NARRATIVES OF ABORIGINAL GRANDMOTHERS:
STORIES OF IDENTITY AND HEALTH

A Thesis
Submitted to the Faculty of Graduate Studies and Research
In Partial Fulfillment of the Requirements
For the Degree of

Master of Science
in
Kinesiology and Health Studies
University of Regina

By
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Regina, Saskatchewan
December 2014

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Jennifer Lynn Billan, candidate for the degree of Master of Science in Kinesiology & Health Studies, has presented a thesis titled, *Narratives of Aboriginal Grandmothers: Stories of Identity and Health*, in an oral examination held on December 9, 2014. The following committee members have found the thesis acceptable in form and content, and that the candidate demonstrated satisfactory knowledge of the subject material.

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ABSTRACT

In recent years, researchers have been exploring the significance of identity and its relation to overall health within Aboriginal communities (Bourassa & Peach, 2009; Carriere, 2005; Mikkonen & Raphael, 2010; Wilson, 2004). Aboriginal identity is central to the health and understanding of oneself and has been recognized by researchers as a key determinant of health (Bourassa, McKay-McNabb, & Hampton, 2009; Carriere, 2005; Mikkonen & Raphael, 2010; Wilson, 2004). There is a growing body of knowledge supporting this connection, yet there remains a shortage of work specifically related to Aboriginal grandmothers’ experiences and understandings of identity and health. Consequently, existing concepts related to Aboriginal health and identity may not reflect the unique experiences of Aboriginal grandmothers who are also caring for grandchildren.

In Canada, Aboriginal grandmothers are held in high esteem and valued for relaying cultural teachings to future generations (Anderson, 2011; McKenzie, Bourassa, Kubik, Strathy, & McKenna, 2010). Furthermore, Aboriginal women play a critical role in the health of their families and communities as mothers, community Elders, and through other social roles (Health Canada, 2003). Guided by Indigenous methodological perspectives and feminist post-colonial theory, this community-based research project explores understandings of identity and health and its intersection from the perspectives of Aboriginal grandmothers who are caring for grandchildren in Regina, Saskatchewan.

During this research process, I 1) engaged in discussion with six Aboriginal grandmothers through semi-structured interviews regarding their experiences and understandings of identity and health, 2) thematically analyzed their narratives to further explore understandings of identity and health and their intersection, and 3) shared
preliminary findings with grandmothers through a Sharing Circle, which included a pipe ceremony and feast guided by a female Anishnabe Elder.

The findings demonstrate that Aboriginal grandmothers have a holistic understanding of identity and health. Furthermore, there are multiple factors in the intersection of identity and health, including kinship, access to resources and support, healing from grief, as well as engaging in Aboriginal culture and spirituality. The grandmothers’ narratives have implications for social policy, service delivery, and future research. As a community-based research project, the grandmothers will ultimately decide the future use of the results from this thesis.
ACKNOWLEDGEMENTS

I have learned more during this experience, both personally and professionally, than I ever thought possible and am thankful for my Creator’s guidance and lessons which have led me here. I would like to thank the grandmothers from the Aboriginal Grandmothers Caring for Grandchildren Support Network who were involved in this project, both directly and indirectly. This project would not have been possible without your narratives, support, and dedication. I would like to express my sincerest gratitude to my supervisor, Dr. Carrie Bourassa, for believing in me and guiding me through this process. She has helped me grow tremendously and is my inspiration as a community-based researcher, mother, and advocate. I would also like to thank my thesis committee members, Dr. Darlene Juschka, Dr. Larena Hoeber, and Elder Betty McKenna for their multiple insights, mentorship, and enthusiasm since the project’s inception. Special thanks to Elder Betty McKenna for her prayers and guidance throughout the research project.

I would also like to acknowledge the Indigenous Peoples Health Research Centre as well as the Faculty of Graduate Studies and Research, the City of Regina, and Canadian Blood Services for their generous funding throughout the project. In addition, I would like thank all of the special people who have helped me along this journey – there are too many of you to mention here, but you know who you are. Lastly, I would like to thank my family, partner, and friends for their sustained love and support. In particular, I would like to acknowledge my grandparents, parents, step-dad, and sister for supporting me throughout my life and for believing in my continued education and community involvement. Thank you for cultivating a desire to learn and grow as I pursue my dreams.
DEDICATION

To all of the grandmothers,

for your unending love, guidance, and devotion to future generations.

To my family,

you are my life and all that I am.
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CHAPTER 1 – INTRODUCTION

1.1 Introduction

Recently, researchers have begun to explore the significance of Aboriginal identity and its relation to overall health within Aboriginal communities (Bourassa & Peach, 2009; Carriere, 2005; Mikkonen & Raphael, 2010; Wilson, 2004). The Public Health Agency of Canada (2004) states that socio-economic status, gender, and Aboriginal identity are the most significant predictors of poor health. In fact, for people who have experienced colonization, identity becomes an important issue as it affects health and well-being (Bourassa, 2010). Carrie Bourassa and Ian Peach (2009) explain that identity has implications for feelings of self-worth and belonging, both of which impact health. Furthermore, Aboriginal identity is central to the health and understanding of oneself; this understanding of identity has been recognized by researchers as a key determinant of health (Bourassa, McKay-McNabb, & Hampton, 2009; Carriere, 2005; Mikkonen & Raphael, 2010; Wilson, 2004).

The Royal Commission on Aboriginal Peoples (RCAP) emphasizes the devastating impacts that colonization, along with other social, economic, and political forces, have had on Aboriginal people’s health in Canada (1996). It is important to note that although Aboriginal peoples in Canada experienced effects of colonization to varying degrees, the combined burden of racism, sexism, and colonialism have affected Aboriginal women and their health in distinct ways (Bourassa & Peach, 2009; Kubik, Bourassa, & Hampton, 2009; LaRocque, 1996; Mikkonen & Raphael, 2010). Consequently, Aboriginal women in Canada have disproportionately poorer health than that of both Aboriginal men and non-Aboriginal people, as evidenced by elevated
mortality rates, suicide rates, and morbidity rates (Bourassa & Peach, 2009; Dion Stout, Kipling, & Stout, 2001; Health Canada, 2003; Kubik et al., 2009; Public Health Agency of Canada, 2004; Wilson, 2004).

According to Laurence Kirmayer, Gregory Brass, and Caroline Tait (2000), “notions of health, illness, and healing are central to the discourse of Aboriginal identity in many communities” (p. 612). Furthermore, the Aboriginal Women’s Health Research Synthesis Report notes that there is a need “to 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, p. 4). In response to growing health disparities, Aboriginal women are emphasizing a holistic approach to health (Health Canada, 2003). Exploring Aboriginal grandmothers’ understandings of identity and health is an important part in the discourse of Aboriginal women’s health; these complex understandings of health must be further explored with the inclusion of Aboriginal women in order to better understand the factors that contribute to their health (Meadows, Thurston, & Lagendyk, 2004).

Guided by understandings of post-colonial feminist theory and Indigenous methodologies, this community-based research project explores understandings of identity and health and its intersection from the perspectives of Aboriginal grandmothers who are caring for grandchildren. Through Indigenous storytelling methodology and postcolonial feminist theorizing, researchers and communities will gain insight into Aboriginal grandmothers’ understandings of identity and health and add to explorations of how positive identity narratives intersect with positive health outcomes.
1.2 Definitions of Key Terminology

The term Aboriginal will frame this research project to encompass all self-identified people of Aboriginal ancestry, including Status, non-Status, First Nations, Inuit, and Métis peoples. While Aboriginal is a legal term defined in section 35.1 of the Canadian Constitution (1982) referring to Indian, Inuit, and Métis peoples of Canada, it is commonly applied by this particular group of grandmothers and framed as an inclusive term to represent the diversity of grandmothers within the support network. The terms Indigenous, First Nations, and Native have been used by supporting scholars. Indigenous is a global term encompassing a variety of Aboriginal groups; the term First Nations describes Aboriginal peoples of Canada who do not ethnically identify as Métis or Inuit; Native is a general term that does not represent a specific Aboriginal ethnicity (“Terminology,” 2009). When referencing these scholars their preferred terminology will be used.

The term grandmother is used to represent familial relationship; often, in Aboriginal cultures, older women are recognized as grandmothers even if they have no biological grandchildren (Meadows et al., 2004). The term kokum translates to grandmother in Cree and Saulteaux. The term Elder (capital “E”) indicates a local person in Aboriginal communities who is recognized by the community as having cultural and spiritual knowledge and plays an important role in sharing his or her knowledge with future generations; the term elder (small “e”) represents senior community members who may not commonly hold the same leadership position (Anderson, 2011).
For the purpose of this project, identity is conceptualized as an understanding of oneself (Rousselot, 2007). Health is broadly understood in terms of mental, emotional, spiritual, and physical aspects of the self (Bartlett, 2005).

1.3 Purpose of the Study

The overall purpose of this study was to explore understandings of identity and health and its intersection from the perspectives of Aboriginal grandmothers who are caring for grandchildren in Regina, Saskatchewan. Further, this project sought to enhance knowledge of local understandings of identity and health as well as the experiences of Aboriginal grandmothers raising grandchildren. In doing so, this project aimed to inform policies and programs that support grandparent-headed families and collaboratively address all aspects of health, including physical, mental, emotional, and spiritual health.

1.4 Research Questions

I engaged in discussion with the Aboriginal grandmothers regarding their understandings of identity and health as well as their experiences raising grandchildren. In doing so, I addressed the following questions:

a) What does identity mean to Aboriginal grandmothers who are caring for grandchildren?

b) What does health mean to Aboriginal grandmothers who are caring for grandchildren?

c) What is the relationship, if any, between health and identity for Aboriginal grandmothers who are caring for grandchildren?
1.5 Significance of the Study

There is a limited but growing body of literature exploring definitions and understandings of health within specific Aboriginal populations (Bartlett, 2005; Graham & Stamler, 2010; Kral, 2003; Parlee, O'Neil, & Lutsel K’e Dene First Nation; 2007; Wilson, 2004). However, little research has been conducted that relates to the impact of identity and health for Aboriginal women (Wilson, 2004). While there is a diverse understanding of health among Aboriginal peoples, it is important to examine this knowledge on a population basis (Graham & Stamler, 2010). This project specifically explored understandings of identity and health from the perspectives of Aboriginal women as they have been under-represented in the literature (Young, 2003). Employing the local knowledge of Aboriginal grandmothers in this analysis is important as it responds to dominant narratives and contributes to this gap in literature.

More specifically, there remains a gap in exploring identity and health among Aboriginal grandmothers who are caring for grandchildren. In Canada, Aboriginal grandmothers are held in high esteem and are valued for relaying cultural teachings to the next generation (Anderson, 2011; McKenzie, Bourassa, Kubik, Strathy, & McKenna, 2010). Furthermore, Aboriginal women play a critical role in the health of their families and communities as mothers, community Elders, and through other social roles (Health Canada, 2003). More specifically, the role of Aboriginal grandmothers is vital to managing the health of the community through their valuable knowledge, guidance, and teachings (Anderson, 2011).

The individuals in the study are active participants in a support network for Aboriginal grandmothers who are caring for grandchildren. As one of the University of
Regina’s Lifelong Learning Centre’s community outreach programs, the Aboriginal Grandmothers Caring for Grandchildren Support Network brings women together to share knowledge and find strength in their experiences as grandmothers raising grandchildren and extended family members. The grandmothers meet on a monthly basis with childcare and transportation provided by the support network to share their experiences and connect with other grandmothers, community agencies, and services.

This support network has grown into a community-driven program, gaining recognition within community and legislative realms. Throughout the years, the grandmothers have attended various advocacy workshops and other community presentations that have further inspired them to initiate change in their lives and communities through relating their personal stories and experiences. The grandmothers are the strongest advocates for their grandchildren, and as such it is clear that they are eager to continue sharing their stories with their communities and initiate positive change.

In fact, in 2010, the grandmothers from the support network were involved in making recommendations to the Saskatchewan Child Welfare Review Panel. They met and presented their recommendations with Saskatchewan’s Children’s Advocate, Mr. Bob Pringle. One recommendation argued that the Saskatchewan child welfare system provides inconsistent support to Aboriginal grandmothers caring for grandchildren. This problem appeared in the Saskatchewan Child Welfare Review Panel Report and was later published in a journal article (McKenzie et al., 2010). The grandmothers are maintaining mobilization as they continue to advocate for much needed policy changes within several sectors, including the child welfare system.
The grandmothers from the support network were also involved in an undergraduate community-based research project focusing on determinants of health. More specifically, the project explored how social determinants affect Aboriginal grandmothers’ health, including their families. Findings from that exploratory project have led to this current research project, as many of the grandmothers’ stories centered on notions of identity and health. It is worth noting that the grandmothers see research projects of this nature as important and necessary work, and believe society’s lack of awareness of these pressing issues is problematic.

This project provided a forum for the grandmothers to share their personal understandings and experiences around identity and health. Findings from this study will add value to existing literature regarding Aboriginal women’s understandings of identity and health through a community-based perspective. In addition, findings from the study will provide a basis for future research involving Aboriginal grandmothers.

This project offers families, communities, researchers, health practitioners, and policy makers with knowledge related to Aboriginal grandmothers’ specific experiences around identity and health. This insight will identify the particular needs and health challenges faced by Aboriginal women, specific to Aboriginal grandmothers who are caring for grandchildren. Moreover, sharing their experiences may potentially empower Aboriginal grandmothers to continue enacting change and advocating for their families after the study concludes. In addition, sharing grandmothers’ narratives with their families and communities can play a key role in reshaping identity and health within Aboriginal communities. As a community-based research project, the grandmothers will ultimately decide the future use of the results from this thesis.
1.6 Theoretical Perspective

Central to this analysis are the narratives of Aboriginal grandmothers. It has been noted by several researchers that women’s experiences may be discounted if their inclusion is not deliberate (Anderson, 2000; Deiter & Otway, 2001; Dickson, 2000; Gittelsohn, Harris, Thorne-Lyman, Hanley, Barnie, & Zinman, 1996; Meadows et al., 2004; Sayers & MacDonald, 2001). For that reason, I have purposefully explored Aboriginal grandmothers’ narratives as a way to privilege their voices and experiences that have typically been marginalized within research. Centering Aboriginal women’s narratives works in line with the critical analyses of feminist postcolonial theory, as it counteracts and dismantles dominant narratives and discourses (Lewis & Mills, 2003).

Feminist postcolonial theory (Lewis & Mills, 2003) guided this research project by exploring Aboriginal grandmothers’ voices and experiences. Through this analysis, the grandmothers’ narratives were the key production of knowledge. According to Annette Browne, Victoria Smye, and Colleen Varcoe (2007), “postcolonial theory can be defined as an interdisciplinary family of theories that share a common political and social concern about the legacy of colonialism, and how this continues to shape peoples' lives and life opportunities” (p. 25). Moreover, “postcolonial-feminist theories [shed] light on racialization, historical subjugation, culture, and class as social conditions that intersect with gender to shape life opportunities and health in the present” (Browne et al., 2007, p.130).

Shaped by Indigenous feminisms (Suzack, 2010) and influenced by the work of Edward Said (1993) and his insight into social constructions of race, feminist postcolonial theory exposes the gendered, racialized, and colonial dynamics within
Aboriginal women’s experiences. Moreover, it examines the intersections of racism, sexism, classism, and colonialism in the marginalization of Aboriginal women’s experiences (Browne et al., 2007). Central to postcolonial theory is the analysis of knowledge and power (Mann, 2012). Influenced by poststructuralism, Michel Foucault’s examination of knowledge and power illustrate that “the establishment of knowledges and disciplines is never innocent: knowledges are also formations of power which not only delineate specific inclusions but enforce overt and covert exclusions” (Lewis & Mills, 2003, p. 1). Susan Mann (2012) argues,

It is precisely the power of knowledges that feminist postcolonial theorists address in one of their major themes – the decolonization of Western feminist thought. The object here is to show how knowledges of the world generated by both colonizers and colonized are produced under specific power relations that complicate and texture our understanding of social reality. (emphasis original, p. 364-365)

Feminist postcolonial theorists criticize Western feminist discourses for failing to acknowledge their own privileges and ethnocentric thought in their approach to understanding women’s different experiences (Chenault, 2011; Mann, 2012). According to Mann (2012), “postcolonial feminisms call for a decentering of the West and a critical interrogation of Western essentialist views in order to highlight difference” (p. 396). Connecting postcolonial and feminist discourse, Browne et al. note

[A]spects of feminist theory that are perhaps most relevant to postcolonial analyses relate to the notion of intersectionality and the deliberate decentering of dominant cultural perspectives so that the voices of those who have been
marginalized become starting points for inquiry, and catalysts and key actors in activism and social change. (2007, p. 127)

By centering Aboriginal grandmothers’ narratives and experiences, feminist postcolonial theory helps to provide analysis of the context that shapes Aboriginal grandmothers’ personal experiences and understandings of identity and health.

It is important to note that postcolonial feminism is a contested theoretical framework among scholars (Browne et al., 2007; Mann, 2012; Smith, 2012), as some argue that the term ‘postcolonial’ implies the time after colonialism has ended when in fact colonial legacies and ideologies continue to oppress and marginalize people (Smith, 2012). Mann (2012) notes, “in the context of postcolonial theorizing, [the term postcolonial] is a critical concept that refers to engaging with and contesting the legacy of colonialism’s discourses, power structures and social hierarchies” (emphasis original, p. 363).

Although postcolonial feminism is a contested theory, its theoretical approach guided this research project and analysis in terms of centering Aboriginal grandmothers’ narratives which have historically been marginalized within a white, masculine, and colonial context. Locating the grandmothers’ experiences within a specific context will assist in highlighting the complexity and diversity of their lives and experiences. Through feminist postcolonial theorizing, researchers and communities will gain knowledge of Aboriginal grandmothers’ personal experiences and understandings of identity and health and add to discourse through the community-based perspectives of Aboriginal grandmothers caring for grandchildren.
1.7 Role of the Researcher

In approaching this community-based research project with Aboriginal grandmothers, I had a responsibility of locating myself and acknowledging my position in relation to the grandmothers (Kovach, 2009). This process of self-location plays a critical role in achieving ethical research with Aboriginal communities, as “location ensures that individual realities are not misrepresented as generalizable collectives” (Absolon & Willett, 2005, p.123). Moreover, according to Margaret Kovach, “self-location anchors knowledge within experiences, and these experiences greatly influence interpretations” (2009, p. 111). This understanding works in line with feminist methodologies as self-location offers space for researchers to locate themselves within their research, reflect on power differentials, and share their experiences with research participants; this process helps build reciprocity and trust (Kovach, 2009; Liamputting, 2007).

Situated as a feminist and a white-settler woman challenges me to confront colonial ideologies and reflect on the ways I have benefited from the legacy of colonization and the subsequent privileges that have enhanced my life chances and experiences. Furthermore, as a 27 year old woman, the age difference between myself and the grandmothers extends generations; this gap will influence my understanding of the grandmothers’ narratives. Moreover, as a young woman currently with no children, my knowledge is limited in terms of understanding the experiences of Aboriginal grandmothers and the influences of raising children. As I asked one of the grandmothers what it was like to be an Aboriginal grandmother caring for grandchildren during our interview, she replied, “What is it like? You’ll never know, because you’ll never be
Aboriginal and you’ll never be an Aboriginal grandmother [laughs]” (Janet). These multiple factors influenced how I approached the data. As such, I needed to be honest and reflective of this subjectivity.

In attempts to locate myself and address my subjectivities I kept a reflexive journal throughout the project. Reflexivity helps to address our self-location in relation to our research and reflect on our experiences and interpretations of the research process (Etherington, 2004). In addition to addressing my subjectivities, I consulted the grandmothers and debriefed with my supervisor regarding my experiences and interpretations in order to prevent my own position from misrepresenting the grandmothers’ voices. My position as a feminist further inspired me to seek women’s narratives that have historically been marginalized and counteract privileged discourses by centering women’s voices and knowledge. Furthermore, my role as a community-based researcher involved acknowledging the responsibility that comes with accessing valuable knowledge and respecting the information the grandmothers wish to share.

Along with situating the researcher, addressing motivations is also considered good practice within Aboriginal health research (Kovach, 2009). A number of experiences, including volunteering with feminist and Aboriginal organizations, as well as taking various Women and Gender Studies and Indigenous Studies courses throughout my undergraduate degree played a significant role in forming my research interests. More specifically, learning of the importance of Aboriginal grandmothers through my university courses and volunteering with the support network for Aboriginal grandmothers inspired my motivation for this particular project.
In 2009, I began volunteering for the Aboriginal Grandmothers Caring for Grandchildren Support Network. Having grown up with two very influential grandmothers inspired me to connect with and learn from grandmothers within my community. Over the years, I have formed a respectful and meaningful relationship with the grandmothers. Prior community-based research and advocacy projects inspired me to pursue a Master’s degree furthering health research with the grandmothers and inform policy and programs that support the grandmothers and their grandchildren.
CHAPTER 2 – LITERATURE REVIEW

In exploring Aboriginal grandmothers’ understandings of identity and health and their experiences raising grandchildren, this chapter begins by reviewing literature regarding the valued roles of Aboriginal women and their influence on community health. Specifically, the importance of Aboriginal grandmothers’ roles within their families as well as Aboriginal grandparents who are caring for grandchildren is explored. Local understandings of health and identity within Aboriginal communities in Canada, including the impacts of colonization and the current role of Aboriginal peoples reshaping identity and health, provides a foundation for further study.

2.1 Aboriginal Grandmothers’ Roles in Community Health

According to Health Canada (2003), Aboriginal women play a critical role in the health of their families and communities as mothers, community Elders, and through other social roles. Aboriginal women occupy vital roles as caregivers, leaders, and nurturers (Dion Stout et al., 2001). Alex Wilson (2004) outlines Aboriginal women’s vital positions within their communities, stating:

As life-givers, care-givers and decision-makers, Aboriginal women in many ways are the health gatekeepers of their communities. Health care providers and policy makers should seek to strengthen Aboriginal women by acknowledging the value of the family and community roles and responsibilities they have assumed, by creating and supporting opportunities for them to work together, and by soliciting their input on service delivery and policy direction. (p. 22)

Furthermore, according to Madeleine Dion Stout (2005), “Aboriginal women are critical players in the healthy development of our communities whether we are taking care of
families, maintaining cultures, conducting research or assuming leadership roles; all this in spite of our poor health prospects” (p. 18). More specifically, Aboriginal grandmothers maintain an essential role within their families and communities through their teachings, caring for the family, as well as grounding children in culture and identity (Anderson, 2011).

Throughout Aboriginal communities in Canada, Aboriginal grandmothers are held in high esteem and valued for relaying cultural teachings to the next generation (McKenzie et al., 2010; O’Connor, Monture, & O’Connor, 1989). Aboriginal grandmothers are recognized as sources of strength for their families and communities (Meadows et al., 2004). Traditionally, Aboriginal grandmothers played a key role in keeping their communities alive and “held responsibilities for overseeing the health, well-being, and longevity of their communities” (Anderson, 2011, p. 131). Similarly, Venida Chenault (2011) reflects on the important roles of women in community survival, stating, “embedded throughout the teachings of Indigenous cultures are lessons focusing on the resiliency, resourcefulness, and capacity of women and the vital importance of the many roles and contributions of women to the survival of the People” (p. 47).

Kim Anderson (2011) explored Aboriginal women’s experiences and life stages with elders from Saskatchewan, Manitoba, and Ontario. She examined how Aboriginal women’s various roles and responsibilities were critical to the health of the community. In addition, Anderson documented stories of kinship and the important role grandmothers held as teachers, storytellers, midwives, and keepers of relationships. These valued roles held the community together and contributed to the overall health of the community. This involved managing food security, leadership and governance, passing on teachings,
protecting family’s safety, caring for the family, maintaining kinship ties, and contributing to decision-making (Anderson, 2011).

Grandmothers also held the responsibility of teaching children about life and the skills needed to survive. Anderson notes:

[In Michif, Nêhiyawak, and Anishinaabek cultures, elderly women were seen to have the wisdom and authority to safeguard life . . . Grandmothers were given the responsibility to teach about pimatisiwin – life – and they were the keepers and teachers of the relationships that we form on this journey. (2011, p. 154)]

Grandmothers were responsible for passing on knowledge and guiding their families and communities to ensure they could live a good life. These respected roles and responsibilities demonstrate the position of influence and honour grandmothers had within their families and communities. Anderson continues, “Old ladies were valued for how they looked after the communities through their attention to kinship and by how they managed the health, well-being, and spirit connections of community members” (2011, p. 165). Similarly, Elder Glecia Bear reflects on the roles of grandmothers and their importance within families, stating, “. . . my grandmother, all along she used to counsel us about everything and tell us about things; she told us about all the things we should not do; we were not to be disrespectful towards the old people . . .” (as cited in Ahenakew & Wolfart, 1992, p. 209).

Aboriginal grandmothers continue to uphold an essential position within their families and communities. Furthermore, Aboriginal grandmothers play a key role in supporting family and community healing; it is often the love for children that compels women to heal and promote positive change (Anderson, 2006; Anderson, 2011;
Castellano, 2002; Meadows et al., 2004; Simpson, 2006; Thompson, Cameron, & Fuller-Thomson, 2013).

2.1.1 Aboriginal Grandmothers Raising Grandchildren

Studies indicate that First Nations adults are exceedingly over-represented as grandparents raising grandchildren in Canada (Fuller-Thomson, 2005a, 2005b). According to Statistics Canada, grandparents living in skip-generation families\(^1\) provide valuable emotional and financial resources for their grandchildren (Statistics Canada, 2011a). In 2011, Saskatchewan’s skip-generation families totaled 1.4%, almost three times the overall Canadian rate of 0.5%, making Saskatchewan the highest province of skip-generation families (Statistics Canada, 2011a).

According to the Status of Women Office, in 2006 Aboriginal women made up 15% of all women in Saskatchewan (2009). However, only 4% of Saskatchewan Aboriginal women are sixty-five years of age or older, representing a small segment of Saskatchewan’s population (Status of Women Office, 2009). Reviewing the overall population of Saskatchewan families in 2011, there were 2,760 children aged 14 and under living with their grandparents, up from 2,450 children in 2006 (Statistics Canada, 2011b). Indeed, the number of Aboriginal grandmothers caring for their grandchildren continues to grow (Fuller-Thomson, 2005a; McKenzie et al., 2010).

Using data from the 1996 Census of Canada, Esme Fuller-Thomson (2005a) explored the characteristics of Aboriginal grandparent-headed families in Canada. Findings revealed that between 1991 and 2001, there was a 20% increase in the number of Canadian children living in skip-generation families (p. 332). Although First Nations

\(^1\) Skip-generation families comprise of grandparents and grandchildren living together without parents in the home (Statistics Canada, 2011a).
people account for only 1.4% of the Canadian population over the age of 45, they comprise of 17% of all grandparents raising grandchildren without a parent in the home (p. 332). Fuller-Thomson’s study revealed that Aboriginal grandparent caregivers were more likely than non-Aboriginal caregivers to be female, single, and have lower median household incomes. First Nation grandparents raising grandchildren in Canada are significantly disadvantaged when compared to other grandparents in skip-generation households, however, Aboriginal grandparents in Canada are seen as “resilient caregivers who often are raising their grandchildren in the context of extreme poverty and ill-health” (p. 340). This over-representation of Aboriginal grandparent caregivers is a direct result of Canada’s assimilation policies, including Residential Schools (McKenzie et al., 2010), and will be explored further in this chapter.

While few studies have specifically examined the experiences of Canada’s Aboriginal grandparents, further research needs to explore understandings of identity and health as well as Aboriginal grandmothers’ experiences caring for grandchildren. Grace Thompson, Rose Cameron, and Esme Fuller-Thomson (2013) explored the contemporary experiences of First Nations grandparents in Canada. Findings revealed that grandparents shared significant experiences which guided them to their current position of investing in their grandchildren’s happiness and cultural well-being. Several sequential events were common among most participants that influenced their commitment to their grandchildren: cultural disruption; taking stock of the past; re-examining cultural traditions; accepting the grandparent role as an opportunity; and the rewards of engagement. Furthermore, the results suggest that despite experiences of cultural
disruption and assimilation, First Nations grandparents took control over their past experiences to reinvest in the health of their grandchildren and share culture together.

Holly McKenzie, Carrie Bourassa, Wendee Kubik, Kerrie Strathy, and Betty McKenna (2010) explored Aboriginal grandmothers raising grandchildren and their experiences with the Saskatchewan child welfare system. The findings revealed that the grandmothers experienced insufficient, inconsistent, and fragmented support from the child welfare system. In particular, lack of services and support available to grandmothers and grandchildren and distrust with the child welfare system was addressed. The findings called for much needed policy changes advocating grandparent and kinship-headed families receive the same level of support as foster homes.

2.1.2 Kinship Systems

Peace and co-existence come with identity, purpose and balance; purpose and balance are paramount to healthy family structures. One of the greatest responsibilities we women have is building and maintaining these values and characteristics in our families. As mothers, aunties and grannies, our influence over the family determines the well-being of the community, the nation and the web of creation. (Anderson, 2000, p. 212)

Exploring contemporary Aboriginal families and kinship systems must begin by acknowledging the influence colonialism has had on the integrity of family relations (Thompson et al., 2013). Once regarded as a respected and well-supported role among Aboriginal grandmothers, the situation of child rearing has considerably changed due to colonial assimilation policies and practices in Canada, which directly affected kinship systems in Aboriginal communities (Anderson, 2000; Anderson, 2011; McKenzie et al.,
These intergenerational effects of colonial policies and practices have had destructive impacts on Aboriginal people’s health and families. Governmental policies such as the Indian Act, Residential Schools, and the child welfare system, have all played an instrumental role in dismantling the integrity of kinship systems within Aboriginal communities (Anderson, 2000; Anderson, 2011; Thompson et al., 2013; McKenzie et al., 2010).

According to Anderson (2000), “the Aboriginal family has endured a lot of trauma through colonization. The introduction of patriarchy and the systemic removal of our children have obscured the place of Aboriginal women and children” (p. 205). By removing children and placing them in Residential Schools and foster homes, the Government of Canada intervened in Aboriginal families and disrupted kinship systems that traditionally honored and supported women and children.

Through colonization patriarchal ideologies were enforced, dismantling Aboriginal women’s positioning within their families and communities. Aboriginal women’s status of power and authority were at odds with western patriarchal family structures (Anderson, 2011). Carrie Bourassa, Kim McKay-McNabb, and Mary Hampton (2009) note, “prior to the sexist specification of the Indian Act Aboriginal women were matriarchal in their families. Families thrived with their Aboriginal women’s strength and support” (p. 301). Ultimately, the patriarchal nuclear family divided what was once an extended family dwelling: “The new family structure severely damaged women’s roles . . . It isolated women from one another and broke down family and community systems that once empowered women” (Anderson, 2000, p. 84). This damage to the family structure was also disruptive to the social structure and roles of women within
Aboriginal communities. Consequently, the complexity of Aboriginal kinship systems has been partially lost due to colonization, impacting the overall identity and health of Aboriginal peoples in Canada.

Kinship systems were significant in terms of governance and maintaining community health (Anderson, 2011). As members of extended families, Aboriginal grandmothers were called upon for their leadership and guidance (Anderson, 2000). Women traditionally held authority over childcare, agriculture, food preparation, and housing, demonstrating that women also had economic power within their family and community (Anderson, 2011).

According to Anderson (2011), it was the grandmothers that held kinship together through their role as ‘keepers of relationship’ (p. 112). As ‘keepers of relationships’, women were in charge of protecting and keeping the family together as well as building and maintaining family relationships (Anderson, 2011, p. 112). Maintaining good relations was also reflective in Aboriginal women’s concepts of health, as individual health is seen to be connected to community health (Anderson, 2011). Aboriginal women formed strong bonds among themselves to strengthen kinship ties, and were responsible for teaching family laws to the children (Anderson, 2011). Through their attention to kinship and managing health, Aboriginal grandmothers were valued for how they looked after their families and communities.

Similarly, Cynthia Wesley-Esquimaux (2009) emphasizes the respect Aboriginal women had in traditional cultures, arguing that “the centrality of women to the social well-being of the entire community was never questioned” (p. 18). Women were vital to the survival of the family and community, and community members acknowledged and
honored this value (Anderson, 2000). According to Anderson (2000), “the authority of many Native grandmothers stems from their role as the head of the extended family. In such families, Native girls witness both the social and the economic decision-making power of older women in their communities” (p. 120). Anderson (2011) attributes this loss of grandmothers’ governing council to the beginning of social dysfunction in Aboriginal communities.

Prior to the breakdown of kinship systems, primary care of children by grandparents was not seen as unusual as it came from a long line of tradition among Aboriginal peoples (Anderson, 2011; McKenzie et al., 2010; Thompson et al., 2013). Grandparents commonly provided childcare that was vital to the productivity and survival of the family and community (Anderson, 2011; Thompson et al., 2013). Aboriginal grandmothers carried responsibilities of teaching, honoring, and integrating children into all parts of the community, and childrearing was seen as a collective responsibility (Anderson, 2011; Thompson et al., 2013). Whether a biological grandparent or not, older people represented wisdom and authority which was passed down through their teachings (Anderson, 2011). Elder Maria Campbell reflects on the important role of women in Aboriginal kinship systems and connections to culture:

When people say it was the women who held culture together, it wasn’t ‘culture’ they held together; it was kinship. They looked after the big, extended family and made sure that nobody fell by the wayside. Culture comes from all of those things – from the way that people live together, the way that people treat each other, the way they interact with one another. That’s kinship. In Cree [this concept is
captured within] mino pimatisiwin. Living a good life. (as quoted in Anderson, 2011, p.112)

Despite the breakdown of kinship systems through colonial policies, Aboriginal grandparents maintain a significant position within the family (Anderson, 2011; Castellano, 2002; Thompson et al., 2013). In terms of Aboriginal women’s social positioning, Anderson (2011) notes, “Although [Aboriginal women] do not have the same respect, authority, or support for this work that they once had, women still hold a place in terms of managing the social relations of the community” (p. 173). Anderson (2000) concludes, “However they construct their families, contemporary Native women continue to value their role in influencing the future through the responsibilities and the authority they carry as the mothers, aunties and grannies of the nations” (p. 211).

2.2 Aboriginal People’s Health

Meanings of health are complex and have been long debated in social sciences and among scholars. Contemporary definitions of health have moved beyond biomedical terms to incorporate a broader understanding of health. According to the World Health Organization (WHO), “health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (2009). The Saskatchewan Provincial Health Council (1994) defines health as a “dynamic process involving the harmony of physical, mental, emotional, social and spiritual well-being” (p. 4). Similarly, the Canadian Institutes of Health Research (2007) acknowledges a holistic understanding of health, stating,

Health is understood in a broader sense than the notion of bio-psycho-social well-being. In keeping with Aboriginal understandings of health, it also includes spiritual, cultural, community and environmental well-being. Fostering health in this sense
includes enabling growth, balance, self-determination, reciprocity, relationships and peace. (p. 10)

2.2.1 Aboriginal People’s Understandings of Health

Throughout many Aboriginal communities in Canada, health is understood as a balance between mental, emotional, physical, and spiritual aspects of the person in connection to their family and community (Adelson, 2005; Bartlett, 2005; Deiter & Otway, 2001; Dion Stout et al., 2001; Graham & Stamler, 2010; Habjan, Prince, & Kelley, 2012; Parlee et al., 2007; RCAP, 1996; Saskatoon Aboriginal Women's Health Research Committee, 2004; Smylie, 2001; Struthers, 2003; Van Uchelen, Davidson, Quessette, Brasfield, & Demerais, 1997; Wilson, 2004). Similarly, Anderson notes, “Health, as it is understood among Algonquian and other Indigenous peoples, includes physical, mental, emotional, and spiritual dimensions, and health is also something that is not individual but collective” (2011, p. 167). Within this understanding of health is the concept of relations, demonstrating the connection between individual and community health.

Indeed, recent studies have shown that Aboriginal women’s discussions of health are understood as collective, connecting health to their family and community (Anderson, 2011; Bartlett, 2005; Dion Stout et al., 2001; Meadows et al., 2004; Wilson, 2004). Furthermore, Aboriginal women see their health as “inseparably related to that of their families and communities” (Dion Stout et al., 2001, p. 18). As such, health is not individualized but rather collective.

Judith Bartlett (2005) notes, “Aboriginal populations commonly describe life as holistic and use the terms spiritual, emotional, physical, and mental to describe their perception of health and well-being”, however she contends that, “minimal academic
exploration has been done to document this perception and the meaning of these terms with Aboriginal populations” (p. 22).

Naomi Adelson’s (1998) study explored health concepts among the Whapmagoostui Cree of northern Quebec and found that there is no Cree word that translates back to English as ‘health’; however, the Whapmagoostui people use the term *miyupimaatisiun*, which translates to ‘living well’ or ‘being alive well’ (p. 10). According to Adelson, “*miyupimaatisiun* draws its significance from Cree cultural knowledge and experience and connotes much more than the absence of disease. ‘Being alive well’ is a statement of how one lives, interacts, and, although related to, is not bound within the nexus of health and illness.” (p. 11). Adelson found that ‘being alive well’ was inseparable from community, history, identity, and resistance. Furthermore, eating the right food, protecting oneself from the cold, hunting, and pursuing traditional activities were central to ‘being alive well’ (p. 11). Adelson notes, 

[F]or the Cree, health is not simply physical well-being, but one form of articulating Cree national identity in response to a continued challenge to that identity and is thus located within a text of historical accountings, land, and the production and interpretation of traditional activities. (1998, p. 5) This concept of health is central to discourse as ‘being alive well’ connects to Aboriginal identity.

Connie Deiter and Linda Otway (2001) explored understandings of health from the perspectives of Aboriginal women. Findings indicate that the majority of Aboriginal women viewed health holistically and defined health as “including a good diet, exercise, no substance abuse, adequate rest and food”, and that “health is not only physical, but
includes emotional and spiritual” (p. 19). Having financial resources to live well was also included in their understandings of health.

The Saskatoon Aboriginal Women's Health Research Committee (2004) explored Aboriginal women’s access to health services and meanings of health. The Aboriginal women in the study had a holistic view of health that encompassed a variety of factors, from spiritual understandings, education and training, to parenting skills. Furthermore, health included a personal sense of balance based on understandings of the Medicine Wheel, which included individual, family, and community as part of that balance. The Aboriginal women based health on traditional teachings and principles and viewed health as an ongoing process.

Lynn Meadows, Stephanie Thurston, and Laura Lagendyk (2004) explored grandmothers’ experiences and perceptions of health at midlife in several Aboriginal communities across Canada. Findings revealed that Aboriginal grandmothers were considered leaders and positive change agents for their families. Furthermore, women’s discussions of health and wellness were not solely individual but connected to their families and communities. The research found that becoming a grandmother increased personal reflection of their well-being and the well-being of their families, suggesting that “women who focus on the future for either themselves or their grandchildren may be change agents that help improve health not only for themselves but for their families and communities” (p. 159). These “tools for change” increased the choices in grandmother’s lives and offered opportunities to explore traditional knowledge and pass on these teachings as a way of healing (p. 160). Becoming a grandmother meant overcoming past struggles and working with their families and communities to promote positive change
and enhance their health. Acknowledging the destructive effects of past experiences, the grandmothers welcomed this second chance to parent:

These women saw they had a second chance to be parents of a healthy Aboriginal community. They turned their primary attention to their grandchildren, but they continued to love and teach their own children, as well as pursue opportunities that enhanced their own health and well-being. Somehow the effects of discrimination and loss of traditional roots and values, personal or family experiences with residential schools, substance abuse, violence or death have become an impetus to focus on a healthier approach to life, and/or a decision to move beyond the past and into the future. (Meadows et al., 2004, p. 163)

This second chance to be parents was also noted by Shirley O’Connor, Patricia Monture, and Norissa O’Connor (1989) in their special issue honoring grandmothers: “being a grandmother now means that I have a second chance to teach” (p. 39). These findings illustrate that grandmothers contribute an important role in their families and communities and in forming positive lifestyles for Aboriginal youth. In addition, this illustrates the important role grandmothers play in passing on knowledge and teachings to their grandchildren.

Brenda Parlee, John O’Neil, and Lutsel K’e Dene First Nation (2007) explored perspectives of health with the Dene community of Lutsel K’e Dene First Nation. Participants defined health in their local Chipewyan language as “the Dene way of life” (p. 112). Connected to this understanding of health included the importance of Dene values, knowledge, and institutions. Achieving “the Dene way of life” involved pursuing self-government, healing, and cultural preservation (p. 112).
Bartlett (2005) explored the conceptions of health and well-being among Métis women in Manitoba. Participants most often conceptualized health in terms of physical aspects, and understood well-being in a broader and holistic sense including spiritual, emotional, physical, and mental aspects. This study found that a significant motivating factor in maintaining well-being for Métis women was based on notions of collectivism rather than individualism, as they saw a responsibility to stay healthy for their families.

Holly Graham and Lynnette Stamler (2010) explored Plains Cree people’s perceptions of health in Thunderchild First Nation, Saskatchewan. Findings illustrated that participants’ meanings of health were interdependent on several factors which included “a state of physical, mental (intellectual), emotional, and spiritual wellness, that includes economic and political independence” (p. 14).

2.3 Aboriginal People’s Identity

*We are like trees. Our roots are put down very deep. And we take things from the four directions and we take them into our lives. And if you pull us up by the roots, we are lost. We have to go back and find those roots, find those beginnings that are strong so that we can live a good life.* (Elder Betty McKenna, as quoted in Bourassa, 2010, p. 75-76)

Exploring Aboriginal people’s identity is important when understanding Aboriginal people’s health. Recent studies have shown a link between identity and health within Aboriginal communities, noting that Aboriginal identity is central to the health and understanding of oneself (Bourassa & Peach, 2009; Bourassa et al., 2004; Carriere, 2005; Mikkonen & Raphael, 2010; Wilson, 2004). In addition, Laurence Kirmayer, Cori
Simpson, and Margaret Cargo (2003) note that Aboriginal identity is central to health and well-being and can be a unique resource for promoting health.

Aboriginal identity is complex and multilayered. According to James Frideres (2008), “Aboriginal identity encompasses an enormous diversity of people, groups and interests located within varying socio-political, economic and demographic situations” (p. 314). Jeannine Carriere (2005) notes that: “identity is a process of development over time” (p. 77). Gary Taylor and Steve Spencer (2004) make an important point on identity,

[I]dentity is a work in progress, a negotiated space between ourselves and others; constantly being re-appraised and very much linked to the circulation of cultural meanings in a society. Furthermore identity is intensely political. There are constant efforts to escape, fix or perpetuate images and meanings of others. These transformations are apparent in every domain, and the relationships between these constructions reflect and reinforce power relations. (p. 4)

Indeed, identity is even more intensely experienced under colonization and its oppressive legacies, which will be explored further in this chapter.

Laurence Kirmayer, Stephane Dandeneau, Elizabeth Marshall, Morgan Phillips, and Karla Williamson (2011) refer to Aboriginal identity as personhood, noting that “Aboriginal notions of personhood root identity in a person’s connections to the land and environment, which may include recognition of a larger world of human and other-than-human spirits” (p. 88). According to Malcolm King, Alexandra Smith, and Michael Gracey (2009), “many Indigenous peoples have an idea of the person that can be characterised as community-centred, since other people belonging to one’s own community, the land, and its animals are all viewed as inherently a part of the self” (p.
Kirmayer, Simpson, and Cargo (2003) state, “many Aboriginal peoples retain notions of the person as defined by a web of relationships that includes not only extended family, kin and clan but, for hunters and other people living off the land, elements of the natural world, spirits and ancestors” (2003, p. 18). Anderson (2011) understands Indigenous identities as being defined by gender and by life stages. In addition, Renee Bédard (2009) states,

Indigenous women’s identities are tied to the inter-relationships we have with the women in our families, communities, and connections we make with Indigenous women outside our communities; oftentimes our friends, Elders, teachers, and acquaintances. Together, as Indigenous women, we work together to determine our identities and responsibilities as women by talking and spending time with each other. (p. 51)

Wilson (2004) explored the positive impact of identity on Aboriginal women’s health in Manitoba and the ways in which they connected to cultural values, teachings, and knowledge in their efforts to heal themselves, their families, and their communities. The Aboriginal women in her study understood their identities to be inherently linked to their families and communities and that their understandings of identity encompassed their life experiences. Findings illustrated that Aboriginal women’s identities were inseparable from their connections to family, history, community, place, and spirituality, integrating these elements into a holistic understanding of health. In their introductions, participants referred to their parents, partners, children, grandchildren, and grandparents, “presenting identities deeply seated in family” (Wilson, 2004, p. 9). Further, Wilson notes,
The relationship between the identity of Aboriginal women in Manitoba and their health and well-being has several implications for health care providers, policy makers and professionals. The women participating in this research project envision their own identities and wellness in holistic terms. These understandings affirm the importance of moving beyond a scientific approach to health and healing to integrate holistic understandings of and approaches to health (including traditional medicine) into health care practices and policies. (2004, p. 22)

Findings from Carriere’s (2005) study exploring identity and health among First Nations adoptees living in Alberta illustrated a direct relationship between identity and health, referring to Aboriginal identity as ‘connectedness’ in the understanding of oneself as well as connections to others. Carriere found that connectedness played an important role in health and that loss of identity may contribute to reduced physical, spiritual, mental, and emotional health for First Nation adoptees. Findings illustrated that connection to family and community assists First Nation adoptees in developing a sense of self.

Michael Kral (2003) explored identity and the meanings of health and suicide in two Inuit communities. He discusses Aboriginal people’s identity as ‘collective selves’, and that “collective selves see group membership as central to their identity” (Kral, 2003, p. 8). Findings centered on the importance of family and kinship as participants referred to this connection of family and kinship as a determinant of health and suicide prevention. Kral states, “being with family, speaking with family, visiting, going on the land together, sharing food together, and many other family-related activities were closely associated with wellness, happiness, health, and healing. Family was most commonly related to
suicide prevention and intervention” (2003, p. 17). Kral’s findings illustrate the importance of family and kinship and its connection to Aboriginal identity and health.

2.3.1 Colonial Impacts on Aboriginal Identity and Health

Exploring the identity of Aboriginal peoples in Canada begins with acknowledging Canada’s history of colonization. Aboriginal people’s health is connected to Canada’s history of colonization, and cultural groups that experienced colonization tend to also experience a legacy of oppression that impacts health (Bourassa et al., 2004; Bourassa & Peach 2010; Mikkonen & Raphael, 2010). According to Jaime Mishibinijima-Miller (2010),

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. (p. 66)

The creation of the Indian Act changed women’s roles within Aboriginal families and strengthened patriarchal control over Aboriginal women by taking away their rights of owning property, voting in band elections, and potentially taking away their Aboriginal status (Anderson, 2011; Bourassa et al., 2004). The Indian Act created a forced dependence of Aboriginal women on their husbands, as Aboriginal women’s identity was
defined through their husband’s status. Lineage was now traced through the male’s side of the family, contributing to the displacement of Aboriginal women.

Consequently, these colonial legislations continue to affect Aboriginal people daily and, in particular, Aboriginal women (Bourassa & Peach, 2010). Wendy Kubik, Carrie Bourassa, and Mary Hampton (2009) note that as a result of assimilation policies and construction of Aboriginal identities, Aboriginal women have poorer health outcomes and are the most vulnerable population due to the combined burden of racism, sexism and colonialism. Furthermore, Bourassa et al. (2004) note: “sexism, racism, and colonialism have had a negative impact on Aboriginal women’s identities, our sense of who we are, and where we belong.” (p. 24). According to Emma LaRocque,

Colonization has taken its toll on all Native peoples, but perhaps it has taken its greatest toll on women . . . Racism and sexism found in the colonial process has served to dramatically undermine the place and value of women in Aboriginal cultures, leaving us vulnerable both within and outside our communities. (1996, p. 11)

According to Bourassa et al. (2004),

[Such] accumulated disadvantages from past colonization and contemporary processes of ongoing colonization have a direct effect on Aboriginal women’s access to social determinants of health and impedes their ability to develop a healthy sense of identity that can contribute to personal well-being. (p. 24)

Over time, these conditions have resulted in the erosion of Aboriginal identity, especially among Aboriginal women who have lost their status and no longer identify with an
Aboriginal community or mainstream society, causing them to question who they are and where they fit in life (Bourassa, 2010).

2.3.2 Reshaping Aboriginal Identity and Health

Aboriginal women are continuing to address the historical traumas that their families and communities have faced through the effects of colonization in efforts to reshape their identity and health. According to Wesley-Esquimaux, “First Nations women are beginning to understand that many of the social problems they deal with every day have roots in the extensive historic trauma that was experienced, but never properly voiced out and represented” (Wesley-Esquimaux, 2009, p. 20). As one of the Aboriginal women who participated in Wilson’s (2004) study affirms, “If Aboriginal women are going to make an impact or be empowered by their communities, we have to go back to our roots, the basis of our cultures. That will lead us to respect and honor women . . .” (p. 16).

Anderson (2011) advocates for reinstating the position of Aboriginal women and returning to Aboriginal identity and culture in order to contribute to healing and restoring health. Similarly, Elder Danny Musqua calls for the recovering of Aboriginal grandmothers’ teachings, stating, “We never had any doubt that women were the centre and core of our community and our nation. No nation ever existed without the fortitude of our grandmothers, and all of those teachings have to be somehow recovered” (as quoted in Anderson, 2011, p. 3).

King et al. (2009) note that solutions to restore health can be found through Aboriginal people’s resilience, culture, spirituality, language, identity, connection to land, and self-determination. Kirmayer et al. (2000) assert that reclaiming culture, identity, and
holistic practices to health will contribute to positive mental health among Aboriginal peoples. Wesley-Esquimaux states, “For generations, First Nations women’s voices were silenced in historical narratives that sidestepped their influence and power. Today, First Nations women are increasingly using [their] voices to reclaim lost stories and narratives” (2009, p. 20). This project contributes to discourse on reshaping Aboriginal identity and restoring health within Aboriginal families and communities by exploring and sharing Aboriginal grandmothers’ narratives.

2.4 Conclusion

Through this literature review, it is evident that Aboriginal women and grandmothers act as significant resources and occupy key roles in managing health for their families and communities. It was noted that Aboriginal women hold an important position at the center of their family and community to ensure and uphold health. As heads of their families, Aboriginal grandmothers looked out for the safety and well-being of the family and community; as keepers of relationships they held the family and community together; as teachers they taught the community their responsibilities and how to live a good life (Anderson, 2011).

Aboriginal identity and health is dynamic and complex and must be understood through local contexts and defined by Aboriginal communities. Literature on Aboriginal identity and health is expanding however there are limited studies related to Aboriginal grandmothers’ personal experiences and understandings of identity and health. Consequently, existing concepts related to Aboriginal health and identity may not reflect the unique lived experiences of Aboriginal grandmothers who are also caring for
grandchildren. Exploring and sharing the current narratives of Aboriginal grandmothers is especially important for the collective health and healing of Aboriginal peoples.

When exploring Aboriginal women’s perspectives on identity and health it is critical to explore health literature specifically as it relates to Aboriginal women. Exclusively exploring Aboriginal women’s narratives prevents their experiences from being subsumed under those of Aboriginal men and non-Aboriginal peoples (Dion Stout et al., 2001). For that reason, an in-depth understanding of health based on Aboriginal women’s perspectives must be further explored.

Including Aboriginal grandmothers’ personal accounts of identity and health will emphasize the value of their knowledge and experiences as Aboriginal women. Deiter and Otway (2001) note that healthcare services and governments need to “recognize and accept an Aboriginal concept of health and healing by working towards wellness through holistic healing approaches” (p. 24). In particular, concepts of health need to be explored and defined by Aboriginal communities to gain a better understanding of health issues (Bartlett, 2005). Based on the paucity of literature exploring health and identity among Aboriginal grandmothers, this project sought to fill this gap in current understandings of identity and health through the narratives and community-based perspectives of Aboriginal grandmothers caring for grandchildren in Regina, Saskatchewan.
CHAPTER 3 – METHODOLOGY

Grounded in feminist postcolonial theoretical perspectives as well as Indigenous methodological perspectives, this community-based research project incorporated the particular values of the grandmothers in its design, methods, analysis, and dissemination. Approaching the research through conversations, stories, and Sharing Circles helped explore narratives around identity and health among Aboriginal grandmothers. Careful consideration of the research process was carried out in a way that was appropriate and flexible for the grandmothers.

3.1 Community-Based Research

Community-based research places emphasis on forming relationships with the community and encouraging participation of community-members in the process of creating knowledge (Israel, Schulz, Parker, & Becker, 1998). This study was conducted with Aboriginal grandmothers who were consulted throughout the research project. As a community-based research project informed by the grandmothers’ advocacy, they were actively involved in validating research findings as well as determining future knowledge translation activities.

The Aboriginal grandmothers are seeking positive change from this community-driven research project. There is a growing mobilization of community-based research that reflects Aboriginal women’s life experiences (Dion, 2001; Wilson, 2004). This particular support network of Aboriginal grandmothers previously participated in community-based research (McKenzie et al., 2010) and have experienced continued benefits from such involvement. The grandmothers’ advocacy is the driving force behind this research project.
3.2 Indigenous Storytelling Methodology

Storytelling has recently been conceptualized as an Indigenous research methodology for documenting Aboriginal people’s narratives (Archibald, 2008; Kovach, 2009; Smith, 2012). It has been noted that narrative knowledge is an appropriate method of contextualizing Indigenous knowledge (Kovach, 2009). An Indigenous storytelling methodology (Kovach, 2009), which involves respect of community protocol, ethics, as well as forming relationships and building trust with community, guided this exploration.

This methodology is centered on the grandmothers’ narratives. According to Kirmayer et al. (2011), “a research methodology that focuses on narrative is particularly welcome in Indigenous communities, where storytelling has played a central role in the transmission of culture and is widely respected as a source of knowledge, wisdom, and affirmation of identity” (p. 86). Russell Bishop contends that storytelling as a research method “is a useful and culturally appropriate way of representing the ‘diversities of truth’ within which the story teller rather than the researcher retains control” (cited in Smith, 2012, p. 146). Further, storytelling is critical for Aboriginal people who seek a sense of identity founded within Aboriginal culture (Anderson, 2000).

Indigenous storytelling as a methodology incorporates the use of personal narratives and oral histories to communicate and pass on personal and cultural meanings and teachings to community members and future generations (Kovach, 2009). According to Kovach, “stories are vessels for passing along teachings, medicines, and practices that can assist members of the collective” (2009, p. 95). As such, storytelling can be seen as modeling empowerment by using personal narratives to challenge conventional forms of knowledge production and center the diverse voices of Aboriginal peoples.
Anderson explains, “Indigenous stories are significant because they are anchors of resistance. They are also ways of preserving the language and the power and meaningfulness of the spoken word. Our stories are unadulterated versions of our history and creation” (2000, p. 131). Storytelling also engages social activism by speaking at a public level and tapping into discourses that historically marginalized Aboriginal people’s voices. Kovach (2009) explains, “stories of resistance inspire generations about the strength of the culture” (p. 103). Linda Smith (2012) asserts the value of sharing stories:

For many indigenous writers stories are ways of passing down the beliefs and values of a culture in the hope that the new generations will treasure them and pass the story down further. The story and the story teller both serve to connect the past with the future, one generation with the other, the land with the people and the people with the story. (p. 145-146)

Connecting generations through personal narrative and storytelling speaks to the significance story has in instilling cultural values and passing on teachings of strength and identity to future generations. Therefore, story is sustaining cultural continuity by speaking to these strengths and sharing them with future generations.

The process of Indigenous storytelling methodology involves conducting semi-structured interviews with participants and summarizing their narratives into condensed stories, keeping the detail and context (Kovach, 2009). The researcher then takes the condensed stories back to the participants to validate and make any additions or changes necessary; this process makes sure that the research findings stay true to the participants’ original intent (Kovach, 2009). Kovach explains, “By fulfilling this responsibility, the
researcher ascertains authentic, ethical representation. Story, then, is a means to give voice to the marginalized and assists in creating outcomes from research that are in line with the needs of the community” (2009, p. 100). Guided by this understanding, the grandmothers’ narratives were the central production of knowledge within this research project.

3.3 Ethics

Upon submitting information outlining the ethical considerations with this research, the project was approved by the University of Regina Research Ethics Board (see Appendix F for ethics approval). Before each interview, the research project was fully explained to each grandmother with detailed descriptions of all documents (see Appendices A-D). Confidentiality and anonymity were addressed, however the grandmothers felt it was important to share their stories with their names attached to them, as this is an important part of their identity. The grandmothers had an opportunity to ask questions about the project and consent forms were signed prior to each interview. In addition, a non-disclosure form was signed prior to the Sharing Circle where I shared preliminary findings with both the participating grandmothers as well as the grandmothers involved in the Aboriginal Grandmothers Caring for Grandchildren Support Network (see Appendix E for non-disclosure form).

Forming ethical and respectful relationships with participants plays a fundamental role within Indigenous research frameworks (Kovach, 2009; Smith, 2012). Volunteering with this particular community of grandmothers over the past five years provided the opportunity to form personal and respectful relationships with the grandmothers. Following cultural protocol with this particular community was also central to the
research process; each interview began with the offering of tobacco and tea, and the
Sharing Circle was guided by a female Anishnabe Elder recognized by the grandmothers
and followed by community protocol.

3.4 Recruitment

Upon ethics approval, the research project was promoted via the Aboriginal
Grandmothers Caring for Grandchildren Support Network. For recruitment, an
information sheet outlining the project and letter of invitation was included in the
monthly newsletters that are mailed to the grandmothers (see appendix B for invitation
letter). The grandmothers were asked to participate in one semi-structured interview each,
followed by a Sharing Circle to discuss preliminary findings. My contact information was
listed on the information sheet and interested grandmothers were asked to contact me.
With each phone call, I made a list of confirmed participants. Because I was seeking an
in-depth exploration of the grandmothers’ narratives, a small sample group was chosen
and I interviewed the first seven grandmothers that were available. One grandmother had
to withdraw from the project before data analysis began due to her busy commitments.
This resulted in a revised total of six grandmothers who participated and included a
representation of Cree, Saulteaux, and Métis women who were involved in the Aboriginal
Grandmothers Caring for Grandchildren Support Network.

Volunteering with the Support Network has provided me the privilege of forming
meaningful relationships with the grandmothers. Due to the history of exploitative
research conducted by outsiders in Aboriginal communities, recruiting participants that
the researcher has pre-existing relationships with is accepted as good practice (Kovach,
2009).
3.5 Data Collection Procedures

One digitally recorded interview was conducted with each grandmother and was informed by Kovach’s (2010) conversational method. According to Kovach, this method is congruent with Indigenous methodologies as it involves open-ended, semi-structured interview questions that prompt conversations where participants share knowledge, making it more flexible than traditional interview processes (2009). Kovach explains, “it becomes less about research participants responding to research questions, and more about the participants sharing their stories in relation to the question” (2009, p. 124-125).

This conversational method respects the story that the grandmother wants to share, giving her more control of the interview (Kovach, 2009). As such, the grandmothers determined what they wanted to share in relation to this project’s research questions (see Appendix A for interview guide). During our interviews all of the grandmothers spoke in the English language; one grandmother spoke in her Cree language when describing certain terms and translated her meanings back to me in English. Although there was an interview guide, the conversations were fluid, lasting from 40 to 80 minutes and were held either at the grandmother’s home, their work, or a coffee shop.

Field notes were made during the interviews and consisted of my initial thoughts and reiterated key points made by the grandmothers. Following each interview I wrote in my journal to help reflect on my interpretations and to situate myself in relation to the research (Kovach, 2009). Journal entries varied from consisting of initial thoughts about the interview to reflecting on a deeper level the meanings of the grandmothers’ narratives, to expressing my array of emotions that related to the research process and my position as a white settler woman.
Engaging in story is recognized as a spiritual process, and as such requires careful preparation for interviews (Anderson, 2011). Prior to each interview, the grandmothers were presented with an offering of tobacco and tea as these offerings show respect for the insights being shared and signify a commitment by the researcher that the research will be used purposefully (Kovach, 2009). A small honorarium was also provided to the grandmothers and Elder in appreciation for their time. In addition, at the Sharing Circle (which is detailed later in this chapter) the Elder was presented with an offering of cloth and tobacco.

3.6 Data Analysis Process

The process of data analysis was carried out using two forms. Initially, I transcribed and read over each interview, making preliminary notes as well as a web of topics discussed. Guided by Indigenous storytelling methodology, the grandmothers’ narratives were condensed, producing what Kovach refers to as condensed stories (2009). According to Kovach, presenting data through condensed stories provides context of the original conversation and voice of the participants (2010). I condensed the interviews by highlighting relevant text that focused on the research questions while remaining open to all discussions. This process aided in condensing the interviews into a manageable length.

The condensed stories were then returned to the grandmothers to validate and edit. I explained to the grandmothers the purpose of condensing their stories and that they had full control over any changes. The grandmothers were pleased with the process and three of the grandmothers made minor changes to wording, while two rewrote parts of the interview and one grandmother made no changes. I offered the grandmothers a copy of their condensed story once revisions were made.
Secondly, upon verification with the grandmothers, their condensed stories were imported into NVivo 10 qualitative research software. This proved to be helpful in managing and analyzing data. Through a qualitative coding process, a thematic analysis (Guest, MacQueen, & Namey, 2012) was used to explore the grandmothers’ narratives further. Although thematic analysis is not an Indigenous research method, its approach assisted in organizing the data and has been identified as a useful tool for Indigenous research methods when conducting in-depth interviews (Kovach, 2009).

This inductive approach involved reading and re-reading the grandmothers’ condensed stories as well as reviewing my reflexive journal entries and field notes holistically to gain a better understanding of their narratives. Taken together, I began assigning codes within the data, followed by several revisions of adding, deleting, and collapsing codes that overlapped. This repeated process of collapsing codes helped to reduce the data into groupings and sub-groupings. While coding, I looked for emergent patterns and unique differences then began organizing codes into broader categories and themes, which generated the findings. I was mindful of looking for similarities as well as differences as a way to gain a better understanding of the grandmothers’ multiple perspectives of identity and health as well as their unique experiences raising grandchildren.

The creation of a word cloud helped to visualize our conversations. This was done through NVivo 10 by combining the grandmothers’ narratives and showcasing the most frequent words in a holistic snapshot (see Figure 1 below). This was a helpful tool not only in my analysis but also in the dissemination of the grandmothers’ narratives. However, word clouds can be taken out of context and should be used with caution.
3.7 Knowledge Translation

An important part of conducting research with Aboriginal communities involves building a relationship of reciprocity between the researcher and community by ‘reporting back’ and ‘sharing knowledge’ with community members (Smith, 2012, p. 16). It was important for this community-based research project that knowledge gained through the grandmother’s narratives was given back to the grandmothers. Having the grandmothers actively involved in validating research findings was critical to the success of the study and in determining the next steps.
After my initial analysis, preliminary findings were shared with the grandmothers through a Sharing Circle to explore the grandmothers’ thoughts on my analysis. The Sharing Circle took place during the grandmothers’ monthly gathering at the University of Regina Lifelong Learning Centre. Both the participating grandmothers in the project as well as grandmothers from the Aboriginal Grandmothers Caring for Grandchildren Support Network and their grandchildren were invited. During the Sharing Circle, I explained my understandings of the various aspects that were discussed throughout our interviews. In total, sixteen grandmothers (and five grandchildren) from the support network were in attendance. This was a special day to celebrate and accordingly we held a pipe ceremony and feast led by a female Anishnabe Elder.

During our discussion the grandmothers reaffirmed the findings and provided great feedback, advocating that there is still a need to continue raising awareness about their stories and experiences. We explored how the grandmothers would like to apply knowledge gained from the research project and they encouraged me to continue sharing this knowledge any way possible to help raise awareness of grandparent-headed families and the supports needed to live healthy lives. With this in mind, I took numerous opportunities while writing my thesis to share preliminary findings by presenting at research conferences, community presentations, and to a class of 160 nursing students. It is my intent to continue sharing the grandmothers stories in our community and influence policies and programs that support grandparent-headed families and implement holistic approaches to health.
3.8 Trustworthiness

Trustworthiness (Marshall & Rossman, 2011) was ensured by sharing data and interpretations with the grandmothers through member checks, debriefing with my supervisor regarding my experiences and interpretations, keeping a reflexive journal to document the research process, and attaining prolonged engagement with the grandmothers through volunteer work.

3.9 Limitations

Due to the scope of this Master’s thesis, a small sample size was necessary to synthesize data and complete the project in a timely manner. While I debriefed with the grandmothers and my supervisor regarding my interpretations, I was the only researcher who performed the data synthesis and analysis. In this project it is likely other researchers might offer different insights from the grandmothers’ narratives.
CHAPTER 4 – FINDINGS AND DISCUSSION I

This chapter presents and analyzes the key findings drawn from my thematic analysis described in Chapter 3. Based on the grandmothers’ narratives two major findings surfaced:

1. Grandmothers have a holistic understanding of identity and health
2. There are multiple factors in the intersection of identity and health

The first theme, *Grandmothers have a holistic understanding of identity and health*, is presented in this chapter followed by the related theme in Chapter 5. While the themes and sub-themes are presented separately, they are significantly connected. Exploring the themes holistically helps shape a greater awareness of the grandmothers’ personal experiences and understandings of identity and health; this illustrates a holistic ontology that is deeply connected to who they are as Aboriginal women, mothers, and grandmothers.

4.1 *Grandmothers have a holistic understanding of identity and health*

What does identity and health mean to Aboriginal grandmothers who are caring for grandchildren? The grandmothers’ narratives encapsulated a holistic understanding of identity and health that is rooted in who the grandmothers are as Aboriginal women. This holistic understanding included their physical, mental, emotional, and spiritual health. The grandmothers established important links between identity and health, illustrating that there is a key intersection between the two. Further, passing knowledge and teachings to their grandchildren played an important role in the grandmothers’ identity and health.
4.1.1 Understandings of Health

Health is very important to the grandmothers and they viewed it in diverse ways. Many of the grandmothers intersect their physical, mental, emotional, and spiritual health, marking their understanding as holistic. One grandmother explained, “Health, to me, means all my... the four aspects: emotional, spiritual, physical, and mental. You can’t be just one, to me, it can’t. That is what good health means to me” (Janet). Another grandmother emphasized the importance of taking care of oneself as a whole, which also involves mental, physical, emotional, and spiritual aspects:

I’m trying to instill in [my granddaughter], care for your body, care for your health, take care of yourself. It’s all connected, your mind, your spirit, your mental health, all of that, it’s all connected, it’s all linked, take care of yourself as a whole person. (Beverly)

This holistic view and understanding of health has been well documented in previous research with Aboriginal communities in Canada (Adelson, 2005; Bartlett, 2005; Deiter & Otway, 2001; Dion Stout et al., 2001; Graham & Stamler, 2010; Habjan et al., 2012; Parlee et al., 2007; RCAP, 1996; Saskatoon Aboriginal Women's Health Research Committee, 2004; Smylie, 2001; Struthers, 2003; Van Uchelen et al., 1997; Wilson, 2004).

Throughout my discussions with the Aboriginal grandmothers it became clear this holistic understanding incorporated several components that played a role in their health, as noted by one of the grandmothers:

What contributes to my health, staying worry and stress free, diet and exercise, doing your blood tests, keeping appointments, grief counseling, attending
ceremonies, volunteering, cultural events, pow wows, round dances, helping people, praying for people, staying positive, staying away from negative people, say “no” and mean it, to look after myself first, peace of mind. (Lillian)

Approaching health holistically, the grandmothers took care of their health using a diverse range of supports that were reinforced through a cultural perspective, including ceremonies, cultural events and support networks, education, and having a positive outlook. The notion of maintaining healthy boundaries and self-care was also a part of their discussions on health. Another grandmother reflected on the role of humour in health:

*We’re happy, my family is happy. They have a sense of humour [laughs], yes we have fun. I think that’s what keeps us healthy and joyful, you know, because laughter is supposed to be healing. Yes. Like, I always say too, when a person’s full of joy, it makes them feel good... that’s the way I feel, because when I’m excited, I get so like high, just overwhelmed, with the joy you know, with the happiness that my family brings.* (Harriet)

Indeed, kinship and humour played a significant role in the grandmothers’ narratives around health.

Some of the grandmothers reflected on their personal health concerns such as diabetes, arthritis, high blood pressure, heart disease, depression, osteoporosis, and fibromyalgia and they are mindful of managing their chronic illnesses, as one grandmother explained:
I have a heart problem, I have sugar diabetes, just starting, ya that’s another thing I have to take care of, but I’m not worried about it because I know how to look after it, I know my parents all had it so... so I know what to do. (Doreen)

In addition, some of the grandmothers expressed concern for their grandchildren’s health, particularly mental health and addiction, Fetal Alcohol Spectrum Disorders (FASD), as well as Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD). Roselena, one of the grandmothers, reflected:

My children, my grandkids, the ones that I am looking after and have looked after, they suffer with ADD, ADHD, FASD, short term memory [loss], and one doctor even thought he had spina bifida when he was born because he couldn’t move from the waist down. So working and taking care of those kids, it was hard because they’re always running around [laughs].

Through the grandmothers narratives we can see how holistic understandings of health are central to their lives. More specifically, this understanding integrated the role of culture, spirituality, kinship, community connection, and maintaining a positive outlook.

In addition, proper diet, exercise, as well as access to health services and comprehensive support contributed to the grandmother’s holistic understandings of health.

4.1.2 Understandings of Identity

Similar to health, the grandmothers viewed identity in a holistic way and spoke about their experiences as Aboriginal women, mothers, grandmothers, and great-grandmothers. Some of the grandmothers reflected on their own grandmothers’ and aunties’ ways of life and described how special they were in helping them learn more about their identity. When introducing themselves, many of the grandmothers referred to
their First Nation or Métis community and spoke of their connection to their larger cultural group, where their parents and grandparents were from, as well as their relationship with others. Lillian introduced herself by her spirit name, an essential aspect of identity:

*My name is Always Sitting in the Sky Woman. I am from Piapot First Nation, I am an intergenerational Residential School survivor, born and raised by my kokum where only Cree was spoken until I went to Residential School. I am Cree, and I speak my language.*

The grandmothers’ narratives around identity encompassed a dynamic interplay that is deeply connected to their culture, spirituality, and experiences as Aboriginal women. Further, speaking the language is a central aspect of their identities and also connects to their culture. As Residential School survivors and intergenerational Residential School survivors, the grandmothers’ experiences with Canada’s assimilation policies have had a major impact on their identities growing up. This will be explored further in Chapter 5.

The grandmothers’ reflections on identity included having a good understanding of oneself, as Lillian explained, “*It’s important to know your history, who and where you come from, your cultural identity, your language, your spirituality and traditions.*” This awareness incorporated a diverse range of aspects that were foundational to the grandmothers’ understandings of identity. Similarly, Beverly noted, “*Well for me, it comes down to understanding where I come from, where our family comes from, what our family history is, and then being able to pass that on, share that, with our granddaughter.*”
Sharing family history with grandchildren was important for the grandmothers, as this knowledge transfer was central to connecting grandchildren to their culture and identity. Moreover, passing knowledge onto their grandchildren played a central role in the grandmothers’ identity:

Identity, ok, who I am... It’s about where I come from and who I am today. I was a boarding school victim. I went to boarding school and I had a... but that’s where I learned how to grow. I got the help I needed to get myself on the right track. I’m not going to say I’m better, because I’m not. But I work hard every day, just putting it behind me and moving forward. And who I am today, I’m still not where I want... when my granddaughters come to me with degrees, that’s where [when] I’ll be happiest. So for me, identity is making progress within... I wasn’t able to do some of the things I wanted to do, or I didn’t have the right doors open or whatever, I didn’t know what I know now. And now what I wanted to do myself is I’m passing it on to my granddaughters to do. (Doreen)

Passing knowledge, aspirations, and visions of success onto grandchildren played an integral role in the grandmothers’ reflections on identity. For the grandmothers, this intergenerational transfer of knowledge was central to connecting grandchildren to family history and cultural identity.

4.1.3 Intersection of Identity and Health

The grandmothers critically reflected on identity and health in a holistic way and understood their intersection. More specifically, the role of health was fundamental to the grandmothers’ narratives on identity just as the role of identity was fundamental to the grandmothers’ narratives on health, illustrating a reciprocal and complex relationship.
Many of the grandmothers noted that having a greater understanding of identity and health will enable you to take better care of yourself, as Beverly explained:

*I think it’s all connected; the stronger and better we feel about our own identity, the more self-esteem we have, the higher worthiness we feel, and the better able we are to justify in our own minds the need to take care of ourselves health wise. But it’s day by day.*

The grandmothers saw a key connection between positive understandings of self and health. Similarly, Kirmayer et al. (2003) noted the important connection between Aboriginal identity, self-esteem, and its central role in health. More specifically, they noted that “Aboriginal identity itself can be a unique resource for mental health promotion and intervention” (Kirmayer et al., 2003, p. 21).

The grandmothers spoke about the importance of reshaping identity and health as they reflected on their intersection. Many of the grandmothers have struggled with their own identities growing up, not knowing parts of their family history and culture which were suppressed by assimilation policies such as the Residential School system. Beverly explained that she never really understood her Métis identity growing up:

*So by the time I was in my teenage years I decided that I needed to come to terms with that and find out a little bit more about who I am and what I am and knew that my dad wasn’t going to be very forthcoming because he was ashamed. So I began to spend more time with my cousins and some of my aunties who I considered my grandmother figures.*

During her research she discovered a fascinating history of strength and pride in her family genealogy and vowed to pass this knowledge onto her children and grandchildren.
Similarly, Janet reflected on the importance of reshaping her identity and health:

*There is a big connection [between identity and health] as far as I’m concerned.*

*If I didn’t know myself, if I was still ashamed of who I was, I wouldn’t have this understanding. I’d always be down, you know. I think I would always be carrying negative feelings and attitudes around. I’m not saying I don’t have any negative stuff, but it’s more positive inside me, which affects my health. You know, this is the way that I see it.*

The prospect of reshaping identity has had a significant impact on the grandmothers’ health. Janet continued to reflect on her journey of reshaping identity and how she has worked hard throughout her healing to become proud of her identity:

*The important parts of being who I am . . . I am Aboriginal, I’m First Nations, I’m proud to be who I am. In the beginning, I was so ashamed to be Indian, I was so ashamed to be First Nations, and I learned who I was in University. I learned to be proud to be First Nations.*

Similarly, Harriet explained:

*. . . [T]hat’s the way I think of identity, you know, it’s by finding yourself. Even through boarding school, you know that’s . . . the hardest part because that was stuck in your mind, “You, you’re nothing”. But like I said, I found myself. And now look at where I am, I’m happy.*

For many of the grandmothers, it was a journey of research and reclamation of identity and health that enabled the grandmothers to relinquish past feelings of shame and become proud of who they are and fascinated by their family history.
A major contributor to the grandmothers’ understandings of identity and health involved the role of passing this knowledge onto their children and grandchildren. The grandmothers referred to this knowledge transfer as a major responsibility in order to ensure grandchildren have a greater understanding of who they are. Instilling a sense of pride in their grandchildren was also a part of this responsibility, as Beverly explained, “. . . [O]ne thing that really stuck with me was the notion that my children and my grandchildren . . . should and would have pride in being Métis.” Reflecting on her role as a grandmother, Beverly felt a deep responsibility to positively influence her grandchildren. This role and responsibility was also to her Métis community, extending her commitment beyond her family:

. . . I have this opportunity to not only influence in hopefully a positive way my granddaughter, but how can I, you know, is there something else I can contribute towards for the larger community, for the Métis community. That’s a question that I have just recently started asking myself.

Aboriginal grandmothers are active role models within their families and communities and are recognized as sources of strength, as similarly noted by other scholars (see Anderson, 2000; Anderson, 2011; McKenzie et al., 2010; Meadows et al., 2004; O’Connor et al., 1989).

Many of the Aboriginal grandmothers spoke about their journey of coming to understand their identity and health, and that this journey is life-long:

So when you talk about identity and health, now at my age, I’ve been on this journey, my journey of identity and coming to understand my cultural roots and the importance of that, has really, like for me I describe it as a lifelong journey.
Not over, and it's not going to be over until whenever, when the Creator decides.

(Beverly)

This narrative speaks to the continual process of researching and understanding identity and health by the Aboriginal grandmothers. This is a result of the grandmothers exploring and learning more about themselves and their health. Now, the grandmothers are committed to sharing this knowledge with their grandchildren.

4.1.4 Summary

Taken together, the grandmothers’ narratives demonstrate holistic understandings of identity and health, illustrating that there is a key intersection between the two. Approaching identity and health in a holistic way was and is foundational not only to the grandmothers understanding of health but also to who they are as Aboriginal women; this holistic worldview is a key part of who they are. The grandmothers spoke about the importance of understanding identity and health in order to take better care of the latter. Further, their narratives speak to the important role grandmothers’ play within their families and communities. Certainly, the Aboriginal grandmothers are leading advocates for themselves, their grandchildren, their family, and community.

As the grandmothers spoke about identity and health and reflected on their experiences raising grandchildren, they also expressed a deep sense of responsibility to pass knowledge and teachings onto their grandchildren. Ensuring connections to kinship, culture, and spirituality was one of the many commitments the grandmothers made to their grandchildren and larger community.

Through the grandmothers’ narratives we can see that the intersection between identity and health is indeed multifaceted, as illustrated in this powerful narrative:
I feel the important parts of who I am and what makes up for who I am are my survival skills, my cultural traditions and spirituality, my programs, being an Elder to pray at feasts and ceremonies, being a kind and compassionate kokum who’s learned her lessons through pain and suffering. I listen, I understand, I can relate to their problems. I can share my story of survival and recovery when I am asked, and being grateful and never giving up, to persevere and to always have hope and belief in my Creator and not feel sorry for myself, and pray for my people and continue to be humble, being brought up in a traditional spiritual way, my Cree language, my spirit name, I am a strong believer in my Creator and all the ceremonies. My belief in getting an education, my belief in living a clean and sober life without drugs and alcohol, raising healthy children, my belief in keeping our children and families together and not in a foster home. I am a support person whenever the need arises, my family is important, their well-being, happiness, health, my family, grandchildren, chapons [grandson] - they are my reason for living. And having friends, accepting who I am and others, staying positive and forgiving, letting go and turning it over to Creator, and living one day at a time, and to start my day and end my day smudging and praying for all my relations. (Lillian)

These findings illustrate that the intersection of identity and health encompasses multiple factors. It is a holistic engagement linking mind, body, and spirit in the individual, and their connection as a member of a larger group, First Nations or Métis. This, along with their experiences as an Aboriginal grandmother raising grandchildren, will be explored more closely in Chapter 5.
CHAPTER 5 – FINDINGS AND DISCUSSION II

5.1 There are multiple factors in the intersection of identity and health

The grandmothers viewed identity and health in a holistic way and understood its intersection, as explored in Chapter 4, as multifaceted and occurring in various ways. Within this holistic understanding comprise several intersecting factors. Specifically for the Aboriginal grandmothers, identity and health intersect through the role of kinship, access to resources and support, healing from grief, as well as engaging in Aboriginal culture and spirituality.

5.1.1 Kinship

Similar to their understanding of identity and health, the Aboriginal grandmothers reflected on the importance of kinship and their own experiences raising grandchildren in a holistic way. For the grandmothers, kinship encompassed a major role in shaping identity and health. Throughout our discussions it became clear that the grandmothers held strong values around family and felt a deep sense of purpose through kinship. Many of the grandmothers referred to the significance of their grandchildren as they reflected on health:

... *To keep healthy is by doing exercise, walking, doing things, you know, not just lazing around, I told them [my grandchildren] you got to be on your toes. And that’s what’s keeping me healthy. Yes. My grandchildren keep me healthy.*

(Harriet)

The importance of kinship to health appeared several times throughout discussions with the grandmothers. In many ways, it is the grandchildren that keep the grandmothers healthy and active. Similarly, other scholars have illustrated the
significance of Aboriginal women’s families and its connection to health (Anderson, 2011; Bartlett, 2005; Dion Stout et al., 2001; Meadows et al., 2004; Wilson, 2004). According to Health Canada, “[Aboriginal women] view their own health as integrally linked to that of their families and communities, and identify strong families, supportive structures, safe homes and communities, and healthy child development as determinants of better health” (2003, p. 23).

In addition, their roles and responsibilities as Aboriginal grandmothers were foundational to their identities and health. Harriet explained:

*I’m a grandmother. I take care of my grandchildren, and the identity for me is I know I can take care of them. I know I’m healthy. I know if my grandchildren went some place then that’s where I’d be not healthy, you know, because I’m not doing my job as a grandmother, taking care of them."

While reflecting on kinship, some of the grandmothers referred to the importance of self-care and its role in health. Roselena explained:

... *[W]hen you’re looking after other people, and you’re not really taking care of yourself, you’re going to end up getting sick, really good and sick. And if you don’t sleep, you end up getting really good and sick. And that was my problem, is that I never really slept. Well when you start taking care of yourself, like health wise, you become healthy, and then you can help others."

The Aboriginal grandmothers spoke of this responsibility to care for oneself in all aspects, physically, mentally, emotionally, and spiritually, and maintaining their health in order to benefit themselves and their grandchildren:
Health means a lot to me because if I’m not healthy I can’t take care of what I love. So doctor’s appointments, I make sure I’m eating right, take vitamins, and go for a lot of walks . . . If I’m not healthy I’m not taking proper care of my girls.

(Doreen)

Many of the grandmothers explained they are staying healthy to take care of themselves and their grandchildren, as Harriet described, “I’m healthy, for them [my grandchildren] and for myself.” Similarly, Barlett (2005) noted that Aboriginal women felt a major responsibility to stay healthy for their families.

Some of the grandmothers expressed the need to look after and love oneself first before one can care for others; however the reality is that many of the grandmothers place their health second when it comes to their grandchildren:

I have health problems, but for me it’s not a matter of putting my health first when it comes to our granddaughter, I would always put my health second, you know, on the back burner, for her. And so when I think about grandmothers who are doing this full-time... it is totally selfless. (Beverly)

Negotiating between taking care of self and grandchildren reoccurred throughout the grandmothers’ narratives. Many of the grandmothers are reluctant to put themselves first and find it hard to practice when it comes to their family’s needs. However, the grandmothers understood the fine balance of taking care of oneself while also taking care of grandchildren, as Janet explained, “So to me, to be a grandmother is one who truly cares for other peoples well-being, and you have to first have love here [motions towards her heart] before you can give it.”
As older Aboriginal women, the grandmothers have experienced life challenges, are living with chronic illnesses, and are now caring for their grandchildren; all of which have a connection to the intergenerational impacts of colonization and a cost to their health (McKenzie et al., 2010). Now, the grandmothers are torn between taking care of oneself and grandchildren, which could be alleviated by better access to services such as respite care and opportunities for self-care.

In spite of this constant negotiation, it is ultimately the love the grandmothers receive from their grandchildren that gave the grandmothers strength to carry on:

*My granddaughters, that’s what keeps me going. I give them all my time, all my energy, and I love them with all my heart. The love you get from these children... that’s the love, they give you back in love.* (Doreen)

Indeed, the grandmothers referred to their grandchildren as their greatest gift, helping them grow in a multitude of ways. Doreen reflected on taking care of her grandchildren, and explained, “It was a gift. Yes, it was a gift. It was something that helped me grow physically, mentally and also... I’m still growing. I am, I’m still growing.”

Quite often it was the grandchildren that inspired the grandmothers to live healthier lives. Janet reflected on her grandson, who inspired her to heal and grow:

*This little boy taught us so much, and that’s when I told myself I needed to do something for me, like I started to look at life in a different way. Here was Creator giving our family another beautiful chance to do something. Our family was very dysfunctional with no closeness to each other. We didn’t know about love, love had to come in.*
Similarly, Meadows, Thurston, and Lagendyk (2004, p. 163) illustrated this “second chance” among Aboriginal grandmothers to be parents of a healthy Aboriginal community by overcoming past struggles, as their role as grandmothers inspired them to enhance their health as well as their families and communities. In doing so, the grandmothers play a strong and positive role for their families and communities.

Many of the Aboriginal grandmothers felt blessed to be able to look after their grandchildren and influence their families in a positive way. At the same time, grandmothers are often faced with challenges when raising their grandchildren. In spite of limited resources and support, the grandmothers continue to persevere and provide for their families through their resiliency, resourcefulness, and a strong commitment to their family’s health.

5.1.2 Supports

Many of the grandmothers addressed the importance of support and its contribution to their identity and health. The grandmothers approached support holistically and included social, cultural, and financial support as well as childcare and healthcare support services. In particular, the Aboriginal Grandmothers Caring for Grandchildren Support Network was seen as an instrumental support for the grandmothers and an opportunity to learn more about themselves, their health, and resources available to them and their grandchildren. Lillian explained, “I am grateful to the grandmothers’ circle who helps me to be a good kokum.” Access to support is significant in terms of interacting with other women and sharing experiences, as Rolenea noted: “... [M]y health really deteriorated, starting to deteriorate within the past few
years . . . But if it wasn’t for my grandmothers, you know, that’s my saviour, my group. They saved me. So, you know, that says a lot about my group”.

The Aboriginal grandmothers deeply value this connection of support within their community, as many explained their health would suffer without it. The grandmothers reflected on the collective strength they receive from connecting with other grandmothers, illustrating the importance of support programs and its role in health:

Well I thank you all for being there [at the grandmothers support network], you know, it’s so awesome because it builds me up, it gives me that courage again to carry on another day. Yes, I like going there. When I come home, I’m full of joy and strength, because I think, “Oh hey, I’m not the only grandmother that goes through all hardship”, you know. It’s so awesome to have those grandmothers. It is, and lots of other grandmothers say that too, it’s so awesome, it’s so helpful. It gives them the strength that they need when they go home. (Harriet)

Through the grandmothers’ narratives we can see the significance of support and its role in identity and health. This understanding demonstrates the need to approach support holistically. In particular, extending beyond financial support to include a diverse range of social support networks that are culturally appropriate and accessible is beneficial to the grandmothers’ identity and health.

5.1.2.1 Challenges Raising Grandchildren

Although the Aboriginal grandmothers felt blessed to be able to care for their grandchildren and keep them within the family, they are often faced with challenges, especially without support necessary to meet their family’s needs. Raising awareness of grandparent-headed families was a high priority to the grandmothers as there is still much
needed work to be done to ensure grandmothers have proper support available to them and their grandchildren. Beverly explained that society as a whole has a responsibility to examine grandmothers raising grandchildren more closely:

> The grandmothers who are raising grandchildren, I think it’s a hidden epidemic, that’s the way I kind of describe it. I don’t think we have even touched the surface of what that is and how that happens, and as a society I think that we have a responsibility to examine it even more than we have been.

Similarly, Roselena reflected on the importance of raising awareness:

> ... just knowing that there are people who are starting to give a damn, recognize what grandparents are going through, or even aunts and uncles who are taking in kids, you know. That’s a big step. Because for so long it’s been basically under the rug, it’s just, it’s swept under the rug. And now it’s coming out.

In addition, many of the grandmothers are faced with financial pressures, as Doreen explained, “A lot of us live in poverty, it’s not always easy, but I make the best with what I can. But in order to raise your grandchildren you really have to remember, you have to put all your heart and soul into it, and really you do.” Similarly, reflecting on her roles and responsibilities as a grandmother raising grandchildren, Beverly noted:

> I think of it [raising grandchildren] as, it’s a huge amount of work, it’s a huge amount of responsibility, physically, and emotionally, and spiritually exhausting. And if we had the benefit of having strong cultural faith and belief and practice and networks, you know, that support us, we’ll get through it. And I don’t think everyone has that. And that’s bound to have an impact on a grandparent and their health, and their emotional health, their mental health, physical health.
The grandmothers greatly appreciated the value of support programs such as the Aboriginal Grandmothers Caring for Grandchildren Support Network and acknowledged its critical role in helping them care for themselves and their grandchildren. The support network is designed to be culturally appropriate and accessible to the Aboriginal grandmothers who are caring for grandchildren, including non-Aboriginal grandmothers, through their monthly gatherings that offer a cultural space, childcare, and transportation.

Although the Aboriginal Grandmothers Caring for Grandchildren Support Network was critical to the grandmothers, it is one small piece of the puzzle in terms of the comprehensive supports necessary for the grandmothers and their grandchildren. The alarming reality is that Aboriginal grandparent-headed families often lack access to much needed programs and support to assist them and their grandchildren (McKenzie et al., 2010). McKenzie et al. (2010) found that “a large barrier to Grandmothers accessing services for themselves and their grandchildren is the fragmentation of services and the lack of information about services” (p. 10). In addition, several of the Aboriginal grandmothers in her study experienced “bullying or bureaucratic re-direction” from social workers while trying to negotiate the child welfare system, creating further barriers for the grandmothers and their grandchildren (p. 11). Although there are (limited) services available to Aboriginal grandmothers, embedded within our society are systemic and institutional racism that continue to marginalize Aboriginal women, combined with gender ideologies, sexism, colonialism, and assimilation policies to create the current life experiences of Aboriginal women (Bourassa et al., 2004).

As a result, the Aboriginal grandmothers are up against a history of continued marginalization and structural violence. These inequities within our social structures and
institutions act as barriers and limit access to services (that are theoretically there to help) particularly when a person’s identity, including their culture and language, are not taken into account (Reading & Wien, 2009).

In addition to the challenges Aboriginal grandmothers face accessing support and services, the grandmothers often need legal documentation stating they have custody of their grandchildren and are required to provide constant verification that the children are in their care:

. . . [E]very time there was a meeting or something, I couldn’t go because no one wanted to come and babysit. Like even though I tried doing things from the time [my grandson] was 2 months to 5 years, I couldn’t do it because there was no one to watch the kids, no one wanted to watch the kids, not even their dad... his drinking was too important. And the mother, when she had visitation for the weekend, she would apply for Child Tax right away, and that was just for 3 days. And by the time that takes effect, it’s like three months down the road, and when you are expecting Child Tax to help your kids for food and stuff, and it doesn’t come in because someone else had applied for it, then you got to fight for it, so then in the meantime where do we get our food from? We have to go to [the] food bank, we have to ask for Helping Hands. And that’s another thing too, there should be something for people taking care of the children... they need help, financially, like with the government. Even though you have court documents stating that you have custody of the children, some places that’s still not good enough. I had trouble getting [my grandson’s] birth certificate. So we need help with that. (Roselena)
These multiple barriers illustrate the pressing need to recognize Aboriginal grandparent-headed families and increase access to much needed resources and support that enable grandmothers to provide quality care for themselves and their grandchildren. McKenzie et al. (2010) documented the frustrations Aboriginal grandmothers who are caring for grandchildren experienced accessing services and support and revealed that grandmothers often received fragmented, inconsistent, and insufficient support from the Saskatchewan child welfare system.

In speaking about the challenges faced while accessing services and support, Roselena continued to express concern around the lack of respite care available to grandmothers. Quite often grandmothers are solely responsible for childcare, and as a result there is little or no relief:

*Grandmothers don’t have respite. There’s so many things that need to be done.*

*Like, the different grandmothers with different problems... oh what do you call that, PSI [Person of Sufficient Interest], and then there’s other grandparents who are not getting anything. I was one of them, even though Child Protection brought the kids, like I’ve always had [my grandson], but the other kids, they would go back to their dad for about a month and then they’d bring the kids back in a couple weeks because he tried [raising his children], couldn’t do it. And financially, it has everything to do financially. If a child is being taken care of, then the grandmother will not worry or fret or, like where’s the next dinner coming from or how are we going to get that. Like in my case, that caused a lot of my illness, you know, because you’re worried. So that has a lot to do with the health, financial worries. And then there’s respite. Grandmothers need relief...
and a day? That's not going to do anything [laughs]. Ya, couple hours, wow...
that's not going to do anything. Like, our whole weekend, Friday morning to
Sunday night, or even Friday morning to Monday morning, that would be so good,
for respite for grandparents. But then you got to really think where [your
grandchildren] are going, who they are going with. (Roselena)

McKenzie et al. (2010) further illustrated frustration experienced by Aboriginal
grandmothers when accessing respite care and confusion over support and services
available to grandparent-headed families. These experiences with support (and lack
thereof) have played a significant factor in shaping Aboriginal grandmothers’ identity
and health.

Roselena continued to reflect on her concerns for her grandchildren and the
realities her grandchildren face:

Health is so important, that means their eyes, their teeth, their ears, their lungs,
their breathing. Physically, mentally, spiritually. So when they [my
grandchildren] were younger that’s my part to teach them all that. But everyone
knows when they start getting into their teens it's a completely different ball game.
But still you try and incorporate everything that you know to the kids and still,
even takes them years to decide what they’re going to do, like even if they fall and
do things that you don’t approve of, like maybe they’re drinking, drugs, stealing,
into gangs or whatever, sometimes you just have to let them go and do what they
have to do. And that’s really, really hard on you because it really affects your
health, because you’re worried, and... but yet you still have to trust them, because
what you taught them, it will come back to them somehow. Yes.
In addition, Lillian expressed concern around the challenges Aboriginal
grandmothers face raising grandchildren:

*What is it like being a kokum raising grandchildren? It’s very challenging, especially without supports and being in a city, you worry about granddaughters and their safety. When Indigenous woman go missing and murdered, and Johns targeting them because they’re Aboriginal, it really concerns me. And the STD’s, teen pregnancy, the gangs, the pimps, the high rate of AIDS and infectious diseases like Hep C, peer pressure, high school drop outs, the easy accessibility to drugs and alcohol, lack of finances, not enough role models, mentoring, programs, activities.*

These are serious concerns which render major challenges for the grandmothers and the grandchildren they care for. Many of grandmothers expressed concern for their grandchildren’s health and safety and are distraught with the realities their grandchildren face as a direct result of intergenerational trauma reinforced by Canada’s colonial history. This loss of culture, spirituality, language, and identity has had real and long-term effects on generations of Aboriginal peoples in Canada (RCAP, 1996) including elevated morbidity and mortality rates (Health Canada, 2003). More specifically, the legacy of colonialism links to inequities that produce higher rates of disease, disability, violence, and early death among Aboriginal peoples in Canada (Reading & Wien, 2009).

**5.1.3 Healing from Grief**

Many of the grandmothers, who are Residential School survivors and intergenerational Residential School survivors, reflected on their life experiences with intergenerational trauma, loss, violence, and addiction. Despite experiencing high levels
of distress throughout their lives, the grandmothers have worked extremely hard to overcome grief through healing and recovery and the subsequent reclamation of their health and cultural identity. Beverly reflected on the legacy of intergenerational Residential School survivors:

. . . [E]specially for anyone who may have gone through the Residential School system and are a survivor and they're grandmothers now, grandparents now, their struggles as parents and now grandparents, where do we learn to be parents? We learn to be parents in our homes, and if we didn’t have that benefit, if we were in Residential School, you know, how is that being passed on intergenerationally, from generation to generation? Lots and lots of questions...

Canadian assimilation policies such as the Residential School system have had destructive intergenerational impacts on Aboriginal people’s identity, health, and family structures (RCAP, 1996). This has affected not only Residential School survivors, but also their children, grandchildren, and great-grandchildren. Through healing and recovery, the Aboriginal grandmothers are breaking cycles of intergenerational trauma by positively engaging and shaping Aboriginal women’s identities and health.

Janet explained that through university she was able to reshape her identity and is now proud of who she is as an Aboriginal woman:

So, this one lady helped me get into University ... I went in as an old lady, mature student [laughs]. And from there I learned who I was, I became proud of who I was and I wanted to do more. I learned who I was supposed to be. We were supposed to be real proud Indians, but along the way many of us somehow got shamed into being Indian, at least I was, totally ashamed to be Indian. In my eyes
it was horrible to be Indian because of all the negativity and the shame that I was carrying. That’s why I lived in the... doing drugs and alcohol for many, many years.

Janet continued to reflect on the importance of having a positive outlook when overcoming grief:

*I know for a fact that I had to change my way of thinking, seek help, and not allow grief to make me sick. Don’t let it get you sick because holding all that sadness, all that grief inside, can get you physically, spiritually, emotionally, and mentally ill. Unresolved grief can result in illnesses of all sorts. I believe many of us Aboriginal women are suffering from grief. We grieve from a loss; a loss can be almost anything - a child, our childhood, our job, and our identity – that we are.

That’s why many of our people are ill today.*

The role of healing from grief has been instrumental in reshaping identity and health as the grandmothers hope to guide their grandchildren and help them heal from intergenerational trauma and ultimately erase it for future generations.

In addition, many of the grandmothers raised concerns around substance abuse and understood the intersection of identity and health through their experiences with healing from grief and recovering from addiction. Harriet explained:

*I know who I am because I don’t drink, I don’t do drugs, I don’t do like what I did long ago. Now I found myself, I found my identity. I found who I was, I found I was a real person. You know, that’s the way I look at it. When finding yourself, you got to look at all that . . .
Through sobriety and healing from grief, many of the grandmothers have reshaped their identity and health and subsequently maintain and promote good health among themselves and their families. By healing themselves and reshaping identity and health, the Aboriginal grandmothers are in turn healing their grandchildren, their communities, and generations to come.

5.1.4 Engaging in Aboriginal Culture and Spirituality

The grandmothers incorporated a holistic approach to identity and health that was reinforced by engaging in Aboriginal culture (including language) and spirituality. The grandmothers’ identity and health are deeply connected to their culture, spirituality, and experiences as Aboriginal women. Beverly explained, “I hold really strong values around family, language, cultural preservation, anything related to the arts, music, food, any of that, any opportunities we have to preserve those elements of our culture.”

Many of the grandmothers addressed the importance of participating in cultural events and ceremonies together with their grandchildren. The grandmothers felt a major responsibility to impart this knowledge and experience to their grandchildren and felt it was important their grandchildren know their cultural roots. Bringing grandchildren up in a spiritual way was also important to the grandmothers:

I always pray, they [my grandchildren] always pray, I pray at night before we go to bed. “Let’s pay [pray]” [my granddaughter] says [laughs]. Yes, we pray at night before we go to bed. We pray for help, thank the Lord, the Creator up there, for food, that we have clothes on our back, we have a home. Got to be thankful for everything, I said. Thankful that you’re here today. I thank the Creator for my
health so I can take care of my grandchildren. Yes. And that’s a lot of work, you
know, that’s a 24/7 job. (Harriet)

The thought or act of being thankful and staying positive was also commonly expressed throughout the grandmothers’ narratives as they spoke about the importance of spirituality and its key role in shaping identity and health.

Doreen expressed the significance of sharing spirituality and cultural teachings with her grandchildren:

I also share what I was taught, like Round Dances, sweat lodges, I actually
experienced for the first time I took them [my grandchildren] in the sweat this
summer, that was the first time ever... and the Medicine Wheel, all the things that
they need to know. Pow wows, we went to a lot this year. So I try and take them to
things, you know, it’s very important that they know that.

The Aboriginal grandmothers articulated the need to create better access to cultural opportunity and programs for children within urban areas. Some of the grandmothers spoke about the limitations of living in the city in terms of accessing cultural opportunities; this was seen as a major concern for the grandmothers and a barrier to ensuring their grandchildren have a cultural connection:

But growing up in the city, it’s really hard. Living in the city, there’s just this
separation between, you know, cultural opportunity and identity. It’s just a link
that’s really tough to find. I think that a lot of parents and grandparents struggle with that, particularly Aboriginal parents and grandparents. As Métis people we don’t have the benefit of being able to go back to a reserve or whatever for, if there’s a specific ceremony or whatever, so in the Métis community here we’ve
seen sort of the ebb and flow of the availability of our cultural values and
ceremonies and practices. And my granddaughter is almost completely, unless we
make a real effort to link her into some cultural activity, she’s almost completely
disassociated from that. And I think that’s true for a lot of Aboriginal kids in the
city. So again that’s one more thing that we think about as grandparents, and that
I think about as a grandmother, how do I ensure that my granddaughter has that
connection, cultural connection, and what’s available for us to do that? (Beverly)

The grandmothers as a whole felt that cultural connection was important to them
and their grandchildren. Reflecting on what contributes to her identity and health, Janet
spoke about returning to cultural understandings:

  By going back to my way of life. Not my, our way of life. You know, I’ve been so
brainwashed to be ashamed of the way my mom and dad brought us up. And now
I went back to the ceremonies, I go to Rain Dances, I sit in lodges, and I go to
these singing ceremonies where they just sing and I get so much out of it.

Returning to culture, traditions, spirituality, and ceremonies was central to the
grandmothers and their current understandings of identity and health. Similarly, other
scholars have noted the importance of culture and spirituality and its key role in
Aboriginal people’s health (see also Dion Stout, 2005; Graham & Stamler, 2010; King et
al., 2009; Kirmayer, Brass & Tait, 2000; Kirmayer, Simpson & Cargo, 2003; Parlee,
O’Neil & Lutsel K’e Dene First Nation, 2007; Saskatoon Aboriginal Women's Health
Research Committee, 2004). For instance, King et al. (2009) state, “Language is crucial
to identity, health, and relations . . . [and] is especially important as a link to spirituality,
an essential component of Indigenous health” (p. 78). Further, revitalizing Aboriginal
language, culture, and identity is central to healing, as “[l]earning about one’s language, culture, and traditions strengthens a sense of identity and directly counteracts the cultural discontinuity and dispossession that resulted from the colonial enterprise and its aftermath” (Kirmayer et al., 2011, p. 89). In addition, Dion Stout (2005) notes, “Aboriginal women view health holistically and view social and cultural conditions as integral to the health of our communities” (p. 86).

Beverly spoke about her journey of coming to understand her cultural roots and its importance in understanding oneself and in restoring health:

. . . [T]hat time [of grief] in my life really shaped, I think, my need to link to my cultural identity. And it was on that journey that I learned the importance of having a strong cultural identity and becoming a stronger person for it, health wise; physically, mentally, emotionally, and spiritually. And those are the lessons I’ve learned about linking culture to health. I think it is absolutely critical.

Beverly continued to reflect on the importance of culture and its foundational role in her life and in helping develop her Métis identity and good health. She depends on her culture and cultural values for support and explained that she never really appreciated identity and health until she realized that everything is connected:

*The thing that I think about when I think about culture and identity and you know, our health, for me, I’ve come to understand, I’ve never appreciated it until I actually started working with Elders, Elder Betty of course being one of them, that it’s all linked. We can’t separate it. I mean we have a holistic worldview and everything is linked. And so if one element of our wheel is out of place, it’s going to affect everything else. I’ve come to rely on my culture and the values within my*
culture to support me in my journey and to be the foundation of what I would like to hopefully think of as, this is my next journey, I kind of call it my last rodeo [laughs], this next journey, you know, 60 and onward. And I want to be as healthy as I can. So I have arthritis and high blood pressure and heart disease and all those things, and it’s my responsibility to look after my health, but I do that from a cultural perspective; prayer, ceremony, faith, a really strong faith that the Creator has a plan for all of us. So that helps me. And I hope I share that with my daughter, and my son, and our granddaughter.

Indeed, Aboriginal culture and spirituality has played a significant role in the grandmothers’ identity and health and they felt a deep responsibility to share this understanding with future generations by applying these teachings together with their grandchildren.

5.1.5 Summary

Through the grandmothers’ narratives we can see the diverse factors which shape the intersection of identity and health. In addition, the findings illustrate that the experiences and understandings of identity and health among Aboriginal grandmothers who care for grandchildren are complex, holistic, and resilient. The grandmothers’ narratives point to a number of important insights connecting identity and health holistically.

Illustrated throughout the grandmothers’ narratives is the idea that identity and health is deeply rooted in family. Moreover, access to proper support and resources, healing from grief, as well as engaging in Aboriginal culture and spirituality all played an important role with regard to identity and health among Aboriginal grandmothers.
Holistic support (including social and cultural support, financial support, childcare and healthcare support services) played a major role in their identity and health as older Aboriginal women raising children. Many of the Aboriginal grandmothers spoke to the importance of cultural connection and its key role in identity and health by coming together and, in this context, sharing it with their grandchildren and other women.

In speaking about their diverse responsibilities as Aboriginal grandmothers raising grandchildren, many of the grandmothers described their role as a life commitment. As part of this responsibility, the grandmothers spoke about the importance of providing a good home for their grandchildren and bringing them up in a positive way. While the grandmothers experienced challenges, there are significant rewards to raising grandchildren as well. And, by celebrating kinship and passing on teachings, healing from grief, accessing holistic support, and engaging in Aboriginal culture and spirituality, the grandmothers and the grandchildren they care for are indeed breaking cycles of intergenerational trauma and are remaking their Aboriginal identities and healing from the wounds of colonialism.
CHAPTER 6 - CONCLUSION

The purpose of this project was to explore understandings of identity and health through the community-based perspectives of Aboriginal grandmothers who care for grandchildren. Findings presented in this thesis are a result of my thematic analysis of the grandmothers’ condensed stories. Based on the grandmothers’ narratives it is evident that: 1) grandmothers have a holistic understanding of identity and health; 2) there are multiple factors in the intersection of identity and health.

The project has demonstrated how Aboriginal grandmothers’ narratives are deeply rooted in a holistic understanding and that identity and health intersect in complex ways. That is, kinship, support mechanisms, healing, and engaging in culture and spirituality all play important roles in the intersection of identity and health. Together, these intersections shape Aboriginal grandmothers’ experiences and their understanding of identity and health.

Further, the Aboriginal grandmothers’ narratives provide important insights into understanding identity and health through a local and situated context. Particularly, their narratives reflect a distinct and holistic understanding that incorporates a diverse range of aspects that were foundational to their own health and who they are as Aboriginal women. In addition, the project complements current research by exploring Aboriginal women’s personal understandings of identity and health. Bartlett (2005) notes the need to include community understandings of health and its key role in “developing policies and programs that are based on context-appropriate and culturally grounded research” (p. 97).

As a community-based research project we have garnered further insight into the experiences of Aboriginal grandmothers who are caring for grandchildren. These
experiences are highly gendered as Aboriginal grandparent caregivers are more likely than non-Aboriginal caregivers to be female, single, and have lower median household incomes (Fuller-Thomson, 2005a). Many of the grandmothers noted the challenges they face accessing holistic support specifically designed for grandparent-headed families. The grandmothers emphasized the importance of support in their identity and health and that there is a gap in the current medical system in accommodating this holistic world view.

The Aboriginal Grandmothers Caring for Grandchildren Support Network was seen as a significant support for the grandmothers and in offering direction to accessing various supports to help them and their families. Because of this particular support network the grandmothers are able to leave their house once a month with transportation and child care provided and share their experiences with other grandmothers raising grandchildren. The findings exemplify the value of support and its role in Aboriginal grandmothers’ identity and health and reinforce the need to increase access to support programs for the grandmothers and the grandchildren under their care.

Despite being faced with ongoing challenges, the grandmothers demonstrated the uncompromising capacity to provide love, advocacy, and stability for their grandchildren. Similarly, Statistics Canada (2011a) notes that grandparent-headed families provide valuable emotional and financial resources for their grandchildren. Furthermore, being a grandmother has multiple meanings and can involve caring for direct descendants as well as caring for other family members. While raising grandchildren is a huge commitment and responsibility, there are significant rewards to raising grandchildren and the grandmothers also look at it as an opportunity to positively influence their grandchildren as well as the larger community.
The grandmothers’ narratives resonates a commitment to impart knowledge of identity and health to their grandchildren in order to develop a real sense of who they are. This is something many of the grandmothers struggled with when growing up. Aboriginal grandmothers play a key role in grounding grandchildren in identity and culture and passing on valuable teachings. This is reinforced through sharing knowledge and role modeling, as well as engaging in culture and spirituality with their grandchildren. Many of the grandmothers emphasized the significant role of ceremonies and culture in understanding who they are. The importance placed on cultural continuity and kinship was critical to the grandmothers’ identity and health. In the grandmothers’ narratives we see there is a deep necessity to learn more about, engage in, and celebrate Aboriginal culture together with their grandchildren.

The findings of this project reinforce Anderson’s (2011) emphasis of Aboriginal grandmothers’ critical role within their families and communities as givers of life, knowledge keepers, storytellers, mothers, grandmothers, and community members. Further, the findings demonstrate that the grandmothers and their grandchildren are effectively breaking cycles of intergenerational trauma through healing, remaking identity and health, engaging in culture and spirituality, language preservation, education, as well as keeping children within families. It is through the grandmothers’ love and dedication they are able to transfer knowledge and life experience to their grandchildren. As McKenzie et al. (2010) contend, “Grandmothers are the older First Nations and Métis women who have managed, often with great hardship, to hold onto the old values, traditions, language and skills. It is their role to teach these traditions to the next generation” (p. 2).
Through overcoming grief and reshaping identity and health, the grandmothers are healing and restoring themselves, their grandchildren, and in effect helping future generations. The Native Women’s Association of Canada write that “[i]dentifying and responding to the health needs of senior Aboriginal women will also improve the health and well-being of those around them – their families, communities and Nations” (“Healthy Seniors”, 2014).

This community-based research project provides valuable insight into Aboriginal grandmothers’ experiences and understandings of identity and health. Further, it confirms the importance of exploring Aboriginal women’s experiences through community-based research. Following feminist postcolonial theoretical perspectives and Indigenous methodological perspectives has been helpful in developing a deeper awareness of the ways Aboriginal grandmothers’ experience and understand identity and health: holistic, complex, and resilient. The findings complement current literature on understandings of health within Aboriginal communities and play an important role in delivering effective programs and services through a collaborative approach that address all aspects of health, including physical, mental, emotional, and spiritual health.

6.1 Recommendations

Given that Aboriginal grandmothers have a holistic understanding of identity and health and there are multiple factors that play a role in their intersection, there is a need for comprehensive programs at all levels of government, including federal, provincial, and local levels. These programs must complement and address all aspects of health (including physical, mental, emotional, and spiritual health) and take into account a person’s identity (including their culture and language) in order to develop programs and
services that are culturally appropriate and accessible. Implementing holistic understandings of health and the grandmothers’ experiences raising grandchildren is important for governments and policy makers in the development of programs as well as informing health discourse, policies, and services. Specifically, there is a primary need for all services and sectors at the provincial level, including the Ministry of First Nations and Métis Relations, the Ministry of Social Services, the Ministry of Justice, the Ministry of Health, the Ministry of Education, and the Ministry of Parks, Culture and Sport to collaboratively work together to:

1) Reshape current policies that recognize grandparent and kinship-headed families as valid systems and build upon their strengths and abilities. This involves educating all ministries, including healthcare practitioners and policy makers, that not all families are nuclear and headed by the biological parent(s) of the child (as grandparent-headed families consist of direct descendants and extended family members). The increasing number of grandparent-headed families and the multiple supports necessary to meet the basic needs of these families is critical to this discussion. This also involves creating systems to ensure support and financial services are appropriated to the actual grandparent caregiver, which is then reflected onto the child.

2) Provide funding to initiate policies and programs that are culturally appropriate and accessible for the grandmothers and their grandchildren in order to meet their basic needs. This would include financial support, safe and affordable housing, health specialists, food security, educational services and extra-curricular activities, mentoring programs, support groups, mental health and addictions
services, transportation services, legal assistance, respite care, self-care workshops, as well as cultural opportunities such as culture camps, pow wow dance lessons, medicine wheel teachings, language circles, and Sharing Circles.

3) Increase funding to current organizations that serve the community and offer support for grandmothers and the grandchildren they care for, as these community organizations and services are necessary for an accessible and successful holistic approach. In Regina, this includes organizations such as the Aboriginal Grandmothers Caring for Grandchildren Support Network, University of Regina Lifelong Learning Centre, First Nations University of Canada, Randall Kinship Centre, Regina’s Anti-Poverty Ministry, Carmichael Outreach, North Central Family Centre, Four Directions Community Health Centre, the Regina Early Learning Centre, and the Regina Food Bank.

4) Provide access to clear and consistent information from government agencies and community organizations regarding programs and services available to grandparent-headed families. This could include the distribution of a directory with a map of services relevant within the city of Regina.

5) Create advocacy training opportunities for grandparent-headed families to help them successfully negotiate their basic needs within all levels of government and empower them to continue advocating for their families and communities.

6) Provide educational workshops on anti-poverty issues to all ministries in order to influence policy that is socially and economically responsive to grandparent-headed families in Saskatchewan. The Regina Anti-Poverty Ministry currently
provides training for individual advocacy as well as public education and lobbying for social justice.

7) Remove barriers to existing policies which prevent Aboriginal grandparent-headed families from receiving the support they need through culturally appropriate models (for example models that take into account a person’s identity, culture, and language) and collaborative approaches from all levels of government and ministries. This requires leadership from all services and sectors in examining systemic ideologies as well as Canada’s colonial history and its direct role in health inequities today among Aboriginal peoples in Canada.

6.2 Reflections

The grandmothers in this research project have inspired me to connect with and learn more about my own identity and family history, and reflect on how I have also benefited from colonial ideologies and privileges that have enhanced my life chances. In addition to listening to the participating grandmothers, during this process I keenly sought opportunities to visit with my biological grandmothers and learn more about my family roots and subsequently my identity as an Irish, Ukrainian, English, and Polish woman. Listening to the history from my own grandmothers’ stories helped me connect to my heritage and identity, something I had taken for granted and had not realized I was missing. This experience has made me feel more complete as I continue my journey. By connecting with my heritage and cultural identity together with my grandmothers, I feel whole. Our grandmothers’ narratives are incredibly significant to who we are and where we come from, and I am forever grateful for their stories and for building a powerful foundation of knowledge and teachings for generations to come.
REFERENCES


APPENDICES

Appendix A – Interview Guide

1. Can you tell me about yourself and where you are from?
   a) What are the important parts of who you are?

2. What is it like to be an Aboriginal grandmother raising grandchildren?

3. What does health mean to you as an Aboriginal grandmother raising grandchildren?

4. What do you feel contributes to your health?
   a) ... for yourself, for your grandchildren, for older Aboriginal women?

5. Do you think there is a connection between how you understand yourself and health? If so, how?

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

*By identity, I mean an understanding of oneself.

*By health, I mean the mental, emotional, physical and spiritual aspects of the self.
You are invited to participate in a research project exploring Aboriginal Grandmother’s stories around identity and health.

Jen Billan will be doing a research project with the Grandmothers for her master’s degree. As a graduate student in Health Studies with a focus on Aboriginal health, she is interested to learn more about identity and health drawn from the experiences of Aboriginal grandmothers.

Below is more information about the project. If you are interested to participate or have any questions, please contact Jen at (306) 580-0099.

**Project Title:** Narratives of Aboriginal Grandmothers: Stories of Identity and Health

**Researcher:** Jen Billan  
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**Supervisor:** Dr. Carrie Bourassa  
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**Purpose and Objective of the Research:**
- To explore the understandings of identity and health drawn from the experiences of Aboriginal Grandmothers living in Regina, Sk.
- To share Grandmother’s stories with the community and promote health and well-being through positive understandings of identity and health.
- To empower Grandmothers to continue advocating for their communities.

**Your role within the research:**
- You are invited to participate in a one-to-one interview with Jen, which will last between 1 – 2 hours.
- During the interview, you will be invited to share your stories and understandings of identity and health and what this means as an Aboriginal grandmother caring for grandchildren.
- Findings will be shared through a Sharing Circle, where participants will explore ways they would like to share their stories with the community.
Appendix C – Information Sheet

Faculty of Kinesiology and Health Studies
Centre for Kinesiology, Health and Sport, Room 173

Project Title:
Narratives of Aboriginal Grandmothers: Stories of Identity and Health

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Department of Inter-Disciplinary Programs, FNUniv
cbourassa@fnuniv.ca
(306) 790-5950 (ext. 3331)

What is the purpose of the project?

The purpose of this project is to explore understandings of identity and health among Aboriginal grandmothers. Through individual interviews, participants will be involved in sharing their stories and understandings of identity and health and what this means as an Aboriginal grandmother caring for grandchildren. Discussions will be tape-recorded to ensure the information will be recorded accurately. Findings will be shared through a Sharing Circle, and the participants will explore ways they would like to share their stories.

This project has the potential to provide communities and researchers with knowledge related to Aboriginal grandmothers’ specific experiences around identity and health. This will identify the particular needs and health challenges faced by Aboriginal women, specific to Aboriginal grandmother’s caring for grandchildren. It is my hope that findings from the project will be used as a way to promote positive understandings of identity and health within Aboriginal communities.
What will be expected of me as a participant?

As a grandmother caring for grandchildren, you are invited to take part in a personal interview regarding your knowledge around identity and health through your experiences as a grandmother caring for grandchildren. The interview will be audio-recorded and transcribed word for word. The interview is expected to take 1 – 2 hours and will be arranged at a location that is convenient to you. After I have transcribed the interview word-for-word, your stories will be condensed into a manageable length for you to review and make any changes necessary. You will also be invited to discuss ways to apply knowledge gained through a Sharing Circle to be held with other grandmothers interviewed as part of this research project. Based on capacity and time limitations, between 5 – 7 grandmothers will be asked to participate. The Sharing Circle will include the burning of sage; anyone allergic to the smoke may choose not to participate.

Language

Participants who choose to speak in their Aboriginal language will be accommodated by having a translator present during interview/Sharing Circle.

Potential Risks

Participating in this research project should be of minimal risk. However, it is important for each participant to decide if sharing their story could cause feelings of emotional stress. Also, if participants chose not to share their real name, their identity will be protected. Participants can choose to use a pseudonym (fake) name, or keep their real name. However, there can be potential negative consequences of using their real name, as well as other potential negative social consequences which may result from telling their stories. Participants will determine whether they want to share their real name or assign a pseudonym. It is the participant’s right to end the interview at any time.

If you become distressed during or after the interview

Arrangements have been made so that an Elder is available for counseling in case you become distressed during or after the interview. You can reach Elder Betty McKenna at (306) 631-3949.

Potential Benefits

You will benefit by being able to talk about your experiences and feelings around identity and health as an Aboriginal Grandmother and potentially share your stories with your family and community. Grandmothers who participate will receive a traditional offering of tobacco and tea. There are no known risks associated with participating in this study. The results from these interviews will be used to write a thesis exploring Aboriginal grandmother’s understandings of identity and health. During a Sharing Circle, participants will explore other ways they would like to share their stories.
Confidentiality

All personal data obtained as part of this project will be kept confidential. Individuals will not be named in any reports or publications if they wish to remain anonymous. Audio tapes and transcripts of interviews will be kept in a locked file at the First Nations University of Canada during the project and for five years afterward.

Storage of Data

Audio tapes and transcripts of interviews will be kept in a locked filing cabinet at the First Nations University of Canada for five years after they are held. At that time they will be destroyed.

Right to Withdraw

Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort. Should you wish to withdraw, please contact Jen by email at jen_billan@hotmail.com or (306) 580-0099 and the data will be destroyed.

Your right to withdraw data from the study will apply until December 31, 2013. After this it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

Questions or Concerns

This project has been approved on ethical grounds by the U of R Research Ethics Board. Any questions regarding your rights as a participant may be addressed to the committee at 585-4775 or research.ethics@uregina.ca. You may also contact Jen by email or phone.
Appendix D – Consent for Participation

I understand the information given to me about the study *Narrative of Aboriginal Grandmothers: Stories of Identity and Health*. My questions about the study have been answered to my satisfaction. I am willing to participate in a one-to-one interview and a Sharing Circle at a later date to discuss the findings from the research project.

I understand that my participation in this study is strictly voluntary. I am aware that I am free to withdraw from the study at any time, or to refuse to answer questions, for any reason. I understand that the research questions developed will be sent to me for my information and that I will be able to see the full proposal if I wish.

I have received a copy of the information sheet and this informed consent form.

☐ I agree to participate in this study as explained to me.
☐ I agree to be audio-taped for accuracy.

Oral Consent:

☐ I read and explained this Consent Form to the participant before receiving the participants consent, and the participant had knowledge of its contents and appeared to understand it.

__________________________________________  ________________
Participant Signature  Date

__________________________________________  ________________
Principle Investigator Signature  Date
Appendix E – Non-Disclosure Form

In order to respect everyone’s experiences and privacy, I understand that what is talked about in the Sharing Circle stays in the Sharing Circle and I will not disclose any information discussed during the Sharing Circle.

☐ I agree that what is talked about in the Sharing Circle stays in the Sharing Circle. I will not communicate or in any manner disclose publicly any information discussed during the Sharing Circle.

Oral Consent:

☐ I read and explained this Non-Disclosure Form to the participant before receiving the participants consent to non-disclosure, and the participant had knowledge of its contents and appeared to understand it.

____________________________________  ________________
Participant Signature                     Date

____________________________________  ________________
Principle Investigator Signature          Date
Appendix F – Ethics Approval

University of Regina

OFFICE FOR RESEARCH, INNOVATION AND PARTNERSHIP
MEMORANDUM

DATE: May 28, 2013

TO: Jennifer Lynn Billan
22 – 26 Spence Street
Regina, SK S4S 4H4

FROM: Dr. Bruce Plouffe
A/Chair, Research Ethics Board

Re: Narratives of Aboriginal Grandmothers: Stories of Identity and Health (File #85S1213)

Please be advised that the University of Regina Research Ethics Board has reviewed your proposal and found it to be:

☐ 1. APPROVED AS SUBMITTED. Only applicants with this designation have ethical approval to proceed with their research as described in their applications. For research lasting more than one year (Section 1F), ETHICAL APPROVAL MUST BE RENEWED BY SUBMITTING A BRIEF STATUS REPORT EVERY TWELVE MONTHS. Approval will be revoked unless a satisfactory status report is received. Any substantive changes in methodology or instrumentation must also be approved prior to their implementation.

☐ 2. ACCEPTABLE SUBJECT TO MINOR CHANGES AND PRECAUTIONS (SEE ATTACHED). Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB. **Do not submit a new application.** Once changes are deemed acceptable, ethical approval will be granted.

☐ 3. ACCEPTABLE SUBJECT TO CHANGES AND PRECAUTIONS (SEE ATTACHED). Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB. **Do not submit a new application.** Once changes are deemed acceptable, ethical approval will be granted.

☐ 4. UNACCEPTABLE AS SUBMITTED. The proposal requires substantial additions or redesign. Please contact the Chair of the REB for advice on how the project proposal might be revised.

Dr. Bruce Plouffe

cc: Dr. Carrie Bourassa – First Nations University of Canada

**supplementary memo should be forwarded to the Chair of the Research Ethics Board at the Office for Research, Innovation and Partnership (Research and Innovation Centre, Room 109) or by e-mail to research.ethics@uregina.ca**

Phone: (306) 585-4775
Fax: (306) 585-4893
www.uregina.ca/research
Appendix G – Ethics Renewal Approval

Research Ethics Board
Certificate of Renewal Approval

PRINCIPAL INVESTIGATOR
Jennifer Billan
2237 Broder Street
Regina, SK S4N 3S7

DEPARTMENT
Kinesiology and Health Studies

REB# 85S1213

SUPERVISOR
Dr. Carrie Bourassa – First Nations University of Canada

TITLE
Narratives of Aboriginal Grandmothers: Stories of Identity and Health

ORIGINAL DATE OF APPROVAL
May 28, 2013

NEW EXPIRY DATE WITH THIS RENEWAL
May 28, 2015

TODAY’S DATE
June 2, 2014

Full Board Meeting

Delegated Review

RENEWAL CERTIFICATION
The University of Regina Research Ethics Board has renewed the above-named research project for an additional 12 months beginning May 28, 2014.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair of the Research Ethics Board for consideration in advance of implementation.

ONGOING REVIEW REQUIREMENTS
In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions:
http://www.uregina.ca/research/REB/main.shtml

Ara Steininger
Research Ethics Board