policy to determine identity: “In a country where “authenticity” is always demanded of Indigenous subjects, we do not have to justify our mixed-bloodedness or lack of Indian status, or to wait for courts and legislation to decide

who is Indian, who is entitled or unentitled, and to internalize that logic – our bodies tell us who we are” (Lawrence 2004: 200). The time is now imminent to deal head on with the issue of Indian status and band membership, regardless of the importance of the non-entitled being able to increasingly self-identity.

In tandem with Indian status, band membership is equally significant, although as Lawrence (2004) states it is “highly symbolic, especially if they did not grow up around Native people, and secures for these individuals a sense of being grounded in a collective, place-based identity, even if that identity is in some sense an abstract relationship” (2004: 196). Status Indians have the opportunity to change their band membership from one First Nation community to another for various reasons including marriage into that community, or having one parent or other relatives who are registered with that community. Because Indian Status is comprised of both the federal entitlement and the local band membership entitlement, band membership is the first place where changes can be made to be less exclusive than the Indian Act provides. Opening up band membership to descendants who are beyond the Indian Act degree of descent criteria may provide an opportunity to pressure the government into entering into meaningful dialogue and eventual changes to the Indian Act. The provision of Bill C-31 to allow denials of 6(2) Status Indians is also problematic and must also be addressed.

4. Lack of Access to Traditional People

Nanabush said to the boy “this girl needs to have moccasins made. Her grandmother sent me from the village to take her across the water to this island. I am tired and want to go home. She needs to find a moccasin maker. Is there anyone besides your grandfather who knows how to make moccasins?” (Kwesinens, kisnun de

dwendanun. Kokomisinens eeba-sha-nash kawin zhinda kameseeba ebinshabaag.

Shindughnisiing kebeja. De kwess ge nee da nee gee-ea, key ken ma na giyagagesuk topaa mikizin?).

The boy thought about all the old people in the village who know how to make moccasins. He said to Nanabush “all of the old people have left for the summer and they will not be back until the start of the winter. She will have to come back some other time” (Kenan gegkanon emagodojik mendan neebing. Dekgwogig da ma skabeok obaa menawa dibesheem).

Being connected to traditional culture is one of the socio/cultural determinants of identity described in the literature especially in the Mashpee of Massachusetts debates over “authenticity” (Clifford 1998) and became a salient litmus test in the literature. For many of the respondents, they were unable to access traditional people in their communities, and had no options to “immerse themselves in the culture”. Manitoulin Island has seen a significant cultural resurgence in the last four decades, and subsequently, there has been resurgence in traditional knowledge and knowledge holders. The problem, as discussed by several respondents, is about finding a traditional person whom they can trust. Much like seeking a spiritual advisor, it is important to have someone who is “walking the talk”. The respondents felt that it was difficult to access these people in the communities and that there was a lot of hypocrisy happening in the circles of traditional people.

Part of this lack of access to traditional people is also about their disconnection with the communities themselves, and not having extended webs of relationships across the island to draw on the available pool of traditional people. Loss of Indian status as a

legal determinant of identity, in many cases forced the parents of the research respondents to live off reserve, and began to sever the connection to the web of traditional teachers. Respondents also discussed the conflicting messages they received, specifically in regards to cultural and ceremonial protocol. LH 6 recalls being told that she can't dance with her baby at a powwow because it is seen as an "offering" to the Creator. When she approached her spiritual advisor, he assured her that this was just one perspective of many, and instead to just "do what feels right". Confusion over what the "rules of engagement" are for cultural practices only serves to alienate people further from their traditions.

The majority of the respondents were unaware of the traditional health program offered by Noojmowin Teg Health Centre. For the most part, they either relied on family members to provide them with advice, or they sought help from outside of the community entirely. The traditional health program at Noojmowin Teg Health Centre is currently at capacity in terms of seeing clients, and has not had stable or increased funding to provide increased services such as extensive outreach.

Having improved access to traditional people, overcoming the discrimination and lateral violence of not growing up in the community, and having Bill C-31 or no Indian status and having a feeling of inauthenticity all negatively influenced the perpetuation of a sense of self-worth and diminished their overall health and wellness. The factors that disconnected the women from their identity and contributed to their choices around drugs, alcohol, unhealthy relationships with men, poor diet and exercise can all be attributed to the larger effect that colonialism has had on their communities and families. Feeling inauthentic is something that is produced internally, but is a response to the

lateral violence they are experiencing from community members and families who consider them to be “outsiders”. The factors that cause community members to be laterally violent are based on the perpetuation of colonialism. Much of this is based on the fighting for limited resources such as employment, post secondary funding and housing. These are all issues that have been brought into the community by external forces, and it does little to build the capacity of the community. Taking ownership of these issues is an important step to healing from the destructive forces of colonialism. Feeling connected to land, culture and feelings of authenticity can work toward positive identity development and to the larger goal of healing for individuals and for whole communities.

5. Connection to Land

Nanabush and Waasanodehkwe began to walk back to the shore. She looked for the trail of red thread and noticed that the partridges had broken it into pieces and probably used it to build a nest. She tried to remember how to get back to the shore since she no longer had the trail of thread to guide her back. She remembered the stand of maple trees in front of the Waboose family trap line and walked towards it. Then she smelled the burning cedar and sage that was under the Elder’s tree and she turned left. Finally she could hear the stream that ran past the Crane family’s house and she turned right towards the shore trail. They arrived at the shoreline and walked towards their tattered raft.

Like Waasanodehkwe, the research participants also felt that a connection to land was an important part of their socio/cultural identity. Part of this connection involved the natural environment of Manitoulin Island, as LH 11 discussed: “it’s quiet. You hear the

loons and the frogs in the morning”. The relationship between land and identity is intimate, and the First Nation community becomes a place “that enable people to maintain collective ties” (Lawrence 2004: 196) with their extended kinship networks. Research participants talked about spiritual connections they felt to the physical landscape of their home community. LH 7 describes her experience of coming onto her reserve for the first time: “I felt an awesome connection to the land. It was nice to feel like I fit somewhere for the first time in my life”.

The connection to physical land and environment is different than for other Canadians. For First Nation’s people, “land is about community, culture, history and ancestral connection. In that sense, being part of a land-based native community at the heart of what being Indigenous signifies” (Lawrence 2004: 191). Unfamiliarity with the actual physical landscape of the communities can be an alienating factor that leads to feeling inauthentic and excluded. Anderson (2001) describes an Aboriginal woman’s connection to land as significant: “the relationship with the land is critical to Native female strength and resistance. It is a relationship that usually begins in childhood” (2000: 127).

Waasandodehkwe found herself becoming more familiar with the physical surrounding of her original community as she found her way back to the shore. As she remembered the different landmarks in the community she began to feel a sense of being “at home” and more confident about belonging to that community. When you have a better sense of where families live, the socio-geographic history and the natural attributes of the landscape, it helps you to feel like “I belong here”.

Being uprooted and continually relocated between communities has caused a strong sense of instability for the research participants. For those nine participants now living in their First Nation, the sense of instability they felt during their childhood was diminished or eliminated by now feeling like they were “at home”. This may be part of the reason that they tolerated the negative social behaviors that they discussed such as widespread alcohol and drug use, the difficulties in obtaining permanent full-time employment, the community politics and the lateral violence. These issues were superseded by the reality of finding a place that they “belong” when they had spent a large portion of their life dealing with identity confusion, exclusion and instability. LH 7 described this feeling when she said “It was nice to feel like I fit somewhere for the first time in my life”. It is important to note that the ability of these nine women to live in their First Nation community and experience the socio/cultural aspects of their identity is directly related to the fact that they possess Status cards. Without those Status cards, they would be unable to live in the community. This is also an interesting example of the interplay between legal determinants of identity and socio/cultural determinants of identity.

The ancestral connection that respondents felt through the landscape is consistent with the literature such as McLeod (2007) when he discusses collective memory as envisioned through space rather than time: “It is the sense of place that anchors our stories; it is the sense of place that links us together as communities. Indeed, it is the sense of space that connects us to other beings and the rest of creation” (McLeod 2007: 6). There is no doubt that the respondents felt some kind of “pull” to the physical location of their First Nation communities. Even for those three women who did not live in their

communities, they all chose to work in their communities at some point. Part of this is maintaining some collective connections to family networks and to a larger community history. As Lawrence (2004) describes: “Indigenous identity, despite years of state regulation, remains both collective and highly place specific. These two aspects are intimately related- it is ties to place that enable people to maintain collective ties” (Lawrence 2004: 196). The physical environment of the communities of Manitoulin Island was one of the “pull factors” that brought people back to their original communities.

6. Connection to Culture

When Waasanodehkwe got to the shore, a family of partridges walked over to the them. The female partridge handed Waasanodehkwe a piece of red felt and said “Nanabush told us that you needed moccasins made. We used your red thread and made you felt for the top of the moccasins”(Nanabush geein maagana mikizin dwesee. Neshgwandeh sebop ge na cus na. Wii shegtwaan teng gada gegen watek geejeh mikizin). Waasanodehkwe thanked the family of partridges for the gift. As they started to load onto the raft, beaver approached them and handed her some small beads. Beaver said “Nanabush told me that you needed beads for your moccasins, so I made some from these shells I gathered from the shore” (Nanabush gee winmuk mindomensuuk menesuen mikizine. Gee zhou disgonen sheeduk kanising, endenoog gee-ge-beek). Waasanodehkwe thanked beaver for the gift. Now she had hide from her grandmother, felt from the partridges and beads from beaver. The young girl with the long black hair ran up to them as they were about to push off from the shore. She handed Waasanodehkwe some rabbit fur and said “Nanabush told us you needed moccasins made, so here is some rabbit fur

for the inside to keep your feet warm” (Nanabush gee win mag mineseum mikizin. Mondadesh waboose skwegin, beenging mikizin waasut wegeeshawuk). Waasanodehkwe thanked her for for the gift.

As they followed the remaining trail of thread across the water, Waasanodehkwe looked at her bundle of hide, felt, beads and fur, and wondered how she was going to make her moccasins. Nanabush told her that she shouldn’t wait until the winter to come back and have her moccasins made by the old people because he noticed she was having trouble walking. He told Waasanodehkwe “when you need something, the land will always provide it. You just ask for it and be open to receiving it” (Gego menseun, keeng kungdengenon, ka kwe de gewat ta, me dish ge de bin na min).

Waasanodehkwe’s culture provided for her all the things she needed to remake her moccasins and reconstruct her identity. Her connection to the land and culture provided her with the materials she was looking for to rebuild her moccasins. Connection to culture is an obvious example of a socio/cultural determinant of identity described in the literature. On Manitoulin Island, cultural reclamation is in progress, and as Wesley-Esquimaux (2009) tells us, it “involves all the emotional, cognitive, and perceptual reactions that accompany loss” and although there have been some attempts at recovering culture; the loss of culture itself was not abrupt. The cycle of grieving for the loss of culture has not been completed, so the restructuring of lives through the recovery of culture continues to be impeded (Wesley-Esquimaux 2009: 23). The literature tells us that for First Nations people, the key to community and individual wellness is centered around this cultural reclamation or “a return to traditional ways” (Svenson & Lafontaine 1999). What does that mean in a modern context? The realities of buying diapers, paying

rent or a mortgage and feeding a family does not necessarily coincide with how our ancestors lived. In many communities, especially on Manitoulin Island, incorporating cultural elements into everyday life has become an integral part of programs and services offered by organizations. Noojmowin Teg is a prime example of the incorporation of traditional teachings around food and nutrition into their cooking classes. Other examples such as the moss bag into their prenatal programming offered by the Community Health Representatives on Manitoulin Island are also important ways of “returning to a traditional life” within a contemporary context.

The respondents discussed their connection with culture throughout their interviews. Even though the respondents had varying experiences with aspects of their culture, they all had an interest and understood it as a foundation for positive identity. Reliance on socio/cultural determinants of identity can be difficult because of the varying experiences of displacement that the parents and grandparents of the research respondents such as residential schools, pre-Bill C-31 Indian Act, and language and culture losses. Language was seen as an important aspect of culture, although none of the respondents were fluent speakers. There was a sense that because they couldn't speak the language, that they would never truly understand their traditions and culture. This is certainly prevalent in the literature, and as Lawrence (2004) tells us: “language shapes thought and custom, and therefore behavior, knowing one's Indigenous language is essential to a really strong grounding in one's culture” (2004: 198). For First Nations people who do not know their language, does that mean that they are totally assimilated into Canadian society? That would mean that the majority of First Nations people in Canada not only do not have a strong grounding in their culture, but also that they never will. This does not

seem like a realistic perspective and is certainly exclusionary of many, many First Nations people. The likelihood of successful immersion programs in school will unlikely result in a fluent society of First Nations people. Instead, the “culture” around “culture” must shift to recognize that language, while vital to culture, cannot exclude people from participating in cultural reclamation.

The literature also tells us that there are differences in how men and women with respect to language maintenance, shift and revitalization. Norris (2009) states that since 1981 “women have seemed to experience less language maintenance or continuity in speaking their mother tongue than men. This lower continuity may be associated with higher rates for women of out-marriage and out-migration from communities or reserves” (2009: 317). That language was not passed down to the nine women whose mother were First Nations is especially significant. The reasons behind the lack of language transmission from the parents seem to be grounded in a sense of survival. All of the women were raised off reserve, and parents saw that knowing English had more utility when living in an urban or rural off reserve community. LH 12 discussed that during her grandmother’s time, Indian Agents were promoting the use of the English language in the communities, and this message she passed down to her children.

The literature also tells us that there is a relationship between retaining an Aboriginal language and community well-being (CWB). Wingert (2007) revealed that where there is a higher concentration of spoken and retained language, there is a lower rate of CWB, which she attributes to the relationship between economic integration into the mainstream and the English language: “those without proficiency in English or French may be more likely to experience economic deprivation” (Wingert 2007: 14).

This economic deprivation is likely what LH 12's grandmother and other respondent's parents considered when they chose not to teach their children the language. Norris (2009) agrees with this finding and states that the "positive effects of culture may be offset by the negative effects of socio-economic deprivation in some communities" (2009: 319). The pressures of ensuring that a family adapts well in mainstream society is an important component to a woman's choice not to teach the original language to her children, which places many First Nation's women at the "forefront of linguistic change" (Norris 2009: 324). Norris (2009) also discussed women's roles during early missionary contact was to act as a mediator between the community and mainstream society. To do this, the women learned English "as a means of survival in a rapidly changing situation" and were often criticized by First Nations men as accepting assimilation and rejecting Indigenous cultural values (Norris 2009: 329).

The respondents discussed the role of men in their lives, including their partners and fathers, in supporting their cultural recovery. For some of the women partnered with First Nations men¹⁶, supporting cultural exploration has been difficult. Some of the women were shamed by their First Nations partners as they sought out ceremonies and traditional practices. Other First Nations men supported their women in cultural reclamation. The women with more supportive partners were more engaged in cultural activities, and were more likely to attend ceremonies, to get spirit names for their children and participate in community cultural events like powwows.

7. Feeling Authentic

¹⁶ There were two women who were single, and one with a partner who was currently incarcerated. There were also two women who were partnered with non-native men.

When Waasanodehkwe arrived home, she showed Nokomis her bundle that contained felt, moose hide, beads and rabbit fur. She told her grandmother that the old people were away for the summer and there was no one who could make her moccasins. Waasanodehkwe told Nokomis the gifts she received for her moccasins, but she was still not able to get the moccasins made. Nokomis told her to take off her moccasins and pull them apart. The girl pulled her moccasins into several pieces and then traced the outline onto the moose hide. The girl and Nokomis used the remaining red thread, the rabbit fur, beads and felt and made a new pair of moccasins. The girl put on her new shoes. She felt the warm of the rabbit fur inside and saw the beauty of the beads and red felt. As she took a step she noticed she didn't trip and fall; she could stand taller and felt better.

Waasanodehkwe's felt validated and "authenticated" at the end of this story. On her way to Strawberry Island, she felt a sense of disconnection from her identity. She felt inauthentic because she did not have the traditional and cultural knowledge she needed to build a canoe. Waasanodehkwe became self-conscious about her physical appearance. As she tried to find the moccasin maker's house, she felt disconnected from the space because she didn't grow up in the community. She didn't know who the families were or where they lived. When she tried to find the moccasin maker, she learned that he was gone for the season and there were no other traditional people who could assist her. She also learned that the hide her grandmother had given her was considered inadequate and inferior. On her way home, she remembered the physical landscape through smells, sounds and sight. Waasanodehkwe felt connected to the environment as she navigated her way back to the shore. As she and Nanabush were leaving, the animals and people she had met along the way gave her gifts for her moccasins. She received beads made

from shells, rabbit fur and red felt. The gifts she received represented the gifts of her culture.

The research participant's feeling of authenticity was attributed to both the socio/cultural indicators of identity and the legal/biological determinants of identity, resulting in a sense of self-identification. Feeling authentic was achieved by the respondents feeling like they "fit in" to the community. For the respondents who returned to live in their First Nation community, there was a lot of pressure to fit in through smoking and alcohol. The issue of smoking was particularly interesting because half of the respondents were employed in health and human services. Four out of the six respondents who were in human and health service professions were currently smoking. The "culture of smoking" in First Nation communities became obvious, and was a factor for the women who had moved to the community as a way to "fit in". LH 4's comment about the connection between having friends and socializing and smoking is salient: "being included in friendships is a part of smoking. You can refuse a drink, you can refuse drugs, but if you refuse a smoke, then you're just not cool". LH 6's comments about the culture around smoking and pregnancy are also alarming. The different expectations for men and women when it comes to smoking is another element that women have to contend with in order to be accepted into community life which LH 6 clearly articulated: "in terms of men's and women's roles, women get pregnant and the immediate thing that we have to be clean and sober, but the men don't have to do that. So there's an imbalance, and that stresses the women out. So there's justification for smoking when you are stressed; not that it's right, but that's how it plays itself out".

Feeling authentically connected and a part of the community also formed part of the basis for the rampant alcohol consumption that many of the respondents experienced during their early adult years when they returned to the community. High risk behavior such as alcohol consumption and smoking are partly embedded in the socio/cultural dimensions of identity. High risk behaviors are often part of the reserve culture. LH 5 captured how drinking alcohol provided her with the opportunity of fitting in to the community. The experience of not participating in the drinking culture would lead to isolation: “if I didn’t drink, they wouldn’t hang around me anymore... If you’re not drinking, you’re isolated (LH 5). For some of the women, the drinking culture was a culture shock, one that they had to normalize to fit in. LH 4 found this transition difficult, and in order to fit in, had to participate and her experience mirrors the experiences of many of the respondents: “I had a hard time adjusting because it was the first time I really lived on the reserve. It was hard to get used to the culture of living on the reserve. Just the starting out with drugs and alcohol so young, having sexual relations so young” (LH 4). The experiences of these women are consistent with the literature on alcohol and addictions in First Nations communities. The Aboriginal Peoples Survey of 1991 indicated that 73% of First Nations respondents felt that alcohol consumption was a problem on the reserve (Statistics Canada 1993).

There is endless data that discusses the prevalence of alcohol and drug addictions in First Nation communities. Much of this literature points to the rapid social change that communities and families experience, and alcohol abuse is a reaction to this change. Waldram’s (2004) discussion of “anomie and socio-cultural disorganization” and the World Health Organization’s (2008) discussion of alcohol abuse as a response to social

breakdown are consistent with the reality of First Nation communities and families and the move from large traditional territories to small, secluded reserve lands. The socio-cultural disorganization that communities felt from the introduction of Christianity and the ceasing of traditional kinship models of clans are all experiences of Manitoulin Island First Nations people. For the respondents who were raised off the reserve and came to live in their First Nation community as young adults, the results of this socio-cultural disorganization that had been ongoing for decades was the negative social behaviors such as alcohol abuse. It is important to change how these negative socio/cultural determinants of identity are played out in a community, and instead focus on positive aspects which will result in healing and health.

The experience of feeling authentic was also experienced in positive manners for the respondents. Connecting with aspects of their culture provided a sense of belonging. LH 10 discussed harvesting wild rice and making maple syrup for the first time as being a confirmation of the strength of her ancestors in solidifying her identity as a First Nations person. Just like Waasanodehkwe felt her identity become stronger when she was able to take what she had learned from her culture that she had gained through a connection to the land and was able to make her own moccasins, the respondents also felt themselves become authenticated when they participated in such activities. Learning about family, social and political history also reinforced a feeling of authenticity for the respondents. Some of this knowledge was gained through school, such as in the cases of LH 8, 10 and 12.

For women who are raised off reserve or living in urban centres, a sense of authenticity can become more difficult to negotiate. Urban centres like the City of

Toronto, as described by Lawrence (2004) are places where a new type of identity is emerging for First Nations people. Similar to Garrouette's (2004) discussion of "radical Indigenism", First Nations identity must have a new point of departure. The demographic reality of First Nations populations is showing us that there are more people living in urban and rural centres than living on reserves, so the route to authenticity must be re-mapped.

8. Conclusion

Identity for First Nations people involves a complicated set of factors that are unmistakably distinctive from other Canadians. No other group in Canada has faced legislated attacks on their identity and the attempted elimination of language, culture and traditional society except for First Nations, Métis and Inuit people. For First Nations women on Manitoulin Island, their identity is bound together by multiple factors including the legal or biological determinants of identity like Indian status, socio/cultural determinants such as language, custom, place, culture and traditions, and the emerging ideology on the freedom to self-identify as a First Nations person regardless of these other two determinants. The interplay of these three overlapping types of First Nations identity also impacts the health and wellness of individuals and communities.

The three factors that reinforced a sense of inauthenticity reducing the ability of the women to feel self-worth and self-esteem, working against positive identity formation and subsequent positive health and wellness are (1) Indian status, (2) growing up off the reserve, and (3) lack of access to traditional people. These three factors work collectively and individually to diminish the capacity of the research participants to develop and maintain a positive sense of identity and result in poor decisions around health and

wellness including unhealthy relationships, alcohol consumption, drug use and smoking, poor nutrition and inadequate exercise. Factors that can work towards a feeling of authenticity through positive identity formation included (1) being connected to land, and (2) being connected to culture. These two factors work alongside each other and result in positive identity development and subsequently positive life choices.

First Nations identity takes on many forms, and the search for a sense of authenticity is resulting in identity formation that somewhat aligns itself with Garrouette's (2003) notion of "radical Indigenism". This involves rejecting the paradoxes that presently confine First Nations identity. Understanding that Indian status degree of descent rules are inherently discriminatory and the adherence and promotion of them only results in self-perpetuating colonization is an important step in a new type of identity formation. Statistical extermination of Status Indians is on the horizon with the current Indian Act, and maintaining the carefully constructed discriminatory bases of it promotes the lateral violence experienced within the communities. Regarding socio/cultural factors such as language, culture, residence and traditions as sufficient determinants of identity do not serve First Nations people well either. Many First Nations people will never know their language, and if language is the only route to knowing culture, then what we promote is a First Nation's identity that is inaccessible to most people. Socio/cultural dimensions of identity must coincide with what Knauff (1996) defines as a "shifting and contested process" instead of being tied to a fixed group of people (1996: 44). While there is recognition that language and traditional culture is important in identity, it cannot be treated as static and inadaptably to the contemporary context.

The new self-identity ideologies which reject both the legal and socio/cultural determinants of identity and instead look to asserting identity as a tool for healing provides some relief towards the quest for authenticity, but it is a process that is in the earliest stages of development, and we can expect to see greater benefits in health and wellness as it evolves. Contemporary First Nations identity development must provide dynamic avenues to arrive at a sense of authenticity, one that no longer reifies colonial structures, but promotes vivid contemporary expression. This is already evident in areas such as art, theatre, music, literature, academia, science and sport. We can look to performing artists groups like De-ba-jeh-mu-jig on Manitoulin Island to help us understand contemporary expressions of First Nations identity. As Métis leader Louis Riel once said: “my people will sleep for one hundred years, but when they awake, it will be the artists who give them their spirit back.”

The one hundred years of sleeping is now over for First Nations people, and First Nations identity cannot be understood without the complex interplay of historical, legal, social, cultural, geographical and political contexts. First Nations identity happens both at the micro level with individuals understanding what it means to feel “authentic”, and the larger struggles of First Nations as nations coming to terms with who are First Nations people, and in the larger context and what does that really mean?

The relationship between identity and health is not uni-linear. This research did not attempt to uncover a formula, such as for example, authenticity as a First Nations person equals good health. Health and wellness can also be viewed as possibly shaping identity. The shifts to reserve communities and sedentary lifestyles and a disconnection from the land may influence how authentic someone feels. Similarly, the alcohol and

substance abuse issues go against many traditional notions of self, and can cause someone to feel inauthentic. What this research did show was that health and wellness for First Nations women, families and communities is dynamic and multi-layered. At times, women sought authenticity by participating in negative health behaviors such as smoking, drinking and even remaining in a dysfunctional relationship so status could be passed onto children. At other times, the women felt authentic and secure in their identities, and chose to participate in health promoting activities like sobriety, physical exercise and nutritious eating. The health and wellness of these research respondents must not be viewed in isolation from the colonial social context in which it is situated and instead must be seen as evolving in tandem with the complexities of their lives and identities. To better understand their situation, a critique of how the pursuit of “authentic identity” has truly impacted our First Nations communities through the perpetuation of lateral violence and the relationship to positive health and wellness is required to grapple with this complex topic.

Chapter VIII: Conclusion

1. Looking to the Future for First Nations Women on Manitoulin Island

Interpretations of Aboriginal history have resulted in distorted perceptions about First Nations people that have infiltrated and informed First Nations identity. History has done few favors in shaping the identities of First Nation's women in Canada. Few positive depictions of First Nations women exist, and so it is crucial that stories are rewritten about strength and resilience. Part of this rewriting must seek to understand what comprises First Nations identity, specifically for women and how it shapes health and wellness.

Identity in itself is complex, and even more so for First Nations people where identity is bound up in multiple factors. These include a long history of colonization, the application of outdated legislation like the Indian Act and Bill C-31¹⁷, and programs such as residential schools which inflicted intergenerational trauma that continues to affect day to day life. First Nations identity is also comprised of culture and traditions that are only now beginning to re-emerge and Indigenous languages that are on the brink of extinction. First Nation's identity development for the individual must be negotiated in relation to the larger collective identity, which is inescapably formed within a colonizing society. It has been discussed throughout this thesis that determinants of First Nations identity fall within three overlapping but distinctive areas. The first includes the biological and legal determinants of identity such as degree of descent and Indian status. Identity which is based on these determinants is highly contested and controversial in our communities because there is a direct link to a control over resources (including monies levied from on

¹⁷ While there is no doubt that the Indian Act is highly contested, it also contains important rights to resources that cannot be abolished.

reserve ventures, access to health benefits and on reserve housing). The Indian Act is devised to tightly control how and if Indian status can be passed onto descendents which continues to cause divisiveness in families and communities while successfully working towards the statistical extermination of Status Indians.

The second set of determinants includes socio/cultural determinants such as language, custom, tradition, and residency. There is an interesting interplay between legal determinants and socio/cultural determinants that cannot be understated. Assimilationist policies and programs such as residential schools have resulted in generations of individuals in families who are culturally and socially alienated. The Indian Act's enfranchisement policies have also resulted in individuals losing vital connections to their communities because of "out-marriage". All of this has resulted in loss of cultural identity, loss of language transmission, lack of traditional knowledge persistence and inability to reside in communities.

Most recently, First Nations people have become critical of the externally imposed definitions of their identity which do not adequately reflect their realities. Instead, emerging ideologies of self-identification which rejects strictly defined determinants are becoming more and more evident. This is seen in contemporary interpretations of tradition and culture through the arts and literature, and the development of cultural based programming in urban centres. It is critical that the youth can tap into this ideology so that their identity is developed in positive, health promoting manners rather than health deteriorating behaviors.

Research for this thesis took place in collaboration with a local health centre on Manitoulin Island. In accordance with the research ethics requirements of the community,

this project underwent a rigorous ethical review process through the Manitoulin Anishnawbek Research Review Committee to ensure the topic and methodological approach were community and culturally appropriate. The MARRC was an important part of the research process because it indicated the community need for this type of research. The rural First Nation communities of Manitoulin Island are all dealing with the multiple issues of health and wellness that are prevalent in First Nation communities across Canada.

This research undertook an examination into the multiple ways in which identity contributes to health and wellness for First Nations women by looking at the three bases of identity (legal/biological, socio/cultural and self-identity ideologies) and how they interplayed and influenced authenticity to inform self-worth which subsequently impacted the ability make health promoting choices. Using Marmot's (2006) statement that the remedies to health must be grounded in social remedies, and the understanding that individual First Nation's identity is negotiated in relation to collective identity within a colonizing society, extensive life history interviews with twelve First Nations women were conducted revealing the intimate connection between identity formation and health and wellness. The research revealed that at times, the women felt a sense of inauthenticity when they were disconnected from their identity in various ways including growing up off the reserve, not having access to traditional people, and the issue of Indian status. These are three factors that the women described that worked towards negative perceptions of self, resulting in the persistence of health negating behavior. The respondents also experienced positive health and wellness when they had developed a

sense of authenticity. This was achieved through developing a sense of connectedness to land and culture and subsequently participating in health promoting behavior.

There were many paradoxes and complexities that the data revealed. The most compelling was the many nuances of authentic identity formation for mixed race First Nations women. Authenticity took place in two ways. The first way was through the development of a cultural authenticity which included factors such as Indian status, but also residency, ability to converse in the language, cultural knowledge, the practice of traditions and physical appearance. Authenticity was also shown to be based on a disregard on the reliance of all these factors, and instead a reliance on a personal sense of self-worth. The interplay between these two types of authentic identities was interesting and dynamic.

The data also revealed complexities with regards to First Nations health. There is no simple formula which helps us to point to a cause and effect for First Nations health. The health and wellness status of First Nations women cannot be explored by only looking at the individual woman's choices with regards to behaviors and attitudes. The larger forces at play, namely the community's ability to seek and manage health and wellness has been compromised significantly by the process of colonization; namely the Indian Act. The colonization of First Nations people is ongoing, so the concept of "healing" is problematic because the bases of the hurts are still ever-present. We cannot simply look to individuals and families to "return to the traditional ways" as described by Svenson & Lafontaine (1999) as a means to recapture an authentic identity, heal the wounds of colonization, and develop the self-esteem necessary to make positive choices with regards to individual and community health and wellness. We also cannot ignore the

benefits of many aspects of recapturing connections to culture and land as providing some foundations for healing. What we must do, is acknowledge and begin to reconcile the complex matrix of historical and contemporary colonization and how it has impeded the ability to develop health-promoting authentic identity.

The prevalence of lateral violence in the communities was also apparent throughout the data and is deeply rooted in the experiences of women attempting to authenticate their identity. The women experienced criticism and differential treatment not only because they were mixed-race, but also because they had reinstated Bill C-31 Indian status, which was considered inferior. This was most observable in educational and housing programs which gave preferential treatment to those who were not reinstated Bill C-31 Indians. It was also palpable in more discreet ways through the treatment by community and family members. This hostile social environment does little to promote positive identity formation for First Nations people, and instead hinders the propensity to move beyond the colonized mind state.

There are two important contributions of this thesis to the academy. Indigenous scholars are quickly becoming the experts in academe in providing examples of research and writing that honors Indigenous ways of seeking and transmitting knowledge. This thesis provided me with one venue of resuming responsibilities and acting like a contemporary “adisokan” by transmitting knowledge to First Nations people and communities on such an important and prevalent topic.

There are several key elements in the methodology that adds to the growing expertise of Indigenous scholars, namely the use of a story-telling as a knowledge transmission device, the utilization of the medicine wheel in exploring the topic with the

research participants, and the situation of self as a way to ground the methodological approach.

The second important contribution that this thesis makes to the literature is through the in-depth exploration of a topic that is not well understood. Critiquing the assumptions around authentic identity formation for First Nations people as an important step toward positive health and wellness is a powerful reminder of the inherent complexities of this task. The impact of ongoing colonization through the Indian Act, residential school policy, the intergenerational effects on individuals, families and communities, and the subsequent lateral violence that is imbedded within the First Nation communities are all a part of the complex web of identity development and health and wellness. This thesis calls for First Nation's people to re-shape authentic identity formation in ways that are relevant, positive and health promoting. Indigenous scholars are an important part of the reshaping of this contemporary First Nations identity and transmitting the knowledge to our communities and begin re-writing our stories.

There are several outstanding issues that this research did not thoroughly address, and compel further investigation. The implications of Indian status in relation to health and well being and the sustainability of a long term First Nations identity must be examined in detail and action must take place immediately. There are larger community capacity issues at stake and there are major threats to the sustainability of First Nation communities. The "culture of smoking" on the reserve and the connection to a sense of belonging requires some further research. The risks of cardiovascular disease and cancer are well documented, and First Nations people are at the top of the list when it comes to high risk populations. Bill C-31 has promoted much lateral violence in communities, and

those who wish to “come home”, are often met with suspicion and hostility. This attitude must change, and instead an attitude of “biindigen” or welcome must occur. This can involve formal ceremonies around welcoming community members into the First Nation community. Discussions on the role of men were interspersed throughout the interviews, and the imbalances still exist. Now, it is the women who are not only the primary income earners, but are often the main caregivers for the children. The prevalence of single parented households run by women was high in the seven First Nation communities, so one has to ask: “where are the men?” The literature is replete with research on Aboriginal women, but as Anderson (2000) tells us “we need to encourage men to heal, recover and reclaim” (2000: 239) and “our recovery should never involve competition with men or a sense of superiority to men” (2000: 240). The final section of this chapter concludes with some discussion on areas for immediate attention and future research.

And finally, this thesis has provided me with a way to explore my own First Nations identity. The issue of Indian status, language and culture are all issues that are personally relevant. Listening to women’s experiences with their identity provided me with the temporal space to consider my own family and my experiences. As a new mother, I look to my own “hybrid” baby and wonder how I can foster a positive sense of identity for him and not foster the sense of shame that I experienced. This thesis represents a small contribution to a field that requires an understanding of the intricacies of First Nations identity. As a scholar, I feel a responsibility to First Nations women and people to transmit the knowledge I was so honored to receive from my participants. I hope in a small way, this assists me in doing so. But there is still much work to do.

2. Urgent Concerns and Potential Research Areas

Like all research, this project resulted in more questions than answers. There were many other areas that this thesis could have explored, however a more focused approach is needed to adequately address these topics including (a) Indian status, (b) smoking (c) “welcoming home” community members, (d) resiliency strategies, and (e) the role of men in First Nation’s society, the issues that they face and how are they overcome.

a. Indian Status

If First Nations women continue on their current trajectory of pursuing higher education and working in full time positions, the impacts on First Nation men is significant. As the data tells us, First Nation women continue to exceed their male counterparts when it comes to education. First Nations women will continue to move to off reserve communities to work and live. As this happens, women will also see an increase in their health status. As well, the likelihood of an educated First Nations women population partnering with First Nations men who have less education and who may be suffering from alcohol and other addictions is low. Norris (2009) also discusses the probabilities around “out-marriage”. She describes the role of distance and location in relation to the First Nation community as affecting the chance of intermarriage. As well, demographic pressure in small communities “particularly small ones where the number of prospective mates is not large” will increase the rate of “out-marriage” (Norris 2009: 325). There are significant implications for this in terms of Indian status, which we are already seeing according to Clatworthy (2007). While Indian status should not be the main indicator of identity for First Nations people, and in recent years has become less and less prevalent, Indian status does play a large role in terms of funding for First Nation

communities for programs and services as well as part of the demographic argument for land claims and self-government. For First Nation communities, Indian status matters.

b. Smoking

For those who do have Indian status, and are choosing to return to their First Nation communities after being raised off reserve, feeling connected to the community is a large deterrent to participating in high risk social and health behaviors. As this research has shown, part of feeling connected to the community is through participation in negative, high risk behaviors such as smoking and alcohol abuse. These behaviors can be seen as a reaction and response to the historical trauma of residential schools and reserve settlement. As these research respondents indicated, the anomie experienced by their parents in residential schools expressed itself in alcohol and substance abuse throughout the respondent's childhood. The cycle of alcohol and drug abuse from their parents was perpetuated by the majority of the research participants, especially when they were faced with the young adult pressures of fitting into a peer group. There is some research and programs on smoking cessation on the population in general, specifically in the BC Centre for Women's Health and the Native Women's Association of Canada. There have also been some promotional programs on traditional and non-traditional uses of tobacco for Aboriginal people by the BC Ministry of Health, on smoking cessation for Inuit women by the Pauktuutit Inuit Women's Association (1995), and tobacco reduction strategies by the Native Women's Association of Canada (1995). These health prevention and awareness programs are created and most often offered by Aboriginal primary health care providers, however there has been no research on whether these providers themselves are active smokers or not. Often it is those doctors, nurses and community health representatives (CHRs) who are viewed as community role models when it comes

to health and wellness, but if they are not “practicing what they preach”, then this will undoubtedly affect the community’s attitudes towards smoking cessation. Community specific research on First Nations women in the health sectors would provide an interesting glimpse into the “culture of smoking” that was evident on Manitoulin Island.

c. Welcoming Home Community Members

This research has shown that there are significant barriers to moving or working in one’s First Nation community after being raised off reserve. Instead of being faced with the pressures of being accepted into the community through negative social behaviors, communities can instead welcome these “returnees” in positive manners. A “coming home” ceremony may be one way to positively welcome First Nations band members back into the community and promote a connection to culture. McLeod (2007) discusses what “coming home” means for First Nations people as being something that is both temporal and spatial and involves the physical homeland but also the experience of understanding the alienation of colonialism. Coming home is also a temporal process in that, through time, new experiences are layered on top of older ones and are described in the collective narratives of the family and community. While “coming home” is a return to Indigenous memories and narratives, “home” has been changed through new layers of experience and new ways of occupying the same space (McLeod 2007: 56). The practice of “coming home ceremonies” has been undertaken in some First Nation communities for adoptees and has provided a way to heal the trauma of dislocation.

d. Resiliency Strategies

These women’s life stories provided an important glimpse into their individual and collective resiliency. They have been able to rebound and carve out a positive place in their communities and families. Wesley-Esquimaux (2009) describes resiliency as a

process which “allows for the integration of teachings that those experiences present” (2009: 26). Their capacity to thrive and fulfill themselves was evident and they have demonstrated what Wesley-Esquimaux (2009) describes as “social competency” expressed through their “ability to laugh, express compassion, and feel empathy to the extent that it has become a much commented upon “cultural” response pattern” (2009: 27). The need to focus on positive ways that First Nations women fulfill themselves and conduct themselves as “culture carriers” is an important contribution not only to academic literature, but for First Nations women themselves. In recent decades, a growing body of literature focused on the positive aspects of the experiences of First Nations women has provided an important space to talk about positive adaptations and methods for building healthy communities and families. The literature is now becoming saturated on Aboriginal women, especially with the important work of the Native Women’s Association of Canada (NWAC) and their Sisters in Spirit campaign. More stories on these experiences will add to the larger history of First Nations women in Canada and the ways in which they have become resilient.

e. Where Have all the Good Men Gone?

But what about the men? This dissertation revealed salient stories about resiliency and strength, and it also highlighted in many cases, the negative impacts that First Nation men have had on their lives in terms of dealing with their addictions to drugs and alcohol and abusive behavior. Women revealed stories about the stress and anxiety that their relationships caused, and some of the negative coping strategies women used to deal with their men. The imbalances between men and women are still evident in communities, especially in terms of attitudes around parenting and income earning, as seen with the prevalence of female single headed households. The reasons for this have been explored

briefly by the Aboriginal Healing Foundation's (2005) work entitled *Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men* and represents the only significant body of work to explore Aboriginal men's issues, however no extensive body of work exists that has explored the men's historical and present role in the family and community.

It would seem that the time is right to turn our attention to men, and how the process of colonialism has impacted their roles in the community and family. The same questions around resiliency stories that Wesley Esquimaux (2009) asks us to tell about women also need to be told about men. This is an important part of the healing that must take place in First Nation communities across Canada, so they balance between men and women can return. Until that happens, the health and wellness challenges that communities face will continue.

Works Cited

- Absolon, K., and C. Willett. "Aboriginal Research: Berry Picking and Hunting in the 21st Century." First Peoples Child and Family Review 1.1 (2004): 5.
- Adelson, N., and A. Lipinski. "The Community Youth Initiative Project"
" Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice
Ottawa: Aboriginal Healing Foundation, 2008.
- Allen, H. "History Matters: A Commentary on Divergent Interpretations of Australian History." Australian Aboriginal Studies 2 (1998).
- Allen, P. G. Off the Reservation : Reflections on Boundary-Busting Border-Crossing Loose Canons. Boston: Beacon Press, 1998.
- Anderson, J. M. "Lessons from a Postcolonial Feminist Perspective: Suffering and a Path to Healing." Nursing Inquiry 11 (2004): 238-246.
- Anderson, K. A Recognition of being: Reconstruction Native Womanhood. Sumach Press: Canada, 2000.
- Anderson, M., et al. First Nations, Metis and Inuit Health Indicators in Canada: A Background Paper for the Project "Action Oriented Indicators of Health and Health Systems for Indigenous Peoples in Australia, Canada and New Zealand.", 2006.
<<http://www.iphrc.ca/documents/canadian.pdf>>.
- Archibald, J. Indigenous Storywork: Educating the Heart, Mind, Body and Spirit. Vancouver: UBC Press, 2008.
- Assembly of First Nations. First Nations Regional Longitudinal Health Survey (RHS): Results for Adults, Youth and Children Living in First Nations Communities. Health Canada, 2002/2003.
- Barrios, P., and M. Egan. "Living in a Bicultural World and Finding the Way Home: Native Women's Stories." Affilia 17.2 (2002): 206. .
- Bartlett, J. "Health and Well-being for Metis Women in Manitoba." Canadian Journal of Public Health 96 (2005): S22. .
- Battiste, M., and J. Y. Henderson. Protecting Indigenous Knowledge and Heritage : A Global Challenge. Ed. J. Y. Henderson. Saskatoon: Purich, 2000.
- Battiste, M. Reclaiming Indigenous Voice and Vision. Vancouver: UBC Press, 2000.
- Bear Nicholas, A. "The Assault on Aboriginal Oral Traditions: Past and Present."
Aboriginal Oral Traditions: Theory Practice Ethics. Ed. Renee Hulan and Renate Eigenbrod. Blackpoint: Fernwood Publishing, 2008.
- Beaudry, D. "Manitoulin Treaties: Part 4 of the Impact of the 1862 Manitoulin Treaty."
Manitoulin Expositor October 2, 2002. 2002.
- Beavon, D. and Cooke, M. "An Application of the UN HDI to Registered Indians in Canada." Aboriginal Conditions: Research as a Foundation for Public Policy. Ed. J.P. White, P.S. Maxim, and D. Beavon. Vancouver: University of British Columbia Press, 2003.

- Bent, K. Anishinabe Ik-we Mino-Aie-Win (Aboriginal Women's Health Issues: A Holistic Perspective on Wellness). Masters of Arts University of Athabasca, 2004.
- Beoku-Betts, J. "When Black is Not enough: Doing Field Research among Gullah Women." NWSA Journal 6.3 (1994): 312.
- Beverley, J. "Testimonio, Subalternity and Narrative Authority." Handbook of Qualitative Research. Ed. N. K. Denzin and Y. S. Lincoln. Second ed. California: Sage Publications, 2000.
- Big Eagle, C., and E. Guimond. "Contributions that Count: First Nations Women and Demography." Restoring the Balance: First Nations Women, Community and Culture. Ed. G. Valaskakis and Dion Stout, M., Guimond, E. Winnipeg: University of Manitoba Press, 2009.
- Boeree, G. "Perspectives Theory." 1998.
<<http://webpace.ship.edu/cgboer/persptheory.html>>.
- Borrows, J. "Living between Water and Rocks: First Nations, Environmental Planning and Democracy." University of Toronto Law Journal 47.4 (1997): 417.
- Bourassa, C., K. McKay-McNabb, and M. Hampton. "Racism, Sexism and Colonialism: The Impact on the Health of Aboriginal Women in Canada." Canadian Women's Health 24.1 (2004): 23.
- Brantlinger, P. Dark Vanishings : Discourse on the Extinction of Primitive Races, 1800-1930. Ithaca: Cornell University Press, 2003.
- Browne, A., L. Smye, and C. Varcoe. "The Relevance of Postcolonial Theoretical Perspectives to Research in Aboriginal Health." Canadian Journal of Nursing Research 37.4 (2005).
- Browne, A. J., and J. Fiske. "First Nations Women's Encounters with Mainstream Health Care Services." Western Journal of Nursing Research 23.2 (2001): 126-47.
- Brunner, E., and M. Marmot. "Social Organization, Stress and Health." Social Determinants of Health. Ed. M. Marmot and Wilkinson R.G. Oxford: Oxford University Press, 1999. 17-43.
- Calliou, S. "Peacekeeping Actions at Home: A Medicine Wheel Model for Peacekeeping Pedagogy." First Nations Education in Canada: The Circle Unfolds. Ed. M. Battiste and J. Barman. Vancouver: UBC Press, 1995.
- Canadian Institute of Health Research. "CIHR Guidelines for Health Research Involving Aboriginal People." 2007. <[http://www.cihr-irsc.gc.ca.subzero.lib.uoguelph.ca/e/29134.html](http://www.cihr-irsc.gc.ca/subzero.lib.uoguelph.ca/e/29134.html)>.
- Carriere, J. "Connectedness and Health for First Nation Adoptees." Pediatric Child Health 10.9 (2005): 545.
- Carter, S. Lost Harvests: Prairie Indian Reserve Farmers and Government Policy. Montréal: McGill-Queen's University Press, 1990.
- Castellano, M. B., L. Davis, and L. Lahache. Aboriginal Education : Fulfilling the Promise. Vancouver: UBC Press, 2000.

- Castellano, M. B., and J. Hill. "First Nations Women: Reclaiming our Responsibilities." A Diversity of Women: Ontario, 1945-1980. Ed. J. Parr. Toronto: University of Toronto Press, 1995.
- Castellano, M. B. "Ethics of Aboriginal Research." Journal of Aboriginal Health 1.1 (2004): 98.
- . "Updating Aboriginal Traditions of Knowledge." Indigenous Knowledges in Global Contexts Multiple Readings of our World. Ed. G. Dei, et al. Toronto: University of Toronto Press, 2000.
- Chandler, M. J., et al. "Personal Persistence, Identity Development, and Suicide: A Study of Native and Non-Native North American Adolescents." Monographs of the Society for Research in Child Development 68.2 (2003).
- Chandler, M. J., and C. E. Lalonde. "Cultural Continuity as a Moderator of Suicide Risk among Canada's First Nations." Healing Traditions: The Mental Health of Aboriginal Peoples in Canada. Ed. L. J. Kirmayer and G. G. Valaskakis. Vancouver: UBC Press, 2009.
- . "Transferring Whose Knowledge? Exchanging Whose Best Practices? on Knowing about Indigenous Knowledge and Aboriginal Suicide." Aboriginal Policy Research: Setting the Agenda for Change. Ed. P. White, P. Maxim, and D. Beavon. 2nd ed., 2004. 111.
- Churchill, W. "Healing Begins when the Wounding Stops: Indian Residential Schools and the Prospects for "Truth and Reconciliation" in Canada " Briarpatch Magazine 2008.
- Clatworthy, S. The Changing Demography of First Nations Populations: Impacts of the 1985 Indian Act Amendment to the Rules Governing Indian Registration. Winnipeg: Four Directions Project Consultants, 2007.
- . Re-Assessing the Population Impacts of Bill C-31. Ottawa: Research and Analysis Directorate, Indian and Northern Affairs, 2001.
- Clifford, James. The Predicament of Culture: Twentieth-Century Ethnography, Literature, and Art. Cambridge: Harvard University Press, 1988.
- Coates, K. "Being Aboriginal: The Cultural Politics of Identity, Membership and Belonging among First Nations in Canada." Aboriginal Peoples in Canada: Futures and Identities: Canadian Issues Themes Canadiens, Volume XXI. Ed. M. Behiels. Montreal: Association for Canadian Studies, 1999.
- Collins, D. N., M. Thornton, and R. Todd. Aboriginal People and Other Canadians : Shaping New Relationships. Ottawa: University of Ottawa Press, 2001.
- Cooke, M., D. Beavon, and M. McHardy. Measuring the Wellbeing of Aboriginal People: An Application of the United Nations Human Development Index to Registered Indians in Canada, 1981-2001. Ottawa: Indian and Northern Affairs Canada, 2004.
- Corbiere, A. "Manitoulin Treaties: Part 3 Seeking the Native Perspective." Manitoulin Expositor September 25, 2002. 2002.

- Cruikshank, J. Life Lived Like a Story: Life Stories of Three Yukon Native Elders. London: University of Nebraska Press, 1990.
- Dalhgren, G. & Whitehead, M. "What can be done about Inequalities in Health." The Lancet 338 (1991): 1059.
- Debassige, T. "Manitoulin Treaties: Part 1." Manitoulin Expositor September 11, 2002. 2002.
- Deiter, C., and L. Otway. Sharing our Stories on Promoting Health and Community Healing: An Aboriginal Woman's Health Project. Vol. 31. Prairie Women's Health Centre of Excellence, 2001.
- Deloria, V. Custer Died for Your Sins: An Indian Manifesto. Norman: University of Oklahoma Press, 1969.
- Denzin, N., and Y. L. Lincoln. Collecting and Interpreting Qualitative Materials. Thousand Oaks: Sage, 1998.
- DIA. Basic Departmental Data. Ottawa: Department of Indian Affairs and Northern Development, 1998.
- Diener, E., and E. Suh. "Measuring Quality of Life: Economic, Social and Subjective Indicators." Social Indicators Research 40.1-2 (1997): 189.
- Diener, E. "A Value Based Index for Measuring National Quality of Life." Social Indicators Research 36 (1995): 107.
- Dion Stout, Kipling, Stout. Aboriginal Women's Health Research Synthesis Project, Final Report. Centres for Excellence for Women's Health, 2001.
- Dion Stout, M. Aboriginal Canada: Women and Health. . USA Women's Health Forum, August 8-10, 1996.
- Donner, L. Women, Income and Health in Manitoba. Manitoba: Health Canada, 2000.
- Dumbrill, G. "Indigenous Knowledge in the Social Work Academy." Social Work Education 27.5 (2008): 489. .
- Ellis, C., and A. Bochner. "Autoethnography, Personal Narrative, Reflexivity." Handbook of Qualitative Research. Ed. N. K. Denzin and Y. S. Lincoln. Second ed. California: Sage Publications, 2000.
- Epp, J. Achieving Health for all: A Framework for Health Promotion. Ottawa: Minister of Health and Welfare, 1986.
- Estes, R., ed. The Social Progress of Nations. New York: Praeger, 1984.
- Fabian, J. "Ethnographic Objectivity Revisited: From Rigor to Vigor." Rethinking Objectivity. Ed. A. Megill. London: Duke University Press, 1997.
- Favor, M. J. Authentic Blackness: The Folk in the New Negro Renaissance. London: Duke University Press, 1999.
- Fenton, S. Ethnicity. Cambridge: Polity Press, 2003.

- Fiske, J. "Political Status of Native Indian Women: Contradictory Implications of Canadian State." In the Days of our Grandmothers : A Reader in Aboriginal Women's History in Canada. Ed. Mary-Ellen Kelm and Lorna Townsend. Toronto: Toronto : University of Toronto Press, 2006.
- Fleras, A. The Politics of Multiculturalism : Multicultural Governance in Comparative Perspective. New York: Palgrave Macmillan, 2009.
- Forbes, J. D. "The Manipulation of Race, Cast and Identity: Classifying Afro-Americans, Native-Americans and Red-Black People." Journal of Ethnic Studies 17 (1990): 1.
- Frideres, J., and R. Gadacz. Aboriginal Peoples in Canada. 8th ed ed. Toronto: Pearson Prentice Hall, 2008.
- Friedman, J. Cultural Identity and Global Processes. London: Sage, 1994.
- Galabuzi, G. Social Exclusion. A Paper and Presentation Given at the Social Determinants of Health Across the Life-Span Conference. Toronto:, 2002.
- Garrouette, E. M. Real Indians: Identity and Survival in Native America. Berkeley: University of California Press, 2003.
- Geiger, S. "What's so Feminist about Women's Oral History." Feminist Perspectives on Social Research. Ed. S. Nagy Hess-Biber and M. L. Yaiser. New York: Oxford University Press, 2004.
- Giokas, J., and R. K. Groves. "Collective and Individual Recognition in Canada: The Indian Act Regime." Who are Canada's Aboriginal Peoples? Recognition, Definition and Jurisdiction. Ed. P. Chartrand. Saskatoon: Purich Publishing, 2002.
- Goldade, K. "Pangs of Guilt: Transnational Ethnography, Motherhood, and Moral Dilemmas in Central America." Dispatches from the Field: Neophyte Ethnographers in a Changing World. Long Grove: Waveland Press, 2006.
- Gone, J. "Mental Health, Wellness, and the Quest for an Authentic American Indian Identity
" Mental Health Care for Urban Indians: Clinical Insights from Native Practitioners
Ed. T. Witko. Washington: American Psychological Association, 2006.
- Gone, J. P. A Community-Based Treatment for Native American Historical Trauma: Prospects for Evidence-Based Practice.2009.
- Grace, S. "Aboriginal Women." Ontario Woman's Health Status Report. Ed. D. Stewart, et al. Ontario Woman's Health Council, 2002. 359.
- Graham, H. "Social Determinants and their Unequal Distribution: Clarifying Policy Understandings." Millbank Quarterly 82.1 (2004): 101-24.
- Grande, S. Red Pedagogy: Native American Social and Political Thought. Maryland: Rowman and Littlefield Publishers, Inc., 2004.
- Gray, M.C. and A.J. Auld. Towards an Index of Relative Indigenous Socioeconomic Disadvantage. Vol. 196. Canberra: Centre for Aboriginal Economic Policy Research ANU, 2000. <http://www.anu.edu.au/caepr/Publications/DP/2000_DP196.pdf>.

- Green, J. A. "Constitutionalizing Patriarchy." Expressions in Canadian Native Studies. Ed. R. F. I. Laliberte, et al. Saskatoon: University of Saskatchewan Press, 2000.
- Gross, L. W. "The Comic Vision of Anishinaabe Culture and Religion." American Indian Quarterly 26.3 (2002).
- Gutsche, A., B. Chisholm, and R. Floren. The North Channel and St. Mary's River: A Guide to History. Toronto: Lynx Images Inc., 2002.
- Hall, S. "Cultural Identity and Diaspora." Identity, Community, Culture and Difference. Ed. J. Rutherford. London: Lawrence Wishart, 1990.
- Hallowell, I. Culture and Experience. University of Pennsylvania Press, 1955.
- Hamer, J. "Acculturation and the Functions of Alcohol among the Forest Potawatomi." Alcohol and Native Peoples of the North. Ed. J. Hamer and J. Steinburg. University Press of America, 1980. 107.
- Harraway, D. J. Simians, Cyborgs and Women: The Reinvention of Nature. New York: Routledge, 1991.
- Hawkesworth, M. E. "From Objectivity to Objectification: Feminist Objections." Rethinking Objectivity. Ed. A. Megill. London: Duke University Press, 1997.
- Healey, G. K., and L. M. Meadows. "Tradition and Culture: An Important Determinant of Inuit Women's Health." Journal of Aboriginal Health 4.1 (2008): 25-31. .
- Health Canada. A Second Diagnostic on the Health of First Nations and Inuit People in Canada. National Clearinghouse, 1999.
- . A Statistical Profile on the Health of First Nations in Canada. Ottawa: Health Canada, 2005.
- . Taking Action on Population Health: A Position Paper for Health Promotion and Programs Branch Staff. . Ottawa: Health Canada, 1998.
- Helin, C. . Vancouver: Orca Spirit Publishing and Communication, 2006.
- Henry, L. B., and M. Reid. "Social Relationships and Health: The Meaning of Social "connectedness" and how it Relates to Health Concerns for Rural Scottish Adolescents." Journal of Adolescents 23 (2000): 705.
- Holmes, J. Bill C-31: Equality Or Disparity? the Effects of the New Indian Act on Native Women. Ottawa: Canadian Advisory Council on the Status of Women, 1987.
- Horse, P. G. "Reflections on American Indian Identity." New Perspectives on Racial Identity Development. Ed. B. W. Wijeyesinghe. New York: New York University Press, 2001.
- Indian and Northern Affairs Canada. Highlights from the Royal Commission on Aboriginal Peoples. . Ottawa: Ministry of Supply and Services, 1996.
- Blood Quantum. Cond. Daemon Records., 1996.
- Isaak, C. A., and G. Marchessault. "Meaning of Health: The Perspectives of Aboriginal Adults and Youth in a Northern Manitoba First Nations Community." Canadian Journal of Diabetes 32.2 (2008): 114.

- Isajiw, W. "Definitions of Ethnicity." Ethnicity and Ethnic Relations in Canada: A Book of Readings. Ed. R. M. Bienvenue and J. E. Goldstein. Toronto: Butterworth, 1985.
- Jackson, D. "This Hole in our Heart: Urban Indian Identity and the Power of Silence." American Indian Culture and Research Journal 22 (1998).
- James, C. Seeing Ourselves: Exploring Race, Ethnicity and Culture. Toronto: Thompson Educational Publishing, 2003.
- Jeffery, B., Abonyi, S., Labonte, R. and Duncan, K. "Engaging Numbers: Developing Health Indicators that Matter for First Nations and Inuit People." Journal of Aboriginal Health 3.1 (2006): 44. .
- Jilek, W. "Culture and Psychopathology Revisited." Culture 3.1 (1983): 51.
- Jolles, C. Z. "Celebration of Life: Remembering Linda Womkon Badten, Yupik Educator." Many Faces of Gender: Roles and Relationships through Time in Indigenous Northern Communities. Ed. L. Frink, R. S. Shepard, and G. A. Reinhardt. Boulder: University Press of Colorado, 2002.
- Jordan, D. E. "Aboriginal Identity: The Management of a Minority Group by the Mainstream Society." The Canadian Journal of Native Studies 6.2 (1986).
- Keating, W. H. Narrative of an Expedition to the Source of St. Peters River, Lake Winnepeek, Lake of the Woods etc., 1824.
- Kind, S. "Medicine Wheel Imag(in)ings: Exploring Holistic Curriculum Perspectives." Art education 58.5 (2005): 33. .
- Kinietz, W. V. The Indians of the Western Great Lakes 1615-1760. Museum of Anthropology: University of Michigan, 1940.
- Knafla, L. "Violence on the Canadian Western Frontier: A Historical Perspective." Violence in Canada: Sociopolitical Perspectives. Ed. J. I. Ross. Second ed. Don Mills: Oxford University Press, 2004.
- Knauff, B. M. Geneologies for the Present in Cultural Anthropology . London: Routledge, 1996.
- Lalonde, M. A New Perspective on the Health of Canadians: A Working Document. Ottawa: Minister of Supply and Services Canada, 1974. <http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/1974-lalonde/lalonde-eng.pdf>.
- Lawrence, B. "Real" Indians and Others: Mixed Blood Urban Native Peoples and Indigenous Nationhood. Toronto: UBC Press, 2004.
- . "Gender, Race and the Regulation of Native Identity in Canada and the United States: An Overview." Hypatia: A Journal of Feminist Philosophy 18.2 (2003).
- Lawson, P. B. "The Cicadellidae of Kansas." Kansas University Scientific Bulletin 12 (1920): 5.
- Leedy, P. Practical Research: Planning and Design. 6th ed. New Jersey: Prentice-Hall, 1997.

- Llewelyn, S. "A Neutral Feminist Observer? Observation-Based Research and the Politics of Feminist Knowledge Making." Gender and Development 15.2 (2007): 299.
- Lollis, S. "We Lost Touch of Who each Other was: Swift Transformations in Close Relationships." Pathways of Human Development: Explorations in Change. Ed. J. A. Mancini and K. A. Roberto. Toronto: Lexington Books.
- Loppie, C. "Learning from the Grandmothers: Incorporating Indigenous Principles into Qualitative Research." Qualitative health research 17.2 (2007): 276-84.
- Malloch, L. "Indian Medicine, Indian Health, Study between Red and White Medicine." Canadian Women's Studies 10.2 & 3 (1993).
- Mancall, P. C. Deadly Medicine : Indians and Alcohol in Early America. Ithaca: Cornell University Press, 1995.
- Mandelbaum, D. G. The Plains Cree. New York: AMS Press, 1979.
- Manitoulin Expositor. "Manitoulin.ca." 2008. <www.manitoulin.ca>.
- Marcus, G. E. Ethnography through Thick and Thin. Princeton: Princeton University Press, 1998.
- Marmot, M. G., and R. G. Wilkinson. Social Determinants of Health. New York: Oxford University Press, 2006.
- Marrett, L. D. "Cancer Incidence and Mortality in Ontario First Nations, 1968-1991 (Canada)." Cancer Causes and Control 14 (2003): 259.
- McConaghy, C. "Positioned Leadership: Education and the Politics of Location in Rural and Remote Postcolonial Australia." Leadership in Crisis? Essays on Contemporary Educational Leadership. Ed. L. Ehrich and J. Knight. Brisbane: Post Pressed, 1998.
- McCord, W. Origins of Alcoholism. Ed. J. Mccord. Stanford: Stanford University Press, 1960.
- McKeown, T. The Role of Medicine: Dream, Mirage Or Nemesis?. Princeton: Princeton University Press, 1979.
- McKinlay, J. "Who is really Ignorant: Physician Or Patient?" Journal of Health and Social Behaviour 16 (1975): 3. .
- McLaren, P., and H. Giroux. "Writing from the Margins: Geographies of Identity, Pedagogy, and Power." Revolutionary Multiculturalism: Pedagogies of Dissent for the New Millennium. Ed. Peter McLaren and Henry Giroux. Boulder, CO: Westview Press, 1997.
- McLeod, N. Cree Narrative Memory: From Treaties to Contemporary Times. Saskatoon: Purich Publishing Ltd., 2007.
- Medicine, B. Learning to be an Anthropologist and Remaining Native. Chicago: University of Illinois Press, 2001.
- Megill, A. "Four Senses of Objectivity." Rethinking Objectivity. Ed. A. Megill. London: Duke University Press, 1997.

- Mignone, J., and J. O'Neil. "Social Capital as a Health Determinant in First Nations: And Exploratory Study in Three Communities." Journal of Aboriginal Health March (2005): 26.
- Minh-ha, Trinh T. Women Native Other. Indianapolis: Indiana University Press, 1989.
- Miringhoff, M., and M. Miringhoff. The Social Health of the Nation: How America is really Doing. New York: Oxford University Press, 1999.
- Mussell, B. J. Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men. Ottawa: Aboriginal Healing Foundation, 2005.
- Nagy Hesse-Biber, S., P. Leavy, and M. L. Yaiser. "Feminist Approaches to Research as a Process: Reconceptualizing Epistemology, Methodology and Method." Feminist Perspectives on Social Research. Ed. S. Nagy Hesse-Biber and M. L. Yaiser. New York: Oxford University Press, 2004.
- Najman, J. M. "A General Model of the Social Origins of Health and Well-being." the Social Origins of Health and Well-being. Ed. R. Eckersley, J. Dixon, and B. Douglas. Cambridge: Cambridge University Press, 2001.
- Naples, N. "The Outsider Phenomenon." Feminist Perspectives on Social Research. Ed. S. Nagy Hesse-Biber and M. Yaiser. New York: Oxford University Press, 2004.
- Narayan, K. "How Native is a "Native" Anthropologist?" American Anthropologist 95.3 (1993): 671.
- Newhouse, D., and E. Peters. Not Strangers in these Part: Urban Aboriginal Peoples. Vol. CP22-71/2003. Ottawa: Policy Research Initiative, 2003.
- Niezen, R. The Origins of Indigenism: Human Rights and the Politics of Identity. California: University of California Press, 2003.
- Noojmowin Teg Health Centre. Guidelines for Ethical Aboriginal Research in the Manitoulin Area., 2003.
- . "Noojmowin Teg Health Centre." 2008. <www.noojmowin-teg.ca>.
- Norris, M. J. "The Role of First Nations Women in Language Continuity and Transition." Restoring the Balance: First Nations Women, Community and Culture. Ed. Gail Guthrie Valaskakis, Madeleine Dion Stout, and Eric Guimond. Winnipeg: University of Manitoba Press, 2009.
- NWAC. Bill C-31 Amendment. Individuals Reference Guide. Ottawa: Native Women's Association of Canada, n.d.
- Ogawa, A. "Doing Action Research in Japan." Dispatches from the Field: Neophyte Ethnographers in a Changing World. Ed. A. Gardner and D. Hoffman. Long Grove: Waveland Press, 2006.
- Ontario Native Women's Association. Breaking Free: A Proposal to Change Family Violence Against Aboriginal Woman. Thunder Bay: ONWA, 1989.
- Ouellette, G. Fourth World : An Indigenous Perspective on Feminism and Aboriginal Women's Activism. Halifax, N.S.: Fernwood Pub., 2002.

- Parkhill, T. Weaving Ourselves into the Land: Charles Godfrey Leland, "Indians" and the Study of Native American Religions. Albany: State University of New York, 1997.
- Pearren, S. J. Exploring Manitoulin. Third Edition ed. Toronto: University of Toronto Press, 2003.
- Perdue, T. "Women, Men and American Indian Policy: The Cherokee Response to Civilization." Negotiators of Change: Historical Perspectives on Native American Women. Ed. N. Shoemaker. New York: Routledge.
- PHAC. Toward a Healthy Future: Second Report on the Health of Canadians. Vol. H39-468/1999E. Ottawa: Minister of Public Works and Government Services Canada, 1999.
- Pheasant-Williams, S. "The Development of Ojibway Language Materials." Canadian Journal of Native Education 27.1 (2003): 79. .
- Prairie Women's Health Centre of Excellence. Living Well: Aboriginal Women, Cultural Identity and Wellness – A Manitoba Community Project. Winnipeg: Prairie Women's Health Centre of Excellence, 2004.
- Prescott-Allen, R. The Well-being of Nations : A Country-by-Country Index of Quality of Life and the Environment. Ed. International Development Research Centre (Canada). Washington: Island Press, 2001.
- Radhakrishnan, R. "Postcoloniality and the Boundaries of Identity." Callaloo 16.4 (1993).
- Reading, J., A. Kmetc, and V. Gideon. First Nations Wholistic Policy and Planning Model: Discussion Paper for the World Health Organization Commission on Social Determinants of Health. World Health Organization, 2007.
- RHS. "First Nations Regional Health Survey." <www.rhs-ers.ca>.
- Richmond, C. "Explaining the Paradox of Health and Social Support among Aboriginal Canadians." Canadian Issues Winter (2009): 65.
- Rosaldo, R. Culture & Truth : The Remaking of Social Analysis. Boston: Beacon Press, 1993.
- Rose, G. "Sick Individuals and Sick Populations." International Journal of Epidemiology 14 (1985): 32.
- Ross, R. Dancing with a Ghost : Exploring Aboriginal Reality. Toronto: Penguin Canada, 2006.
- Said, E. W. Orientalism. New York: Pantheon Books, 1978.
- Salmon, A., and P. Lane. "The Demography of Native North America: A Quest of American Indian Survival." The State of Native America: Genocide, Colonization and Resistance. Ed. M. A. Jaimes. Boston: South End Press, 1992.
- Sams, J. The Thirteen Original Clan Mothers: Your Sacred Path to Discovering the Gifts, Talents and Abilities of the Feminine through the Ancient Teachings of the Sisterhood. New York: Harper Collins, 1994.

- Schnarch, B. "Ownership, Control, Access, and Possession (OCAP) Or Self-Determination Applied to Research: A Critical Analysis of Contemporary First Nations Research and some Options for First Nations Communities." Journal of Aboriginal Health 1.1 (2004).
- Schwandt, T. A. "Farewell to Criteriology." Qualitative Inquiry 2 (1996): 58.
- Schweitzer, M. American Indian Grandmothers: Traditions and Transitions. Albuquerque: University of New Mexico Press, 1999.
- Sharpe, H. S. "Women and Men among the Chipewyan." Women and Power in Native North American. Ed. L. F. Klein and L. A. Ackerman. Norman: University of Oklahoma Press, 1995.
- Simpson, A. "To the Reserve and Back again: Kahnawake Mohawk Narratives of Self, Home and Nation." PhD McGill University, 2003.
- Simpson, L. "Aboriginal Peoples and Knowledge: Decolonizing our Processes." Canadian Journal of Native Studies XXI.1 (2001): 137.
- Smith, L. T. Decolonizing Methodologies : Research and Indigenous Peoples. London ; New York : Dunedin: Zed Books ; University of Otago Press, 1999, 1999.
- Spickard, P. R. Mixed Blood: Intermarriage and Ethnic Identity in Twentieth Century America. Madison: University of Wisconsin Press, 1989.
- Statistics Canada. "Aboriginal People's Survey." 2001.
<www12.statcan.ca/english/profil01aps/home.cfm>.
- . Pan-Canadian Education Indicators Program. Vol. 81-582-X. Ottawa: Ottawa Press, 2008.
- Steinhauer, P. "Situating Myself in Research." Canadian Journal of Native Education 25.2 (2001): 183.
- Stewart, D., et al. Ontario Women's Health Status Report. Ontario: The Ontario Women's Health Council, 2002.
- Stiffarm, L., and P. Lane. "The Demography of Native North America: A Question of American Indian Survival." The State of Native America: Genocide, Colonization and Resistance. Ed. M. A. Jaimes. Boston: South End Press, 1992.
- Struthers, R. "Conducting Sacred Research: An Indigenous Experience." Wicazo Sa Review 16.1 (2001).
- Sultana, F. "Reflexivity, Positionality and Participatory Ethics: Negotiating Fieldwork Dilemmas in International Research." ACME: An International E-Journal for Critical Geographies 6.3 (2007).
- Surtees, R. J. Treaty Research Report: Manitoulin Island Treaties. Ottawa: Indian and Northern Affairs Canada, 1986.
- Svenson, K. A., and C. Lafontaine. "The Search for Wellness." First Nations and Inuit REgional HEalth Survey: National Report 1999. Ottawa: First Nations and Inuit Regional Health Survey National Steering Committee, 1999. 181.

- Swinomish Tribal Community. Swinomish Tribal Mental Health Project: A Gathering of Wisdoms, Tribal Mental Health: A Cultural Perspective. La Conner, Washington: The Swinomish Tribal Community, 1991.
- T.R.C. "Truth and Reconciliation Canada
" 2010. <<http://www.trc-cvr.ca>>.
- Takahashi, R. "Review of Explorations in Cultural Competence: Journeys to the Four Directions." Journal of ethnic & cultural diversity in social work (2007) .
- Tallbear, K. "DNA, Blood and Racializing Tribe." Wicazo Sa Review Spring (2003): 81.
- Tierney, W. G. "Get Real: Representing Reality." International Journal of Qualitative Studies in Education 15.4 (2002): 385.
- UCCM. "United Chiefs and Council of Manitoulin." 2008. <www.uccm.ca>.
- UNDP. Human Development Report 1990. Oxford: Oxford University Press, 1990.
- Victor, W. Indigenous Justice: Clearing Space and Place for Indigenous Epistemologies. Vancouver: National Centre for First Nations Governance, 2007.
- Visweswaran, K. Fictions of Feminist Ethnography. Minneapolis: University of Minnesota Press, 1994.
- Vizenor, G. R. Anishnawbe Adisokan. Minneapolis: Nodin Press, 1970.
- Wadden, M. Where the Pavement Ends : Canada's Aboriginal Recovery Movement and the Urgent Need for Reconciliation. Vancouver: Douglas & McIntyre, 2008.
- Wainer, J. "The Models and Metaphors of Healing
" Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice
Ottawa: Aboriginal Healing Foundation, 2008.
- Waldram, J. B. Aboriginal Health in Canada : Historical, Cultural, and Epidemiological Perspectives. Ed. A. Herring and T. K. Young. Toronto: University of Toronto Press, 1995.
- . Revenge of the Windigo the Construction of the Mind and Mental Health of North American Aboriginal Peoples. Toronto: University of Toronto Press, 2004.
- Walker, P. "Journeys Around the Medicine Wheel: A Story of Indigenous Research in a Western University." The Australian Journal of Indigenous Education 29.2 (2001): 18.
- Warry, W. "Doing Unto Others: Applied Anthropology, Collaborative Research and Native Self-Determination." Culture 10.1 (1990): 61.
- . Unfinished Dreams: Community Healing and the Reality of Aboriginal Self-Government. Toronto: University of Toronto Press, 1998.
- Weaver, H. "Indigenous Nurse and Professional Education: Friends Or Foes?" Journal of Nursing Education 40.6 (2001): 252.
- Weaver, H. N. "Indigenous Identity: What is it and Who really has it?" American Indian Quarterly 25.2 (2001).

- Weaver, H. "Perspectives on Wellness: Journeys on the Red Road." Journal of sociology and social welfare 29.1 (2002): 5. .
- Weaver, J., C. S. Womack, and R. A. Warrior. American Indian Literary Nationalism. Albuquerque: University of New Mexico Press, 2006.
- Weibel-Orlando, J. "Powwow Princess and Gospelettes: Growing Up in Grandmother's World." In Indian Grandparenthood. Ed. M. Schweitzer. Albuquerque: University of New Mexico Press.
- . "Powwow Princesses and Gospelettes: Crossgenerational Enculturation in American Indian Families." American Indian Grandmothers: Traditions and Transitions. Ed. M. Schweitzer. Albuquerque: University of New Mexico Press, 1999.
- Wesley-Esquimaux, C. "Trauma to Resilience: Notes on Decolonization." Restoring the Balance: First Nations Women, Community and Culture. Ed. G. Valaskakis, M. Dion Stout, and E. Guimond. Winnipeg: University of Manitoba Press, 2009.
- West, C. Race Matters. New York: Vintage, 1994.
- Wijeyesinghe, C. L. "Racial Identity in Multiracial People: An Alternative Paradigm." New Perspectives on Racial Identity Development. Ed. B. W. Jackson and C. L. Wijeyesinghe. New York: New York University, 2001.
- Wilkinson R.G., and Marmot M. Social Determinants of Health: The Solid Facts . Copenhagen: World Health Organization, 2003.
- Wilkinson, R., and Marmot M. Social Determinants of Health: The Solid Facts. Denmark: World Health Organization, 2003.
- Wilson, S. Research as Ceremony: Indigenous Research Methods. Winnipeg: Fernwood, 2008.
- Wilson, K., and M. W. Rosenberg. "Exploring the Determinants of Health for First Nations Peoples in Canada: Can Existing Frameworks Accommodate Traditional Activities?" Social Science and Medicine 55.11 (2002): 2017-31.
- Wingert, Susan. "Well-being in First Nations Communities: A Comparison of Objective and Subjective Dimensions." Aboriginal Well-being: Canada's Continuing Challenge. Ed. J. White, D. Beavon, and N. Spence. Toronto: Thompson Educational Publishing, 2007.
- World Health Organization. Social Determinants and Indigenous Health: The International Experience and its Policy Implications. Adelaide: Commission on the Social Determinants of Health, 2007.
- Wrightman, W. R. Forever on the Fringe: Six Studies in the Development of the Manitoulin Island. Toronto: University of Toronto Press, 1982.
- Wunder, J. R. Native Americans: Interdisciplinary Perspectives. New York: Garland Publishing, 2003.
- Yellow Horse Brave Heart, M. Healing and Mental Health for Native Americans : Speaking in Red. Ed. Ethan Nebelkopf and Mary Phillips. Walnut Creek, CA ; Toronto: Walnut Creek, CA ; Toronto : AltaMira Press, 2004.

Young, T.K., J.D. O'Neil, T. Orchard and S. Hiebert. "Type-2 Diabetes in Canada's First Nations: Status of an Epidemic in Progress." Canadian Medical Association Journal 163.5 (2000) <http://www.umanitoba.ca/centres/cahr/cahr-research/research_publications_reports.html>.