

Asokana: Living Well as Indigenous Women Who Have Not Had Children

by

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Abstract

As we find ways to address the Truth and Reconciliation Commission's Calls to Action (2015) and the Missing and Murdered Indigenous Women and Girls Calls for Justice (2019), there are stories about intergenerational trauma that remain silenced. One such story is about Indigenous women who have not had children. As a Dene/Métis woman who is a descendent of three generations of Indian Residential School survivors, I believed that colonial impacts left an imprint on me psychologically, socially, and physiologically, contributing to my infertility. While more women are not having children (Statistics Canada, 2020), stories about childlessness and infertility are primarily from European-descendent, middle-class perspectives, marginalizing the experiences of women of colour. With an Indigenous feminist lens, this inquiry is an untold story that disrupts the colonial imperative that silences the lived experiences of Indigenous women. It is also a restory that begins with the oppressive sociopolitical impacts on Indigenous women and their reproduction and ends in Indigenous resurgence, healing, and wellness.

Using Indigenous research methodology, stories about what it means to live well as Indigenous women who do not have children were gathered from an Elder, Knowledge Keeper, and five other Indigenous women who do not have children. Their stories are arranged into three sections: a traditional story, individual stories, and a collective story. *Asokana* (Cree word for bridges) is used as a metaphor to guide the themes of the collective story about living well. Through the stories, we learn that the women in this study were *asokana*. As traditionally valued, they held, carried, and created connections for their families and communities. They were also *asokana* for themselves. By not having children, the women chose lives that offered them opportunities and freedoms, and the ability to embrace their lives on their own terms.

The inquiry ends with a discussion, suggestions for future inquiries, and implications for practice. I close with my reflections on how the women in this study were my *asokana*, guiding me to return home.

Preface

This dissertation is original, independent work by the author, Gwendolyn D. Villebrun. The current study involved human participants and was therefore reviewed and approved by the University of Alberta Research Ethics Board prior to the commencement of the research on February 1, 2021. The ID number is: Pro00096739.

Dedication

This effort is lovingly dedicated to my parents,

Nora Villebrun (née Isaac)

and

Raymond Villebrun.

You gifted me with truly understanding the enduring strength of spirit and
the power of love.

Mahsi cho for your love and all you have taught me.

I am so grateful that my spirit chose you as my parents.

Neghonieto

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I would like to say a special thank you to two friends. Shaunna has been my friend since the age of five and is more like a sister to me. She has walked similar paths and has helped ground me throughout this time. As well, to Kyla, who I often turned to when I needed reassurance and rejuvenation. She was the first person I shared my dissertation topic with, as I knew that she would embolden me to tell the story I felt most needed to be told.

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Prologue: The Bathroom Floor

I remember the date. It was June 16, 2011. Summer was in its glorious infancy; lush greenery had finally emerged from an unusually dry spring. It was in the evening and the sun was still high, lazily falling, adorning the inside of my home with a beautiful golden glow. Our windows were open, letting the air easily breeze in, smelling of recently cut grass. In contrast to this serene setting, I was on the bathroom floor on my knees screaming out in anguish and weeping in that guttural way that feels like you are choking. Moments before, I had thrown my cell phone across the room, feeling a rage erupt from a phone call from my sister who told me that a much-anticipated visit would be delayed. This call shortly following one from my mom, who was adjusting to a new apartment in Edmonton and was angered by her new cable system. It had been an extremely stressful month for my family, especially for my mom, who had lost all her uninsured belongings in the Slave Lake fire. Looking back, my family was likely still in shock and processing the magnitude of what had happened. So, it was completely understandable that my mom would be frustrated by things not working out. As well, my sister's change of plans, although unexpected, was not earth shattering. Yet there I was, crumpled on the bathroom floor. I felt so very alone, recoiled and suspended in a space that felt dark and endless. Chad, my husband, was standing lovingly, but helplessly on the sidelines. He knew that what he was witnessing had nothing to do with these phone calls.

Earlier that day, Chad and I had a follow-up medical appointment at the Edmonton Infertility Clinic. We were in a good mood that morning, this appointment just being one of many. We were used to the routine. At this point, it had been three years of trying to make a baby. There were many appointments that included painful surgeries, countless blood and urine tests, ultrasounds, hormone injections, medications, and intrauterine inseminations (IUIs). Being

poked and prodded, my body felt like an experiment, an uncooperative vessel. During one of the insemination procedures, an attending doctor asked if I would be okay with students observing. I have always been a strong advocate for education, and I considered the value of this learning opportunity for them. Also, at that point I felt detached from my body, as though it were not my own, so did not feel the same self-consciousness that perhaps I would have normally felt. I said yes. I can smile now and shake my head, as I recall the weirdness of having students peer in at my cervix, the doctor pointing it out as looking like a small donut. I had no idea that's what it looked like. I guess I also learned something new that day.

So, at this moment in our journey, this appointment was just another step in a process we had gotten used to. In many ways, it was like being lulled into numb complacency by the beat of a medical rhythm. Our doctor, who was usually jester-like and able to bring ease to the awkward procedures through his wry humour, had a more serious demeanor that day. In the small clinic room, he sat down in front of us, his "all business" approach jarring as he began his frank conversation with us. Things got hazy for me, but I remember there were statistics...lots of numbers that culminated into a futile picture. There was one clear moment, when I remember him saying that all he wants to do is put a baby in our arms and to do that we need to proceed to invitro-fertilization (IVF). In that moment, I hung onto the strong imagery of his words, and I pictured in that clinic room me and Chad holding our baby. There was something surprisingly foreign about it. It was like being woken up... "oh yah, that's what we're here for". You would think that throughout this whole infertility process that I would have imagined more frequently the real possibility of Chad and I holding a baby. I mean, that was the goal. But I think that to cope, I treaded on the fine line between success and failure and by doing so, I disengaged from both outcomes.

This makes sense, given that each month felt like a roller coaster ride from hell, with building anticipation followed by a fall of disappointment and sadness. One ultrasound found my hormone-stimulated eggs sprouting so much that the technician voiced concerns that we may have triplets on our hands. So, to go from this overwhelming possibility (as daunting as it was) to nothing at all was a head game that left me feeling baffled and drained. Three years of chronic disappointments takes its toll, necessitating the growth of a protective sheath that overlays the heart. So, the imagery created by the doctor's words that day pierced me and toppled me off balance, and I felt the edge of a pain that felt so immense. It was almost like being pressed against a cold, cement wall that reached endlessly into the sky, and I could hear my voice whisper inside my head tentatively ask, "What if...what if we can't?" I looked over to Chad, who was sitting there on the edge of his seat, respectfully listening to the doctor, nodding his head. He walked through each step with me, attended every single appointment, and was my true partner. We often saw women on their own in the clinic waiting room, and I felt sad for them and so grateful that I had Chad by my side. He would make such a wonderful dad, I thought to myself. In that moment, which was likely seconds, I fast-forwarded through all the milestones involved in raising a child and considered for the first time how this might not be our destiny. I felt a burning sting of grief as I felt my body pushed up against that wall. It seemed by reflex that I instantly straightened and closed my emotions. I was not going there, not here, not now in this little clinic room.

Chad and I had not yet seriously considered the next step of IVF, though we were aware of it. I think we approached this appointment thinking that we would go through another round of IUIs. The doctor's certainty that proceeding in this way would be unfeasible was an unexpected blow. I did not want to be at the IVF stage already. Despite this, our doctor went

through all the components and procedures associated with it. My head was spinning and felt like it was going to burst at the thought of yet more steps. It was like having climbed a hundred flights of stairs, turning into a hallway to only find forty more flights to go. IVF is also a huge financial commitment, and while I am sure Chad and I would have made it work, it would have been a strain on us. It was all too much to take in, and we needed some time to think this over, but there was a knowing in my bones that IVF went beyond what I was willing to do, what I was willing to put my body through, and there was something about it that did not feel right for me.

Now back to me crying in the bathroom, where the harsh reality had insidiously settled in. I knew, although it would be years before I fully accepted it, that our infertility journey had ended, and we were not going to have a child of our own. There on the floor, I communed with the all-knowing Grandmother Spirit, pleading through my burning tears, asking “why?”. I felt a wordless connection to an essence that was very vast and all-encompassing. She was very compassionate and loving, yet firm when she communicated to me that motherhood would not be my path and that I was meant to nurture in other ways. I thought instantly of my mom, who serendipitously was brought to Edmonton through a catastrophic disaster at a time when this all unfolded. I considered how it was now my turn to care for her. I also thought about my practice as a psychologist, and how I often feel “mother-like” with the people I serve. I wondered too if perhaps we were meant to adopt a child. But in that moment, it was not enough, it was not the result I set out for, and it was not fair. Why me? I was angry. No, I was beyond angry.

I wish I can say that the years that followed provided me time to grieve properly and that I was able to put aside the pain of not having a child of our own. I wish I can say that I came to peace with the decision to not proceed with IVF. I wish I can say that I have reconciled being a woman without children. In ways, there is truth to these statements, and in other ways I continue

to be surprised by moments of grief that catch me off guard and remind me that this process is likely lifelong.

CHAPTER 1: INTRODUCTION

Those who have a 'why' to live, can bear with almost any 'how' (Nietzsche as quoted in Frankl's Man's Search for Meaning, 1984).

The Emergence of a Story

My story emerged that day on the bathroom floor, as it marked the beginning of seeking meaning about my inability to have a child. I felt compelled to find an answer to 'why' as a necessary step for my healing, as being a mother was a fundamental part of my identity that was difficult to let go of. Infertility can be a shame-inducing, isolating, and lonely experience, and I found comfort in reading the accounts of other women (Daniluk, 2001a). Yet I felt my experience as an Indigenous woman was not adequately reflected. "Nobody's mother: Life without kids" (Van Luven, 2006), a Canadian book that chronicles stories of women without children, offered two brief stories of women who self-identified as Indigenous, but their accounts only left me aching for more and with unanswered questions. While I know several Indigenous women without children, our conversations about this topic only touch on the surface, perhaps due to its' sensitive nature. We have at times, though, joked about feeling like oddballs, sharing in the awkwardness of dealing with people who are stunned about the fact that we do not have children. There seems to be an enduring stereotype that *all* Indigenous women have children. So, like many topics surrounding reproduction, it was not commonly talked about.

As a psychologist, I have the honour of sitting with and supporting the healing process of many Indigenous people impacted by intergenerational trauma. Often, I have heard parents explain that having a child was a significant turning point in their lives, where it marked a change in their path's direction from self-destruction to self-preservation. It no longer was just about them as individuals, as they now had to consider the well-being of their children and

grandchildren. Lee Maracle (1996) refers to the significance of her children as offering hope: “[w]ithout children, I could not have learned that ‘everything is fixable’” (p. 10). Therefore, having a child seemed to be important in filling in the gaps associated with traumatic upbringings. “I do not know what I would do if I did not have my child(ren)” is a phrase I have heard again and again. Parents often speak to how their healing coincided with the raising of their child(ren); as they met their child’s developmental needs, they also met their own unmet needs. Given my personal experience, I wondered about those like me who do not have children and what promotes and maintains their healing processes.

As a young adult residing in Alberta, I sought to learn more about who I am as an Indigenous woman. Although I identify as Dene, I was honoured to be invited and included in many Cree ceremonies. Along with teachings from my family, I learned more about Indigenous ways of knowing, relating, and living well. Within this worldview, motherhood is valourized and children are rightfully placed in the centre of the family and community. I am aware that all women are mothers in the traditional sense, and that the extended family and community play pivotal roles in children’s lives, so women without children are no less valuable than anyone else. Indeed, I had several family members who did not have children, including two maternal aunts, Lucy, and Emily, who influenced me immensely. Further, my sister Marlene and a paternal cousin, Darlene who also did not have children, were role models to me. However, in the most tender of times during my infertility process, it pierced me to hear about the sacred, life-giving abilities of women. While I was not conscious of it, I temporarily withdrew from cultural events. I questioned whether I would get the support and understanding that I needed, and I feared that my experience would be diminished or judged. Knowing how important cultural connection (McCormick, 1997; Ross, 2014) and a positive Indigenous identity (Goodwill &

McCormick, 2012) are to well-being, I pondered if other Indigenous women felt similarly and found this as a barrier to their healing.

These wonderings lead me on the path to wanting to learn more about the experiences of other Indigenous women who did not have children. Whether or not their childlessness was by choice or circumstance, I was curious about what not having a child meant to them, their healing processes, and how this influenced their roles within their families and communities. Another important part of how this story emerged related to my consciousness of infertility within a colonial and socio-political context. Before I explain this further, it is important for me to first introduce who and where I come from.

Who and Where I Come From

Many Indigenous researchers refer to the importance of starting with self-location (Absolon, 2011; Absolon & Willett, 2005; Hampton, 1995; Weber-Pillwax, 2002), understanding that there is no separation between the researcher and the research. Within Indigenous contexts, it is a social norm to introduce where and who we come from as a way of acknowledging our families and our homelands, as well as a way of connecting to one another. Within my research, introducing who I am helps set the stage for what is to come, as my lived experiences and those of my family inherently informs my worldview, the entire research process, and the decisions I've made along the way.

My name is Gwendolyn Donna Villebrun. I am Dene/Métis, born in Hay River, Northwest Territories. My father Raymond is Cree/Métis, who is originally from Fort Chipewyan, Alberta, while my Dene mother Nora is from the K'atl'odeeche First Nation (near Hay River) in the Northwest Territories. I had two older sisters, Lori, and Marlene, who were nine and seven years older than me. Given the age difference, my sisters were at times like

young moms, each having a powerful influence on me. In 2012, my family was devastated by the loss of Lori to cancer, but we are so very grateful that she blessed us with her three sons Justin, Bradyn, Cassidy, and more recently, her grandson Jax.

My father is second generation Royal Canadian Mounted Police (RCMP), who like his father, worked as a special constable providing essential assistance to the police force in their work within Indigenous communities. Soon after my birth, my father became a full member, thus necessitating transfers to Inuvik and Yellowknife, Northwest Territories, and later Slave Lake, Alberta. My mother, who had training in childcare, looked after children in her home, and later in her life worked in a daycare. My sister Lori was a CBC North radio broadcaster, and once she earned a master's degree in communications worked in post-secondary. My sister Marlene has a social work degree and worked in intimate partner violence, addictions, and mental health. My family instilled in me a strong work ethic and values about serving people. Neither of my parents completed high school and even though it was not explicitly expressed, I learned that education was an expectation.

While my family moved frequently due to my father's work, my maternal grandmother's home in Hay River would be the constant. It was the gathering place for our Christmas and summer holidays. My grandmother's home meant being greeted with caribou and barley stew, bannock, and lots of baked goodies. Along with my parents, I grew up with the deep love of four aunties and two uncles, each playing a significant role in my development. While I was not taught my mother's Dene language, I loved listening to their conversations which was usually interspersed with laughter and went late into the evenings, often being my lullaby as I fell asleep. I did not feel as though I was missing out, as I sensed that I had a pre-verbal understanding and connection.

My mother's family are K'atl'odeeche Dene First Nation, but my grandfather was Gwich'in from the Arctic Red River, Yukon area. We know very little about him as he was adopted as a child. He was the captain of the Hudson Bay Company steamboat that travelled along the Deh Cho (Mackenzie) River. My maternal grandmother was very devoted to the Anglican religion, having been raised by a minister after she lost her mother to tuberculosis (TB). My name, Gwendolyn, was chosen by her after an English teacher she was very fond of. While religion was very important to my grandmother, she remained connected to her Dene beliefs as I recall having medicine men come to her home. My mom has told me that my great grandfather was a respected medicine man in the community.

My dad comes from a long line of Métis, who worked as liaisons in the community. My great-grandfather, who had a post-secondary education, was the Hudson Bay Manager in Fort Chipewyan, Alberta, and assisted the Indigenous communities during treaty signage. I am told that once he realized that the documents were falsely altered, he tried to intervene and advocate on the community's behalf. As a child, my father was suspected of having TB at the same time as his mother, and while he would recover, he would lose her to the disease when he was just eight years old. He talks lovingly about his mother, describing her as a very kind and gentle woman who was well-regarded in the community. As a young woman, she enrolled to become a nun in the Montréal's Grey Nuns convent but returned to her home not long after. My father wonders what might have caused her to leave so abruptly.

Both of my parents are from environments that are northern, remote, and highly influenced by fishing and trapping economies, the Hudson's Bay Company, and the Catholic and Anglican religions. They experienced much transition and disruption to their family's traditional ways of life and cultural teachings, being impacted by the Indian Act, lack of resources, the

Indian Residential Schools (IRS), and TB. One example of this is that my mother lost her First Nation status when she married my Cree/Métis father, eventually regaining it with Bill C-31. Colonial actions, such as this sexist policy, led to long term impacts on the community. Indeed, my mom has good early memories of culturally rich experiences, such as feasts and tea dances, but noted that things changed over time.

My parents, both children (and in my father's case, also a grandchild) of IRS attendees, were partly raised within institutions themselves. My father, who has many fond childhood memories with his mother, would experience his world being turned upside down following her death. Shortly after, he was placed in an IRS. While my father's IRS was located within Fort Chipewyan, a community in which he lived, he could not be more removed from his family. As the only boy, he was separated from his three sisters, and would only see his grandparents on Sundays from afar, as they were seated away from him at church. I believe that this interference caused distance within the family, as I had minimal contact with my father's family while growing up.

Tuberculosis had an insidious hold on so many Indigenous communities and my family were not unscathed. As mentioned, I lost my maternal great-grandmother and paternal grandmother to the illness. Furthermore, my mother almost died from TB as a child and was taken from her home to be placed in Indian hospitals in Fort Resolution and Fort Smith, Northwest Territories, and in Edmonton, Alberta. Over the years, my parents have slowly opened and shared parts of their stories with me, and I eventually was able to piece together a picture that helped me to understand that their childhood experiences in these institutions were extremely traumatic, devastatingly lonely, and had lasting impacts. As a result of being raised in these cold and rigid environments, my parents understandably struggled. Deep in his own

reflection during the Truth and Reconciliation Commission (TRC), my dad with tears in his eyes, told me that he knew he was not the father he should have been.

Despite these multiple challenges that faced my family, I am very blessed to have loving and caring parents, now in their eighties, who continue to teach me about service, having grace, and living well. My mom fostered a sense of wonder and awe about nature, teaching me the essence of Dene spirituality. Natural occurrences such as weather changes or unexpected animal visitations all had meaning. Whenever we saw the northern lights, for example, my mom would remind me to have reverence for them as they were our ancestor's dancing and letting us know that they were with us. These experiences embedded within me a deep appreciation for how we are all interconnected and thus responsible for ensuring that everyone is cared for.

My father, despite holding the venerated title of RCMP officer, has always had a gentle and humble demeanor. He was well-liked by many in the communities he served, and his kind temperament made him ideal in his work as liaison. I have many stories of how my father effectively intervened in ways that prevented potentially violent circumstances. I know it was not easy for him to work for the RCMP, but he never forgot who he was and where he came from, and he never acted in ways that portrayed him as being better than anyone else. Having worked on the trapline with his father, my dad had a deep connection with the land and animals, especially birds. My father epitomized the art of treading respectfully and humbly between Indigenous and non-Indigenous worlds.

My parents instilled in me and my two sisters the importance of caring for family, community, and the environment. There were many times that my parents modelled being kind to people who were vulnerable, such as those who were impoverished, had disabilities, or lived with mental illness. I can confidently say that my decision to be a psychologist is due to the

inspiration of my parents. Despite their upbringings, they knew about the importance of relationships, showing me how to *be* with people in a way that is compassionate and giving, while also respecting their autonomy.

An Intergenerational Story

Now that I have introduced myself and my family's history, I will turn back to explaining how my meaning-making journey about infertility developed into an intergenerational story. In 2013, I worked as a health support worker for the Alberta tour of the TRC. This experience had a profound impact on me, as it was impossible to not be affected by the multiple, and often heart-wrenching, testimonies. Especially poignant was witnessing the depth of grief and regret that people expressed about their inability to provide care and affection to their children and grandchildren. I heard many people talk about how being raised in institutions ill-equipped and harmed their abilities to parent. Indeed, in my work as a psychologist, I often observed the painful detachment between parents who have a history of the IRS and their children. It was at the TRC that I deeply reflected on the legacy of three generations of the IRS on me and my family.

During this time, I had the opportunity to provide my own private statement for the Commission, which was video recorded. While I had sat with and supported so many before as a health support worker, it was a very different experience to be the one in front of the lights and camera. I felt so exposed and even though it was voluntary, it was like I was put on the spot. I was very nervous and had no idea what I would say yet felt the urgency and responsibility to provide record of my family's experience to be included in the national database. As the interviewer began to ask me questions, I became immediately defensive, as though I would be misunderstood, or worse, not believed. I felt inadequate, as though I did not know enough about

my family's IRS history, and I also wondered if it was my place. Could I effectively capture the immensity of what I believed happened to my family? After awhile, as my comfort increased, I realized that I could only speak from what I truly knew, which meant from my own experience.

While being interviewed, I surprised myself by uttering for the first time that I believed my infertility was somehow connected intergenerationally to my family's history. At the time, I did not fully comprehend what this meant, but I knew that it was a strong statement that situated my infertility within a political context that left my body feeling vulnerable and violated.

Interrelated Aspects Associated with My Infertility

While not aware of it at the time, I have come to learn from literature on liberation psychology that this process of reconceptualizing a personal experience through a critical lens is called conscientization and is an important step in the healing process (Quinones-Rosadao, 2020). Upon reflection, I landed on three interrelated aspects that redefined how I understood my infertility.

The first involved my sense of self. While I always wanted to be a mother, I experienced a lot of uncertainty, fear, and self-doubt about whether I *should* be. I wrestled with what I thought was my choice to have a child, which in many ways was complicated by the medical options available to me, as it extended this ambivalence. As mentioned, my parents struggled and consequently there were gaps in my parenting template. I questioned whether I could be a capable and good parent. While it is common for prospective mothers to have these worries, mine differed in that I felt fundamentally ruined by colonial interference. It is important to point out that while the IRS are referred to regularly, the detrimental impacts of colonialism are far more reaching. As mentioned earlier, my family and community were also impacted by the paternalistic and patriarchal measures associated with the Indian Act, forced relocation, massive

changes to a way of life and sustenance, famine, illnesses, and hospitalizations. Underlying these circumstances was the imperialist discourse that Indigenous peoples and their ways of life are inherently wrong and less than. Largely out of my awareness, I internalized the belief that I was not as valuable of a human being as others, and thus not capable, let alone worthy, of having a child.

The second aspect relates to the denigrated position of Indigenous women in society. As we will see in the literature review, Indigenous women as the bearers of future Indigenous generations, have been a longstanding threat to the conquering ideals of colonialism (Smith, 2005). Thus, they have been targeted by pressured birth control and abortions, as well as through sterilizations (Smith, 2005; Stote 2015). While fertility is typically considered a social good, this is not the case for everyone (Boon, 2017; Ceballo, 1999). My belief that I was unable to be a good mother was broadly reinforced by racist, sexist, and colonial messages that devalue Indigenous women, portraying them as unfit mothers. The high rates of missing and murdered Indigenous women that went largely ignored for many years (National Inquiry into Missing and Murdered Indigenous Women and Girls [MMIWG], 2019) and the overrepresentation of Indigenous children who have been removed from their homes (Blackstock & Aldermann, 2005; Landertinger, 2011) are clear examples. It is not surprising then that I questioned whether I, as a mother and my hoped-for child, would be welcomed and supported in this world.

The third aspect connects to a felt sense that I inherited and thus carried intergenerational trauma within my body, and that this somehow physiologically blocked me from being able to have a child. I acknowledge the pervasiveness of infertility on many couples and respect the medical perspective, but at the same time, I sensed that my infertility had much deeper roots and had a history that was far bigger than me alone. While this aspect was primarily based on my

intuition, I have come to learn that it is supported by the literature on intergenerational trauma and emerging epigenetics research, which will be discussed further in the literature review.

Working together, these three aspects created a powerful force that I believed left a mark on my body, mind, and spirit. Most of this was outside of my full awareness as I was going through my infertility process, but incited by the TRC, I awakened to these external factors that I believe materialized as my inability to have a child.

An Untold Story

So far, this introduction has gone over the emergence of a story that began with professional wonderings about the experiences of Indigenous women who do not have children. From there, I shared some of my family's history which provided a backdrop to my consciousness-raising experience that led me to relook at my infertility. Now, as I turn to the significance of this inquiry, I will situate my story within a broader context, positioning it from a critical perspective.

More and more Canadian women are not having children and the total fertility rate has been declining, with the most recent statistics indicating 1.47 children per woman, a record low (Statistics Canada, 2020). Despite this, much remains unknown about the psychosocial lives of women who have not had children (Rich et al., 2011). The literature that does exist is usually from the perspective of those who sought out medical assistance for infertility and are primarily European-descendant, educated, upper-middle-class women (Daniluk, 2001b). Indeed, authors have admitted that there is an overall lack of diversity within the research, with some specifically speaking to the need for Indigenous representation (Boon, 2017; Rich et al., 2011). Women without children are marginalized as it is, and more so when they come from diverse backgrounds or are financially and socially disadvantaged. Daniluk (2001b) in her article on how

couples make sense of their infertility pointed out that this process “may not be the same for those from ethnic or cultural backgrounds in which fertility is even more valued or...for those whose treatment efforts or other parenting options are limited by their lack of economic resources” (p. 447). Ceballo (1999) spoke about how some Black American women internalize the racist beliefs that infertility is just a wealthy, White woman’s problem, contributing to their isolation and silencing.

In contrast to the general population’s declining fertility and despite poorer maternal health outcomes (Sheppard et al., 2017), Indigenous families show a growing trend. According to the 2016 Census, Indigenous peoples, comprised of First Nations, Inuit, and Métis, make up 4.9% of the Canadian population at 1.67 million, showing a growth estimate of 42.5% between 2006 and 2016 (Statistics Canada, 2016). This growth in the population is based on a few variables that include increased likelihood of self-identifying, changes to the Indian Act in 2011 with Bill C-3 (which righted the unconstitutional provision that disallowed the status rights of grandchildren of Indigenous women who lost their status through marriage), and a younger population with increased fertility. Overall, Indigenous women’s fertility rates are higher at 2.2 children per woman, with Inuit women the highest at 2.7, and First Nations women at 2.4 (Statistics Canada, 2016). To the best of my knowledge, there is no reference to Indigenous infertility rates. The high fertility rate and growing population of Indigenous families contributes to the assumption that all Indigenous women are fecund and are more concerned with having too many children, pushing aside the stories of Indigenous women who do not reflect this script.

A Personal Story Situated Within a Political Context

So, given these statistics that indicate a high fertility amongst the Indigenous population, why is it important to learn about the experiences of Indigenous women who have not had

children? To begin to answer this question, it is important to first acknowledge that it is impossible to separate the experiences of Indigenous women from their political contexts. Indigenous peoples are “born political”, and Indigenous “women in particular are used as political pawns of the state” (Cull, 2006, p. 14). As women, our abilities to bring forward new life, has always posed a threat. Consequently, the settler-colonial project has been strategic and unrelenting in its’ attempts to diminish Indigenous women’s reproduction and child-rearing, creating a false perception of us as “unfit mothers” to justify their continued surveillance and control (Cull, 2006).

Indigenous women who have not had children, regardless of our reasons, cannot be considered separate from this reality. By virtue of who we are as Indigenous women, our bodies are an expression of this colonial circumstance. As put by Simpson (2006), we have “colonized wombs” (p. 27). Colonialism dominates by silencing and by doing so, the status quo and its oppressive nature is maintained. Colonialism also dominates by controlling the master narratives (Romero & Stewart, 1999) that have and continue to be told about Indigenous peoples (Dion, 2009), maintaining their power position. Influenced by Indigenous feminism, this inquiry is about voice, a counter narrative, and is an act of resistance. It is a story that exists in the fringes within both Indigenous and non-Indigenous contexts. By speaking out and sharing our untold story (Romero & Stewart, 1999), the oppressed and diminished perspectives of Indigenous women are challenged.

Indigenous Feminism

Feminism is a theory that respects the authority of women to speak from their lived experiences, with a focus on how to improve their circumstances (Frye, 2000). There is a social movement component that situates women’s experiences within a political context that

recognizes patriarchy, and dedicates itself “to action, to transformation – to praxis” (Green, 2007, p. 21). Feminism has been criticized within the literature for focusing on the perspectives and experiences of White women, neglecting the lives and multiple oppressions of Women of Colour (Crenshaw, 1989). This controversy also exists within the Indigenous context, where some perceive feminism as prioritizing the single experience of sexism over other oppressions, as with racism and colonialism (Monture-Angus, 1995). Furthermore, the trepidation towards feminism refers to how the hands of early feminists are not clean from their participation in the colonial acts against Indigenous women and their families (Jacobs, 2006). In this way, feminism is seen as upholding the imperialist order, diminishing the values of motherhood and women’s traditional responsibilities to the family and community (Udel, 2001). Udel (2001) quoted Renee Senogles, a Red Lake Chippewa woman: “The difference between Native American women and white feminists is that the feminists talk about rights and we talk about our responsibilities. There is a profound difference. Our responsibility is to take care of our natural place in the world” (p. 54). In this way, the Indigenous worldview seems to contradict with feminism.

As a result, some Indigenous feminist writers may be considered traitors within their communities, labelled as not culturally authentic or non-traditional (Green, 2007). These writers can feel threatened by voicing their feminist orientation for fear of experiencing hostility or rejection from their communities that do not want to expose their own patriarchal and colonial beliefs and practices (Green, 2007). Despite this, I have chosen to approach my study through an Indigenous feminist lens as it is important for me to situate the experience of not having children within a socio-political context that acknowledges colonialism as fundamentally *gendered* (Acoose, 1995).

Feminism speaks about power and colonialism *is* power. It also refers to the insidious nature of how colonialism invades our most intimate of circumstances, as in our families. Indigenous feminism gives space for women to voice their experiences not just from *out there* in the dominant society, but *from within* their own homes. I have adopted Green's (2007) definition of Indigenous feminism:

Aboriginal feminism brings together the two critiques, feminism and anticolonialism, to show how Aboriginal peoples, and in particular Aboriginal women, are affected by colonialism and by patriarchy. It takes account of how both racism and sexism fuse when brought to bear on Aboriginal women. While colonial oppression is identified, so too is oppression of women by Indigenous men and Indigenous governance practices. (p. 23)

This theoretical perspective broadens our understanding of the complex, multiple, and at times contradictory positions of Indigenous women, and therefore allows for "...naming and defining experience, articulating and legitimizing new and untold stories, and making space for those stories in the wider culture, [which] is crucial work of social transformation" (Romero & Stewart, 1999, p. 7).

A Restory

With its roots in oral tradition, storytelling is the heart of Indigenous ways of transmitting knowledge and informed the method of this study. As interrelationships are inherent within the Indigenous worldview, healing and wellbeing is viewed within a collectivist orientation. No one treads on a pathway to healing alone: "when we heal individuals, we are healing the world" (Comas-Diaz, 2020, p. 169). Therefore, this inquiry extends beyond my personal story by joining with others to gain strength and wisdom.

In my search for meaning, I collected stories from five Indigenous women who did not have a biological child to learn more about them and how not having children influenced their lives. My overarching research question was: *what does it mean to live well as an Indigenous woman who has not had children?* Specifically, I was interested in the answers to the following questions:

- (1) What were your circumstances that led to being without children?
- (2) How has not having children shaped your identity and roles in your families and communities?
- (3) What are the complexities, challenges, and strengths that emerged from being an Indigenous woman without children?

Further, it was equally as important for me to ground my learning about Indigenous women who did not have children within a traditional and cultural understanding. To do this, I met with an Elder and Knowledge Keeper who generously shared their teachings with me. The women involved in this study were invited to share their own conceptualization of wellness. At the same time, I was aware of how Indigenous perspectives of wellness are rooted within a relational worldview. According to Linklater (2014), Indigenous peoples understand wellness in unique ways that reflect balance, harmony, wholeness, and interconnectedness. Therefore, wellness is more than just the absence of dis-ease, as living well is also about seeking *mino-pimatisiwin* (Cree word for the good life; Hart, 2002). In this way, wellness is also about a way of life.

This inquiry holds significance within counselling psychology because there remains much to learn about Indigenous mental health, trauma, and healing (Gone et al., 2019). For instance, while there is acknowledgement of gender differences in historical trauma responses (Brave Heart, 1999), there is still very little written about Indigenous women's experiences.

Building on the healing intentions of the TRC (2015), this work aims to raise the sensitivity of therapists and health-care providers by bringing awareness to an untold story that exists within the intersections (Crenshaw, 1989) of race, gender, and colonialism. By focusing on a very personal and *from within* the home topic, this inquiry also seeks to broaden awareness about the intricate and subtle ways that historical trauma can both materialize and be surpassed. Hence, this inquiry *is* reconciliation. It contributes to the literature on Indigenous resurgence as it is strengths-based and from the voices of Indigenous women.

Guided by ancestral wisdom (the Old One), my search for meaning begins with a story that is bound by colonialism and ends with liberated stories about living well. The seven women who helped me with this study were my *asokana* (Cree word for bridge). Together, we co-created a restory. "...*Restorying* brings together stories of knowledge and healing within a cultural context of their Indigenous communities – with pain and despair intertwined with creativity and possibility" (Voyageur et al., 2014, p. 330). By being-in-relation and sharing our narratives with one another, we "restore and restory" (Fellner, 2016), gaining a renewed sense of belonging, understanding, and helping us to find our way home.

Summary

This introductory chapter locates myself and tells the story of how I made meaning of my infertility through intergenerational trauma. The stories of women who have not had children can be silenced within both Indigenous and non-Indigenous contexts. An Indigenous feminist perspective validates the relevance of this untold story as necessary to counter the dominant narratives that are enforced on Indigenous women. This inquiry brings together both traditional and contemporary stories, offering space for Indigenous women who have not had children to share what wellness means to them.

As described, this inquiry is rooted within a critical perspective. As such, the second chapter, the literature review, will use historical trauma to conceptualize the socio-political context of Indigenous women and their reproduction. Providing this background to the inquiry is important because to create a restory, you must first understand the need for the restory, you must first begin with the truth.

The third chapter, the methodology, introduces my baby crow boots as a guide to my Indigenous research paradigm and how it informed my inquiry. This chapter describes the steps taken during this inquiry.

The heart of the dissertation is in chapter four, which is divided into three parts: a traditional story, the individual stories, and the collective story. In this chapter we will first learn about the traditional understandings of Indigenous women who did not have children. Second, each of the five women, as co-creators, will be introduced with a story about their upbringing and how they came to not have children. The third part of this chapter utilizes the metaphor of *asokana* to weave together the collective story about living well as borne from the narratives of the five women.

In chapter five, the discussion, I will summarize and discuss key findings, implications for practice, and end with closing reflections.

CHAPTER 2: LITERATURE REVIEW

The women of the world are re-writing history with their bodies. – Lee Maracle, 1996

Historical Trauma as a Conceptual Framework

As explained in the introduction, I believed that my family's history of trauma was carried within my body, affecting my ability to have a child. Indeed, according to Walters and colleagues (2011), "our bodies don't just tell stories, they tell histories" (p, 179). Historical trauma is a conceptual framework that acknowledges how colonialism can live within the body and get passed on generationally. It has garnered wide support both within Indigenous communities (Evans-Campbell, 2008) and within the psychology literature (Hartmann et al., 2019). Despite its limitations, which will be discussed later, historical trauma remains important in our understandings of the psychological health and wellness of Indigenous peoples of Canada.

Introduced initially by research on adult children of Holocaust survivors, historical trauma emerged as a widely used concept that links pervasive psychological, social and health impacts to "broader, systemic conditions" (Menzies, 2010, p. 68). Maria Yellow Horse Brave Heart (1998) was the first to reference historical trauma in relation to Indigenous communities, describing how unresolved grief associated with colonialism created a painful legacy that transcended generations. Similarly, Duran and Duran (1995), used the term "soul wound" to describe how psychological injuries are a "direct result of the colonization process" (p. 1) and encompass "the core of much of the suffering that indigenous peoples have undergone for centuries" (p. 24). Evans-Campbell (2008) defined the following characteristics of historical trauma: 1) it is widespread, 2) the events lead to high levels of distress, experienced collectively among communities, and 3) "[t]he events are perpetrated by outsiders with purposeful and often destructive intent" (p. 321).

Historical trauma has been used to explain the myriad of psychological and social problems (Gone, 2013) as well as health inequities (Hatala et al., 2016) that exist within Indigenous communities. The impacts of historical trauma are understood as far-reaching, transcending the individual to families, communities, and the nation (Kirmayer et al., 2014; Menzies, 2010). One of the criticisms of the historical trauma concept is the connotation that the traumatic experiences of Indigenous peoples are just that, historical. Yet, “injustices continue to be found and are even entrenched in the contemporary social conditions of inequality in which a great many...live..., therefore, the lives of many Indigenous peoples are “*continuously traumatic*” (Haskall & Randall, 2009). Therefore, it is important to point out that my use of this term acknowledges present day and continuing acts of colonialism.

Historical trauma complements Indigenous feminism, as it also has a political lens, situating the psychological health and well-being of Indigenous peoples within their socio-political contexts. Therefore, this concept along with a feminist lens will be the framework for how I have reviewed the literature as it relates to Indigenous women and issues specific to their reproduction. First, I will describe how Indigenous women’s bodies exist within a settler-colonial project that has been relentless in its efforts to interfere with their reproduction and child-rearing. Second, I will review the impacts of this reality on Indigenous women. Third, I will explain how historical trauma is lived, summarizing three aspects - psychological, social, and physiological that correspond with my experience mentioned in the introduction. Fourth, I will go over the usefulness and limitations of the historical trauma concept. Last, Indigenous resurgence and survivance, including the reclamation of Indigenous mothering, will set the stage for my inquiry.

Indigenous Women as a Threat to Settler-Colonialism

While there is broad variability amongst Indigenous social structures, many communities held Indigenous women at an elevated status prior to contact (Udel, 2001). Women's ability to give life positioned them as most suited to maintain diplomacy, as they held the inherent responsibility to nurture and keep the people secure (Anderson, 2000). They were also the law and knowledge keepers in many communities, providing guidance through governance and leadership (McAdam, 2015). "Women were honoured and respected by our nations for our contributions, for our power and for our responsibilities as nourishers" (Simpson, 2006, p. 27). A necessary step, then, for successful colonization, became the removal and denigration of Indigenous women from their pivotal roles within communities (Ross, 2014; Smith, 2005).

At first, the relationship between Indigenous peoples and European settlers offered a vital link to the latter's survival, as they needed to respect the knowledge of the people to live off the land. However, with expansion, demands for the land, and capitalist ventures, things shifted from a cooperative relationship to a competitive one. Soon, Indigenous peoples were seen as in the way and reduced to savages who needed to be civilized to earn their right to participate as full members of the dominant society (Hatala et al., 2016). What followed was an assimilationist machine that would attempt to eradicate every foundational aspect of what it means to be Indigenous – language, connection to the land, culture, sustenance, spirituality, health, community, family, and children (Bombay et al., 2009). The result has been catastrophic and can be best described as genocidal (TRC, 2015), leaving a legacy of pain that transcends generations, resulting in significant detrimental health and social impacts (Hatala et al., 2016).

Indigenous women, with their abilities to produce "threats", are a primary concern of settler-colonialism (Smith, 2005). In other words, settler-colonialism is not only racialized, but gendered (Acoose, 1995), and it has been inexorable and wide-ranging in its attempts to regulate

and dominate Indigenous women's bodies. Recognizing the centrality of women and children to the sovereignty and wellness of a nation, historical and contemporary acts of settler violence prioritized breaking up this essential dyad. "In Canada, assimilation policies must be understood as elimination policies.... assimilation as an ultimate goal worked through intimate relationships – like those between mother/child" (Leibel, 2017, p. 41). From a European, capitalist, and patriarchal belief system, colonists correctly recognized that Indigenous women needed to be diminished (Smith, 2005), and have pursued this through means such as the Indian Act, violence against Indigenous women, removal of Indigenous children, and control of Indigenous women's reproduction.

The Indian Act

The Indian Act (1985) operated by "[d]ismantling the traditional male-female roles among Aboriginal people and devaluing their established system of social order" (Cull, 2006, p. 143). Formalized by the government in 1876, the Indian Act is a paternalistic, assimilationist, racist policy that undermines Indigenous peoples' governance, and delineates who is and who is not an Indian, "enforcing a system of dependency" (Cull, 2006, p. 142). It is also sexist (Native Women's Association of Canada [NWAC], 2018), as it has inserted barriers for Indigenous women to maintain connections to their communities, families, and identities. While status Indian men maintained their status and passed treaty rights to their wife and children, status Indian women lost their status if they married a non-Indian or White man. Another gender-specific policy was referred to as the "double mother" clause, which instigated the removal of status from children born of a mother and grandmother who gained status through marriage (Lawrence, 2003). The only way that an Indigenous woman could maintain her status was by

marrying a status Indian man, but this was a volatile situation, as she would automatically lose her status if the marriage ended or her husband died (Anderson, 2000).

Bill C-31, introduced in 1985 after this policy was deemed unconstitutional, reinstated status to these women and their children. Despite this change, the assimilationist impacts of the Indian Act has been long-lasting, as expressed by Lawrence (2003): “the damage caused, demographically and culturally, by the loss and status of so many Native women for a century prior to 1985, whose grandchildren and great-grandchildren are now no longer recognized – and in many cases no longer identify – as Indian, remain incalculable” (p. 9). This legislative change also caused havoc for the already under-resourced First Nations communities, leading to some members adopting the colonial, patriarchal stance and reacting defensively to these women and their families (Lawrence, 2003). Consequently, these women experienced rejection from their own communities (Episkenew, 2009), creating a subset of “Bill-C-31s” as being deemed as not really Indians (Lawrence, 2003). As stated by Anderson (2000), “sexism is as alive in ‘Indian country’ as it is elsewhere” (p. 33).

According to NWAC (2018), another sexist component of the Indian Act revolves around Indigenous women carrying the onus of needing to provide “relevant evidence” to prove paternal status in order for their children to have status. NWAC (2018) points out how this burden can exacerbate an already traumatic situation for some women, such as “in cases of incest, abuse, rape, and prostitution” (para. 8). In short, while the Indian Act continues to try to right the wrongs of gender inequity (as with Bill C-3 in 2010, which reinstated some of the rights to grandchildren of women who had lost their status through marriage), it remains a “colonial regime [that] still controls Indian identity, and that policy still aims to disappear the Indian” (Episkenew, 2009, p. 33).

Violence Against Indigenous Women

The consequences of both patriarchy and colonialism is evident in the treatment of Indigenous women's bodies through violence, which is perpetrated through the construction of a degraded identity. Indigenous women find themselves caught between a sexualized dichotomy – the Princess and the Squaw (Green, 1975). While the Princess denotes a nobility, innocence and sexual subservience to the conqueror, the Squaw represents the opposite and is perceived as easy, their bodies like the land, available for the taking (Green, 1975). As succinctly put by Maracle (1996), “Native females are not fit to be referred to as women” (p. 18). Once this dehumanization happens, it puts Indigenous women in a dangerous predicament. “Because Indian bodies are ‘dirty’, they are considered sexually violable and ‘rapable’, and the rape of bodies that are considered inherently impure or dirty simply does not count” (Smith, 2005, p. 10). Indigenous women are especially vulnerable *because* they are Indigenous.

According to the NWAC (2018) the sex-based inequities in the Indian Act have contributed to the missing and murdered Indigenous women and girls in Canada: “If these women are regarded by the government as second-class citizens, a devastating precedent is set: these women are disposable” (para. 5). The National Inquiry into Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA people (MMIWG, 2019), which includes all forms of violence against Indigenous women in its mandate, brought wide attention to this critical issue that had been largely ignored. The statistics point to a bleak picture when it comes to Indigenous women and their safety, as they are twelve times more likely to be murdered or missing and comprise 24% of homicide victims in Canada (MMIWG, 2019). They are also three times more likely to experience a violent event (MMIWG, 2019), and their experience of intimate partner violence is more frequent and severe (Hoffart & Jones, 2018). The National Inquiry into

MMIWG (2019) centralizes colonialism as the reason why Indigenous women are at higher risk of violence, acknowledging the need for foundational change. In other words, for Indigenous women to feel safe, social recognition and change is needed that acknowledges their humanity and worth.

The Removal of Children

Maternalism and White Women. Arguably, one of the most damaging impacts on Indigenous peoples in Canada has been the removal of children from their families and communities. The denigrated perspectives of Indigenous women as mothers were the impetus behind these measures, of which women are not innocent. In her chapter titled, “The Great White Mother”, Jacobs (2006) spoke to how maternalism, which she compares to as a type of early feminism that existed in the late nineteenth and early twentieth century in North America and Australia, implicated white women in their participation and active lobbying in the removal of Indigenous children from their families.

Despite a foundation that elevated the sacredness of motherhood, the maternalist reformers responded contradictorily when it came to Indigenous mothering (Jacobs, 2006). Infantilizing Indigenous women as incapable of being good mothers, white women took up the charge, believing that they had the wholesome foundations to better rear Indigenous children (Jacobs, 2006). Jacobs (2006) argued that the desire for white women to carve out a place in policy-making and governance overrode their values, as they “hitched the maternalist wagon to the train of the settler-colonial state...producing two divergent tracks of womanhood: a pro-natalist route for white women that would help to establish and reproduce white settlement on ‘the frontier’ and an antinatalist path for indigenous women that was meant to lead to the eventual demise of distinct indigenous identities and claims to land” (p. 148). The precedence of

Indigenous women as unfit parents has been pervasive, contributing to many policies and practices that have led to the division of Indigenous mother and child (Anderson, 2000; Cull, 2006). If Indigenous women were belittled as inadequate parents, there was justification for interference and control, as seen in the IRS and Children Services system.

Indian Residential Schools. From the 1880s until the late 1990s, the IRS system was the primary method of which the government attempted to “kill the Indian in the child” (Royal Commission of Aboriginal Peoples [RCAP], 1996). It is estimated that by 1930, 75% of First Nation children attended an IRS between the ages of 7 and 15 years, and that approximately 150,000 First Nation, Métis, and Inuit children attended these schools (as cited in Bombay et al., 2014). “The residential school system was based on an assumption that European civilization and Christian religions were superior to Aboriginal culture, which was seen as being savage and brutal” (TRC, 2015, p. 4). Indigenous parents were pressured or legally forced to enroll their children in “forbidding, remote, resource-strapped institutions [that] were frightening, loveless, lonely, abusive, and sometimes fatal places” (Gone et al., 2019, p. 25).

Indigenous children were separated by sex and age, and thus were often divided from their siblings and other family members (TRC, 2015). In these schools, Indigenous children learned that their languages and Indigenous ways of being were wrong, and many emerged from these institutions traumatized, feeling ashamed, and ill-equipped to parent and live fulfilling, productive lives (Ross, 2014). As will be further discussed later, the impacts of these schools are far-reaching and provided justification for further encroachment in the lives of Indigenous families, as with Children Services.

The Sixties Scoop and Children Services. As the schools were shutting down and as federal funds were being transferred to the provinces for Child Welfare, Indigenous children

were disproportionately apprehended (Sinclair, 2007). The Sixties Scoop is a term that refers to a period between the 1960s and mid 1980s, where a high number of Indigenous children were adopted within non-Indigenous homes (Sinclair, 2007). While not a specific governmental policy, the term marks a transition between the IRS and Children Services (Sinclair, 2007), “mark[ing]...a transfer of bodies from one institution to another” (Leibel, 2017, p. 56).

Unfortunately, this overrepresentation of Indigenous children placed in the hands of institutional care continues to this day. “The ‘Sixties Scoop’ has merely evolved into the ‘Millennium Scoop’ and Aboriginal social workers, recruited into the ranks of social services and operating under the umbrella of Indian Child and Family services, are now the ones doing the ‘scooping’” (Sinclair, 2007, p. 67).

According to the 2016 Census, 52.2% of children under the age of 14 years in foster care are Indigenous (First Nation, Métis, and Inuit), though they comprise of only 7.7 % of the child population of Canada (Indigenous Services Canada, 2019). Cindy Blackstock, who is a strong advocate for the rights of First Nations children, is quoted as saying, “there are more First Nations kids in child welfare today than at the height of residential schools” (Kassam, 2017).

Indian Hospitals. Indian hospitals and the impacts of the removal of Indigenous peoples from their families and communities remain sparsely referenced within the literature (Lux, 2016). From the 1930s to the 50s in Canada, tuberculosis (TB) was an epidemic that affected Indigenous communities particularly hard (Meijer Drees, 2013). Death rates from this illness were high within the poorly maintained and ventilated residential schools (TRC, 2015). “In fact, infection rates for TB in Canada’s registered Indian population was ten times the national average in 1944.... remain[ing] significantly higher...into the 1960s” (Meijer Drees, 2013, p. 9).

Prioritizing the protection and health of other Canadians, Indian hospitals were established to segregate and manage the “threat of rampant ‘Indian tuberculosis’” (Lux, 2016, p. 9). Meijer Drees (2013), who collected stories from former patients of Indian hospitals, described how patients, some with extensive stays that lasted several years, had experiences that was often tedious and lonely. Further, some former patients have described the hospital environment and medical staff as coercive and abusive (Lux, 2016). With cultural and language differences, many felt helpless and fearful about their medical care. Furthermore, those that were hospitalized as children, as with the IRS, found that returning to their families and communities after a long absence was not an easy adjustment, leaving them feeling like “virtual strangers in their own home community” (Meijer Drees, 2013, p. 94). Indian hospitals, as with other colonial measures that separated families, “was in keeping with the state’s broader colonizing agenda to control, regulate, and assimilate” (Lux, 2016, p. 94).

Rather than acknowledging the settler-colonial impacts on Indigenous peoples, such as the exposure of new diseases, poverty, and unhealthy living circumstances, mothers were often blamed for improperly caring for their children (Cull, 2006). Tuberculosis was “explained as being indicative of a hereditary trait among Aboriginal peoples”, and it “was simply the result of the evolutionary struggle unfolding as it should” (Stote, 2015, p. 37). This perspective of Indigenous peoples as being hereditarily inferior would be the driving force behind racist policies and practices that attempted to control Indigenous women’s reproduction (Stote, 2015).

Control of Indigenous Women’s Reproduction

Guided by eugenic ideology, the overriding belief system was simply that some people should not reproduce. Smith (2005) indicated how control over women of colour’s reproduction has been a national security issue, quoting activist Sharon Powell, who has said “women of color

are ‘better dead than pregnant’” (p. 80). Coercive sterilizations were carried out in several provinces in Canada, but only Alberta and British Columbia had eugenic laws (Stote, 2015). Stote’s (2015) research highlights how Indigenous women’s marginalized position as economic burdens and their increased chance of being defined as “mentally defective” made it more likely that they were coercively sterilized. A complete picture of how many Indigenous women in Canada this affected is yet to be realized, and Stote (2015) recommends an inquiry to sift through the immensity of information, which at times is contradictory and misleading. As such, the records are likely an underrepresentation, even more so when you include reports of illegal abortions and unnecessary hysterectomies (Stote, 2015).

What becomes clear with Stote’s (2015) research is that there was no regard for Indigenous women’s health and welfare, with the system operating in a way that was only concerned with its’ own protection. For instance, while birth control was still illegal and the safety of these earlier medications was questionable, doctors were encouraged by federal policy to “persuade” Indigenous women to practice birth control, all the while keeping this information from the public (Stote, 2015). In her report, Stote (2015) describes the pervasiveness of this issue by including several stories about Indigenous women’s reproductive health being improperly treated by medical personnel.

At present, there are multiple class action suits against the Alberta and Saskatchewan government from Indigenous women who say that they were sterilized without their consent (“Lawsuit Brought Against”, 2019). In response, the United Nations Committee Against Torture released a report in December 2018 recommending that “all allegations of forced or coerced sterilization are impartially investigated, that the persons responsible are held accountable and that adequate redress is provided to the victims,” and that the Canadian government “adopt

legislative and policy measures to prevent and criminalize the forced or coerced involuntary sterilization of women” (as cited by Assembly of First Nations [AFN], 2018, para. 3). It appears that Indigenous women in Canada remain vulnerable under the care of the medical system, necessitating the watchful eye of the United Nations.

The Impacts of Settler-Colonialism

Taken all together, we can see that Indigenous women have been under a massive, coordinated attack. Being labelled as “unfit mothers” along with other stereotypes that perpetuate them as less than human, Indigenous women exist in a society that constantly judges and berates them, especially scrutinizing their parenting (Cull, 2006). Referring to Butler’s concept of grievability, de Finney (2017) pointed out that Indigenous women’s traumas and deaths are largely ungrievable and normalized by Canadian society. At the same time, the system remains blameless (Cull, 2006), using Indigenous women’s disadvantaged position to justify their over-involvement when it comes to their children and under-involvement when it comes to their safety.

Given this, what is it like to live as an Indigenous woman in Canada? How does this heavy history of colonialism and the daunting socio-political context affect how she feels about herself and how does it affect her relationships? How does it affect her when she becomes pregnant or when she considers having/not having a child? In my introduction I described how I made meaning of my infertility through three interrelated aspects. Using this as a starting point, I examined what the literature had to say about the psychological, social, and physiological impacts of settler-colonialism and the accompanying historical trauma.

Psychological – questioning self-worth

Internalization. Arguably one of the most disturbing consequences of colonialism is the internalization of the colonizer's attitudes and beliefs whereby Indigenous people turn on themselves and other Indigenous people. "With the victim's complete loss of power comes despair, the psyche reacts by internalizing what appears to be genuine power – the power of the oppressor" (Duran & Duran, 1995, p. 29). From contact to present, Indigenous women's bodies have been disrespected by society, "their bodies deemed inherently impure" (Smith, 2005, p. 13). How a woman feels about her body is linked to her self-esteem. Indigenous women live within a racist and sexist society that does not reflect positive images (if any at all) of them, leaving them prone to devaluing themselves and self-hatred (Smith, 2005).

According to Duran and Duran (1995), this self-hatred can be either external or internal. With internal, people either destroy (suicide) or attempt to destroy (addictions) themselves, while external expressions of self-hatred get turned toward the family and community, explaining lateral violence and the high rates of intimate partner abuse within Indigenous families (Hoffart & Jones, 2018). This is expressed poignantly by Lee Maracle's (1996) poem, titled Hatred:

If the State won't kill us
We will have to kill ourselves

It is no longer good etiquette
to head hunt savages
we'll just have to do it ourselves

It's not polite to violate "squaws"
we'll have to find
an Indian to oblige us

It's poor form to starve an Indian
we will have to
deprive our young ourselves

Blinded by niceties and polite liberality
we can't see our enemy,
so, we'll just have to kill each other

This internalized oppression and self-hatred gets embedded within the psyche and within the soul, making it easy to see how someone would question their self-worth and their very humanity.

Complex Trauma. While trauma theory is recognized as being necessary to understand the psychological impacts of settler-colonialism (Aguiar & Halseth, 2015), the Diagnostic and Statistical Manual (DSM) diagnosis of post-traumatic stress disorder (PTSD), which focuses on the individual and a single trauma event, falls short (Gone, 2013; Mitchell & Maracle, 2005). Authors (Aguiar & Halseth, 2015; O’Neill et al., 2018; Ross, 2014) commonly refer to Herman’s (1992) complex trauma as a more appropriate clinical descriptor than PTSD. This term was developed to “take into account...severe, prolonged, and massive psychological and physical traumata” (p. 379) and occurs in circumstances where “the victim is in a state of captivity, unable to flee, and under the control of the perpetrator” (p. 391). Aguiar and Halseth (2015) explain how captivity can be understood as “a combination of physical, economic, social, and psychological forces” (p. 8), and hence the experiences of Indigenous peoples in Canada can be conceived as being under coercive control.

Symptoms of complex trauma include anxiety, affect dysregulation, self-injury, negative self-concept (such as internalizing the oppression, shame), interpersonal difficulties (conflicts, withdrawal), depression, and difficulty with spirituality and finding meaning (Herman, 1992). People who have experienced trauma are more likely to turn to unhealthy coping strategies such as substance abuse in attempts to numb and self-soothe (Aguiar & Halseth, 2015). These symptoms go beyond the individual, affecting families through addictions, violence, and abuse, as well as the high rates of suicide and incarceration seen in some communities (Aguiar & Halseth, 2015).

Symptoms of complex trauma have been associated with the impacts of the IRS. The IRS contributed to generations of traumatized parents, resulting in their children and grandchildren often being raised in less-than-optimal circumstances (TRC, 2015). Bombay and colleagues (2014) found a link between IRS attendance and various types of psychological challenges. They also found that the degree of difficulties experienced by families increased with the number of generations who attended the IRS. It is understandable that Indigenous mothers with an intergenerational history of child removal would experience higher stress levels than those mothers without this history. In line with this, O'Neill et al. (2018), noted their observation that “[m]any of the parents with whom the authors have worked are hypervigilant due to their own trauma histories, and are extremely anxious about all aspects of caring for their children” (p. 175). In summary, the psychological impacts of settler-colonialism can be internalized and are traumatizing, not only negatively interfering with a woman’s self-concept, but causing insecurity about her mothering, which as will be discussed next is confirmed by societal messages.

Social – “Unfit mother”

Indigenous women live in a world that actively ignores, belittles, and denigrates her. Landertinger (2011), in their master’s thesis research, reviewed 198 Alberta and Manitoba newspaper articles in 2010. They found that the narratives of Indigenous women regularly carry messages about her “moral worth, desired level of fertility, and (in)ability to care for offspring” (Landertinger, 2011, p. 10). They grouped the denigrated portrayals in four categories: “substance-abuser/pregnant drunk”, “prostitute/sexual deviant”, “baby-machine”, and “unfit mother”. Given the pervasiveness of how Indigenous women are seen as “unfit mothers” within society, it is not a stretch to consider that Indigenous women would begin to believe this for themselves.

Indeed, women who were children of IRS attendees may have evidence of how their own families exhibited poor parenting, confirming this stereotype. Bombay et al. (2014) in their review of intergenerational impacts, found an increased likelihood of adverse childhood experiences (ACE), such as abuse, neglect, and household dysfunction where a parent attended an IRS. ACE research shows that children who lack a secure, nurturing environment are not only more likely to grow up with an increased vulnerability to stress, but are also less capable of managing their symptoms, which is thought to increase their likelihood of developing physical and psychological illnesses in adulthood (Haskell & Randall, 2009). Furthermore, sociocultural disadvantages, such as poverty, contributes to parental stressors, hence increasing their families' vulnerabilities to poor health (Bombay et al., 2014).

Due to the impacts of historical trauma, some Indigenous mothers find themselves on their own. They were stripped of their birthing ceremonies and the most sacred of traditional teachings about mothering that would have been passed to them by “midwives, aunties, and grandmothers” (Simpson, 2006, p. 28). Instead, many Indigenous mothers, without the guidance and support of healthy role models, are left feeling self-doubt about their parenting (Evans-Campbell, 2008) and questioning their abilities to be good mothers. While not based on Indigenous peoples, Matthews' (2016) Ph.D. dissertation explored reproductive decision-making amongst adults who experienced child maltreatment. They found that men and women identified themselves with the abuse they experienced, portraying themselves as either “as a good parent or good abstainer from parenthood” (p. ii). Their identities, then, mediated how they negotiated the “danger of intergenerational transmission of dysfunction” in their decisions about whether or not to reproduce (Matthews, 2016, p. ii). In summary, the common perspective of Indigenous women

as “unfit mother” and the reality of how this intergenerational narrative is lived can be a powerful contributor to how an Indigenous woman perceives herself and her abilities to parent.

Physiological – carried trauma

According to Turcotte and Schiffer (2014) who developed Aboriginal Focusing-Oriented Therapy, complex trauma within Indigenous communities goes beyond an individual experience, as it has “a deep and relational history” (p. 51) that is experienced within the body. As with this view, historical trauma is thought to be embodied and transmitted from one generation to the next, also referred to as intergenerational trauma (Bombay et al., 2009). Exactly how this happens is comprised of multiple and interconnected pathways and levels (Aguiar & Halseth, 2015; Bombay et al., 2009; Evans-Campbell, 2008; Kirmayer et al., 2014, Menzies, 2010). The impacts are considered to cross generations at the individual, family, community, and nation levels (Kirmayer et al., 2014; Menzies, 2010), while the pathways of transmission are psychological, physiological, and social (Aguiar & Halseth, 2015). How trauma gets transferred generationally seems to land primarily on the interrelationship between the environment (attachment theory, early parenting relationships) and biological mechanisms (epigenetics). It is interesting to note that these perspectives prioritize the primary caregiver (mainly the maternal relationship) as being a key method of transference.

Attachment Theory. As referred to earlier, IRS were not appropriate places to learn about parenting, and so many emerged from these schools ill-equipped to provide affectionate and nurturing homes for their own children (TRC, 2015). Therefore, some of these parents struggled in their abilities to form secure attachments with their children. A securely attached bond between child and caregiver involves consistently attending to the child’s emotional state and being attuned to their needs (Bowlby, 1988) Through this securely attached and attuned

relationship, a child learns to trust the world while adopting the ability to soothe themselves. Referring to Calkins and Leerkes (2011), Alguiar and Halseth (2015) indicated that “children with secure attachments develop good self-regulation through a sense of trust, enabling them to respond to life’s challenges and stresses with positive emotional responses and better coping and problem-solving” (p. 13).

Parents who are overwhelmed with stress, such as their own traumas, addictions, poverty, and the pressures of living within a racist and colonial society, can struggle with their ability to “be present emotionally in such a way that the infant or child feels understood, accepted and mirrored” (Maté, 2008, p. 238). When consistent and loving caregiving is lacking, a young child’s developing brain can be affected by stress hormones, such as cortisol, which can alter the developing brain’s mechanisms and neural functioning (Maté, 2008; Schore, 2002). The more immediate risks for these children include difficulties forming attachments, problems with self-regulation, and learning challenges (Calkins & Leerkes, 2011). The long-term effects of chronic childhood stress are associated with several physical and psychological health issues (Maté, 2008), including compromised reproductive health (Harville & Boynton-Jarrett, 2013; Jacobs et al., 2015). Thus, our emotions have a powerful influence on the body and the body’s ability to heal.

Epigenetics. Indigenous traditional knowledge has always known the importance of protecting and caring for a pregnant woman. “Everyone in the community ensured that the expectant woman experienced tranquility and calm so that when the child was born, the child would be even tempered and peaceful” (Connie Reitman- Solas as cited in Borunda & Murray, 2018, p. 1). Strides in neurobiology with advanced imaging technology is providing new information about this transaction between the environment and physiology (Walters et al.,

2011). Stressful circumstances for the expectant mother elevate her cortisol levels and interferes with genetic processes, which can be damaging to the development of fetal brains (Maté, 2008). Epigenetics is the study of the mechanisms that turn on and off the expressions of our genes without altering the DNA sequence (Rettner, 2013). Basically, it refers to how the environment (such as nutrition, stress, physical activity, substance abuse) can affect our biology, which is not necessarily a new concept. What is newer, however, are studies of how epigenetics is linked to the transmission of trauma across generations (Walters et al., 2011).

It is thought that extreme environmental stress can lead to a “mark” on the epigenome (cellular genetic material) that can be passed on to subsequent generations (Walters et al., 2011). While the research in this area is in its infancy, researchers are highlighting it as an important component in advancing our understanding of historical trauma (Bombay et al., 2014; O’Neill et al., 2018; Walters et al., 2011). Warin et al. (2019) speak to how epigenetics is often seen as evidence for what has been known all along within the relational ontology of Indigenous knowledge, which orients the body within multiple interconnections, including “human and nonhuman entities and places” (p. 12). In this way, Indigenous knowledge and epigenetics converge and can be a political force that can have a strong influence on directions in mental health research, policies and practices.

At the same time, some are cautious about the enthusiasm of epigenetics. Kirmayer and colleagues (2014) warn that there is the tendency to see biological processes “as providing a more fundamental level of analysis and understanding”, but “[p]rivileging one level of explanation will not only lead to an incomplete picture but may also impede understanding of the processes at other levels” (p. 310). Given the history and present circumstances of Indigenous women and the colonial control over their bodies and reproduction, it seems justifiable to be

critical of how the need for optimal environments can result in a “‘slippery slope’ between epigenetic-inspired pre-and postnatal health care and eugenics” (Warin et al., 2019, p. 15). Indeed, epigenetic research has been the driving force behind early childhood development, which has created the concept of the “vulnerable Aboriginal child” who is in need of intervention (control), thus serving the colonial project and negating from “attention to the colonial present” (Murray, 2018, p. 375). Hence, diligence in this area is prudent.

In summary, Indigenous knowledge systems have always understood the interrelationship between our environment and our biological processes. Intergenerational trauma seems to be related to how stressors/trauma impacts the body and brain, which affects not only our abilities to provide secure parenting but influences the expression of our genes. Both these systems of thought situate the maternal relationship as culpable in the transmission of intergenerational trauma. While understanding these processes is important in trauma theory, it is equally important that we be aware of how these discourses can “produce a new form of biological essentialism” (Warin et al., 2019, p. 16), of which the Indigenous mother is to blame.

Usefulness and Limitations of the Historical Trauma Concept

Historical trauma has been widely accepted by both health researchers (Hartmann & Gone, 2019) and within Indigenous communities, as it “strongly resonates with those to whom it is meant to apply and suggests that it is capturing an important part of their individual and communal experience that other models miss” (Evans-Campbell, 2008, p. 317). Yet, as a concept, it is not without its limitations. One of the concerns voiced by many writers is that historical trauma is “too pan-Aboriginal” (Aguiar & Halseth, 2015, p. 9), “simplistic [and] essentializing” (Gone, 2013, p. 700), and thus generalizes the experiences of Indigenous people, while “reducing suffering and distress to a type of universal or uniform transhistorical/cultural

process (Hatala et al., 2016, p. 1913). When in fact the lived experience of trauma is broad and individualized (Evans-Campbell, 2008; Hatala et al., 2016; Kirmayer et al., 2014), and will differ dependent on multiple identities, including gender.

Even though settler-colonialism is a gendered phenomenon (Acoose, 1995), there remains little research that looks at how historical trauma is experienced by women. Interestingly, as discussed above, the discussions of gender seem often associated with maternal stress and the intergenerational risks to her fetus. Brave Heart's (1999) research on gender differences amongst the Lakota is one of the only references on this topic. She found that Lakota women experienced more emotional distress related to historical trauma than men, but their sense of survivor guilt was more likely to decrease with treatment. Understanding gender differences is important as female trauma survivors are more likely to be misdiagnosed, "with a tendency to stigmatize and pathologize women's ways of coping in relation to gender stereotypes" (Haskall & Randall, 2009, p. 58). As well, it acknowledges the unique sociopolitical and colonial circumstances that face Indigenous women, who "remain doubly disadvantaged in Canadian society, and in Aboriginal communities themselves, by reason of both race and gender" (Haskell & Randall, 2009, p. 70), and thus are likely to have unique trauma responses. Consequently, "[w]hen narratives [about what it means to be a girl or woman] intersect with cultural narratives related to race and colonialism, many Indigenous women and girls feel overlooked" (Cooper & Driedger, 2019, p. 11).

Another critique about historical trauma is that many authors (e.g., Gone, 2013; Kirmayer et al., 2014; Mohatt et al., 2014; Walters et al., 2011) have indicated that "the very concept of historical trauma has been theorized in broad and sometimes conflicting ways" (Evans-Campbell, 2008, p. 317), leading to "a conceptual haze in which multiple concepts emerged

within divergent programs of research” (Hartmann et al., 2019, p. 8). As such, this lack of theoretical consensus can compromise advances in historical trauma research. Studying the complex levels and pathways that describe historical and intergenerational trauma makes it a daunting if not impossible task (Kirmayer et al., 2014). Indeed, in their systematic review of historical trauma research, Gone and colleagues (2019) found a lack of empirical evidence and suggest that historical trauma is “most appropriately conceptualized in *metaphorical* terms” (p. 31).

While historical trauma has been limited by its conceptual ambiguity and the lack of empirical research, it has been used as an important political tool that garners public support, influencing policies and encouraging community interventions (Hartmann et al., 2019). For instance, many Canadian education and health institutions acknowledge the historical trauma of former IRS students and their families by working towards responding to the TRC’s Calls to Action. As well, psychoeducation about historical trauma has been known to be helpful in the therapeutic process, as it broadens understanding and it can reduce a personal sense of shame (Haskall & Randall, 2009). However, a contrary and disturbing perspective is that the concept itself can get linked to one’s identity in a way that victimizes. According to Kirmayer et al. (2014), with the popularity of historical trauma, “individuals [are more likely] to think about their problems in this way and to produce narratives and attributions that confirm the model” (p. 307). They go on to say that “[s]omewhat perversely, then, Indigenous cultural identity may itself come to signify ancestral victimization...” (p. 307). Similarly, Fellner (2019) cautions against the perception of trauma as “an incurable pathology that [Indigenous peoples] are destined to carry throughout their lives” (p. 161).

In their literature review of the differing ways that historical trauma is theorized, Hartmann et al. (2019), spoke about historical trauma as critical discourse. This perspective invites people to relook at how the individualizing nature of psychology deflects from holding sociopolitical structures accountable. By “focus[ing] on psychological injury and vulnerability”, there is the “unintended consequences of pathologizing Indigeneity and obfuscating colonial systems and structures that reproduce [American Indian] hardship” (Hartmann et al., 2019, p. 11). This approach calls out for psychological researchers to be aware of these trappings that perpetuate a colonial orientation, and instead “advance an anticolonialism of practicing survivance” (Hartmann et al., 2019, p. 12). In other words, when it comes to the traumatic impacts of settler-colonialism, the wisdom of those who have the direct experience is needed.

Indigenous Resurgence

In line with this thought and providing a counter narrative to the pathologizing nature of historical trauma, authors have voiced the need to move beyond deficit-based trauma stories and into resilience (Anderson, 2018; Clark, 2016; de Finney, 2017; Burnette, 2014). “Understanding how individuals interpret their adaptation is essential because it assists researchers and clinicians to gain a comprehensive view of many dimensions of surviving, thriving, and possibly overcoming trauma and oppression” (Anderson, 2018, p. 1). At the same time, authors (Thomas et al., 2016) have noted that the individualized and idealized concept of resilience is problematic and has the potential of contributing to self-blame. Therefore, de Finney (2017) speaks to the need to recontextualize resilience as Indigenous resurgence to “foster ways...to live with pride and dignity” (p. 16) in the face of colonial violence. Similarly, Thomas and colleagues (2017) pointed to how reclaiming Indigeneity is both a protective factor and healing resource, and “the

sources of cultural resilience and indigenous resurgence lie within “the ways of knowing...that are as relevant today as they were thousands of years ago” (p. 125).

In tune with this ancient wisdom, Indigenous scholars are inviting others to engage with their symptoms of trauma in a different and more empowered way. Referring to Gerald Vizenor’s term “survivance” and trained in Indigenous Focusing-oriented therapy (IFOT), Fellner (2019) wrote about the need to shift from our psychological perspectives that focus on deficit and pathology to embracing what Indigenous peoples have always known about living well in the face of challenges - trauma wisdom. In her conversations with Shirley Turcotte, known as the grandmother of IFOT, Tipple (2021) provides a conceptualization of trauma that is rooted in Indigenous ways of knowing that views individuals as already whole. “We...are all healed; we have always been and always will be” (p. 94). Based on Gendlin’s Focusing (1996), IFOT is an experiential, Indigenous therapy that supports people to see the inherent value of trauma. “Once individuals learn to shift their relationships with their trauma or trauma responses, it becomes easier to access the teachings it is trying to offer” (Tipple, 2021, p. 96). By re-evaluating trauma in this positive way, people will be less likely to pathologize themselves and more likely to reconnect to their strengths.

The ways that Indigenous peoples maintain their health and heal from trauma are as diverse as the Indigenous communities themselves. However, there are similarities in that their practices reflect an interconnected and holistic worldview (McCormick, 1997). Therapies, such as those out on the land offers people an opportunity to build relationships with Elders and knowledge keepers, while learning experientially what it means to live a good life (Fellner, 2018). Very simply, ceremonies imbue a spirituality that reconnects people to who they are, where they come from, and their responsibilities to all of their relations. Recognizing the

inherent value of children to the survivance of the community, women's roles in pregnancy, childbirth, and mothering are considered especially sacred (Anderson, 2011).

Reclaiming Indigenous Mothering

Considering the settler-colonial agenda of Indigenous eradication and their attempted domination over Indigenous women's bodies, reproduction, and child-rearing, what could be more illustrative of Indigenous resurgence than having and raising a child? Indigenous writers, such as Leanne Simpson (2006), Kim Anderson (2000), and Lee Maracle (1996) refer to how Indigenous mothering is an act of resistance. Using the Patricia Hill Collins concept of "motherwork", Udel (2001) speaks to how mothering is a form of activism, and "Native women's procreative capability becomes a powerful tool to combat Western genocide" (p. 47). In a similar vein, Simpson (2006) expands on Monture-Angus' statement that "self-determination begins at home", by stating that "self-determination begins in the womb" (p. 29). Simpson (2006) goes on to explain how becoming pregnant and being a mother was a significant awakening that solidified her priority of Indigenous resurgence. "When I became pregnant with my first child, my dreams of liberation, of freedom, of self-determination and of nationhood, became stronger and more urgent" (Simpson, 2006, p. 27). Recognizing her power as a mother based on her traditional Anishinaabeg teachings, she prioritized her healing, knowing she would be an important role model for her child.

Mothering, within this context, however, goes beyond an individual and private act to embracing responsibilities for the entire community and nation. Udel (2001) compares the difference between the western feminist's emphasis on autonomy and personal rights versus the Indigenous focus on collectivity and responsibility. She speaks to how Indigenous "motherwork involves working for the physical survival of children and community" (Udel, 2001, p. 50).

Likewise, Anderson (2000) compares the Indigenous ideology of motherhood as being different from “the western ideology that condemns the mother to the role of servant without any decision-making power” (p. 170). Motherhood from this empowered position then, means ensuring that Indigenous men and their roles as protectors and providers are included (Udel, 2001, p. 50). The takeover of land and rapid development has garnered many Indigenous men without a place in their communities, and according to Udel (2001), “Native men have suffered a loss of status and traditional self-sufficiency even more extensive than their female counterparts” (p. 54). From this viewpoint, the well-being and involvement of men and fathers is not seen as separate, but as necessary for the health and prosperity of mothers, children, and communities.

Indigenous mothering carries the weight of a family, community and nation, and as such, this important position is not dependent on whether a woman gives birth biologically to a child. Mzinegiizhigo-Kwe Bédard (2006) shares how her upbringing was surrounded by women on her mother’s side of the family, who all played a part in her development. She explained that she had “many mothers” who “nurtured, fostered, and taught me my identity” (p. 65). Anderson (2000) describes how mothering is not a firm construct that is limited by our body’s ability to give birth: “[t]he Aboriginal ideology of motherhood is not dependent on whether, as individuals, we produce children biologically.... In the Aboriginal world, mother, auntie and grannie are fluid and interchangeable roles, not biologically defined identities” (p. 171). In this way, women help each other and work together, acknowledging that this role is far too big and important for just one person. Hence, “motherhood and mothering is a complex web of relationships, which work to provide support and solidarity among women” (Mzinegiizhigo-Kwe Bédard, 2006, p. 73). “Sometimes, [even], women choose not to have biological children so they can better fulfill their roles as aunties or grannies or serve the community (Anderson, 2000, p. 172). With a relational

worldview, there is the understanding that the well-being of a community is dependent on the well-being of its children (Anderson, 2011).

Indigenous mothering is ultimately about sovereignty, as the Indigenous mother is seen as a vital conduit to the restoration and transference of Indigenous knowledges and identities (Anderson, 2000; Simpson, 2006). “By reclaiming pregnancy and birth, we are not only physically decolonizing ourselves, but we are also providing a decolonized pathway into this world” (Simpson, 2006, p. 28). Reconfiguring the colonial mindset and re-stepping into the rightful roles as law-keepers (McAdam, 2015), Indigenous mothers lead the way in healing from and confronting settler-colonialism, creating a legacy of hope.

Conclusion

Using historical trauma as a conceptual framework, this literature review positioned our understanding of Indigenous women who have not had children within a socio-political context. With a patriarchal, settler-colonialist ideology, the Canadian government purposely and systematically targeted Indigenous women as threats that could impede their assimilationist and eliminationist goals. Knowing the importance of Indigenous women to the foundation and survival of a people, they denigrated her and attempted to break her down by taking her children, her family, her community, and her body. It would be impossible to think that Indigenous women would emerge from this unscathed, even more so when we consider that it has not ended. Indigenous women and their communities suffer disproportionately with immense social and health problems that are inexcusable for a country like Canada.

Historical and intergenerational trauma are concepts used within the literature to explain the generational impacts of settler-colonialism on the health and wellness of Indigenous peoples and their communities. The psychological, social, and physiological impacts of settler-

colonialism have the potential to deem an Indigenous woman as unworthy, “unfit” for motherhood, and carrier of historical trauma. How trauma is transferred generationally is considered a complex framework of pathways that seems to privilege the primary caregiving relationship as being both a contributor and buffer of trauma. While historical trauma is overall a useful concept that seems to resonate with Indigenous communities, it does have its limitations. The concept can be criticized for generalizing the experiences of trauma, while pathologizing Indigenous peoples. Indeed, Indigenous scholars have pointed out how this focus on trauma redirects us from where we all need to be looking, which is at the government and social structures (including the profession of psychology) that continue to keep Indigenous peoples in a disempowered position. These same authors have indicated that it is time to recognize and incorporate Indigenous traditional teachings and perspectives on health, wellness, and healing from trauma. Indigenous mothering can be an act of resistance and is about honouring the resurgence of traditional wisdom. With women reclaiming their true meanings of what it means to be mother, they also reclaim their Indigeneity and their survivance.

According to Simpson (2006), “Indigenous peoples must...undergo a re-traditionalization of thinking and of *living* based on our individual Indigenous cultural and intellectual traditions” (p. 25). Indeed, issues related to identity are very important, as it connects to sovereignty. “For Native people, individual identity is always being negotiated *in relation* to collective identity, and *in the face of* an external, colonizing society (Lawrence, 2003, p. 4). While the traditional Indigenous perspective includes women without children as mothers, their stories remain largely unheard.

I opened this literature review with a quote by Lee Maracle (1996): “The women of the world are re-writing history with their bodies” (p. 139). As shown in this literature review,

Indigenous women's bodies have been through so much, yet our bodies are capable of renewal. With this inquiry, I hope to re-write history with my body, opening spaces to learn about the trauma wisdom and identities of other women who have not had children, and how they have negotiated, resisted, and reclaimed who they are.

CHAPTER 3: METHODOLOGY

The preceding literature review was at times emotionally painful for me to write but was a story that needed to be told. With a feminist lens and using historical trauma as a conceptual framework, it set an important stage for understanding how the personal is political, and how colonial undercurrents are ever present for Indigenous women, particularly when it comes to their reproduction and child-rearing. Consequently, many stories have been rendered silent, including those of Indigenous women who have not had children.

The unequal power and influence of colonial practices has also had dominance within education, policy, and research. Gatekeepers of this system legitimize what is considered appropriate knowledge and research. Therefore, “Indigenous inquiry...[is] left out of the ‘buffet table’ of methodological options” to “maintain Western privilege” (Kovach, 2009, p. 79). Since my research provides Indigenous women an opportunity to tell an untold story, it was fitting that I utilize an Indigenous methodology, as this approach is a statement about the necessity of including Indigenous paradigms within research. “Reclaiming is naming, and identifying Indigenous inquiry is a political act” (Kovach, 2009, p. 176). However, my reason for using an Indigenous framework goes beyond the political, as this re-search is about honouring Indigeneity. By centering Indigenous research methodology, this chapter is a turning point that marks the beginning of the restory.

Applying Indigenous ways to research follows an epistemology or way of knowing that is holistic, relational, and fluid, leaving it in the researcher’s hands to frame their interpretations. I have come to appreciate how Indigenous methodology is a breathing entity that needs to be lived, and that it transforms as well as is transforming. Given that “there can be no check-box’ approach” (Kovach, 2009, p. 176-7), it is up to the researcher to communicate their

epistemological understandings of Indigenous methodology and how this applies to their choice of methods. The following chapter will now turn to my baby crow boots as a guiding framework to explain what Indigenous ways of knowing, being, and doing means to me and how it informed the steps taken in my study.

Crow Boots as Guiding Framework: Heading in the Right Direction

Figure 1: Baby Crow Boots



During my first year of the Ph.D. program, I was enrolled in a year long, novel course offered within the University of Alberta called Holistic Approaches to Life and Living. With an Indigenous epistemological framework, it was taught by Dr. Dwayne Donald and Elder Bob Cardinal and much of our teachings were out on the land. During one of the classes, Elder Louise Large was invited to share about her knowledge of child-rearing. She mentioned how newborn's moccasins used to have holes at the bottom of them (L. Large, personal communication, 2016). With a slight smile, she seemed reflective as she shared how she does not see that much anymore and did not offer any further explanation, leaving me very curious.

Serendipitously, not long after, as I was looking through my things, I came across my baby crow boots (crow boots are like moccasin slippers that have beaded fabric that covers the ankle) that were tucked away in storage. It was like time slowed down as I turned the boots

around and noticed that on the bottom of each sole was a small, precise hole. While I had previously seen my crow boots many times, I had never noticed the holes. I felt a sinking sensation at my core and felt shivers at recognizing that this was somehow truly meaningful. I was very excited and eager to learn more. At the next opportunity, I asked my mom about it. In response, she knowingly chuckled, and explained that this was done so the Old One (or ancestor) would be able to recognize their shoes, the holes showing that the crow boots were worn; if the moccasins were too new, they might not know that it was theirs and pass it by. This practice links to the Dene belief of reincarnation, as it demonstrates the welcoming of ancestors back into new life. These crow boots that were lovingly made by my aunties represented how I was greeted into this world, with the knowing that I embody an Old One's spirit.

Moccasins are very significant and, in my family, were given at developmental stages throughout a person's life – at birth, puberty, marriage, older age, and are worn during preparation for the afterlife. The leather is made from caribou or moose hide and the fur trim can be beaver or rabbit, signifying the interconnection between us and our reliance on nature for sustenance. The elaborate beadwork reflects the Nation (the Dene often use flower designs) of which we belong, but also each family has their own unique designs. My mother told me that there were moccasins for everyday use, and there were moccasins with pointed toes for special occasions, such as tea dances and weddings. It is a true honour to be gifted with moccasins, as it signifies your welcoming and inherent belonging to the family and community. As such, it also denotes your roles and responsibilities in ensuring the health and wellness of the people and the land. In my mother's family, moccasins also represent the resurgence of cultural identity. Since my grandmother was raised in an Anglican mission, my aunties learned the skills needed to make moccasins from community members so that they could include this tradition within our family.

Learning about this practice of placing holes at the bottom of a newborn's moccasins at a time when I had made the difficult decision to return to school after 14 years to pursue a doctorate, had an immense impact on me. It realigned my worldview in a way that reminded me of my place as a Dene/Métis woman, and I took it to confirm that I was heading in the right direction. While there might be times I experienced self-doubt during my Ph.D. process, I could lean on these spiritual/cultural beliefs of my family, grounding me in the wisdom of the Old One.

The holes at the bottom of my crow boots are imbued with mystery that communicated an invitation to me. There is something about them that beckoned me to enter and to re-turn to self. Absolon (2011) states that "our searches become a portal or a doorway to learning about self and self in relation to Creation" (p. 69). These crow boots were an impetus for me to change my research topic from a more distanced study to a personal one. The fact that these were my *baby* crow boots that I perhaps would have passed on to my own little one was especially salient for me. While I knew that my research topic was not a small endeavour and would be an emotional process for me, I sensed that my crow boots were directing me in this way.

Therefore, given the significance of these crow boots, it is fitting that they represent my guiding framework for the methodology and the analysis of my research. In the following, I will explain how my worldview informed my research by discussing who wears these crow boots, walking in a good way, and honouring the Old One.

Who Wears These Crow Boots?

Locating Self. As mentioned in the introduction, it is important to locate yourself. Indigenous epistemology recognizes that there are multiple truths and there are many ways of knowing, with one way not being viewed as better than the other (Wilson, 2008). "[Location] reveals who you are in relation to the world, earth, our nations, our clans and so much more. Our

location reveals a worldview and cultural orientation, which is central to what and how we search” (Absolon, 2011, p. 72). Absolon and Willett (2005) explained that orienting oneself allows people to know where you stand and that you have an emotional investment in the process, which gains trust in the community. Furthermore, by providing my location, it allows for the expression of my own story within a collective without the concern of generalizations (Absolon & Willett, 2005). The prologue and introduction offered my self-location as it relates to this inquiry. From the depth of my personal account and positioning, it is clear that I am not a passive outsider who is studying something from a distance. This is a labour of love.

Relational Worldview. My self-location also included positioning me within my family, community, and their history, as there is no separation between who I am and my family. Indigenous methodology is grounded within the Indigenous belief that values and respects the interconnectedness of all. Little Bear (2000) teaches us that existence consists of energy that is in constant motion, everything is animate and “imbued with spirit” (p. 77). As emphasized throughout his book, Wilson (2008) referred to how Indigenous paradigms are holistic and relational, “knowledge is seen as belonging to the cosmos of which we are a part” (p. 38). Martin and Mirraboopa (2003) beautifully described this ontology or nature of reality this way: “[y]ou no longer know yourself as a ‘person’, you’ve become an Entity among Entities” (p. 8). The following quote illustrates how this also connects with Indigenous ways of living off the land: “[a]s a Dene I have a certain way of looking at the world around me. I am a well-educated person. The forests have been the school I went to. Nature has been the book I read. The animals have been my teachers...; my senses and my imagination, the tools of my survival” (Unknown as cited in The Dene Nation, 1984, p. 78). The Indigenous relational worldview then is a rich fabric

of interconnections that goes beyond human to human, including relationships with animals, plants, nature, land, and the universe.

As instilled by my family, my relational worldview acknowledges that I entered this research by honouring all my relations, including all who came before me and all who are yet to return. As such, I aimed to have humility, and be caring and deliberate in my actions, considering potential consequences. As the wearer of these crow boots, I am accountable, carrying immense responsibility to walk in a good way.

Walking in a Good Way

Accountability, Responsibility, and Respect. I live the privileged life that I do because of my parents, sisters, aunties, and uncles, as well as all my ancestors who have walked often difficult paths ahead of me. I know they would expect me to engage in this research in a good way. As written by Steinhauer (2002):

Although as individuals we are taught to be responsible for ourselves, we are reminded that we must never think of ourselves in isolation. Everything that we do, every decision we make, affects our family, our community, it affects the air we breathe, the animals, the plants, the water in some way. (p. 77)

Thus, being accountable required me to be diligent in my awareness of how there is a ripple effect from all that I do, say, and write. As an Indigenous researcher, I carry additional ethical and moral responsibilities to uphold high standards within my work, as it not only reflects on me, but on my family and community.

As a psychologist, it has been extremely important to be mindful of implicit power, requiring sensitivity in how I support and empower my clients. Similarly, as a researcher, I am cognizant of this power, while at the same time acknowledging my humility for all that I do not

know. Within an Indigenous worldview, there are no experts, as we are all on a learning journey throughout our lives. This research is not just about me as it is *our* collective story. I am part of the whole, no better or worse. Therefore, it was necessary for me to take the time to self-reflect, journal, and consult with my supervisor throughout this research journey, ensuring that I did what I could to minimize harm.

Aluli-Meyer (2017) talked about heart intelligence, while Weber-Pillwax (1999) referred to the importance of following the path of a good heart. These writers emphasized the need to be considerate and compassionate. My research involved asking people not only for their time, but also their personal and possibly painful stories. I was mindful of how my request might take from them, emotionally, physically, and spiritually. The possibility that the research might bring up difficult feelings was discussed in the consent process, but I also used my skills as a psychologist to actively listen and validate feelings. I also offered a list of counselling resources.

Working respectfully also means following cultural protocols and denoting respect when approaching others to seek knowledge, such as offering tobacco. As mentioned earlier, providing our location builds a sense of connection and trust (Absolon & Willett, 2005). Further, respect means that we work with Indigenous people and communities on their terms: “doing research *with* Indigenous people and communities, rather than *on* them....” (Wilson, 2008, p. 108). It is through “kindness, caring, sharing, and respect” (Weber-Pillwax, 1999) that we honour and maintain our kinships, our relationships, and our connection to the universe.

Reciprocity. Working within a relational context requires that you are always thinking beyond your own gains. Steinhauer (2002) stated that “[r]espect is more than just saying please and thank you, and reciprocity is more than simply giving a gift” (p. 73). Indeed, many authors (Absolon, 2011; Kovach, 2008; Weber-Pillwax, 1999; Smith, 1999; Wilson 2008) have pointed

to the necessity of ensuring that research is not seen as something that is owned or privileged for one person's benefit, but that it belongs to all and consequently, needs to be of service for the greater good. "You as a researcher will benefit only to the degree that your people benefit" (Weber-Pillwax, 1999, p. 42). As I have learned from my family, I am in a role of servitude when working with others, and what emerges from this does not belong to me and needs to be shared. Reciprocity acknowledges that there is a natural order of giving back to the community for all that I have received.

One way that I intend to do this is by publishing. This ensures that I carry through with my intentions, which is to facilitate Indigenous women without children to have a voice – a voice that is heard. Another way I plan to honour their contributions is by presenting my research at academic and professional conferences. Further, I will offer to present within Indigenous organizations or communities, while being mindful of the importance of communicating in a respectful way that facilitates understanding.

My deep investment in this research significantly increased my knowledge and sensitivity to issues that face Indigenous women, which has informed my work as a psychologist. While working on this research, I completed my clinical internship at the Sexual Assault Centre of Edmonton (SACE) and have continued to work with them on a contractual basis. With the support of Elder Ruth Cardinal deUbiera, I developed and co-facilitated Wîwîp'son Healing from Sexual Violence Healing Circle. As well, I am an Indigenous consultant for SACE, supporting the organization to address the Calls to Action (TRC, 2015) and Calls for Justice (MMIWG, 2019) within their policies, procedures, and programs.

Wilson (1995) wrote about how it is important to share our knowledge with those in power, and so I intend to use my status to continue with my advocacy work. I have previously

volunteered with Lurana Women's Shelter Society and with the Mental Health Commission of Canada. I want to be a part of the work that is being done to encourage the inclusion of Indigenous ways of knowing, being, and doing within the psychology profession.

Honouring the Old One

Who is the Old One? I embody an Old One's spirit, as reflected by the holes in my baby crow boots. Since I was a child, my mother told me the story about who she believed I was. I was told that I was a woman who lived in the K'atl'odeeche community in a house near the river. She was known to keep her home orderly and appreciated doilies and fine dishware. Rather than dunking her pail into the river, she scooped her water with a cup. When I was a child, I similarly scooped sand with a cup to pour into my pail. This action along with other certain qualities was enough for my mother to link this woman's spirit to mine.

Being raised with this story of how I was the reincarnation of this woman had a profound effect on me. I learned that I existed long before my current body and will continue to exist after my death, creating a spiritual foundation for my worldview. My mother's teaching was significant for my identity and helped connect me to the K'atl'odeeche community, a place I had limited exposure. From her simple story, I sensed an inherent belonging. I grew up believing that I carried an inner wisdom that predates me, and that I am where I am meant to be, as my spirit found her way back home and will continue to do so. While I may be the incarnation of this woman, she does not completely epitomize the Old One, as this "universe of being" (Ermine, 1995, p. 103) is ancient and predates even her.

Inner Space. As mentioned earlier, I felt pulled by the holes in my crow boots to explore and discover who I am. Ermine (1995) explained this inward calling when he referred to how Indigenous people inherited the responsibility to develop ways of knowing that is congruent with

a holistic view of the universe that resides not out there, but within. “This inner space is that universe of being within each person that is synonymous with the soul, the spirit, the self, or the being” (Ermine, 1995, p. 103). In other words, inside each of us is an Old One who holds inner wisdom that is connected to all that is. The Old Ones understood *mamatowisowin*, which in Cree refers to the process of tapping into your “life force”, as the primary way to gain knowledge. Since “experience is knowledge”, Ermine (1995) explained that Indigenous communities, their languages, customs, and rituals inherently encompass the pathways to knowing the self, which expands our knowing of the universe. As such, throughout this research, I have attempted to maintain my connection with the Old One by dedicating myself to spiritual reflection and practices, such as ceremonies, walks, meditation, prayer, and journaling as ways to explore this inner space of knowing.

Revealed Knowledge. “*Revealed knowledge* is acquired through dreams, visions, and intuitions that are understood to be spiritual in origin” (Castellano, 2000, p. 24). It also refers to cellular memory, a concept explained by the late Lionel Kinunwa as a felt sense of familiarity and knowing without any concrete evidence of having had the experience. Wilson (1995) wrote that Lionel told him the following, “Our ancestral memories are in your blood, they’re in your muscles, they’re in your bones, they’re in your hair...” (p. 65). Wilson (1995) explained that people respond to hearing the drum or their language, as “your molecular structure picks up those vibrations...and you feel good that someone is speaking your language” (p. 65). Holmes (2000), who referred to it as blood memory, wrote about how Hawaiians who have not lived on the land will learn about it by receiving memories of their *kupuna* (Elders). Steinhauer (2007) described how revealed knowledge guided her dissertation topic, her words, and actions in her research. Indigenous research frameworks, with its strong value of experiential learning,

subjectivity, and interpretation, invites this way of knowing and creative forms of expression. In this way, I invited the women to share artifacts (pictures, artwork, symbols, creative writing, etc.) that symbolize their experiences as Indigenous women who did not have children. Further, *asokana* (Cree word for bridges) emerged as a metaphor, providing a conceptual framework for the stories.

Research Midwifery. During one of my few visits to Fort Chipewyan, my father took me to visit Mrs. Jenny Flett. Mrs. Flett was a Métis Elder, who was a midwife and delivered most of the community at 487 babies (Meili, 2017), including my father. In all her years, despite no running water or electricity, poor roads, and formidable weather, she never lost one woman or child (Meili, 2017). Knowing that stress made for difficult deliveries, she took her time with the women to bring them at ease. I am so grateful to my dad for this opportunity to meet such an inspiring woman, as she had an impact on me. In my work as a psychologist, I have often thought about her and how dedicated she was to the women she served. While my work is different, I try to emulate her compassion and patience, while trusting my client's process.

I first referred to myself as being like a midwife in a reflection paper I wrote for an Indigenous Research Methodology course prior to choosing my topic. I wrote, "I have no doubt that as with any living, breathing entity, the research will grow, transform, and emerge on its own and in many ways, it will be my role to be midwife". I do not mean any disrespect by comparing myself to the honoured position of midwives, and I acknowledge the contrast of this word with my topic, yet this term resonates with me. Wilson (1995) referred to how our ancestors are there for us, guiding us, and helping us to find balance.

Others have referred to this belief about needing to trust the research process. Wilson (2008), who described research as ceremony, explained it as an invitation to an inner journey that

requires faith and trust in the self as a vessel, respecting that what evolves and emerges belongs to the cosmos. Absolon (2011) referred to this as “organic methodology”, stating that “[w]hen we listen to our inner knowing, our dreams, the signs around us and our intuition, we become attuned to possibilities that enable an organic process to emerge” (p.87). As such, Kovach (2009) advised to be prepared for “the unexpected, for the path that emerges rather than the one initially planned” (p. 108). Viewing myself as midwife, I asked for the guidance and wisdom of the Old One to help me deliver what unfolds.

A Change of Plans: Covid-19

Kovach’s (2009) words to be prepared for “the unexpected” (p.109) could not have known the truth of these words in what became our reality in 2020. Covid-19’s entrance was fierce, causing havoc and upending the world. As I write this, the impacts continue, as we grapple with finding a new way to live. For some of us, we merely experienced inconvenience, but for so many others, the losses were momentous. I think most, if not all of us, needed to make some adjustments to their lives because of Covid-19, and my research was just one of the many planned events that needed to be changed.

My initial research plan included reconnecting with my mother’s home community, K’atl’odeeche First Nation, which is in the Northwest Territories. Protecting their people due to a lack of healthcare resources, the territorial government was swift and strict with their restrictions and halted all research. Since I was at the stage of writing my ethics application, I needed to pivot my plans. I was disappointed, as I hoped to be reacquainted with Dene Elders and Knowledge Keepers from my mother’s home community. By engaging with the community, I aspired to build and strengthen relationships. I wanted to learn more about my family, and I also wanted to learn more about what it means to be Dene. It was sad for me to let this part of the

research go, but I listened to the Old One who assured me that the right Elders/Knowledge Keepers would come my way, which they invariably did.

Gathering Stories

The first part of this chapter focused on describing the theoretical grounding of what Indigenous Research Methodology means to me. This second part will now describe the methods and the procedures that I took to carry out this research.

Storytelling

From the moment I decided on this topic, I knew that I wanted to tell a story. Storytelling, with its roots in orality and relationships, is how the Dene along with other Indigenous peoples passed on essential knowledge that helped them to survive. Despite all the damaging impacts of colonialism, Indigenous peoples' ways of knowing, being, and doing were sustained through stories. As famously quoted by Thomas King (2003), "[t]he truth about stories is that that's all we are" (p. 32), going on to explain that it is through our stories that we imagine our world and ourselves. Given the significance of stories, it is widely considered a culturally appropriate method (Archibald, 2008; Kovach, 2010; Wilson, 2008).

Wilson (2008) referred to how sharing space and telling stories epitomizes ceremony: "[t]his is why research itself is a sacred ceremony..., as it is all about building relationships and bridging this sacred space" (Wilson, 2008, p. 87). It is within this sacred space where "listeners...walk inside the story to find their own teachings" (Kovach, 2009, p. 60), and where we as re-searchers find what we are looking for. There is inherent value in stories. The richness of stories suits the axiology or aim of my inquiry, which is to gain a deeper understanding of the lived experiences of Indigenous women without children.

Stories are collectivist by nature (Kovach, 2010). As one person shares a story, another's story is incited, and so on. This element was very important for me, as a collective story reflects my Indigenous relational worldview, which acknowledges our interconnections and how we are all equal in our quests for learning. While each of us has unique experiences, there are shared aspects that piece our stories together. As indicated in the introduction chapter, I felt isolated in my experience, longing for contact with others who might feel similarly. By telling a collective story, I aimed to demonstrate that we are not on our own and that our stories together can discover and build something newly imagined.

Stories are powerful and once told can live on their own, hence the onus lies with the storyteller to take great care in what is said or written. Archibald (2008) spoke about how she learned from Elders that some stories, because of their power, are not meant to be shared. Similarly, King (2003) wrote about how "stories were medicine, that a story told one way can cure, that the same story told another way can injure" (p. 92). Therefore, there is the need for extreme conscientiousness and ethical care in the telling of a story. Working collaboratively, as will be discussed shortly, is one way that helped me to do this.

The (Zoom) Conversational Method

I have chosen to use the conversational method to share and gather stories. It is suitable for an Indigenous framework for its informality, flexibility, and appropriateness with an Indigenous worldview (Kovach, 2010). This method is found in other forms of qualitative research, but according to Kovach (2010) there are unique aspects when used within an Indigenous framework:

- a) it is linked to a particular tribal epistemology (or knowledge) and situated within an Indigenous paradigm;
- b) it is relational;
- c) it is purposeful (most often involving a

decolonizing aim); d) it involves particular protocol as determined by epistemology and/or place; e) it involves an informality and flexibility; f) it is collaborative and dialogic; and g) it is reflexive. (p. 43)

This description of the conversational method summarizes what I have written about my understandings of Indigenous methodology. In other words, the method mirrors the methodology, demonstrating my relational worldview and the interrelationship between Indigenous ways of knowing, being, and doing.

During the individual conversations with the women, I had my open-ended questions to prompt and guide the discussion. These questions, first referred to in my introduction, are: What were the circumstances that led to you being without children? How has not having children shaped your identity and roles in your family and community? What are the complexities, challenges, and strengths that emerge from being an Indigenous woman without children? What does it mean to live well? However, following the intuition of a research midwife, I trusted in the process and what needed to unfold. I listened to and heard the stories that the women wanted to tell.

Our conversations needed to be on the Zoom platform, due to health restrictions associated with Covid-19. Despite this, all the women involved in this study were comfortable with using this platform. There were a few minor hiccups with the audio and video, but for the most part, everyone, including myself, seemed to adapt to this tool easily. I had not anticipated needing to meet with the women in this way, but I aimed to connect and converse as though we were in person. With the Elder/Knowledge Keeper, it was especially important for me to be aware of language barriers, and my need to communicate clearly. As well, I actively listened, and took the time to ensure that I fully understood the meaning of what was shared with me.

Arranging the Stories

Analysis of all the information attained from these conversations required particular care. Writers talk about the challenges of deconstructing stories to recreate another story, and how this fragments and conflicts with the oral, relational, holistic, and lived elements of an Indigenous worldview (Absolon, 2011; Archibald, 2008; Kovach, 2009). In a conversation with other Indigenous researchers, Wilson (2008) deliberated this issue:

So analysis from a western perspective breaks everything down to look at...those small pieces.... And if we are saying that an Indigenous methodology includes all of these relationships, if you are breaking things down to their smallest pieces, you are destroying the relationships around it. So an Indigenous style of analysis has to look at all those relations as a whole instead of breaking it down, cause it just won't work. So it has to use more of an intuitive logic, rather than a linear logic, because you can't just break everything down into small parts and use linear logic to bring them back together to a whole. (p. 119).

In other words, stories need to breathe and be lived, and so something essential gets lost when they are written down, necessitating an intuitive and creative process to analyze and represent the material.

Going back to guidance from my crow boots, research midwifery, and being informed by the wisdom of the Old One, I was intentional and took my time with all the information gathered, trusting that natural themes would emerge. When it came to a decision on how to represent the multiple stories, I was inspired by the beadwork design on my baby crow boots. As will be discussed in the next chapter, I arranged the stories in a way that illustrated the design – a traditional story (the inner beaded circle), the individual stories (the pedals), and the collective

story (the outer beaded circle). My crow boots offered me a touchstone, reminding me of my connection to the Old One, assisting me to be open to messages that would help me with the thematic analysis. My reflective processes of ceremony, being in nature, and journaling helped me to do this. Indeed, while working on the collective story, the word bridges came through the conversations and stood out to me in a way that communicated its' importance. As mentioned, *asokana* emerged as the metaphor that helped guide the analysis of themes. Referred to in the discussion, *asokana* was a crucial concept for more than the collective story, as it also bridged where the story of this research began with where the story ended, inspiring a restory.

Since this story does not belong to me, it required a collaborative effort. Wilson (2008) referred to “collaborative analysis”, which he described as getting away from the belief that knowledge is individually owned into an understanding that “[k]nowledge is part of the relationship between us” (p. 121). To do this, I did my best to accurately represent the voices and stories of the women, and often used their words directly. As will be further explained next, it was important for each woman to be included in the creation of their story so that we could generate “our shared relational reality together” (Wilson, 2008 p. 121).

Trustworthiness

While intuitive logic (Wilson, 2008) was an important tool in my analysis, I also used three other ways to validate what I was learning and the directions I took. First, I worked collaboratively with the women who participated in this study. They were the co-creators. This means that I checked in with the women at each step of the process to ensure that their contributions were reflected accurately. I provided draft summaries of their stories, offered opportunities to follow-up through individual meetings, and had an online talking circle. Second, while maintaining confidentiality, I sought out guidance from my supervisory committee

members. Third, I maintained a reflection journal to check in with myself to see if I was being ethically accountable and heading in a direction that was consistent with my relational worldview.

Invitations to the Women and Elder/Knowledge Keeper (Co-Creators)

There were five women, an Elder, and a Knowledge Keeper who participated in and co-created this restory. Except for one, all were known to me previously. Given the relationality inherent within an Indigenous framework, other authors (Fellner, 2016; Kovach, 2009; Steinhauer, 2007; Wilson, 2008, Weber-Pillwax, 1999) have chosen their participants from pre-existing relationships. Kovach (2009) referred to how having an already established relationship creates a foundation of trust. She wrote, “[w]ith more trust there is the likelihood of deeper conversations, and consequently the potential for richer insights to the research question” (p. 46). This was especially important, given the sensitive nature of my inquiry. Indeed, some of the women told me that they felt more comfortable sharing because they knew and trusted me. For the one person I did not have a previous connection with, I contacted her initially through social media. I knew of her from her contribution to an article written by Lauren McKeon, titled, “How to Build a Life Without Kids” (2018), in which she voiced her experiences as an Indigenous woman who did not have children. Given her openness in this article, I felt it appropriate to reach out to her.

To establish interest, after receiving ethical clearance, I first either telephoned or sent an e-mail that briefly explained my research and what would be involved should they want to participate. Given the relationship, I emphasized that it was essential that they did not feel pressured, and to decide about whether they wanted to be involved on their own terms. Once I received confirmation that they were interested, I followed up with another e-mail that included

my research information letter and participant consent form. They were asked to either digitally sign the consent form or simply reply to the e-mail with their consent.

The criterion for the women's participation was that they self-identify as Indigenous (First Nation, Inuit, Métis, Non-status) and not have biological children. The women and Elder/Knowledge Keeper come from diverse Indigenous backgrounds, and most lived in Edmonton, Alberta. Two of them had previously resided in Edmonton, but now lived in Nanaimo, British Columbia.

While I was unable to meet with K'atlo'deeche Elders as I had hoped, it was still very important for me to include the wisdom of Elders/Knowledge Keepers. The relevance of their involvement is best articulated by Absolon (2011):

[Elders] are the historians and record Keepers. They not only have life experience but also an understanding of life. Elders are the ones who know the land and the "old ways", they have lived and survived. They have stories to share, and these stories contain knowledge and wisdom. (p. 128)

Having their input offers depth and richness, and I see their contributions as being the golden threads that tied all the stories together. It would be impossible to create a restory without them.

I asked two Knowledge Keepers if they would honour me with their contribution to my research. I specifically reached out to them because of the relationship that I had with them, as well as knowing that they would have teachings that are relevant to my topic. Further, it was important for me to have both Dene and Cree traditional knowledges represented, as this is my culture and who I am. During our conversation, I asked them if they had any stories or teachings about Indigenous women who did not have children. As well, I asked about these women's traditional roles and responsibilities, and if they had specific challenges or strengths.

Cultural Protocol

With the perspective of research as ceremony (Wilson, 2008), comes responsibility to ensure respectful interactions with all our relations. Kovach (2011) emphasized that our searches do not come from the mind, but from our spirits. Accordingly, many authors (Kovach, 2011, Steinhauer, 2002, Weber-Pillwax, 2004, Wilson, 2008) discussed the importance of respecting this sacred pathway by knowing the cultural protocol of the community. Steinhauer (2007) referred to how protocol can be as simple as our words and gestures but emphasized the need to approach people with humility and an open heart.

I learned that it is important to offer tobacco, as it sends messages of gratitude and prayers to the Creator. When it is offered in relationship, it sets an intention to work in a good way, establishing a sacred relationship and a reciprocal commitment to share truths. This way of entering a relationship contributes to a depth of sharing that is different from typical conversations. Abiding by health regulations due to Covid-19, I safely delivered thank you cards and tobacco to everyone who participated in this study. The women were also given a \$25 Walmart gift certificate as a gesture of my appreciation of the time they so graciously provided for each interview. Respecting the expertise of the Knowledge Keepers, they were provided \$100 gift certificates for each of their interviews.

Online Conversations with The Co-Creators

I had two conversations using the Zoom platform with each of the seven co-creators, each lasting approximately 1-1 ½ hours. At our first meeting, after initial greetings, I went over the informed consent, responding to any questions that they may have had. When needed, I referred to my guiding questions. I initiated the closed captioning and recording options on Zoom, and following the interview, saved the recording and auto-transcript on my secure personal computer.

Immediately after the conversations, I journaled my feelings, thoughts, wonderings, and the main themes that stood out for me. While reviewing the recorded video, I went over and edited the complete transcript of each interview. This gave me an opportunity to re-live what was shared, and to capture within the transcript the non-verbal communication, expression of emotions, and intonations that are so important to include in the story. Once I edited the transcript, I deleted the video recording from my personal computer.

Following this, I wrote a summary of each co-creator's story. These summaries were thematically presented based on the questions that I asked, as well as significant aspects of their story. Using a password protected and encrypted document, I e-mailed the summaries to each participant and invited them to make any necessary edits/omissions directly on the document and e-mail it back to me.

After giving some time for the women to reflect, I invited them for a second meeting to discuss anything that might need to be clarified, as well as offering them an opportunity to add to their story. The women were also reminded that they were welcomed to share an artifact that represented them and their stories about being an Indigenous woman who has not had children. All the five women shared a picture that was included in the collective story. As with the first interviews, I reviewed the recording of the conversation and edited the auto-transcript. I wrote a summary of the highlights, which was used to inform a written draft of the stories (a traditional story, the individual stories, and the collective story). Each co-creator was securely emailed a copy of the written draft of their story (the Elder requested a hard copy, which was delivered to her). This means that the Elder/Knowledge Keeper received a copy of a traditional story and the women each received their individual story, along with the collective story. They were invited to make any changes directly to the document and return it to me by e-mail.

Online Talking Circle with the Women

I gave ample time for the co-creators to review their individual and collective story. Then, I invited them to participate in a talking circle, a method of gathering information that is understood as being culturally suitable (Graveline, 2000; Wilson, 2008). In a talking circle everyone is equal, respected, and given an opportunity to share uninterrupted. In tune with my relational worldview, talking circles are an opportunity for people to gather and share to learn from one another, gaining both individual and collective insight. This talking circle was not traditional, in the sense that it was not open-ended, but led with an intention in mind. It was an opportunity for the women to connect with each other, discuss their feedback about the collective story, and to speak to what it was like for them to participate in this study. Since this talking circle was focused on the collective story, the Elder and Knowledge Keeper were not asked to participate in this part of the inquiry.

Despite being online, I commenced the circle with a virtual smudge and prayer. I let them know by e-mail that I would be doing this and invited them to join me in the smudge virtually if they chose. Once we were gathered, I explained the purpose of the talking circle as an opportunity for all of them to meet and to review their thoughts about the collective story. I briefly went over confidentiality and the importance of giving everyone an opportunity to speak. After introductions, I shared with them my story and how this research emerged. Then, I asked three questions: What are your overall impressions of the collective story? What is important to you about the story? What was it like for you to participate in this study? Four of the five women participated in the talking circle. For the one who was not able to attend, I offered to meet with her separately to provide her with a summary of what unfolded and to attain her feedback. Following my review of the video recording of the talking circle, I edited the auto-transcript. I

wrote down highlights from this meeting, and the women's feedback helped to inform the main points for the discussion.

As with the individual meetings, I delivered thank you cards, as well as a \$25 Wal-Mart gift certificate to each participant. The gift certificate was an offering in lieu of the food that would have been provided with an in-person talking circle. However, it is noteworthy to mention the benefit of having it online as it accommodated the women who lived in Nanaimo, British Columbia.

Ethics

Given the relational nature of Indigenous methodology, ethical ways of being and doing are embedded within its' form (Wilson, 2008). Therefore, it is vital for Indigenous researchers to continuously locate themselves within the work so that they can be responsible for maintaining their relationships and carrying out their work in a way that is accountable to the people and communities. It is incumbent upon the researcher to be self-reflexive and always prioritizing the well-being and benefit of those involved in the study and their communities.

I have chosen a topic that is very personal and is often not talked about due to the potential for shame, stigma, or worries of being misunderstood. Therefore, I acknowledge that there was the possibility for harm, as talking about not having children might bring up sadness, grief, and other challenging feelings. To minimize this risk, I discussed this possibility within the consent procedure and ensured that I was prepared with resources for cultural supports and therapy. There was one occasion when I was asked for information about therapy services, and this was promptly provided.

Typically, people involved in a research study remain anonymous and choose their pseudonym. However, Indigenous researchers (i.e, Linklater, 2014; Wilson, 2008) have indicated

that for some Indigenous people, the ability to use their name is important and is in alignment with the value of relational accountability. So, I offered anonymity to each woman, but was open to their preferences. Five of the co-creators chose to use their own names, and I went over the benefits and potential risks associated with this. I also offered them the opportunity to change their mind up to the moment I submitted my final copy to my examination committee. Two of the women chose their own pseudonym and care was given to generalize any identifying information in their stories. Confidentiality of all identifying material was maintained throughout, with items kept in double locked locations. Transcripts were encrypted and password protected on my personal computer that was also password protected. Final copies of these electronic documents were saved on a password protected USB drive and will be stored for 10 years in my supervisor's office locked filing cabinet.

Given the broadened awareness of how exploitive and dehumanizing research has been with Indigenous peoples and communities (Smith, 1999), there are established ethical guidelines for research with Indigenous peoples. On top of the ethical guidelines espoused by the Indigenous researchers I have referenced, I abided by formal ethical procedures as put forward by the Tri-Council Policy Statement's (TCPS2) Research Involving the First Nations, Inuit, and Métis peoples of Canada (Government of Canada, 2018), and the guidelines of the Canadian Institutes for Health Research (2007), and the Royal Commission of Aboriginal Peoples (1993). The TCPS2 provides a framework that highlights the importance of building respectful relationships with Indigenous communities through engagement and working collaboratively. Riddell et al. (2017) explained some challenges they experienced in translating these guidelines within an Inuit community and how they adapted the guidelines in their work. They emphasized the importance of knowing the values and ways of relating within the community you are

serving. When I approached the co-creators, I kept in mind the strong value of sharing. So, I was careful with the words I used and took time to ensure that they were fully informed of my intention and felt able to freely express (through verbal and non-verbal means) whether they wanted to be involved and/or continue to be involved. This was also true with their stories. I emphasized that this was their story, and as such, they could make any changes/omissions to how it was represented, as their comfort was the priority.

Regardless of how astute a researcher is, there are inherent ethical blind spots in every study. According to Magdola and Weems (2002), the qualitative researcher needs to enter their project with a plan to have ongoing self-reflection (through journaling) and dialogue (with fellow researchers) about the ethical challenges that will surface. The fact that I am an Indigenous woman whose story is included is not enough to make this inquiry culturally and ethically sensitive, in fact, as I mentioned earlier, I carried more responsibility to ensure that I worked in a good way that respects my family. Castellano (2004) referred to how Indigenous ethics goes beyond following a defined set of rules, as it needs to be lived in a way that honours your own and other's value systems. Therefore, attention to ethics in this research was an ongoing reflexive practice.

Conclusion

Indigenous ways of knowing, being, and doing places the self at the centre of research, acknowledging it as just that, an opportunity to rediscover who you are at a given point in time and space. My Indigenous worldview is relational and spiritual, requiring me to bring my whole self and all my relations with me. Hence, it was extremely important for me to work with an open heart and conduct myself in a good way. Referring to my baby crow boots and working in tune with the guidance of the Old One, I followed what I knew about being accountable,

responsible, and respectful. I gathered stories from women who did not have children and Knowledge Keepers, and working collaboratively, wrote a traditional story, individual stories, and a collective story. By honouring what wants to be born, we co-created a restory about living well as Indigenous women who have not had children.

CHAPTER 4: THE STORIES*Figure 2: Auntie Emily Beading*

I come from a family of women who loved to bead. I have been told that sometimes the women in the community would gather to bead together in a circle, enjoying their tea, they would talk and joke with each other, and there was often laughter...a lot of laughter. I can only imagine the salacious stories that were told. I have many fond memories of seeing my mom and my auntie with their heads bowed, glasses sometimes lowered on their noses, and under a lamp, their hands doing such focused and delicate work. This form of artistry is so meticulous that when I have tried, my eyes go cross-eyed, and I feel a wiggly impatience inside of my body that has made it impossible for me to sit still long enough to learn. As such, I have not adopted this beautiful skill, but appreciate and cherish my family's beadwork that is in my possession. When my fingers graze over the beads, I am instantly connected to my mom and my aunties.

As I collected the stories, I was so humbled and honoured by what was shared and entrusted with me. At the same time, I wondered about how I would connect all the stories, including my own, to form a coherent whole. I thought back to my crow boots and my intention to have them guide me on this research process. So, I pulled them out, held them in my hands, smelled the faint moose hide and looked them over, asking, how do I make meaning of all that

has been gifted to me? How do I pull all these stories together in a way that honours the story tellers?

Figure 3: Beaded Flower Design



I looked at the beaded flower design, and reflected on how beads are like stories, sewn together in a way that creates a new whole. There are five petals, which led me to think about how I had conversations with five women. I noticed that each petal stands on their own and is represented individually, but then come together by attaching to two inner beaded circles. The first circle, I thought, could represent how each of the five stories are interconnected. While we each have unique stories, there are unifying elements. The second inner circle can then signify the traditional and spiritual teachings that I received from the Elder and Knowledge Keeper. This is fitting, as I believe that our traditional and cultural wisdom resides at our core. Then, if you look closely, you can see that there is one bead at the very centre, and I see this as being me. It represents how my story served as the beginning of this restory.

Inspired by the design of the beaded flower, I have chosen to use this as my organizational framework to represent the stories. First, in section 4a, I will begin with what I learned from the Elder and Knowledge Keeper about the traditional understandings of women who did not have children. Second, in section 4b, I will introduce the five women who

participated in my study, their upbringing and how they came to not have children. Third, in section 4c, *asokana*, the Cree word for bridges, will be used to conceptualize the collective story of what was learned about living well as an Indigenous woman who does not have children. While organized as separate units, they all come together as in the beadwork to create a new, beautiful, and whole design, or story in this case.

CHAPTER 4a: A TRADITIONAL STORY

It was an honour to have the opportunity to meet with two Indigenous Knowledge Keepers who I greatly respect. Elder Molly Chisaakay is Dene from the Dene Tha First Nation in Chateh, Alberta. A strong supporter of Indigenous students, Molly offers a powerful voice. She defends against the impacts of colonialism, and is a strong advocate for Indigenous peoples, their languages, their rights, and the land. She is a Board of Director for the Indigenous Knowledge and Wisdom Centre. She shared this about herself, “I am not a scholar, but I have many stories as a Dene language fluent speaker. I am a grandmother, and [as such] have an obligation to my intergenerational future teachings, we must learn to be most open in conversations so there are no practices of silencing, nor genocide of Indigenous culture and languages”.

Knowledge Keeper, Dr. Darlene Auger, is Cree/Saulteaux (Nehiyaw ekwa Nahkawiyiniw) and is originally from Desmarais/Wabasca, Alberta. She is a mother and earned her undergraduate degree in psychology at the University of Alberta and her doctorate in education from University Nuhelot’ine Thaiyot’si Nistameyimakanak Blue Quills. With her area of interest being Indigenous knowledge and health systems, she is most known for her work with wîwîp’son, an Indigenous swing therapy. On her website, she shared how her fluency in Cree has provided her with the foundation to “sit comfortably with Elders in ceremony and understand what they are saying. I am able to grasp teachings and maintain cultural ties to my people and to the land”.

When I listened to the teachings from Molly and Darlene, I heard both unique parts of what they each shared and commonalities. The following traditional story weaves together what I learned from both about the traditional understandings of Indigenous women who did not have

children. While it is written in past tense, it is important for me to point out that these cultural understandings and practices are very much alive in many people and communities today.

Everybody Takes Care of One Another

From my conversations with Molly and Darlene, I have come to learn that it was uncommon in traditional times for Indigenous women without children to not become mothers or caregivers in some other way. This is because everybody takes care of one another. Living off the land was not easy, and a community's well-being and sustenance was linked with living together and supporting each other. Everyone had an important role to play.

Darlene explained that extended families were more likely to live together or in proximity, and everyone cared for the children. "It wasn't so much that parenting was done by just the parents. Sometimes it could be your grandparents, your extended family, or your aunts and uncles...[who] would take care of you. It seemed that there was no primary caregiver, everybody took care of the kids. Like we were all taken care of by our extended family that lived around us". People were never alone, and it was not the expectation that the parents be solely responsible for their child. "Never never never would women have to parent alone. It's not right. A child should never grow up alone either".

According to Darlene and Molly, one's responsibilities to the community were not necessarily determined by one's gender. "What I saw was that the work that needed to be done every day was done by both genders... If a young girl felt that she had the will and the strength and the know-how, or the interest to hunt, then she would go on the hunt. She would learn and she would be able to do what she had the ability to do, and people would support that, they wouldn't disclaim her because of her gender". Darlene referred to her auntie as an example:

[My auntie] told me a story one time about how she had to learn to hunt while uncle was away, uncle could be away for a long time. She had a gun, and she knew how to set traps

[and] if she needed to hunt, she would hunt small game animal. She would set her traps to feed herself, the kids, and the Elderly when the men were away.

While there were tasks that tended to be delineated for men and women, Darlene explained that it was more about working together. “I remember my old aunties making the moose hide. After the men would come home from the hunt, they would give the hide over to my old aunties, and the men would help them build the frames and the tools, and then the women went at it [motioning her hand like scraping the hide] ..., like everybody just did what needed to be done”.

Relatedly, Molly spoke about how during their first menstruation, young women would be taken aside by the Elders. While most of the teachings were about preparing them to be mothers, young women were also encouraged to “look at themselves” to determine what skills they wanted to learn, as this was considered a special time to focus on that. “Whatever they choose to do, they were taught. The interesting part of it is you were not pushed to do anything”. The autonomy of people and their rights to choose was respected, and there was a belief that people will live their life’s path as they should.

Regardless of what skills are learned, there are strong messages about the importance of developing a good work ethic and being considerate of others. Molly shared how “there were stories for every kind of learning”, including the importance of getting up in the morning, indicating that “nobody sat down and did nothing”. Infants were packed usually on their mother’s backs, and from this young age, were learning through what they saw, heard, and what they felt. Children were encouraged to be actively involved within their families and communities and were given tasks. “During those times, lots of families lived out on the land and we [were] encouraged to help other Elderly women, like cleaning their teepees and bringing them firewood and hauling water for them or helping moms who have lots of kids, pluck ducks and stuff like that”. The community takes notice of these positive actions and validates them,

using humour to connect. “Other adults around would watch you, encourage you, and celebrate you if you do good and they teased you lots. Those are some of the things that are really important to community”.

Kemoh: Mother of All Children

With an interconnected and relational way of life, it was traditionally very unlikely for Indigenous women to not have children in their care. Molly shared with me the Dene word, *kemoh*. “The women that don’t have children, they’re considered to be mother of all children”. There were always children to be tended to, whether they were directly related or not. “Women who did not have children...adopted other children. So, some of them had five children and they all came from different families. Maybe they came from her husband’s family, her family or just totally from a different community”. Molly mentioned that the families were often large. “During those times they had lots of kids, like I know a family who had 24 children, and some 16, 14, and so there was a lot of work to be done”. Molly stressed the importance of how the term adoption was not really used, as it was widely understood that the children became their own. “It was **their** [emphasis] *babia* [Dene word for baby] ...So, there was no big thing about, oh she adopted the baby, and that baby doesn’t belong to her kind of thing. That was **her** [emphasis] baby”.

Seeming to embody *kemoh*, Darlene shared about her auntie Maggie, a woman who did not have children, but who mothered many and played a significant role in their family and community.

My aunt Maggie did not have children. It seemed that her role, like unspoken of, but just by practice and by experience, what I saw and witnessed for her, was to be the caretaker of the children that did not have parents per se. For example...when my mom gave birth to my older sister, she became quite anemic, she had lost a lot of blood, and the doctors were worried about her and had to keep her in the hospital, my dad ended up taking my baby sister home and she was just a newborn. As a result, my mother couldn't breastfeed

her and... he was looking after all the rest of us too. At that point...he had four little kids as a single dad. So, the women in the community came together [and]...took turns taking care of the baby or helping my dad.... But it was my aunt Maggie who didn't have children, who stepped up and took my sister as her own and raised her until such a time that my mother could take her back...

Darlene explained that her auntie stepped into this role because it's natural. "We are natural beings...Indigenous people live according to natural law, and we follow natural law". She shared the Cree word, *ayapehkan*, which means a net, speaking to how these women had the fundamental role of catching the children who might fall between the cracks (between the webbing).

As with Molly's point about there not being a term for adoption, Darlene spoke of how she did not consider her auntie as anything other than a mother. "As a child, I just didn't have that awareness that Maggie wasn't a mother or that she didn't become a grandmother biologically because we just didn't see it that way, right? She **was** [emphasis] a mother [hands open, looking up]. She mothered children and then she became a grandmother of many children".

From a spiritual perspective, Darlene spoke about how a child's spirit on the other side chooses their parents to enter their physical forms. However, she explained that it is less about biology and more about the lessons that we have agreed to learn in our lifetime.

The physical body, the womb, in which we travel from the spirit side to the Earth side is not necessarily the parent that we choose. There're adoptions that happened, there's all these different things.... Sometimes I have talked to women who have miscarried, and they feel **so** [emphasis] broken about this, that this child chose them and then they couldn't bring them across for some reason and they blame themselves. So, I tell them that if this child did in fact choose you to be their parent, you **will** [emphasis] be their parent one way or another. This is not something you have a choice about because if that child, if that little spirit, chooses to learn from you for some reason or another, for their life learning or for their spiritual enlightenment, they need you [and so] it will happen whether...they come as your nephew, or your grandchild, or your best friend's child, or whatever.

Like *kemoh*, this profound spiritual perspective and belief broadens the scope of understanding of what entails motherhood.

Supporting Sustenance and Well-being

While it was commonplace to adopt, Indigenous women who did not have children also had other essential roles that helped to sustain the health and balance of their communities. Like Darlene's story about how her auntie hunted while her uncle was away, Molly talked about how women who did not have children, along with the grandmothers, helped to maintain the welfare of the other women.

Growing up in -60-degree weather as children, when the men went out on the land, hunting and trapping, [they] would be gone for 4 months at a stretch. And during those times, some of the moms and the grandmas and the women that didn't have children were stuck by themselves. Oftentimes, they would bring their blankets [to] one house to have one fire at nighttime and during the daytime they would go home and make their own fires. So, who went to cut dry wood in the bushes with the horses? Who went to pick the hay from the haystacks and snared rabbits, killed partridges, and fished all day and stuff like that? Who kept the little houses running for the winter while their husbands were out trapping? It was my auntie who didn't have any kids who went with my grandma...because the other women had little kids, and some of them were breastfeeding, so they needed to stay home. So, we had those kinds of arrangements to meet the needs of the work that had to be done.

Centering children as the priority, it was understood that mothers could not put themselves at unnecessary risk and so this work was given to the women who did not have children.

Molly provided a few other examples of women who contributed to the health and well-being of their community. One woman, along with adopting children, served as a healer.

“There's this woman, she didn't have any children, but she had about five adopted children, and she raised them, they're her children. But she was somebody who was also a medicine woman. If you're having troubles, just ask her, she'll tell you what kind of plant to pick, where to pick them, and how to put it together so that you cook it and make tea and you drink it. So, she helps you in that way”.

Molly also spoke about another woman who did not raise children but remained an influential presence on the children through her work at a school.

There was this woman like she never adopted any kids, but she had lots of kids come to her. She worked at the school, and she had her own way of teaching, kids would talk to her about certain things, and everybody liked her. She worked in the kitchen, so that was her kitchen. She fed all these kids in the school. There was always bannock and tea in the school. So, there's a lot of things that some of the women who don't have children do. They go out of their way to help others.

These women epitomize the breadth and reach of how women without children helped to hold a community together.

Reflecting on the characteristics of these women, Molly considered how not having children would lead to having more time, and perhaps a willingness to try new things. “The women who don't have children are usually very open to many different ways of doing things. [It] is really good because they help teach a craft or a skill to the younger ones who might not have learned it because...their moms or grandmas don't have time. They see things that can be done, and they are very helpful with the younger family members”. In this way, these women could be seen as vital to innovation and revitalization, as they pass on new ways of doing things to the next generation.

Auntie Role

A discussion about the traditional understandings of Indigenous women who do not have children would be incomplete without including the auntie. Darlene shared about how the Cree word for auntie translates in a way that honours the significance of this role. “The language tells us that [they] are our little mothers. ...The best way I can explain it is like all the aunties are assistants to the mothers, like apprentices”. In the same way, Molly spoke about how aunties, especially those who did not have children, offered much needed respite. “Sometimes [as a

mother] you struggle at home, you could have a lot of kids, and auntie, who lives not far away, has time to help. Because at home, there's too many things to do and mother is always busy”.

As with Darlene’s auntie Maggie, aunties would fill in as parents for their nieces and nephews when needed. If a mother passed on, it was a traditional expectation that typically the sister(s) would take their late sibling’s children. Molly spoke about how it was always ingrained within the Dene teachings to keep busy and take care of one another. “One Elder said to us... if your sister or if your brother’s children are by themselves, you don't leave them alone, you go over there, and you take them, and you look after them. If you don't have anybody making noise in your house, it’s not good. So, you have to go outside and go and help at the next house”.

While the parents focused primarily on being the nurturers and taking care of the children’s basic needs, aunties and uncles were traditionally the teachers and disciplinarians. Both Darlene and Molly indicated that the relationship between a child and their aunties and uncles was encouraged. Molly shared how aunties were known to have sewn hundreds of moccasins in their lifetime, and they were “well equipped to retain the wealth of cultural teachings”. Through oral storytelling and observation, she went over some of the skills that could be learned from aunties or uncles: self-care, cutting meat, fleshing moose hide, making dry meat, cooking bannock, berry picking, sewing, beadwork, and much more. Further, Molly talked about how aunties might be more approachable than their parents and so on top of offering teachings, would also give emotional support. “If a young girl is having a hard time, [auntie] will go and talk to her and make her feel good about herself”.

Teaching what is right and wrong is a very important part of a child’s social development, learning, and was vital for their safety. Molly said that it was very rare for children to be punished and the teachings were usually gentle. “There was a lot of laughter in the

teachings. I don't think there was much scolding because the only time you got scolded was when you walk on the ice...or if there was some dangerous thing happening and somebody sees you doing something that's not right". Rather, the emphasis of discipline was on recognizing when a child did well. As mentioned earlier, Molly indicated that the Elders would be watching and noticing, and children were celebrated when they did good.

Likewise, telling the story of the willow, Darlene explained that traditional methods of discipline encouraged children to be self-reflective.

In my time, my parents were still utilizing traditional parenting techniques for disciplining... My parents would say, 'go get a willow' if I did something wrong [or] if I stepped over a boundary, a law. In...the time that it takes you to walk into the bush and look for a willow..., you're thinking that you're going to get a whipping with this willow...and so you're really thinking about it and you're really thinking about what you've done, and you feel remorse.... You go through this process of understanding what you've done and by the time you get back, you're able to say [that] you got a clear awareness of what has transpired and why you now have this willow. ...You're able to speak for yourself to say, I feel really bad that I did this, I hurt this person or whatever, and then usually you don't end up getting hit [chuckling] with that willow because you've done the work of restoring the balance. It's always about balance because stepping over a boundary is to lose balance.

With the focus on restoration, children were guided to come to their own learnings so that they would be self-disciplined and be more likely to abide by these laws in the future.

Darlene spoke about how she had heard that traditionally the aunties and uncles did the disciplining, while a nurturing and loving relationship with the parents was preserved. She admitted that she did not know a lot about this but has come to understand why this might have been necessary. She shared a story about a childhood experience of being punished by her father after nearly being hit by a vehicle. She explained that her father's scolding confused her, and it impacted their relationship. "It really traumatized me, and I felt afraid of my father after that. I didn't feel safe... And then I was afraid to...make another mistake, you know, and I didn't even know what mistake I was making". Given the closeness of this relationship, Darlene said that in

serious times like these, the parents might be too emotional to be able to handle it properly. “An aunt or an uncle [are] a little bit removed from you, you know, not as attached as a parent, that they could...talk to you... An aunt or an uncle would be more levelheaded and not so emotionally triggered, I guess”. In this way, an auntie and uncle are better equipped to calmly provide the necessary teaching to maintain the future safety of the child.

Relationships: Everybody Fits into that Circle

So much of what was taught to children was associated with how to be in and care for relationships, as it is understood that the health and wellness of a community depends on this. Since relatedness extends beyond blood, and adoption was so common, both Molly and Darlene emphasized the necessity of people knowing their kinship ties as part of their identity and to safeguard healthy births. Molly said, “It’s important to know your history and where you come from”. She explained that children would have been taught this as they were being raised. “One of the things that they tell you is your mother is from this family, your father is from this family. This is all your relations, so, when you go visit that family you know that you are connected... And they tell you that you can go visit them, but you cannot think that you're going to marry them because they're your relatives”. Likewise, Darlene explained how critical this was for the health of a community. “It was always about how we are related. That was such an important role to whoever...[taught] the children who their relatives are... It was so important that every child knew who they were related to and how they were related to them. That had to do with so many things on so many levels, especially the natural laws, but also it had to do with healthy child production...because we couldn't cross blood lines otherwise our children would be born deformed. And that's why we didn't marry into our own clans”.

Knowing who you are and your place in the community was necessary for healthy reproduction, but it also informs how you are part of the whole. Another way of teaching people about who they are and their place in the family and community was by naming. Molly explained how essential this was for identity. “Naming was given right from the time a baby was born. The Elders would give a name to the child because they talk to their spirit. If somebody gives you a name that speaks to your spirit, that's really important for families to hear that, [and the child] grows up with meaning. They learn the truth of who they are”. She also described how throughout the lifetime, as the child develops a personality and has experiences, the community members begin to become familiar with them, and they could earn other names. “It's really important to have recognition and to have a sense of place”. These names might tell a story about the name-holder, for instance it could be something about what they hold sacred, or it can even be something humorous; Molly gave the example “Rabbit Foot”. The name also orients the person to a certain relationship. For instance, you might have a name that only your auntie calls you and then another name from your in-laws. “So, you have a place and position in your kinship ties that connects you and that is part of your identity”.

There are ways that people nurture their connection to one another, reminding people that they belong. To demonstrate the beauty of how this is celebrated, Molly told a story about welcoming babies into a tea dance.

We have a big tea dance ring and my grandpa used to tell us that everybody in community fits into that circle and brings something into that circle, whether it's laughter, stories, whether it's tears because they lost somebody...whether they are coming here with new moccasins or old ones. Everybody comes here to be fed, to feast, to ceremony, to have the ritual of being reminded that you are not alone. You have a lot to celebrate and to dance for. All the new babies are going to be danced into the circle and they have names for them. They are introduced to the community. The new baby visits with all the Elders around the circle, and they get lifted by each one of them. They talk to the babies. This is all happening at the tea dance. The drummer tells you, take your granddaughter and stand behind the drums and you can see their little feet going and then somebody

dances [the baby] into the circle and they are passed around to somebody else who goes and dances with them.

Being passed from hands to hands, infants are raised, loved, and nurtured to know who they are in relation to others, imbuing good and connected feelings. “It gives you a lot of hope, courage, peace to know that you're not alone”. With this foundation in place, Molly mentioned the power of influence that it has on an individual. “I really believe that it gives you respect, sovereignty, recognition, acknowledgement, justice, honesty, and trust. Those are all the seven grandfather's teachings and it's simple”.

Similarly, Darlene shared how relations form the basis of the traditional laws. “Our 44 Cree laws are all about how to live a good life, and they're really about how we relate to one another. So, for me, living a good life is really about the relationships that I hold, honour and nurture in a good way. ... We can't be alone, like we're social beings, we have to be in relationship with other people all the time”. Indigenous people understand the significance of our interrelationships and how connected this is to health and well-being. There was also a knowing that these relationships surpass human to human. As stated by Darlene, it includes “our relationship with the world, with creation, with animals, with Mother Earth, with our ancestors, with the ones who have passed on before us and our Elders tell us to always think seven generations ahead when we make decisions”.

Referring to the willow, Darlene described how as an adult, she came to a deeper understanding of the lesson. “The teaching about the willow is actually about connecting to our relative, the willow tree. So, always being mindful of the connection we have to our relatives, to the land, and that we are no different, and that we must strive to be like the willow, standing tall, reaching for Creator, reaching toward the light, and growing straight and strong. But being able to be flexible in the storm, knowing that if we become rigid, that we will break in that storm”.

Darlene explained that she has come to discover that if we nurture our relationship with the willow and ask for guidance, it will help us through difficult times. “So, ...I think, [these teachings] are really bound in spirit, not so much in human, but in the spiritual way and often when I think of our parenting roles, parenting philosophies, they are really based on spirituality”.

Conclusion

From Elder Molly and Knowledge Keeper Darlene, I learned that Indigenous women who do not have children hold a significant place within their families and communities. With a strong interconnected way of being, everyone plays vital roles and are equally valued within the circle. These women raise children, offer important teachings, pass on skills, and contribute to the health and wellness of their communities and most importantly maintain the balance and harmony within their families. They are the net and the bridge.

CHAPTER 4b: INDIVIDUAL STORIES

In this second section of the chapter, it is my honour to introduce the five Indigenous women who, along with the Elder and Knowledge Keeper, are the co-creators of this study. Their individual stories include who they are, where they are from, their upbringing, and how they came to not have children. Following this, in chapter 4c, the women's sharing about what it means to live well will be weaved together to form the collective story.

Laura***About Laura:******“Even though I’ve never had children, I’ve always been a caregiver”***

Laura (chosen pseudonym) is Métis and is originally from the Lac St. Anne, Alberta area. She is in her sixties, single, and is very close to her younger sister, niece, and nephew. Laura has education and training in social services. She primarily worked within post-secondary institutions, coordinating Indigenous-based programs, and recently retired after 20 years of service.

The third child of six, Laura has 4 brothers and 1 sister. Her mother is Cree, and her father is French Canadian, and while their marriage had challenging times, they remained together until their passing 9 years ago. The family lived on a farm, and Laura stated that they were poor. Her father worked on oil rigs and as a labourer for Canadian National Railway, while her mother tended to the farm. Her father was sober for the last 20 years of his life and was usually a gentle man, but when he drank, he sometimes uttered derogatory things to his family about being Indigenous. Tension was sometimes amplified because her father homesteaded the land of her maternal grandfather, which created dissension in the extended family.

When Laura was a youth, she helped with a family restaurant. “It was fun sometimes because it was a hotel restaurant, ...we knew the people and we interacted and stuff but, it was really a lot of work. In the seventies, Alberta Beach was the happening place for beach dances. While most young people were having fun and partying, I got the unenviable job of serving them in the restaurant”. Laura explained that she resented the amount of work that was expected of her. “It's just that I worked a lot of my teenage years. I remember when I was finishing grade 12, I wanted to leave home. I talked [my mother] into giving up that restaurant because I didn't want to feel guilty, and I wanted to go on with my own life”. Despite these feelings, Laura acknowledged that she learned valuable lessons from these early experiences. “We were very poor, but [my parents] had a strong work ethic, which I think saved us kids to some extent too because we knew the value of work, that's for sure”.

Laura shared that her mother was president of the area's Métis Association Local and was actively involved in coordinating community events such as country dances. Besides these social events, Laura said that her family did not practice cultural traditions. She did, however, connect culturally through her late Nohkom. Her Nohkom, her maternal grandmother, was the most influential person in her childhood, connecting her to what it means to be Cree. “Nohkom was always around when we were little, and she raised a lot of children that weren't her own. She was the matriarch. She was the one that influenced so many of us into becoming caregivers because she was such a caregiver. She was all about taking care of people”. As well as making bannock, Nohkom also practiced the traditional way and passed these teachings to Laura. “I spent a lot of time with her growing up.... She picked medicines in the bush, and I went with her sometimes and she would put a cigarette offering down. She only spoke Cree. She did a lot of storytelling, but I never learned to speak Cree so unfortunately, I missed a lot of the teachings.

We still communicated when we were alone with what I called broken English or Cree. I believe now it is called Michif”.

Laura’s grandfather died when she was 12 years old and while he struggled with alcoholism, Laura has fond memories of him singing powwow songs to her in Cree. She does not know a lot about whether her grandparents attended the Indian Residential School but believes that her grandmother attended for a short while. “From what I gather, the old people that were in residential school didn't want to talk about it. I think that there was a lot of shame but after the [Truth and Reconciliation Commission] and mass graves were found, things started to change”.

Laura credits her grandmother for planting the seeds that grew her interest to learn more about being Indigenous, likely providing the foundation for her career path. She indicated that there remains disconnection in her family about being Indigenous, and so she is one of the few who appreciates the culture. While Laura participated in ceremonies for her work, this is not a regular part of her lifestyle. Instead, she finds connection when out in nature, holding her Nohkom’s influence close to her heart.

When it came to learning life skills, Laura spoke about her aunt who was an important role model to her as a teenager. “My aunt’s a Caucasian woman who was my uncle’s second wife. She's 98 years old, [and] lives by herself in an apartment just off English Bay in Vancouver. I don't know why, but she took a liking to me, and she would spend time with me.... She met me when I was about 12 years old. We were so poor [that]...she bought me some things every now and then.... [She] influenced the way I saw the world I would say. When I was older, I would go to her house and [we] would go for long walks. She taught me about health, fitness, and wellness. ...Her worldview influenced [me]. ...She taught me a lot about life skills, money, she was definitely a role model to me”. With a smile, Laura mentioned how her aunt’s good

health was maintained into her senior years. “When I [have] visited her, she would walk the sea wall, an hour and a half, every day and you could not keep up with that woman, and I'm a good walker”.

How Laura Came to Not Have Children

As mentioned earlier, Laura’s parents were hard workers, and this often required them to be outside of the home. As the oldest daughter, Laura was tasked with the obligation to help care for her younger siblings. She remembers changing the diaper of her baby brother when she was 8 years old, pointing out that this practice of older children caring for younger ones was not unusual “in our community”. “I got stuck with the responsibility of my siblings and I remember thinking, I never want to have kids.... I was always expected to help and felt like I had, in some ways, raised my younger brothers and sister, although my mother was there, [it] was like my role was mixed with hers [and] she was not always available”. “So, I basically started out feeling that I got too much responsibility...[to] care for people”.

Laura indicated that these early caregiving duties were unfair. “I felt like I was tied down...I missed a lot of my childhood”. Further, her mother who was pregnant young, was very strict because she “didn't want that to happen to me. She was cautious with me so that I couldn't get into trouble”. Laura believes that this fear might have influenced her. At the same time, she resented her mother’s control along with the expectations placed on her for caregiving and keeping the house clean. So much so that she could not wait to be an adult so that she could have her independence.

At 18, Laura achieved what she always wanted, she had a job and her own place. She was also a part of a crew she described as “wild kids” who were drinking and partying a lot. “I was getting my freedom” and with a chuckle, said “I made up for lost time”. Her mother who had

been strict with Laura was not the same with her younger sister, and it was during this time that her sister became pregnant at a young age. As a result, there was a lot of strong feelings and discord within the family home. Both her and her mother felt it was not a good place for her sister to be, therefore Laura cut her freedom short taking her sister to live with her in Edmonton, Alberta.

When it came time for the childbirth, then 21-year-old Laura accompanied her younger sister to the hospital. Laura referred to how she “caught the role”, necessitating her to be the one to support her sister rather than their mother who lived out of town. The medical staff informed Laura that the baby had died in utero and advised her to not tell her sister because it would be too hard for her to go through with the birthing process. While helping her sister with the labour, Laura needed to suppress this painful knowledge. She said that this was very hard to do, as her sister was excited to have the baby. Upon reflection, Laura wonders if this emotionally difficult experience might have partly impacted her interest in having children.

Given the high responsibilities placed on her, Laura was threatened by the thought of how children would tie her down. She explained that as a young teen, she knew she did not want to have children. “When I was young, I wanted to be free. I was terrified to ever become pregnant and therefore very cautious with birth control”. She said that there was only one short-lived time in her life in her mid-twenties when she considered having children, but it only lasted for 6 months. “It was a quieter time in my life...I don't remember the details but maybe I wasn't socializing as much, and I felt lonely”. Not having a serious enough relationship with a partner and at the age of 28, Laura was very confident that she did not want children. This desire being so strong that she went to her doctor to ask for a tubal ligation, but the doctor refused, stating that “it wasn't natural for a woman to not want children”.

Dr. Claire Clark*About Claire****“My name in Cree is Chibeemsoo. Chibeemsoo means the boss”***

Claire is from the Big Stone Cree Nation, originally from Desmarais/Wabasca, Alberta. She is 75 years old and has been married for 53 years to her husband Doug, who is of Scottish ancestry. Claire worked for 26 years for Alberta Government Telephones (now Telus) and after retiring, developed a consulting business to train Indigenous people to build employment readiness and maintenance skills. In 2018, Claire and Doug moved from Edmonton, Alberta to Nanaimo, British Columbia, where she volunteers for Nanaimo Aboriginal Centre and Lions.

Claire’s father was Cree First Nations and her mother Cree/Métis. She was the oldest of seven children – two sisters and four brothers. Claire’s childhood is punctuated by two major occurrences, her hospitalization and the family’s move away from their community.

When Claire was six, she was flown into Edmonton and was admitted into the Charles Camsell Hospital for tuberculosis. “I was there almost two years of my early childhood...At that time, they didn't have any education for us, they gave us colouring books and [we listened] to the radio and stuff like that and we were in wards of eight [patients].... So, those were lonely days and I felt initially that my parents had thrown me away because I didn't see them for quite a while. They didn't have a vehicle and the reserve is quite a way from Edmonton, in those days...there was no roads, right? So, there was a lot of confusion about why I was there because I didn't understand, and I didn't know when I'd be leaving...”.

While in the hospital, Claire’s father sought a better life than what they had on the reserve and found work on the railroad, moving the family to Pickardville, Alberta. Her father ignored the rules of the pass system [which required First Nations people to get permission to

leave the reserve]. This big transition would come with consequences that impacted Claire's tie to her family and culture. "...That started our whole adaptation into white community. So, from then on, we were disconnected from our whole First Nations family.... We didn't...get to tell our relatives before we moved. When you're six years old, you remember how kind they were, but you're too young to understand how the rest of their lives were. So, we missed out on that. We missed out on our whole culture by being removed". Claire explained that her parents eventually reconnected with the community but were judged for leaving and integrating into another society.

Claire shared how this separation from her community was made even more challenging because of restrictions placed on her family, barring them from being able to visit. "Before 1960, Aboriginal people weren't allowed to be seen anywhere in public. When we were living in Pickardville, we had people come out to see us very rarely... they would show up at night and...they'd leave at night. I could never understand...we just had a small house and there'd be maybe four men [who would] show up to talk to Dad and they're all relatives, and they'd sleep on the floor...". As a child, Claire was not able to make sense of this, and it would not be until she was older that she understood the risks her relatives were taking just to visit. Given the racism they faced, Claire also realizes why the Cree language was curtailed. "It's really strange now [to] think of it, you know, as you get older you think back to the things that happened. They would speak Cree in the house, but they didn't speak Cree outside of the house because...we're already discriminated against because of our colour...so they told us to speak English. So, I recognize why they said that. I understand some of the language yet, but very little now".

After a couple of years, her father was transferred to Smith, Alberta. Claire received limited education in the hospital, was no longer fluent in Cree, and was only able to speak

broken English due to initially being in a French school in Pickardville. However, despite these barriers, it did not take her long to learn. Her dedication to schooling was inspired by her parents, both of whom had limited education, but instilled this foundational value onto their children.

Claire shared how her mother, who was forbade an opportunity for education, influenced her children to live full lives. “One of the nuns as a matter of fact, told me that they were going to send [my mother] to Paris, France, to get further education because they felt that she was a good candidate. But when she went home to tell her parents of course they said, ‘there's no way you’re leaving, you’re getting married. You're not going to go to school’. ...Mom didn't want to get married, but in those days your parents tell you what you have to do. She wanted to do other things, you know...she had higher aspirations, and that's probably where some of us in the family got it. We just did different things, didn’t let life bring us down”.

Claire shared that her mother was the most influential person to her and was “such a kind soul” who served others. She was emotional as she shared the following story. “I remember this one time, [our] neighbour had a child that was disabled. He just couldn't do very much for himself, and the parents discarded him...they just didn't pay attention to him. So, she would go over there and talk to him, and bring him home to our place and treat him like one of her kids. And to this day that young man remembers how she treated him. Maybe those are examples of what I was trying to do too in those organizations that I work with. I think I got that from her”.

In 1966, when Claire’s younger sister Liz was entering grade 11, Claire moved with her to Westlock, Alberta to continue their schooling, as there was no high school in Smith. The sisters received a grant from the Athabasca School division for the first year and Claire worked part-time in the hospital while she completed grade 12 over two years. “So, school was at nine o'clock till one. And then in the afternoon, I worked”. Living in Westlock without their parents,

Claire was cautious and assumed the role of guardian. “I was really protective of myself and my sister...with all this discrimination going on. In Westlock, [we] were the only Aboriginal kids going to school there, and there's like 300 kids and we had a hard time finding friends. ...We couldn't tell anybody we lived alone [because] we didn't want anybody to come by. So, we were in a protective environment, but yet we wanted friendship. How do you do that, right? It's really difficult. Liz is so friendly; she talks to everybody and I'm scared that if she goes somewhere...somebody might harm her.... I was the parent the whole time. I'd have to tell my sister when to be home...just for her protection but she didn't understand why I was so hard on her because I didn't want her getting caught up with...new friends [who] might not be the right ones. And because of our nationality, I was just scared. I was already a parent”.

Claire holds a central role within her family as the oldest sibling. With a laugh, she said, “I'm the queen...I pack the history”. She explained that this special status went beyond her family, as it was also recognized by her community. “When I was born, I don't know what it was about me, but I was held [as] a special person in the community. My father's family are chiefs and chiefdoms...and when I was born, whenever it was my birthday, they would have a round dance for me”. Claire did not fully understand her status and it would not be until she was an adult that she came to learn that people were trying to heal her. Having tuberculosis, Claire was often sick, and the people held the dances to “get her spirits up”.

As mentioned previously, Claire lost her connection to her community and so never fully understood the significance of her position. “I never knew [about my status] till I was an adult and one of my aunties said, ‘Oh Chibeemsoo, you're still healthy!’ That's my name in Cree...Chibeemsoo [laughing]. Chibeemsoo means the boss! [Laughing] Yes, can you believe it? Oh gosh, I didn't know what it meant, I thought it was sort of a cute name”. Claire explained

that this status was not talked about in the family but was noticed when her aunties visited.

“They'd be sitting on the floor at my feet to talk to me. They didn't sit here [points to same level as her]”. Not comfortable with her aunties sitting on the floor, Claire asked them to sit on the couch, which they would oblige.

How Claire Came to Not Have Children

Claire shared that her decision to not have children came young and was influenced by what she witnessed in the community. She spoke about how she saw many First Nations and Métis children neglected. Many parents were away from the home because they needed to work or had substance use issues. She said that consequently the children lacked care and discipline, and she knew of several girlfriends who became pregnant at a young age. “This girl that I used to hang out with, I asked her, ‘are you sick or something? You're getting so fat [chuckles]?’ She said, ‘I'm going to have a baby’. And I was just so shocked. I thought, man...you're 14! How's that possible? Like, what are you going to do? ‘Oh’, she says, ‘I might stay at home, or I might move somewhere’, and...she spoke of that topic like it's every day, what's the problem? So, my mother said to me, ‘you can't hang out with her anymore. She's a bad girl’, but I couldn't understand. In those days, our mothers didn't tell us what sex was or how easy you could get involved in something like that and I think that in itself was an issue”.

Claire's father encouraged education and was also clear about the importance of being responsible. “I had a really strict father. So, I'm sure, if one of us came home with a kid he'd probably say, ‘so where are you going to live now?’ Because at the age of 14 or 15, he would say to us, ‘You're going to keep going to school, I want you to complete your education. But, if you decide not to go to school, ...you're going to have to find work or find another place to live

because you won't be living here'. So, he was basically preparing us at that early age to start thinking about what we're going to do with our lives”.

Further, Claire witnessed a lot of instability in the homes of her fellow community members. She said that the lack of longevity in relationships troubled her, and she did not want this outcome for herself. “I saw so many adults in different relationships. They'd be living with somebody and all of a sudden that person's gone, and I'd think, what would happen to me if [I experienced that]? That was always my struggle [during my] whole growing up process because I saw so much of it”. Claire explained that her sensitivity to this was likely linked to her feelings of abandonment from when she was a child in the hospital, leading her to worry immensely about being left behind. “Most kids don't think about that...I did some babysitting for these families that were so broken up all the time, you know. And I'd think, what would I do if I was in that situation? Again, I can't fathom it”.

Given the challenges that Indigenous women face, Claire did not want the increased vulnerability that can be experienced by single, Indigenous mothers. “I think people don't see that as much in bigger communities like in Edmonton, because it happens every day to almost anybody”. But when it happens to an Aboriginal woman, then she has 10 times as much difficulty trying to survive because of her race, and because she's got a couple of kids, and because she's not educated, and doesn't have work, then what's she going to do? We had aunties who were in those situations and I used to think, oh my goodness I would never put myself there”.

For these reasons, at the age of 20 when she got married, Claire was adamant that she did not want to have children and had a conversation with her to-be husband “right off the top”. She explained that he was supportive and was on the same page. “I think once I made up my mind

and why I made it, I never steered away from it” and did not have any regrets. In fact, she was so serious about this that at the age of 30, she asked her doctor for a tubal ligation, but was initially rejected. “He [the doctor] says, “oh no no you're too young, you're gonna make up your mind later on and it will be too late’. I said, ‘I'm not having any children’. And he just couldn't believe it. Well, that’s where I was. So, I tried again at 35 and he finally approved”.

Dr. Cheryl Whiskeyjack

About Cheryl

“I am a woman who’s never had children, but I have never been childless”

Cheryl is Anishinabi, originally from Wiikwemkoong, an unceded reserve on Manitoulin Island, Ontario. She is 52 years old and married to a Cree man named Elmer from Saddle Lake, Alberta and has resided in Edmonton, Alberta since she was 10 years old. Cheryl is the Executive Director of Bent Arrow Traditional Healing Society, where she has worked since 1994.

The second oldest of four girls, Cheryl comes from a large extended family. “So, my mom was one of 12...and my dad was one of 14 biological children, but they adopted a few so I always say he was one of 17.... All my aunts and uncles had about four or five kids...so you can do the math and see that I have a lot of first cousins. A very big family and a very close family on both sides. So, even though we grew up here, we still are very connected to our family back home”.

In 1979, with the hope of economic prospects, the family moved to Edmonton. “So, we came out here when I was a young girl. My dad used to say, ‘it's really beautiful where I'm from...but you can't live on scenery’ Alberta is a place of opportunities...and so he moved us all out here when I was 10, the oldest [sister] was 14, the youngest was like four or five years old

and we have been here ever since.... I always say like The Beverly Hillbillies, they loaded down the Volvo until...the back end was low and sold everything, brought only the precious things...and we started all over again. ...When the boom went bust, they both said, 'well, we're here, we made the commitment and we're not going.'".

To truly know Cheryl, it is necessary to know about her father who had a significant influence on who she is. Four years after the move and at the age of 14, Cheryl lost her mother. "So, my dad became a single father in 1983. The oldest of us was 17 going on 18, the youngest of us was 10. And he was committed to raising us and made sure that he had lots of support... you know because that is not the time you want to be a single dad of all girls, we were all like hormonal [chuckling]. I always say that I can't even imagine what we put the poor guy through with the eye rolling, the misery of hormones, boobs, periods and everything...plus, of course, losing our mother, right?"

With pride in her voice, Cheryl spoke highly of how her father handled what must have been a difficult transition. Being so distanced from their home community, he ensured his daughters had the support of women involved in local Indigenous organizations, who became like surrogate aunties. "Those were the women that we went to talk to about things that we needed to talk to women about, who helped us understand those things". Further, he got his daughters involved in youth groups through the Métis Nation and the Boys and Girls Club.

Despite her father working full-time as a millwright, Cheryl remembers him as being actively involved and committed to his children. "He was very strict, like not so strict that we wanted to sneak around to defy him because I think you can be too strict that you force your kids to be sneaky. ...He was very approachable, and he was very clear with us about why he was strict. The other thing that he did that...was so freakin smart was he spent time with us. He spent

a lot of time with us. Like he took us camping, he took us on trips. Every Sunday we went for a drive somewhere in Alberta and then we'd always stop for ice cream. He took us to church. He just did stuff with us. He'd pack up the station wagon...put some wood and his Coleman stove [in it] and he would take us to a park in Edmonton and we would roller skate through the park on those nice trails...and he'd cook up something for us to eat. We always had to eat together, like we never went to our rooms and grabbed a plate like kids do today. We ate together and sat at a table, and we talked to him about what was going on". The stability, structure, and fairness that her father imbued would make their home a welcoming hangout for other youth. "What we found out when we grew older was that our friends really loved that our dad was strict...like we were the house that kids gathered at. I think for my dad, he didn't mind having everybody around, because then he knew where we were".

Looking back, Cheryl is in awe at how her father stepped up even in those times that it might have inconvenienced him. "When I was...16 to 18, we used to go to these teen dances, and they didn't end until like 2 or 3 in the morning. We used to tell all our friends like, 'yeah, my dad will give you a ride home'. So, my poor dad would stay up to like 2 or 3 in the morning to get us, and then extend another hour driving all these kids home.... Like I never thought nothing of it, I just thought it's what my dad does, right? But now, I'm like my god if I had a teenager...and she signed me up to drive all her friend's home, I'd be like geez thanks, thanks for asking. I never even thought to ask my dad, I just thought that's what he'll do".

Preparing them for independence, Cheryl's father taught them about the value of money. "He would tell us if you want those \$80 jeans, you gotta go make some money...[laughing]". So, from the age of 14, Cheryl got her babysitting certificate and created a thriving business for herself. "I remember I would babysit for women who were going to bingo on a school night, I'd

make \$7 while they went to bingo [and] if they won, I got more than \$7. On the weekends, I made like \$20 a night. This is like in the 80s, right? So, like add it up, it was pretty good coin....". When she was 16 and started working in a restaurant, her father bestowed another financial lesson. "The other thing that he did that I thought was so brilliant was when we were...in these real jobs...he gave each one of us girls a household bill and yeah, I don't know how it would work today...things were cheaper then.... He gave me the cable bill and said this is your bill every month. You pay this bill, and that's all you have to do, and what it taught me was like it costs money to live.... I remember being really proud every time I took that bill to the bank and got that stamp on it that it was paid. I remember just being really proud that we had cable because of me...every time we turned on the TV, I was like, we have that because I paid the bill, you know?".

Cheryl would learn later that her father faced some reluctance from the family about his ability to raise his daughters. "One of the things my dad told me when we went home for the funeral for our mother, he caught my mom's siblings dividing us [girls] up in a conversation at the wake. And they were like, 'I'll take that one and you can take that one' and he walked in on this...conversation and he's like, 'what are you guys talking about?' And they were like, 'well you can't raise four girls on your own'. He's like, 'watch me! I just lost my wife; I'm not losing these girls [too]'". While these aunts were following traditional responsibilities to adopt their late sister's children, Cheryl's dad took this to heart and made a conscious choice to prove his dedication. Years later, her father earned recognition, receiving much deserved validation from her maternal grandmother. She told him, 'You don't know how many nights I worried about the thousand ways you were going to screw these girls up, but I just want you to know before I go home that I'm so proud of what you've done with these girls, you did such a great job with them

and I just have to tell you that. I didn't think you could do it, but you did it' and he's like, 'Oh, thank you, thank you'".

Given the significant role Cheryl's father has had in his daughter's lives, he has earned the rightful place of patriarch, gaining the adoration and loving care of his adult daughters, one of whom he resides with. "So, you can see why I think he's like a god, right? He is like superman, he's the centre of our universe, he's a real big deal to us and we treat him as if he's the most precious thing in our family".

How Cheryl Came to Not Have Children

For Cheryl, her story of not having children was not by choice. Not long before getting married to her husband Elmer at the age of 22, they discovered that he was medically incapable of having children. "I was the only one out of the four girls that did not have children...It just turned out that way, it wasn't a choice". While there was a medical procedure that might have rectified the problem, Elmer opted to not proceed and Cheryl respected his decision, lovingly accepting the fact that they would not have children. "So, we sort of had that talk before we got married, he was like, 'I don't want this to be a deal breaker like five years in, so you really need to be okay with this'. And I said, 'I am okay with it', and he's like, 'how do you know you're okay with it?', and I said, 'because I love you more than a child that does not exist'".

Knowing that her husband was worried about how this might negatively impact their marriage, Cheryl made a commitment to ensure that it would not. As such, despite some fleeting instances, she does not have regrets. "I did have moments of looking at my friends having kids, but they were just moments and they passed". She acknowledges that there are experiences that she will not have, accepting her circumstances. "There's things I'll never understand, you know that my sisters have gone through because I've never physically gone through that experience

myself, but I don't feel bad or different about it. It's just been my journey". Her love for her husband surpasses her wish for children. "When I found him and the way I felt about him and about us, [I was] excited about the life we were going to build together. I didn't know how that was going to look but I knew I wanted it to be with him. If kids weren't a part of that, then that was my acceptance right then and there".

Cheryl is actively involved with her nieces and nephews and so when it comes to having children in her life, she feels fulfilled. She described how she has come to make meaning of her circumstances and how this has not necessitated a life without children. On top of her professional work with Indigenous families, she is integrally involved with the raising of her sister's children. "I'm **so** [emphasis] close to my sisters and I'm **so** [emphasis] close to their children... it's like I'm one of their parents, you know. And I never asked them to do that, but they just automatically include me". "So, what I'll say... is [that] I am a woman who's never had children, but I have never been childless, and I don't want to be childless. I don't have to be childless because the work I do makes sure I'm not".

Victoria Carter

About Victoria

"Here I am, I'm a sociologist at heart and by training, I'm a humanitarian, and I help people"

Victoria is Cree, her mother is from Frog Lake First Nation, while her father is from Onion Lake First Nation. She is 40 years old and grew up primarily in Edmonton, Alberta, but presently resides in Nanaimo, British Columbia, with her partner Ben. She has a Bachelor of Arts degree in sociology, with a minor in psychology and has spent over 20 years working in various administration roles. Volunteering is a very important value for Victoria, and she has served many organizations and causes, beginning at 15 years old and continues to this day.

Victoria is the youngest of 5 siblings. She has 16 nieces and nephews and 11 great-nieces and great-nephews. “[I have a] big, huge family with many aunties, uncles, and cousins. ...If you're familiar with how it works, it's technically 27 nieces and nephews, [but also traditionally understood as] ...27... grandchildren, right. So that's a very large family and since moving to the island, I try my best to keep in touch with them via social media”.

While describing a lot of warmth in her family, Victoria shared that her early years had its challenges. Her mother was a struggling single parent, and she remembers living in an area of Edmonton known as “the ghetto”. “I recall my young life being unstable with moving around a lot, poverty, trips to the food bank, collecting bottles, going to the pawn shops, surrounded by adults engaged in drugs and alcohol abuse. [I have] memories of going to school hungry, chewing on a pencil to curb the hunger pains and having a teacher...yell at me, to which I yelled back that... that I was hungry and then being sent to the office”.

When Victoria was 7, she experienced a turning point with the introduction of her stepfather. “My stepdad came into my life...and well, we didn't really have those experiences again”. Victoria shared that her stepfather had a loving presence and played a significant role in her upbringing. “My stepdad...is a huge role model [and] positive influence for me.... He's just an overall great human being, and in the trauma and everything of growing up, he's always been that one person who was there, who I could talk to, and confide in...”. She explained that her stepfather introduced her to Star Trek, The Next Generation (TNG), and this passion has continued to this day, as evident by the fact that she calls herself “a closet nerd”. “Star Trek, TNG, was my first exposure to seeing non-white characters on TV”. He also taught Victoria about important life skills, such as being financially responsible. “He [had] words of wisdom like get a job, save your money, don't go into debt, live below your means and it was all these things

that I took in...”. Victoria credits his positive influence for the life she has created for herself. “Now...I'm living my dream, I'm living on an island, I'm child free by choice, I'm debt-free. I've aspired to achieve all of these things, to live my life as authentically as I can, and it's been a culmination of my upbringing, learning from it, and heeding his words...”.

Aside from her stepfather, Victoria shared that her maternal grandmother was also very influential to her. “She passed away in August 2011. She was...the matriarch of the family and I would go to visit her, and I would open up the door and we'd make eye contact, she would smile this great big smile, and it was just like it was always...that sense of connection that didn't need to be explained”. Victoria expressed sadness about the fact that her mother and her three older siblings are fluent in Cree but did not pass this down to her. “One thing that I kind of regret looking back on is not being able to communicate with either grandparent in our native language. That was not something that my mom taught me growing up. I do know a little bit now, [as] I'm taking it upon myself...to learn Cree..., but those are things that I wish that I could re-do...to have a conversation in Cree with my grandmother and grandfather and learn more from them because [while] they spoke English, they knew more in Cree, right. So, there was a disconnect”.

In her mid-20's, Victoria described how her post-secondary education would provide an understanding of how the Indian Residential School affected her family, providing context for this cultural disconnection and the unstable upbringing she experienced. “One of the things that I reflect back on is learning about the residential schools when I went to university.... It wasn't something that my family talked about openly. It wasn't until I went to university that I learned about it and learned about the impacts.... I finally learned, like intrinsically for myself, why my family was the way they were....There wasn't a lot of closeness, there was and continues to be

unresolved trauma, [and] anger, but [once] I learned [about] the causes and the history, I was like, wow okay, now I get it. So, it was just something [that] happened to me and it was like, okay well, I'm not gonna hold on to this anger anymore, just let it go, *kiyam* [Cree word for let it go or let it be]". While Victoria believes that this understanding has helped her to feel closer to her family, she acknowledged that this does not necessarily extend to all her family members. "In my own way, it was healing for me... [but] I can't speak for my siblings or my aunts or my uncles and whether or not they were healed... from what I've seen, there's stuff they're holding on to. I'm in no place to say we need to sit down and figure this out because you can't force that, everyone's on their own healing journey".

How Victoria Came to Not Have Children

In her youth, Victoria was actively involved in Army and Police Cadets and had a specific path in mind for when she completed high school. She wanted to join the military (either infantry or rangers), with alternative plans of being with the RCMP or Edmonton Police Services - that was the dream, the goal. However, she discovered that childhood medical complications would result in her needing to adjust her career plans. "I was born premature...and in kidney failure...the doctors removed my left kidney". As a child, Victoria had other medical issues, including a metal plate for a broken elbow and removal of a benign cyst on her thyroid, but her remaining childhood has since been healthy, so she thought nothing of it. She reflected on the day she discovered that she could not pursue her dream.

I was 19 years old and went down to Canada Place and was **so** [emphasis] sure that I was going to be accepted and did all the paperwork, jumped through the hoops, had my final interview with the officer and he said that I was denied. I was denied because I have one kidney and was deemed a medical liability for the military. ...That was a huge shock, like never in my life did I ever have any reason to think that it was a problem, now it was.... I'm healthy and it never stopped me from doing anything that I've done in my life...a **huge** [emphasis] shock. ...I remember sitting across the table and confiding in my stepfather, and being like, 'what am I supposed to do now? This was my goal!' He [said]

something along the lines of, 'well maybe there's a different path for you, maybe that's not the path that you were meant to be on'. I'm like, 'I don't care. That is the path I want to be on...that is what I want to do!'. I was so just angry...like how could this happen?

Unexpectedly, Victoria was left needing to reevaluate her life goals at a time when her adult life was just beginning.

Having family members who passed away prior to age 30 due to kidney complications placed her in a position of having to do some soul-searching. "So, it forced me to... think what am I going to do with my life; in a year, in five years, what am I going to do in 10 years? I'll be 30 in 10 years, am I even going to be alive? So, I'm like, okay we'll just make it to 30 and then regroup... that's how I'll continue living my life". Victoria explained that most young people do not need to make decisions about their life from this dire perspective, and it added pressure to her decision about whether to have children. "Well, if I'm gonna have kids, if I even can have kids, then I better get on it, right". However, contrary to her strong desire to be in the military, Victoria did not feel the same calling to motherhood. "Growing up in poverty, raising kids when I was a kid, repeating the same cycles again. There was never a maternal instinct for me". From here, Victoria made the decision to live her life, attend school, save money, travel, and volunteer. While not being able to pursue the military, Victoria marvels at how her volunteering has circled back to being in the role of service. "...Twenty years later, here I am, I'm a sociologist at heart and by training, I'm a humanitarian and I help people".

In her mid-20s, Victoria was involved with someone who had a child, and she was willing to step into the role of stepmother. "I was dating a guy who had a child, and the relationship, in and of itself, was unhealthy for a lot of different reasons. I was learning about Residential Schools and Canadian history and the guy had no idea all this happened, so I would be teaching him and we'd end up fighting, while drinking, because he could not believe this was

Canada. ...For me, if I'm going to commit to this relationship, I'm committing to him and his child. I'm not half assing it and I'm going to be present; I'm going to be involved. I actually...[chose] to stay longer in that relationship because of the child, she was just adorable. But, at the end of the day, I had to end up walking away because it wasn't a good nor healthy relationship”.

Upon reflection, Victoria believes that her life would have been troubled if she had children in another strained relationship.

I had spent 5 years with a guy, who never even introduced me to his family because I wasn't the “right shade of brown”. If I settled and conformed and did have children with that one person... I would probably be an empty shell of who I am. I know that I'd suffer from postpartum depression. It would be very isolating; it would be me being alone with the child. ...I know that [I] would [have been on] a completely different path. ...I would not have been encouraged to finish school because when I was in school, he didn't like the fact that I had friends other than him. He didn't like the fact that we would get together and talk about school stuff, and he didn't have anything to add to the conversation. I know I wouldn't have completed my degree, wouldn't have been able to volunteer, wouldn't have been able to travel. I would be stuck in Edmonton and an empty shell, broken, not aware of who I was or anything.

While Victoria is aware that circumstances would be different with a supportive and loving partner, she also believes that having children would have considerably altered her life. “At the end of the day, it would have been harder to complete schooling, it would have been harder to travel, it would have been harder to do anything because now all of that gets put to the side because I have this little person to take care of... my priorities would have changed, as they should when you bring a child into this world”.

Nanook

About Nanook

“I like being me, it's fun...I have a good life...I like my independence and freedom”

Nanook is in her late 40's, single, and Inuit. She grew up in Yellowknife, Northwest Territories, but has been residing in Alberta for over twenty years. She chose the pseudonym Nanook, which means polar bear in Inuktitut. Nanook's mother is Inuit from the Mackenzie Delta area of the Northwest Territories, just off the coast of the Arctic Ocean. Nanook has worked for 16 years in a highly competitive and male-dominated profession.

Nanook's mother had five children and Nanook was raised with two of her older sisters and her nephew. Her father, who is of European descent, and mother remained together until their passing. When asked how she identifies herself, Nanook said, "Inuit is fine. If I'm being cheeky, I might call myself Inu-white...well I'm half Inuit and half white. To me, it's a good play on words, it seems to fit. ... So, when I'm comfortable around people and [we are on] friendly terms, it describes what I am".

Nanook described a challenging upbringing. "So, my family...was sort of dysfunctional...there's addictions and mental health. Growing up, my dad worked a lot and he traveled out of town often, and my mom tried to have good parenting skills, but her background was residential school.... She did her best for what she had and understood". At around age 9, Nanook shared that there was a lot of disruption in her family when her mother experienced the traumatic loss of multiple family members. It was around this time that Nanook felt on her own. "[My mom] kind of just fell off the rails as a parent [and] ...I'm trying to fend for myself. I don't have new clothes going into junior high and she just was sleeping all the time or drinking on weekends or whatever trying to cope, I guess. So, ...I basically raised myself after that age".

When Nanook was an adult, learning about the Indian Residential Schools provided a better understanding of the impacts. "[My mom] was kidnapped at the age of 4. So, thrown into these places, these residential schools. She lost that connection with her mother for many years,

and [experienced] whatever took place in those residential schools, [such as] abuse and loss of culture. She never taught us anything from her culture, I don't know how to speak, I don't know how to sew, I don't know how to live the way they do. So, she lost that". Nanook described the moment she gained clarity about the gaps in her mother's parenting.

I kind of had an epiphany a number of years ago, I was like, why is she so good with little kids but when the kids grow up and get a little older, she just falls apart? She doesn't know how to be a parent, like I failed grade 8 because I had no disciplinarian at home to make sure I did my homework because I'm a kid, like I don't want to do my homework. So, it's things like that. She was such a good parent to little kids because she had her mother up to the age of 4. So, that's all she knew. That was kind of where you know things ended for her with being a parent and knowing how to be a parent.

This realization gave Nanook a different perspective of not only her mother's parenting skills, but of her own upbringing.

Nanook said that her father was often away for work, and when he was home, he would lean on her. "He had his own challenges.... He never sought mental health assistance or...counselling, so it was just all this dumping...on me all the time.... It wasn't abuse, but I mean I'm 8, like why are you bouncing all your life problems onto me? I can't solve this for you, I can't make it better...I can't offer any kind of advice, like what do I know?". Despite this, Nanook appreciated her father's presence. "I was close to him...so the time he was [at home], I valued it quite a bit".

Given the limited support she received as a child, Nanook explained that it impacted her mental health. "I struggled, I probably had [obsessive compulsive disorder] because I remember being so stressed out, I was a bed wetter. ...It was funny because I would want to be super clean, there was some little part of my room that I'd clean all the time, [making] sure everything was in its place, everything had to be perfect. It was something I can control, and the...flicking of the lights off and on had to be a perfect number. ...So, it was odd ball things like that. ...So, I don't think I had anybody to help pull the reins up, help me out, except for just having good friends

and being able to be independent and get out of the house, right? That was the one thing I wanted to do, as soon as I'm old enough, I'm outta here”.

How Nanook Came to Not Have Children

This difficult upbringing had enduring impacts on Nanook, which influenced her decision on whether to have children. At the same time, she explained that she did not experience pressure from her family. “[Having children] never appealed to me, I never grew up with that pressure, you know, you grow up, you get married, you have kids. That wasn't something that was exposed to me, and in fact...my mom would say often like, ‘don't ever grow up and have kids and get married [chuckle]’. You know, being fed that, it wasn't like I believed her, but you know our family life was pretty dysfunctional so I'm like, if that's marriage and family? No, I don't want any part of it”.

As such, Nanook did not have the same ambitions that young women are often socialized with. “I never wanted to have this big grand wedding you would see on TV; I didn't like being the centre of attention and that wasn't my life goal”. In fact, Nanook was inspired by the independence of a female character she saw on television.

...My mom wasn't really a present parent [and] my dad traveled a lot so, I was often [playing] outside with...friends and stuff and watching TV in the 80's. ...There was one show I remember, WKRP, and there was that lady, Lonnie Anderson played her...her lifestyle was so glamorous to me. I remember the doorbell chime, she'd have a visitor come over and it's somebody from the office, but she just, you know, breezed around her house in her silk negligee or whatever and I just thought that's awesome, that's how I want to live [laughing]. No care in the world, just be alone and happy, and have your own place and be independent and not have anybody bother you. That was my goal.

Nanook aspired for a different life that did not necessarily include children, and she knew this was possible from what she saw on TV, but also from how other people around her lived. “I just knew that I don't want this life for myself when I'm out of here. ...As small as Yellowknife was you'd see people living in nicer homes, and I'm not like all super materialistic but I want to be at

a level where I don't have to worry about money the way my dad did, [and have] it be a major stressor in my life. So, how do I make that? How do I get there?"

Despite this, she was not completely opposed to having children with the right partner. "Maybe if I had a sustainable relationship with some guy...it could have happened; I suppose I would have went along with it but it wasn't like we were pursuing it. ...It was just if it happened, it happens, but it wasn't like we were making plans toward it". In hindsight, Nanook is grateful for not going down that path, as she feels ill-equipped to be a parent, and at the same time, believes that it would not be a good fit for her.

I don't regret anything about that because in the back of my mind I don't think I would have made a good mom anyway because...my own mother had very poor parental skills and I learned very little from her. I had to basically raise myself since I was 9. So, I didn't know how to be a parent because I had never been shown how to be an adequate parent. I don't think that was a defining factor, it just coupled with my own personality. It was the way things turned out and I don't regret it.

Nanook acknowledges that things would have been different if she had a strong desire for children. "...I think there would have been a lot of friction in my mind or conflict in my soul and my spirit if I wanted to have kids, but I couldn't.... You know, it never was [that way] for me, so I smooth sailed through that pretty easily".

On top of this inner knowing that motherhood was not for her, Nanook also reflected on the systemic challenges that face Indigenous women.

I don't think I would have coped well...because if I did have a kid when I was younger, in my 20s or 30s, I probably wouldn't be married, and I wouldn't have the support of a spouse and I would be trying to look after a child on my own.... Quite often it seems to me, maybe it's better now, but Indigenous women will have children without being married so of course they're at a deficit without having a second income or fellows to help them raise the children. So, I don't want to say I'm better than that, but I think...the cards were on my side, I guess that's the best way I could describe it.

Given these potential barriers, Nanook foresaw that raising a child would have made her life much more difficult.

Crediting her move out of the Northwest Territories as being a significant turning point, Nanook was able to create the life she wanted. “I like being me, it's fun. ...When I'm healthy and well, I have a good life...I like my independence and freedom. I like to travel. I love my dog. I have really good friends. I'm glad I left the north where I grew up, because I've been able to grow, learn and build on things”. Nanook believes that having children would have interfered with her dreams. “I think just with the...systemic racism and setbacks that we are already entering into life with, that we're kind of at a deficit most of the times, the way I grew up anyway. I suppose, for me, like I graduated high school, I went on to post-secondary, I pursued those things, and I got a little ahead in my station in life. So, if I had children, I think that would have certainly delayed it or...maybe it never would have happened”.

CHAPTER 4c: ASOKANA: THE COLLECTIVE STORY



As I was collecting the stories, one word kept resurfacing in the conversations and seemed to ring out and grab my attention. The word was bridges. I heard this word not only from most of the women I spoke with, but from the Elder and Knowledge Keepers that I had the privilege to learn from.

Bridges are essential physical structures that help us to surpass divisions and barriers, connecting us to places that were once not easily reachable. While I know little about bridges, I have marveled at their beauty. I appreciate the engineering feat of these structures, as some can traverse long distances.

Dr. Darlene Auger helped me to land on the Cree word *asokana* to describe Indigenous women who do not have children. In her discussion about her auntie Maggie, she said the following:

I see [her] role as so important...because that's what creates balance.... Otherwise, what would happen to those children? Those children that are not able to be taken care of by their biological parents. So, [there must] be that bridge, that balance, the one that holds...there has to be those people that step into those roles. Otherwise, what happens? We'll lose the balance of all creation. There has to be those women that Creator says, okay you will not give birth biologically, you will hold those the mothers can't hold...that's how I see it. ...When I think of those women who are not able to have children, or they choose not to have children, they do create. They are that bridge.

As bridges, these Indigenous women then, are considered important contributors to building and maintaining a balanced and healthy community.

Elder Molly Chisaakay taught me about *kemoh*, Dene word that means mother of all children, describing the broad reach of Indigenous women who did not have children. I came to the realization that 'all children' is not limited to literal children, but is seen as more expansive than that, as in some ways we are all children regardless of our age. Like Darlene, she voiced a spiritual perspective, indicating that the elders would say, "If you didn't have children, the

Creator has some other work for you to do”. Indeed, there was always work, and Molly shared about the ways that these women served their families and communities. She said, “lots of our Elders who didn't have children did their part to bridge some of those places”. In this way, I understand that women without children not only helped as connectors but were essential in filling in the cracks that might make a community more vulnerable and less strong.

It is from this conceptualization of *asokana*, that I will weave the narratives of the five women I spoke to, telling a collective story about living well as Indigenous women who do not have children. The Cree language, by being verb-based, beautifully depicts how life is interconnected, wholistic, and fluid. It is important to note, therefore, that while I refer to *asokana* as a noun, my intention is to honour the bridge as a living entity that can be embodied. The themes of this story have been organized into five parts: facing divides, a strong foundation, being *asokana*, risks of overextension, and crossing to new paths.

Figure 4: Deh Cho Bridge, Fort Providence, NT



Table 1: Themes and Sub-Themes of Asokana

Facing Divides	A Strong Foundation	Being Asokana	Risk of Overextension	Crossing to New Paths
<ul style="list-style-type: none"> ❖ We're Like Unicorns or Something ❖ Not a Real Indigenous Woman/You Do Not Understand ❖ Being Single ❖ Family Expectations 	<ul style="list-style-type: none"> ❖ Many Ones: Family and Online Resources ❖ I Feel That Kind of Love for Him ❖ Cultural (Re)Connections 	<ul style="list-style-type: none"> ❖ Leaders <ul style="list-style-type: none"> • <i>Professional Journeys</i> • <i>Navigating Racism in the Workplace</i> • <i>Mentorship/Volunteer Service</i> • <i>About Being a Leader</i> ❖ Aunties <ul style="list-style-type: none"> • <i>Role Models</i> • <i>Helpers</i> • <i>Safe Havens</i> • <i>A Real Honour</i> ❖ Caregivers 	<ul style="list-style-type: none"> ❖ You Gotta Help: Caregiver Strain ❖ Planning for Future Care 	<ul style="list-style-type: none"> ❖ Financial Privileges ❖ Freedom ❖ Opportunities for Travel ❖ Work/Life Balance ❖ I'm Already Full: Meaning and Purpose

Facing Divides

Before a bridge is built, we must first know what needs to be traversed. We need to know about the nature of the division, as this will determine so much about the bridge. In this first part, we will explore some of the challenges and experiences faced by these Indigenous women who do not have children.

We're Like Unicorns or Something

Like others who have no children by choice or circumstance, the women spoke about times they felt alienated or misunderstood in our largely pronatalist society. While living in a smaller, rural community, Nanook shared how she experienced social expectations to be someone she was not.

It was very family oriented, and I could sense a lot of pressure.... It just felt like that's what you do - you have a family, you have children, you get married, and it's so

indoctrinated in their mentality...and I was like whoa...I don't belong here. Ha! I don't have mother skills, I don't know how to bake, I don't know how to keep a home, I don't know how to do anything! I just didn't want all the hassle, to me it was a big hassle.

Nanook learned that she did not fit in communities that highly valued a lifestyle based on the status quo.

Correspondingly, at age 31, Victoria had completed her degree, was working, and found herself feeling alone. “At that time [in] my social circle, everyone around me were getting married, they were having kids, they were moving away, and I found myself being the only person in our entire group who didn't want kids. It was a very isolating experience [and] it was very lonely”. Thankfully, Victoria has noticed a recent societal shift, indicating that she’s seeing “more comfortability with people talking about being child free by choice or circumstance [and that there] is a lot more people having that conversation”. However, at that time in 2006, she said that there was very little information out there, stating, “I didn't have anyone to confide in and I didn't have anyone to talk to”.

There is a common misconception that all Indigenous women have children. Indeed, most of the five women did not know other Indigenous women without children. Victoria explained that the fact that she was Indigenous exacerbated these feelings of alienation. “I never met any Indigenous women who didn't want kids, they all had kids, or they were pregnant and I'm the only one that isn't. I'm native and I don't want kids...”. Without other women to talk to or model themselves after, these women faced uncharted paths and Victoria felt the burden of needing to figure things out on her own.

Given the seeming scarcity of Indigenous women without children, the women often came across people who were in disbelief about them not having children. Despite being a certain age, Cheryl talked about how some of her older relatives continued to ask her and her husband about when they can expect babies.

I remember one of those women saying, ‘so no kids yet?’ ...And I'm like, ‘there will be no children, like I'm old, I'm gonna be in menopause here soon’, [and] they’re like, ‘what? [exacerbated]’. It's a foreign concept to some because our communities are just so fertile, people having kids, sometimes they're having kids too young, like sometimes multiple dads...So, we're just this anomaly, right? We're like unicorns or something because we found love and we never had kids, and we’re this couple that's been together for a long time.

When asked why she does not have children, Cheryl is frank in her response. “I’m always open about why we don’t have children...it’s not a secret, it’s not a tragedy even, it’s just...it is what it is”.

Working in Indigenous Student Services in a post-secondary institution, Laura stated that she would often get a lot of surprised reactions from the students. “...The women [would] always say to me, ‘I can't believe you don't have kids!’. That was always something, and my usual retort was, ‘Yeah, well I had to raise my brothers and sister, that was enough for me!’[laughing]”. Laura also mentioned one occasion where she felt singled out by a co-worker who said, “You are not the typical native woman...You don't have kids, [and] you don't have an old man running around””. This statement illustrates the viewpoint that Indigenous women who do not have children are an oddity. However, Laura explained that they had a friendship established and so this comment did not offend her, and they laughed about it.

For Claire, the reactions she received were more subtle and she suspects that given her standing in the community, people were mindful of what they said to her. She has, however, sensed people questioning and wondering about her. She talked about how the Elders would allude that she would make a good mother by pointing out how she was with children. They would say, “‘Oh, you're so kind and you're so gentle with those kids’ you know, and then it ended [laughing]. They didn't know how to say, ‘well why didn't you have kids?’. I never had one person ask me””. Like Victoria, Claire mentioned how lonely the experience can sometimes

be. “In circles of women...when we had all those gatherings and everybody's talking about their grandchildren, and their children, then I felt like a lost soul...because usually I was the only one that didn't have kids”. It is understandable how feeling outside of the conversation would likely lead to feelings of alienation.

Not a Real Indigenous Woman/You Do Not Understand

Some of the women talked about experiencing stigma. Victoria shared about a time when her openness was met with prejudice. “I remember meeting some friends and dancing with a guy at a bar and telling him that I don't want kids, and he was like, ‘oh, so you must be a lesbian then’, I'm like, ‘no, I just don't want kids.’ Then [he got] angry that I rebuffed him...”. Displaying his homophobia, this person's statement highlights the misconception that all women should want children and that you are abnormal if this is not the case. More hurtful than this experience though, came from someone who was very close to her. An Indigenous male friend once told her that “as a native woman, it's my duty to have kids especially with native men, and if I don't, then I'm not a real Indigenous woman”. She understandably ended this friendship soon after. Combining misogyny with racism, this view underscores the insidiousness of internalized colonialism and how it can show up as lateral violence.

While Cheryl said that she did not experience anything mean-spirited from others about the fact that she does not have children, she spoke of the powerlessness that she feels when blocked from being able to help.

I'm a graduate of Child and Youth Care [program] at Grant MacEwan and I work with kids who have trauma issues, this is what I do for a living...and so over the years I've had people call upon me when they're having a hard time with their teenager. So, I try to help because that's what I do [but], if I cross some line in their mind about what that help should look like [then] I get put in my place and it stings a bit. ...Their comeback is, ‘well, you don't have kids, so you don't understand’. And I don't have kids, but I know how to work with your kid [chuckle], and I can help if you let me, but if you won't let me, I can't help, right?

Despite having education and years of experience, Cheryl spoke of how frustrating it is to stand by and watch others struggle and how hurtful it is to be excluded. Contrary to the traditional understandings of the important role and value of Indigenous women who have not had children, being swiftly placed in the “you do not understand” category undermines their worth.

Being Single

Single women who do not have children can face a double form of stigma. As well as pronatalism, society privileges couples, leaving these women condemned for both not having children and a partner. Indeed, Laura indicated that it was criticism about her not being in a relationship that upset her the most. “Especially the older women, it was like, ‘what's wrong with you? You're not married!’...That part bothered me more than the part about not having children. Like there was something wrong with me. My mom came from a big family and some of them had very strong personalities...so that bothered me when I was younger, but the children part? No”.

Nanook echoed this judgement about her not being in a relationship, referring to what she experienced as singlism. She explained that this term portrays the mistaken belief that if you are single “it's your fault, there must be something wrong with you, and you're not doing enough, you don't love yourself enough to have a partner because nobody will want to love you and it's just a bunch of BS”.

“I would hear [comments about me being single] from the older generation that's not as sensitive to different walks of life. So, you get these...men thinking ‘well, what's wrong with you? Why aren't you shackled up?’, and I'm like, ‘you tell me’. Like, what is the problem here? It ain't me. So yeah, I find it's more of the older generation...maybe my age and younger...they're just more aware and more woke, as the kids call it.

According to Nanook, these prejudicial views tend to come from certain individuals, and in fact, is noticing a societal change in the right direction.

Family Expectations

While there are broader societal messages, it is the judgements closer to home that can be more impactful. However, for some of the women, they did not necessarily experience a lot of pressure from their families to have children. In fact, as mentioned in her individual story, Nanook said that her mom would at times express the contrary. “Maybe my mom would have wanted to have a grandchild, but she already had [my nephew], she's got other grandchildren. She never made me feel bad for that either.... There was no religious reason [or] cultural reason, it was just you be you”. While laughing, Nanook referred to how her mom, in times of frustration, discouraged marriage and children, “Yeah, she did the opposite. That's probably just as damaging maybe to somebody else other than me, but I was already on that path anyway”.

Likewise, Victoria explained that she grew up with the understanding that it was just natural for Indigenous women to have children and while she was keen to learn skills from her family, she did not feel pressured. “It wasn't...like when you have kids or you better start having kids.... It was more [about] being exposed and watching them and learning from them so that...maybe one day if I do [have children], then I'll know what to do and if I don't, I'll have this wealth of information...”. One exception to this is when her auntie harshly told her that she “should hurry up and get on with having kids, else [her] eggs are gonna dry up”. Victoria shared how this incident occurred at a time when she was in university learning about historical trauma. She said that having this information empowered her to use her voice and she was able to give a sharp response that set a boundary. While Victoria in many ways appreciates that her family seems to support her, she also feels ambivalent about how there is a lack of conversation. “I'm kind of on the fence about how I feel about that because it has been the reception from a lot of family members where they don't say anything, they don't offer their opinion”. Not talking about

it might have been one way that her family avoided difficult feelings. For instance, Claire explained that she purposely did not talk with her mother about not wanting children, as she knew that it was a tender subject. “[My mother] always asked, ‘what’s going on?’ I never [told her] that I didn’t want to have kids, I never said that to her...I just didn’t discuss that topic at all because it would’ve broken her heart”. Claire said that she was comforted by the fact that three of her siblings had children, satisfying her mother’s desire for grandchildren.

In Cheryl’s story, we learned about the significance of her relationship with her father and having his approval was especially important. So, it was very meaningful to her when he told her a story about the traditional roles of women without children.

I remember being on a trip with my dad, like a road trip, just him and I, and he was telling me about stories [from] a long time ago. He said, ‘in our communities there never would have been people like you and Elmer...If there were couples that didn’t have kids, whether they lost them or they just never had them, they always had children because our communities made sure that they [did]’. So...he’s like, ‘you saw how many were in my family. If there was someone like you and Elmer, we literally would have said take these two [laughing]. They’ll still be a part of the community; they’ll still be a part of the family’. Yeah, so I remember really appreciating that story from him.

In a very kind and gentle way, Cheryl’s father acknowledged the fact that she did not have children, while also acknowledging the traditional value that this position holds.

A Strong Foundation

A bridge is only as good as its foundation. The foundation is an integral component of a bridge, making it possible to carry weight and extend over obstacles. In this way, the women could not be *asokana* without the rooted support of a strong foundation. Traditionally, people lived together or nearby, and no one was left on their own. It was understood that the health of a person was only determined by the health of the community, signifying the necessity of relationships and interconnections.

In the women's individual stories, we learned about the people who had the most influence on them during their upbringing. For Laura, it was her grandmother and aunt. For Victoria, it was her grandmother and stepfather. For Cheryl, it was her father. For Claire, it was her mother. While Nanook did not mention anyone, she had a close relationship with her father and had good friends. As role models, these important people passed on values that helped to build the women's identities and self-confidence. The five women also had other aspects that supported their journeys, and in this second part, we will review what contributed to their foundation.

Many Ones: Friends and Online Resources

Claire spoke about the importance of being able to maintain social connections, especially for women who are single and/or do not have children. Now living in a retirement community, she has learned that this becomes even more pertinent with age. "It's really important that we have [people] we could rely on; somebody we can talk to about issues or things we want to discuss. I was just reading an article, and it said that people who don't have friends are the ones that get the sickest". Likewise, Laura echoed this sentiment. She talked about how Covid's health restrictions were especially isolating for her. Therefore, it is not surprising that she emphasized the importance of good friends as a precursor to living well. "To have some close friends. To have things to look forward to. At my age, it's really important to have some social contacts". As an outgoing person, making friends was never a challenge for Claire, but she understands how difficult this can be for others. "I think some people don't understand how to make friends". Claire credits Toastmasters for not only building her self-confidence but showing her the value of being involved in a group. "You have something that you can share with others, and you can make them feel good about themselves as well". As mentioned in the traditional

story, we are meant to be with others and Claire and Laura point out the significance of this for health throughout the lifespan.

One such way to connect people is with the Internet. Victoria and Nanook both turned to online resources to seek out information on issues relevant to them. As mentioned earlier, being single can be stigmatized and is not often reflected positively by society. So, for Nanook, she found solace in online groups that espouse the single lifestyle. “I’ve been embracing that a lot more and just reading and being involved in groups online”. Connecting with others who live full and happy lives being single, Nanook is at a place in her life where she is at peace with not having a partner and in fact, has redefined what relationships mean.

I think lately I've resigned myself to [being] fine without having a boyfriend, a relationship. I mean it would be nice to have company to go and travel and do things with, [at the same time], I'm really content with it because I look at myself and all the people I have in my life. I have lots of relationships. Everybody talks about the one, the one and only to be everything for you and it's like, no, I got a friend for this, I got a friend for that. ...So, I have ones, I have many ones in my life, not **the** [emphasis] one.

This expansive and inclusive view increases the likelihood that Nanook will get the support and companionship that she needs.

Like Nanook, Victoria found connection through an online group. As stated previously, Victoria expressed feeling very alone as a woman who did not want children, leading her to Google, “I don’t want kids, what’s wrong with me”. At the time, she did not find a lot of information, but she did connect with a “Babes without Babes Childfree Group” based in Edmonton. This was a social group for women over the age of 35 who are child-free either by choice or circumstance. Not meeting the age requirement, Victoria reached out to the founder in desperation. “I sent an email...and I implored her to let me join for my sanity...I'm not 35 yet, but I'm 100% certain I don't want kids and this group will be a lifeline for me”. Thankfully, the founder responded and invited her to a gathering.

Attending this event would be lifechanging for Victoria, as meeting other childfree women offered both a sense of normalcy and inspiration.

It was exactly what I needed because for the first time in my life, I was surrounded by incredibly empowering women. They were all...professionals, they were reporters, journalists, scientists, doctors, librarians, entrepreneurs, stay at home plant moms or...fur baby moms. [Some had] their own businesses, [some were] teachers and they were all child free by choice or circumstance and I was unbelievably just amazed. I was like this is it, I found it...I wasn't alone anymore...I found my sisterhood.

Victoria's experience highlights just how significant it is to feel a part of a whole. "It was so important for me...because the way I was feeling...it was just so isolating. If I didn't find that group...maybe I would have settled, maybe I would have gone down a different path". While she did not meet other Indigenous women in this group, she shared that she felt safe and welcomed, as they were all connected by the commonality of being child-free.

I Feel That Kind of Love for Him

The importance of social connections and support cannot be emphasized enough. For the women who have spouses, their relationships were also key contributors to their wellness. Cheryl stated that she has a very close and special bond with her husband, and she has pondered how not having children may have contributed to this. "It's funny because my husband and I are a good match or very connected, close...I'm still 22 in my mind when he's around [laughing]. We're just very connected like that.... The relationship I have with my husband is different...because we don't have children. I'll never know, if we had children, if our relationship would still be [the same]. I'll never know that, but I'll tell you...I feel that kind of love for him". Considering all the pressures that parents can be under, she reflected on how perhaps with less strain on a relationship, there is more opportunity to deepen the connection. "I think when you have children, you're worried about them and you're fighting...you're struggling with them and you're taking them to practice and you're doing all these things as a parent. I don't know if our

relationship would have been the same. I'll never know, but I do know the kind of relationship we have, and I feel very lucky...that we didn't have children". For Cheryl, not having children has meant more opportunity to nurture and be nurtured by her relationship with her husband.

Like Cheryl, Claire described a long-standing and respectful marriage as a pivotal part of her living well. She has been with her husband Doug, a "good looking blond guy", for 53 years. They faced challenges early in their marriage, but they persevered. While Claire's family was happy for them, Doug's family were not as welcoming. "I was disregarded from his family for a long time. [It was] six months after we were married before they'd talk to us". She was not accepted because she was Indigenous, however, this did not deter her. "I had all these stumbling blocks, so I had to keep putting myself higher and higher [with her arm outreached toward the ceiling] so they could see that I'm human. I'm not going to hurt anybody. I have a mind of my own. Darn it [bangs table with fist while laughing]". Handling this situation with dignity, Claire eventually gained her husband's family's acceptance.

Having dissimilar personalities, Claire and Doug have found a way to meet somewhere in the middle. "He's more on the reserved side. He doesn't like a whole lot of people about; for him, it can just [be] the two of us forever [laughing]. I couldn't, I like to be around people and doing things". Therefore, knowing that it will not work if they are "too far apart", they have found a compromise that satisfies both of their social needs. Despite this difference, they share a similar value system that is based on a strong work ethic and being goal oriented. Claire credits this for their longevity: "I think it has a lot to do with my husband understanding who I am...we understand each other...we work together". Doug encouraged Claire when she dealt with racism at work, inciting her to push past and beyond this barrier. Similarly, he supported her when she made the decision to return to university at the age of 48. Claire acknowledges that this was a

sacrifice for both. “That was another trial and tribulation there because we had to put our whole life on hold for four years”. With mutual respect and commitment, Claire’s relationship supported her to reach higher and to achieve her dreams.

For Victoria, having good conversations and a passion for adventure have been the cornerstones of her relationship. In other partnerships, Victoria said that she felt held back. “I remember past relationships where we didn't talk about serious stuff...[but] with him, we talk about everything and it’s just such a liberating experience... For once I didn't feel that I had to shield my opinion”. Victoria and her partner share similar interests that further enrich their connection. “We're just on the same page, like we're both nerds, we love Star Trek and that's...really important. [In] prior relationships, I always felt that I needed to hide how much of a nerd I was because I would be made fun of”. Victoria is grateful for finding someone who encourages her to be fully herself.

When it came to the topic of children, Victoria and her partner discovered that they were like-minded. Having been judged about this before, it was a relief for Victoria to not have to worry about how her not wanting children may impact the relationship. “I didn't have to walk on eggshells about kids.... My choice was always inherently mine, [while he] decided not to have kids...even before I came into the picture”. Her partner’s commitment to this was evident by his decision to get a vasectomy. “For him to [be] responsible for birth control [and] not just leave it up to the woman...I'm like, wow, this [is] ...the healthiest relationship that I've ever had”. For Victoria, her partner’s accountability for his reproductive choice was an admirable and supportive act. Given how well their relationship is going in their first two years together, they are envisioning a happy future. “We love the life that we have. We love the life that we're

building together, and when we look at...what's happening in the world, we really lucked out because we found each other. We're so good together...it's just a really satisfying relationship”.

(Re)Connections to Culture

As voiced in their individual stories, the five women expressed limited exposure to Indigenous cultures and traditions in their childhoods. While Victoria and Laura talked about their grandmothers who passed on traditional teachings, most mentioned intergenerational impacts that caused a disconnect to their culture and language. Claire shared how colonial policies and practices, such as the pass system and the Indian hospital, made it difficult for her to build bonds with her extended family. Speaking Cree in public was curtailed, as Claire's parents aimed to protect them from prejudice and wanted them to be as successful as possible. Consequently, she lost her fluency. Nanook talked about how her mother's Indian residential school experience created significant gaps in her parenting, causing divisions with her mother and her Inuit community. For generations, prior to the Truth and Reconciliation Commission, it was not common for people to talk about the painful trauma and experiences associated with the Indian Residential Schools and many continue to live this legacy of disconnection from their culture. For both Nanook and Victoria, learning about the schools was a pivotal turning point that helped them to understand the challenges that their family faced and why they experienced difficulties in their childhood. This was very healing for them, as they were able to relook at their families through a more compassionate lens.

While most of the women did not mention regularly engaging in cultural practices and ceremonies as part of their wellness, they all indicated strong connections to their identities as Indigenous women. They talked about the importance of knowing their histories, spending time in nature, taking care of their relations, acts of service, and holding on to the cultural teachings

that they received from their families. As will be illustrated in the next section, Being Asokana, how these women lived their lives in many ways honours cultural traditions, as they are vital links within their families and communities.

Cheryl, who was raised Catholic, reconnected to culture through her work in the Indigenous community and through her husband, who unlike her, was raised in a culturally rich environment. As such, Cheryl now has a base of cultural knowledge and prides herself on how she can pass on traditional experiences and teachings to her great nieces (grandchildren). She shared the following story of how it warms her heart to see her grandchild engage with culture:

I got them their traditional names.... I take these girls picking medicine, I take them to ceremony, I do these things with them because I want them to know who they are and that these things are important. My littlest one believes so much in smudging that I almost get tears watching her because [she does it] with such reverence and such pure belief that this is going to protect her and protect us. I've seen her get really frustrated or something, you know something doesn't go her way, and I say, 'go use your medicines', and she'll go, and it'll just set her right again.

Despite not receiving these teachings during her own childhood, Cheryl has taken it upon herself to learn so that she can help forge an important path for her grandchildren, setting a foundation in place for them to know who they are.

Given the impacts of historical trauma and how it tore through families and communities, Cheryl spoke about the importance of being “tethered”. She explained that it is because of her traditional understanding of her role and how she is connected to her family that she was able to approach not having children in a good way. “What can happen generationally if you don't have rootedness, connections, tethering, all of those important things...you would be adrift. Because for me, it's the reason why I felt okay, like I was not missing out or didn't have to grieve [not having a child] ... I really had a place, and I was connected, and I didn't feel [separate] because I couldn't have children”. As in the traditional story, women who did not have children had a very

important place in their communities and knowing this was a key determination of their health and wellness.

Being Asokana

As with so many of our comforts in modern society, we take bridges for granted. They help us to get where we want to go, and we rarely think twice about them unless they are under construction. As we learned in the traditional story, Indigenous women who did not have children are bridges, holding vital roles in their families and communities. They raised children, helped with sustenance, and were important role models and leaders. Based on the stories shared by these five women, this traditional way of being seems to be as relevant today as in the past. As interrelationships are central to the Indigenous value system, in this part we will learn about how being *asokana* is synonymous with caring for all our relations as leaders, aunties, and caregivers.

Leaders

Not having a child comes with certain privileges, and one of them is opportunities to pursue interests and careers. Indeed, most of the women admitted that having children would have certainly complicated or at least slowed down their endeavors. While some might not totally agree necessarily with being referred to as leaders, all the women have dedicated their lives in one way or another to service.

Professional Journeys. Inspired by her father's strong work ethic, Claire was always determined to succeed. Her first employment was with Alberta Government Telephones (AGT), where she worked for 26 years. As a young professional, she was very dedicated, describing herself as "a high achiever". Not familiar with the structure and organization of a corporation, Claire knew that she needed help. "When I started working, I knew I needed to have a mentor to

help me navigate this whole world...you know, an average girl coming from a small community going into the big city”. With her mentor’s support and guidance, Claire worked her way up to management within 12 years. After her retirement, Claire developed a consulting business to train Indigenous people to build employment readiness and maintenance skills. “I did a lot of foundational work for Aboriginal people who were at the bottom...the ones who could never find a job and couldn’t keep it”. When she realized that her salary was capped due to her lack of education, she was not dissuaded, and went to university to earn a Bachelor of Education degree. Claire’s consulting business grew to be successful, as she got more requests for her training than she could provide. Now retired, she remains busy with her volunteer work.

As a teenager, Laura talked about how an Indigenous probation officer, who was well-regarded in her community, served as a role model to her. It was his presence and way of working with people that inspired Laura to pursue a similar career, and she knew young that her “dream was to help Indigenous people”. After getting a social work diploma, Laura first worked with Indigenous families through children services. Following this, she worked in post-secondary institutions, and co-developed and facilitated several Indigenous career employment programs. Later in her career, she worked as an Indigenous academic advisor at a local college. Laura supported Indigenous post-secondary students, who were often challenged by the stressful transition from their communities to the city.

As was explained in her individual story, Victoria’s career plans were turned on its head when she found out that she could not pursue a military or police career due to having one kidney. Therefore, after earning a Bachelor of Arts degree in sociology, she worked for one of Canada’s Top 50 Employers, Spartan Controls, as a Sales Coordinator. Victoria described her seven years with the organization as a positive experience where she was mentored and learned a

lot. “So, I was surrounded by all these professionals who were amazing at their jobs, they were great managers [and] co-workers. It was a really welcoming environment for me and there was a work life balance”. As will be discussed later, like Claire, Victoria is also dedicated to volunteer service.

While many might have been drawn to Nanook’s profession for its high status, what compelled her the most is associated with her childhood. She was drawn to her profession as it offered what she felt she lacked growing up. “There’s almost a sense of safety for me in having that structure because when I was younger [I had] problems with OCD and perfectionism...So, for me, it was just a way of having some sense of control. [It] was a good fit and ...there’s not a lot of greys. I didn’t have to rely on myself to come up with answers...there’s always a clear, very structured, easy answer in my industry, so that just resonates better with me”. Given the challenges she faced in her upbringing, Nanook talked about how pursuing her profession was not easy and she often felt behind.

It spilled over into post-secondary and then to my career where I’m competing with younger people who come from well-established families. They don’t have to worry about their next meal, they don’t have to worry about getting the right nutrition to do the physical things that we needed to do or to stay on top of our studies.... I just didn’t have those strong foundational things, and so I was kind of behind the ball all the time, trying to play catch up with everybody.

Not getting the preparation she needed, Nanook highlights the added burden of attaining basic life skills while also learning and training for a profession.

After earning a diploma in Child and Youth Care, Cheryl started working at Bent Arrow Traditional Healing Society as a youth worker. Being able to dedicate her time to her career, she worked her way up to “the founder’s second in command”. “I could stay late [at work], I could be on as many committees as I wanted to be on. I could do those things that maybe other people couldn’t in their career just because they had children. So, I’ve been on boards, I’ve been on

different committees, which all enrich your career”. When one of the founders passed away suddenly, Cheryl became Executive Director, a position that she continues to hold. She explained that this position was not something she aspired for, indicating that instead she was “promoted by circumstance”. Stepping up to the challenge, Cheryl has helped to build and grow the organization, serving many Indigenous families throughout Edmonton.

Navigating Racism in the Workplace. Despite the women’s successful careers, this did not come without its challenges, as some of the women spoke about needing to navigate racism within the workplace. As one of the only Indigenous employees, Claire said that she was often singled out and under scrutiny. She shared an emotional story of how she was diminished at a time that should have been a proud moment. Early on in her career, Claire completed training that led to a promotion. “I was so excited...on graduation day, we had this big dinner...and everybody got their certificate”. As Claire received hers, a manager said, “I’m giving you this and I just want...to tell you that you made the course, but I want you to analyze who you are and where you are.... Do you see any Indians working in that business office? Do you see any Indians in the management file”? Claire was at first confused, and then stunned and did not say anything. He proceeded, “well, I just thought I’d let you know where you’re at, and who you are”. Claire quietly replied, “okay” and promptly left. She originally had plans to go for a celebratory outing with a co-worker, but following this incident, abruptly changed her mind.

As Claire recalled this day, she sighed, and continued with her story. “[I was] demoralized for the whole afternoon and waited to tell my husband. When he came home, I said, ‘I’m quitting. I’m not going back’. He said, ‘you wanted that job, you’re going back, and that guy didn’t have any reason to be saying that. You did the work, you passed, it’s done!’ [Claire lightly pounded table with her hand]. So, I went back and then right after that went into management.

So there [with a smile]! I was...the only [Indigenous person] in that whole area". This failed attempt to clip her wings only pushed her determination further. Claire credits her husband's firm encouragement as the impetus for her success, as she wonders, "how many others ran into that [racism] and didn't [or couldn't] conquer it?".

Working in a large organization, Nanook also talked about experiencing racism on the job. "Going into my industry, like there's always that tension with Indigenous communities and the masses, the white people". She talked about a time when unbeknownst to her, she heard a racial putdown. "I remember being in a meeting and the whole team was there, and one...guy referred to two Indigenous people as chugs and I didn't even notice it...because I'd never heard that term before. You know, it went over my head completely and the conversation went on about other things. Then the boss comes up to me later and he's like, 'Are you okay because that person said chug', and I'm like, 'What? What's a chug? I never heard of it', like how stupid am I [laughing]? I come from up north, Yellowknife, and it's highly Aboriginal. ...There might have been undercurrents of racism there, but white people are kind of outnumbered. So, coming to Alberta...there were terms here I never heard of". While this racial putdown was initially not known to Nanook, it left a negative impact.

Also referring to tension in the community, Laura highlighted how prejudice can also occur within Indigenous communities, pointing out how there can be a line between Métis and First Nations. As a Métis woman working within children services, she talked about how she was distrusted and thought of as a traitor. "They saw you as an apple". This derogatory term has been used to describe people as being red on the outside and white on the inside. Laura explained that these types of comments were especially hurtful as the First Nations community was close to where she grew up and so they knew her family. Laura's intention was to be of service, and she

did not feel supported by the community nor the department and so she resigned, stating, “I didn’t find it supportive enough to Indigenous people and I felt torn...I did not see it as a helpful role”.

Over her tenure, Nanook has noticed a positive change in her profession. “People are getting called out on [racism] more now which is really good. ...My industry evolves like it has over the generations; it’s had to because that’s the way society moves. We have to adjust and adapt”. Despite this, Nanook remains guarded. She is careful of who she associates with and is choosy about the things she reveals about herself. “I don't tell them that I might get royalties for our lands up north, I don't relay that kind of stuff.... I withhold information so that I can protect myself”. Further, she is always aware of how she might be seen by others. “People might go out for drinks after work, [and] I never have more than one and I always double it up with water because I don’t want to be perceived as the drunk native, right”?

When it comes to perceptions, Nanook also talked about how not having distinctive physical features that portray her Indigeneity can be an effective tool.

It's like a little illusion...people don't know what I am. I kind of blend in everywhere I go, which is a benefit because then I can really get to know who I'm around because they might say some off-colour remark, then I'll know where I put them, where I stand, and I can have that... Now I'll know that guy's a fucking racist and I'll just avoid them. I recognize that [since] nobody can really pinpoint what I am, I can slide into these different...groups and just observe things and see where I might fit in first, right? And I get to choose if I want to be friends with them.

Nanook acknowledges the privilege that her appearance affords, noting that not everyone can assess situations in this way.

Relatedly, Claire referenced the need for protective shields in the workplace. She described how her trust was broken when she discovered post-retirement that co-workers had talked poorly of her behind her back. After 26 years with the corporation, she thought that she

had developed good relationships and was proud of the work she accomplished. Disheartened by this information, Claire asks, “so, how do you win in a situation like that?”. While she was grateful to work there no longer, it caused her to second guess past interactions, wondering what their true intentions were. “So be careful of the word friends, it could be frenemies”. While these women found strategies to either deal with or leave the difficult circumstances, their stories illustrate the added stressors associated with needing to rise above these challenges at work.

Mentorship/Volunteer Service. Emboldened by the systemic racism that she experienced, Claire emerged from her time with AGT with a strong desire to advocate for the employment of Indigenous people. On top of her consulting business, she founded Aboriginal Women’s Professional Association (AWPA), an organization that helped Indigenous women to maneuver around the barriers that they faced in seeking higher level positions. “We found [that Indigenous] women had the same qualifications as the person [who] got hired. Except for their race, there was no reason for them not to be there”. Referring to a time she ran into a woman she helped, Claire explained that she mentored many women, building their confidence and skills to apply for jobs that they might not have.

She saw me one day in an elevator in one of the towers in town, she says, ‘oh Claire, Claire’. Everybody's turning around looking for this person. She came over to me, she was just hanging onto me, and she had to sit me down to tell me she's still working for Indian Affairs. That was like 20-23 years ago, and it was through our efforts [that she was] able to find a job...

Doing this work came with the satisfaction of knowing Claire made a difference in many people’s lives.

As with Laura, whose career was focused on assisting Indigenous people’s academic dreams, Claire believes that education is key for the advancement of Indigenous peoples. Indeed, Claire walks the talk, as was evident by her returning to university at the age of 48. She shared that this was not an easy thing to do and spoke about the initial awkwardness she felt as a mature

student and her worry about doing group projects. “Oh man, I’m all signed up and everything and all these kids are just kids! They’re 20-22 and I’m thinking, oh my gosh, how am I gonna deal with this? I didn’t know what I was going to do”. However, Claire soon discovered that like the work world, if “you carry your load, everybody accepts you”, and she soon found her place. Claire talked about the importance of Indigenous people knowing their history so that they do not personalize the barriers that they experience. “I just feel that [Indigenous people] don't understand what caused [them to be] brought down to that level. And maybe I could be the messenger to tell them to improve their education”.

Victoria also has a strong desire to help her community, and while she was not able to be in the military or police, her life circled back to service in other ways. As stated in her individual story, Victoria has volunteered for many organizations and initiatives, and this is a vital part of her identity. “...Whenever my partner and I [are] watching TV or somebody mentions...the word volunteer, I'll always...be like, ‘did somebody say volunteer [hand on ear and with big grin]?’ He knows that I would be the one to...sign up...it's just kind of like **my** [emphasis] thing”. Victoria shared the story of how she became involved with the Canadian Red Cross.

I came to visit my grandmother...it was the 2004 Boxing Day tsunami that happened... we're sitting having our tea and we're watching the TV, and we were watching the tsunami unfold. It was just kind of like, what is going on? This is awful. It was at that moment where I was like, I want to do more, I want to help, but I don't know how and...I can't really do anything right now, but I'm going to put that on the back burner and then figure something out. So, when I graduated and finished my degree, it was 2010...I'm like, okay well now is the time that I can go towards that. ...I got involved in [the Canadian Red Cross] ...I still am a volunteer.... [I learned] all the skills about emergency management, preparedness, doing presentations, [and] hosting events. [I was] deployed out to the Slave Lake fires, the Calgary floods, the Fort McMurray fires, Elephants Hill fires, [and] the Grand Forks fires. It gave me that opportunity to be able to help further. So that was a huge thing for me.

Having such a profound effect on her, the tsunami would be the impetus that led Victoria on a path to fulfill the work she always wanted to do.

Victoria is a very open person, who takes her value of servitude into her interactions with people, using it as an opportunity to broaden their perspectives of Indigenous people. "...I'll look around and the majority of the time, I would be the only Indigenous face in the room...so just being aware of that [and] breaking barriers". Like Nanook, Victoria talked about the importance of giving a positive impression. "This might be the only interaction that they will ever have with an Indigenous person, so I better represent, right? Like I better let them know who I am, what I'm doing, and what I've done, because they might have a negative stereotypical perception of Indigenous people". She introduces herself as someone who is open to having conversations, using humour to connect. "The one thing that I love about our culture is that we're inherently funny, we're funny peoples, right? So, I tend to use humour to break down barriers about something serious...we're all laughing together...we love to laugh...I just bridge those relationships".

About Being a Leader. Given the high degree of dedication and service that these women have provided for their communities, it is not surprising that they have all received recognition. While not exhaustive, these are some of their awards. For her work with Canadian Red Cross, Victoria was awarded the 2018 Governor General's sovereign medal for volunteers. Laura, after 20 years supporting Indigenous students, received a Customer Service Award. Following her intense training, Nanook was given an award recognized by her industry's commission. Claire's years of service was recognized by Athabasca University in 2015 when she was awarded an honorary Doctor of Laws. Recently in 2021, Cheryl was also honoured for her extensive community work with a Doctor of Laws from the University of Alberta.

Despite these accolades, the women largely approach their accomplishments with humility. When asked if she considered herself a leader, with a chuckle, Nanook answered, "Uh,

no. I don't think I am, but you know other people might say otherwise". She explained that her leadership style might be more subtle and is more associated with how she carries herself.

So, I went above and beyond to be a better person than the rest of them. Like I've changed the minds of a lot of people on the job. Whether I'm doing something proactively or just [through] my presence...I think that might just be enough. I try not to dismiss [my leadership], but I also don't do anything to promote it [chuckle]. So, you know, I could be doing much more but I just am not.

With her eye on retirement and having health challenges, Nanook is focused on creating a fulfilling lifestyle that is more than her work. Further, being one of few Indigenous people in her industry, Nanook speaks to how her very presence is an act of leadership.

Referring to the passing of her mother, her older sister, and the founder of Bent Arrow, Cheryl stepped into a leadership role within her family and her career. She explained that she did not choose to be in these roles, but it seems to be her destiny. "The story I always tell about my leadership journey is that it was meant to be for me...my life has put me in that role". Reflecting about all the people that she has cared for throughout her life, Cheryl shared how a prophecy from a medicine man came to make sense.

Before we got married, [my husband Elmer] took me to see a medicine man about us having kids. This is before we found out his medical reason.... Okay, so we went to this medicine man, we spent four days with him, and at the end of the four days he sat us down, but he was really focused on me, this old man. ...He looked at me like really intense and he's like, you're going to have kids, you're going to have **lots** [emphasis] of kids. And I remember [being] this young 21-year-old and I'm like, oh wow, like one or two is kind of all I was thinking. And the way he said it, his eyes got really big and he kind of freaked me out, you know. ...We ended up finding through a urologist that there was a reason why [Elmer] couldn't have kids.... So of course, now I think about this old man and like, what was he talking about? You know, this medicine man. So, I got into Child and Youth Care at Grant MacEwan and...right out of that, I ended up at Bent Arrow, and then I became an Auntie [with big smile and waving hands], like all around that time I became an auntie, and I started working with young people. And I thought about that old man a few years later and thought this is what he was talking about because the way his eyes got big, right? [He was referring to] all the people I was going to have some influence over and some impact on their lives. He wasn't talking about me literally having kids, but I don't even think he knew that he just knew that I was going to have a lot of kids.

Like Molly Chisaakay's traditional explanation about *kemoh* [Dene word for mother of all children], Cheryl's leadership can be likened to this expanded understanding of motherhood.

Aunties

As in the traditional story, the role of auntie is a sacred one and so it is not surprising that all the women talked about being an auntie. As aunties, the women hold a significant place within their families. Each in their own way, the women told stories of how they are role models, teachers, and helpers. They provided inspiration, respite care, and safe havens.

Role Models. As younger aunties, both Nanook and Victoria were role models for the younger people in their families, especially because they felt that this was lacking for them. Nanook's sister was ill-prepared to raise a child at a young age and so her parents adopted their grandchild. "[My nephew] was raised with our family unit...he was raised alongside me as kind of a sibling-nephew". As mentioned in her individual story, Nanook often felt alone in her upbringing and so it was important for her that her nephew had support. "I wanted to be a good person for him because his mother failed him...I wanted to be a good role model for him. I was like, oh I got a little person I have an influence over. ...I [tried] to be a decent person, not be so selfish...I just wanted to be a better person for him so he could have someone to look up to and guide him along the way". By aspiring for her own dreams, Nanook showed her nephew that with dedication and hard work there are opportunities in life.

Victoria comes from a large family and has many nephews, nieces, and now great-nephews and great-nieces. While she lives a long distance from them, she maintains a connection through social media. Crediting the "Babes without Babes" group, Victoria has developed confidence in her identity as a child free woman and aspires to teach others. In fact, her social media profile is set as "Sister, Auntie, Kokum, Friend, Humanitarian, Sociologist – A glimpse

into a contemporary childfree, Cree woman's life". Not having other Indigenous women who did not have children as role models, Victoria expressed that it was particularly important for her to be that person for others. "If they're comfortable to approach me and talk to me about it or have questions, I'm here and I'm not keeping it a secret". She said that she wants "to illustrate to them that there are people like me out there and they're not alone, and that it's okay to embrace that lifestyle". Recalling a conversation with her niece, Victoria explained that some young people do not have representation for living childfree, and she worries about those who have children too young. "I suggested to [my niece] to not rush into having kids, just enjoy your life, finish school, earn some money, travel, have fun and that she didn't have to have kids right away.... her response was that she didn't even know she had a choice about it". Victoria said that her mouth dropped with shock that this could still be an expectation that young women adopt without question, emphasizing the importance of her influence.

Another important teaching for the younger ones is modelling healthy relationships and communication. Cheryl talked about how she addressed her niece, who told her that she wanted what she and Elmer had, and wanted to be treated like a princess. "I said 'you need to know that what you think we are, isn't what we are. A relationship is hard...there's ego, there's struggle', and she goes, 'but, you don't show us that'. Realizing that her niece had an unrealistic perception of relationships, Cheryl talked with her about the difference between lust and love. "It makes me aware [that] I have to show these kids a balance. Sometimes [Elmer] gets on my nerves and sometimes I get on his nerves, but we're okay. Obviously, she thinks it's all just like sunshine and lollipops and like googly eyes and all that. That's what she thinks love is and I'm like, it is in the beginning and then it changes. So, I'm aware of that with this second generation of little ones...they need to see".

Helpers. Actively involved with their sibling's children, Laura and Cheryl mentioned that despite not having their own children, there was always the presence of children in their lives. Being so involved with her nieces and nephews, Laura said that she rarely thought about herself as an Indigenous woman who did not have children. "I never really thought of it. It's never been an issue really... There's always been...children around. I mean there's siblings... nieces and nephews in my family as well". Likewise, Cheryl does not consider herself childless and she feels very fortunate to have many children around. "You would never know we don't have children by coming here...because there's toys, they have their own rooms, [and] there's artwork all over my fridge...". Cheryl explained that learning about traditional responsibilities helped her to appreciate the significance of her being an auntie. "One of the teachings I got in my time at Bent Arrow was kinship ties and learning about the traditional role of an auntie, especially the mom's sisters, and learning that the word [in Cree] is literally a little mother. And that resonated with me when I heard it... I really have felt like that, it kind of made sense why I'm connected to my nieces and nephews now, why I'm connected to them the way that I am".

Raising children is not easy and aunties are an invaluable resource that can help parents who may be overwhelmed by their responsibilities. In this way, both Laura and Cheryl stepped in at very vulnerable times for their families. Laura's sister became a widow and single parent of two children, who were ages five and two at the time of their father's death. The family resided with Laura for a short time and when they moved, they remained nearby. Since then, Laura has been an active participant in their lives. "I was always a couple blocks away. My sister was a single parent...so I spent a lot of time [with them]. When she went back to school...I used to help her with the kids...all the years". Laura does not see herself as necessarily co-raising her nephew or niece but refers to herself as a helper. "I was always in the back[ground], I would help

her out ...when she had too much going on”. “I was a helper who was there, who assisted with some of her daily routines with the kids. Like I picked them up from daycare, I would stay with them while she was doing something else”. Despite Laura’s high involvement, she respected her sister’s boundaries as the parent and the importance of her making decisions concerning her children.

Being an auntie is very close to Cheryl’s heart and is a significant part of who she is. As such, she takes this role very seriously and is actively engaged with her siblings and their children. Like Laura, Cheryl respects parental boundaries, but said that her sisters appreciate her involvement and in fact encourage it. “I’m **so** [emphasis] close to my sisters and I’m **so** [emphasis] close to their children...it’s like I’m one of their parents. I never asked them to do that, but they just automatically include me”. Cheryl told a story about a time she asserted herself as the oldest sister and auntie, and how her fatigued sister was thankful for it.

So, with my sisters, I don't know what the word is, it sounds wrong to say took charge, but like I've literally taken charge at times with their children. An example of that is when my [sister]...had her son and she was breastfeeding.... She went through this terrible time trying to wean him and she was exhausted, and he was **mad** [emphasis]. It was just like this terrible time.... So, I remember going to her house and saying, ‘pack a bag, I'm taking him’ and she's like, ‘what do you mean?’ I'm like, ‘you're exhausted and he knows he can't get [breast milk] from me. He knows that and so he will sleep, you will sleep, and then you guys can fight another day...’. She was so exhausted, she just listened...and they both had a really good sleep. ...Like I'll just sort of take charge sometimes and I always get a favourable response”.

Cheryl correctly assessed that it was the right time to step in and knew exactly what would help, undoubtedly offering relief to her sister when most needed. As modeled to her by a generous uncle, Cheryl also helps her sisters by assisting with school clothes. “I do that for these kids every August...I buy them school shoes... I have one sister who is actually very wealthy, but I still keep up that tradition with her kid even though she can totally get him the most expensive

pair of shoes ever. That's my job...". Being a little mother, Cheryl gives of herself to her sister and their children, which impacts the overall wellness of her family.

Safe Havens. Having the resources that other family members might not have, these aunties' homes have sometimes been the safe havens. Claire's cabin became a valuable gathering place for her family, especially for the children. Now grown, her nieces and nephews still reminisce about it. "They remember their good times there because they could run free, and they never got lost and they were protected". Claire sometimes took her niece and nephew there, providing her sister with a much-needed break. Likewise, Laura's home became her niece's home when her brother separated from his wife. "I have always been around my sibling's children to some extent. I mean at one time one of my nieces lived here... for about a year and a half, so I helped [my brother] raise his daughter". By opening her home, Laura offered her niece stability during a difficult transition.

Relatedly, Cheryl talked about how family members tend to turn to her for help. "Over the years, like when the struggle happens, they think we're some kind of magic bullet. We're not really a magic bullet but you are different with your aunties than you are with your mom, right"? Like Laura, Cheryl has housed family members, and she spoke specifically about a time her nieces came to her for safety. "I remember two of my nieces showing up at our door on a weekend at midnight. They were sisters and they got into some trouble...they got scared and...instead of running to their dad, they came here...and so of course we called their dad and [told him that] they're here, [and that] we'll keep an eye on them. ...We put [them] to bed and made sure [they] were okay". Cheryl's home offered the girls another place to turn, while their father could rest easy knowing that they were in good hands.

A Real Honour. As with traditional kinship responsibilities, Cheryl assumed the lead in supporting and caring for her sister's son, her nephew, when she passed away. "He was already an adult, he was in his early 20s, but he was very adrift when his mom passed away. So, my role changed with him. He still calls me auntie obviously, but he calls me auntie mom". The bond Cheryl has with her nephew extends to his two daughters. Cheryl is very involved in helping to raise them, and they often stay with her and Elmer. Further, because Cheryl was like a mother to her younger sister, she has a special attachment to her son, who calls her nanny. Cheryl explained that "my relationship to these kids is not so much about the title I have; it is about the feeling that I give them". In the traditional way, Cheryl is grandmother, and she spoke about the difference in her role. "The first generation of little ones, I love them, I wanted to be a good role model for them, but...it was very reciprocal. With these little ones, I feel like this real tremendous sense of responsibility to them. That I have to teach them things [and] I have to share what I know with them". As such, Cheryl plays a much more active role in passing on cultural lessons about who they are and where they come from. By introducing them to their extended family and home community, Cheryl with pride in her voice, feels she has accomplished this. "They are rooted, they are rooted to this place, they are rooted to these people, and I like that I gave them that".

Cheryl's artifact (Figure 5) is a beautiful representation of the connection that she has with the little ones in her life.

Some of the things I've been gifted, I felt like they weren't mine. I was just there to hang on to them until they were in the right hands. One of those things is feathers, I've been given a few along the way, and **this** [emphasis] feather I was gifted by an Elder who knows how much love I have for these little girls. ...I know this feather is for me, I won't ever give it away. It's beautiful. It's got a little feather next to the big feather and they're attached.... I just see it as me and I always have these little ones by me. That's why it's my feather...because it's me, like it literally is me".

Figure 5: Cheryl's Feather



Given how special this feather is, Cheryl shared that this gift would be something she would keep for a lifetime.

The women spoke about how the role of auntie is special, and how it is exhibited will be unique to the relationship. With Nanook and Victoria, they had powerful influence by role modeling healthy choices and lifestyles. Laura, Cheryl, and Claire, were more actively involved with their sibling's children, offering help, respite, and in times of difficulty, a safe haven. Certainly, no auntie can be all things. Cheryl talked about how her nephew categorizes his aunts: "the sibling auntie", "the cool auntie", and "the strict auntie", showcasing how each auntie is unique, offering him different experiences and perspectives. As mentioned in the traditional story, this understanding of aunts fits with how children were supported by a circle of family members and community, offering them diverse opportunities to learn and grow.

Being an auntie is gratifying for many reasons. Cheryl and Laura talked about how lovely it is to have children around. After being a caregiver for most of her life, Laura is now at a place to really appreciate children. "When you're older, children do bring a lot of happiness...like joy in life, you know what I mean? They have so much life to them when they're young and their innocence". Likewise, Cheryl talked about the comfort that children offer her and Elmer at this stage in their life. "You know, the older we get, the more we want kids around, the younger we

were, not so much”. Cheryl also mentioned that having children in her care helps her maintain balance, reminding her to slow down and enjoy things. “They remind me to stop, they remind me to eat, they remind me to go outside and get some air because they are so much in the moment, right?”.

Along with the joy that the children bring, there is also the inherent reward associated with being auntie. Cheryl talked about how good it feels when parents comfortably leave their children in her hands.

[The parents] say when they watch me driving away with their kids, they just know their kids are going to have a great time and they know they’re going to be taken care of and they don’t have to worry about them. So that feels good to have that trust. You know, these kids...are vulnerable and so to have someone that you would trust as much as you trust yourself to take care of them is a real honour for me.

Aunties, as little mothers, help parents in so many ways, and in turn, the aunties feel fulfilled by their contributions, creating a sense of purpose and meaning.

Caregivers

Laura has been a caregiver for most of her life. As a child, she looked after her younger siblings while her parents worked. As an adult, she helped her sister, nephew, and niece, and as a professional, Laura supported Indigenous families and post-secondary students. She learned from her grandmother that it was important to take care of others. Living this value, Laura also cared for her parents as they aged, helping them to maintain their home and independence for as long as they could. “They lived out of town [on a farm] ... So, I spent a lot of my weekends doing things for them, helped them clean their house, and brought [essential items and groceries] to them”. When her mother was placed in a care facility, Laura continued to tend to her mother two to three times per week for over 6 years. During this time, she also helped her father to ensure he had what he needed, as he remained at home and no longer had a driver’s license. Despite being

retired, Laura's caregiving responsibilities continue to this day, as her sister has medical challenges and often needs assistance.

Likewise, Claire was an important caregiver to her mother, especially during her last years. After separating from Claire's father, her mother moved to Edmonton. Claire and her sister helped her to adjust to the city, assisting her to get a job at a hospital. "[My mother] was afraid of getting lost, but she lived one bus to the hospital, so she was fine". Being a hard worker like Claire, she worked for 15 years and only retired at the age of 65 because it was required by her employer. Ten years after her retirement, Claire's mother was diagnosed with Alzheimer's. As her health declined over 7 years, Claire balanced a busy working career with regular care visits to her mother who eventually needed to live in a long-term care residence. "Even though I was working, I would drop in to feed her in the morning for breakfast and then at night I'd come by and help her with the supper. If I didn't make it for supper and I had to stay late at work, then I [would] just come by to wash her up and give her a massage before she went to bed". As mentioned earlier, Claire had a very close relationship with her mother, and so this caregiving was an act of love. If ever faced with needing to choose between her work and her mother, her mother came first. "I was busy, and I was still doing all these other things, but she was number one".

Risks of Overextension

There is magnificence in the bridge's ability to span distances and carry heavy loads, yet despite their robust construction, it is this very design that can leave bridges vulnerable. We have learned so far, that Indigenous women who do not have children serve as important connectors in their families and communities. At the same time, this role can come with risks to their health

and well-being. In this section, we will discuss some of the challenges that come with overextension including caregiver strain and considerations for personal health with aging.

You Gotta Help: Caregiver Strain

Not having children sometimes positions these women to take lead roles when it comes to caregiving. Having created a good life with her husband, Cheryl mentioned how sometimes young family members will turn to them in difficult times. She talked about how she will help if she can, but also acknowledged that there are limits of what she can do. “Over the years when a struggle happens, they think we’re some kind of magic bullet and we’re not a magic bullet”. Considering the challenges that face Indigenous families due to historical trauma, Cheryl reflected on how her life would be different if she did not have a healthy family.

If I’m a childless woman and I have all those circumstances [meaning a family impacted by historical trauma], I would likely have poor boundaries and I would be expected to step in and help people. You know, all the things that I tell you that I love about my life right now, I would probably hate. I would have people infringing on my space, my finances, on me because if you don’t have kids, you gotta help.

Not having children, then, might lead to the misperception that these women are equipped to take on more than they can, potentially leading to caregiver strain.

In Laura’s individual story we learned about the feelings of resentment that she had about the expectations placed on her at a young age, and how this influenced her decision to not want children. Laura was honest about feeling overwhelmed and burdened by her caregiving duties, indicating that she continues to grapple with this to this day. She mentioned how her grandmother role-modeled caring for others, but sometimes to a fault. “She was all about...taking care of people and meeting other people's need sometimes in front of [her] own”. Laura referenced how caregiving expectations intersect with gender. For instance, when it came to helping her elderly parents, she said, “they never bothered the boys”. For women without children, then, they can face double pressures when it comes to caregiving. Given the multiple

demands that was placed on Laura, it is understandable why she would feel some relief when her parents passed away. “I mean, I kind of felt a little bit free”.

Having learned this unhealthy pattern in her family, Laura struggled early in her profession when she worked with Indigenous children and their families. Taking on an unfair workload, she said, “I got really close to the kids, over involved. So, I was stressed out and...I actually got burnt out. I was very burnt out. It was a low part of my life...and I was depressed...it took me 15 months to get back [to health]”. Reflecting on how a partner once told her that she was “tied to apron strings”, Laura pondered how perhaps not having children might have contributed to this pattern. “Why am I so over involved with other people’s families? Because I don’t have one”? With the help of counselling, Laura made some healthy adjustments. “I slowly started doing things...to get my life back together. I changed some things in my life. I exercised more, ate better, and lost some weight, and I did lots and lots and lots of walking”. Not wanting to lose herself again, Laura said she also approached work with better boundaries. “It was a lesson that I never quite put the same effort in, I pulled back and never did that again because I didn’t want to burn out”.

Similarly, after having heart problems in 2018, Claire is learning to not over-extend herself. Like Laura, Claire echoed the challenges of caregiving and the chronic worry she experienced with her mother’s deteriorating health. It “takes a toll on you because you're always there but you can’t control what’s happening to her”. Referencing family problems, Claire talked about how being too focused on them is draining. “When you're concerned about the health of others, you're always on that wavelength...it could impact you because you're empathizing too much on somebody else's health. I have that with some of my family members. They don't take care of themselves so I’m always worried about them but there's nothing you could do. It’s the

way they choose to live their life”. While she knows this to be true, as the oldest sibling, Claire admitted that she sometimes has a hard time letting go. “Well, I have to have a little bit of input in there, and I do sometimes go out of line, but what the heck, they’re part of my family...I try to mentor them in some way [even though] they don’t want to be mentored”. Given how much we love our families, finding balance between caring for self and others can be challenging.

Planning for Future Care

While having children does not guarantee that you will have comfort and security as you age or as your health deteriorates, not having children can make this a salient consideration for some. Victoria said that she will sometimes tease her younger family members about them needing to care for her. “...When we get old, I have my nieces and nephews who will be there to help, but that’s jokingly said. Going forward, we don’t have any concerns about that...we love the life we’re building together”. Cheryl, who is an actively involved sister and auntie, takes comfort in knowing that her family will be there to support her if needed. “I’m kind of joking, but I’m kind of serious [when I say] that I feel like when we get old, we’re going to be okay. Just because of the investment we’ve made in these kids. ...I feel like we’ll get back at some point”.

For others, however, not having children has led them to reflect more on their future health. Experiencing social restrictions due to Covid highlighted just how important our families are, especially in uncertain times. Indeed, Laura commented on how alienating this time was for her particularly as a single woman. Witnessing her brother’s joy in the arrival of a granddaughter, Laura reflected on her circumstances. “So, I thought about if you had children, then you might have grandchildren. So, what am I saying? I guess you would have people close to you, like you would have young people around...especially in Covid because I have spent more time alone...I would have more people around me if I had had children and maybe more of

a support system”. While Laura has spent a lot of her life caring for others, she is aware that she may not be the recipient of care in return. Consequently, Laura is pragmatic about her need to plan for her future. “I still have lived a fairly busy life with kids always around me until I've gotten older...I know that there's not going to be anybody when I can't take care of myself...I've got to go to a home or whatever”.

Dealing with medical issues, Claire and Nanook were very real when they shared their thoughts about end-of-life planning, an understandably difficult topic. Having supported her mother during her last years, Claire has thought about the importance of putting things in place for herself if she should have the same illness.

My mother had Alzheimer's at 76 and I'm getting there, I'm going to be 75. So, that's not very far away. Then I'm thinking, well, I know what that's like because I helped my mother. I was supporting her for all the time that she had it. We had to move her into a facility because she couldn't take care of herself anymore and she would just get up and leave and nobody would know where she went. Those things really bother me when I'm sitting down quietly not thinking about anything else. Originally, I said I wanted to put this in a will that I'd like to go through MAID, which is medically assisted dying, because I don't want to have anybody take care of me. I just wouldn't feel comfortable. Even though I've lost it, I'd want somebody to be able to say, this is not what she would want.

Claire explained that this will require more conversation with her husband, as he is not yet accepting that this as an option that needs to be considered.

Although not yet 50, Nanook has also had to face the reality of what it might mean to live with debilitating physical health. Being diagnosed with a progressive spinal disability, Nanook also talked about the need to be prepared, as she spoke about how she has already needed to adjust to living with pain. “Yeah, it's in your face every day. So, I mean the way I look at it too is being a single person with no kids like I ain't got nobody else to look after me. I mean...at the end of the day, I live alone, I wake alone, I go to bed alone and no one else is going to be helping me through this, right? I'm not the kind of person to dwell on it. Maybe I'll sit back and sulk for a while and then I'll try to figure out a plan and try to work on something”. Having already

experienced a difficult time with her back, Nanook shared that if faced with irreparable and severe pain, she will decide about her life on her own terms. “I mean it’s hard to hear, but that’s my reality, like sorry, I’m going to check out before I have to face all that again on my own”. Claire and Nanook both stressed how essential it is to have a good quality of life, and they also brought forward the importance of having self-determination when it comes to decisions about their health.

Crossing to New Paths

With bridges, we can travel to and access places more easily, connecting us to new paths and opportunities. In this final section, we will go over the privileges associated with not having children and what this has meant to these women about living well.

Financial Privileges

Raising children comes with financial commitment, and women do not always get support to meet the needs of their families. As mentioned earlier, Indigenous women are more likely to face systemic challenges that make it hard for them to get ahead. Therefore, not having children can come with some benefits, including monetary ones. When asked about the strengths associated with being an Indigenous woman who does not have children, with a chuckle, Laura replied, “well financially, it didn't cost as much”. She named the auntie perk of being able to enjoy children without the expense. “I like the idea of being able to be an auntie and not having the responsibility or having to spend money on children and still having them around”. Likewise, Cheryl described how she and her husband were able to focus on different things than other family members. “I guess financially because we don't have kids and so, the things we've been able to do, [like] traveling, investing in our home, that kind of stuff like...it's different. ...I see it

with my family, you know their priority obviously has to be their children and their hockey and their whatever it is that they're up to”.

Having modest beginnings, Claire and her husband worked hard to create the comfortable life they have and are proud of their accomplishments. “We both come from poor families and when we got married, we had \$300 between us”. They built a comfortable life for themselves and sometimes will get questions from others. They say, ‘well, how’d you guys get all this?’. You know, meaning material things.... Well, I say, ‘We work together. We both have jobs. We don't have any children... and we handle our money carefully. So, we're retired in a good way. We never had a need for money’”. Given their success, Claire said she’s had to contend with some jealousy. “When you stop and think about it, I feel that I escaped a lot of things, only because of my determination. If I allowed other people to bring me down, I could have been down and out long ago and just disregarded. You have to have a strong understanding of yourself, and you have to have goals set up so that you know what direction you’re going”. Claire was able to cope with this negativity by having a solid sense of self and knowing what was most important to her.

Freedom

Having financial privileges along with not having the responsibilities to care for children, offers certain freedoms. Each of the women talked about the luxury of having the means and freedom to create their lives on their terms. Following the passing of her parents, Laura’s caregiving duties reduced significantly, allowing her time to pursue her own passions. “After my folks were gone...I was feeling pretty free to sort of come and go as I like. If I wanted to do something, I didn't have to ask anybody, I just did it...I had more control of my own time”. Likewise, as a single woman, Nanook said, “Because I've been alone, single, and no kids, I've

been able to pursue things if I want to or not and not put that pressure on myself... I don't have any family that needs me. ...So, for me to live well is...having freedom and I can do what I want, and I value [that] a lot. I can up and go. ...I like being independent, I like being able to leave at the drop of a hat”.

Despite having a spouse to consider, Claire also expressed her love of having autonomy. This is reflected in her artifact (Figure 6), a tapestry of a bird, which symbolizes freedom and living a beautiful life.

Figure 6: Claire's Bird Tapestry



When we don't have children, we [tend] to be freer to do things we want to do... If I decided I was going to do something, I didn't have to worry about anybody. My husband's at work, he doesn't need my attention, I won't see him until later. I can do what needs to get done without worrying about [having] to go home and make supper or...take care of kids...I can just carry on. I used to sit in my kitchen and [feel] grateful for the life that I had.

Released from this type of familial obligation offered these women more control over their time.

As such, they feel the pleasure that comes from being able to determine their own path.

Victoria's story about her decision to move from Edmonton, AB, to Nanaimo, BC, is an example of this expression of freedom.

I remember the one thing that really pushed me to move, [it was] December 2016, winter, I'm commuting back and forth from the west end to the south side. On a good traffic day,

it took 30 minutes. One day, it took me three hours to get home...that was the last nail in the coffin. ...At that time too...I was...[planning] retirement parties...and a lot of the conversations would be around, what are you going to do when you retire? [They would say], 'I'm going to sell my house, pay off my debts, and go live on an island'. These people were 65-67-68 years old, and it's well earned for them, but at that point I was like, what is the world going to look like for me when I retire? Being a sociologist, [I look] realistically at everything that's happening from a climate change perspective. ...It will be the year 2050 before I retire, what is my world going to look like? Can I continue doing this job for another 30 years? Will I be happy doing this job for another 30 years? Can I do it? And there was one day where I was like, no I can't, I mean I don't even know if I'm going to live that long, and I don't want to wait that long to live my life. And so, I gave my boss...a year notice. Again, I honoured my life and what I want to do and how I want to live, [and] that was a huge thing for me. ...So, while I can and while I'm still able to, I'm going to move to the island, I'm going to live my life and see what happens.

Not long after relocating to Nanaimo, she met her partner and they have built a fulfilled life together. "We're embracing the lifestyle that we've made...being grateful that we have each other, we have our special moments, we wake up and have another day... and being happy about it". As such, it is easy to understand that Victoria has no regrets about the day she chose to seize the moment by making the decision to move.

Opportunities for Travel

Another expression of freedom is travelling. While Covid might have interfered with this activity, all the women talked about travelling and how these times served as opportunities to learn more about themselves. As single women, Laura and Nanook have travelled a lot with friends, but Nanook is also comfortable travelling on her own. She shared how the resilience she gained from her childhood has equipped her well to handle new situations. "I like to travel a lot as a solo person. So, for me, I enjoy going to new places and trying to figure things out. [For instance], where do I catch the bus? It's just a challenge to me, I like taking that on". Nanook indicated that living in the north came with limitations and moving offered her more exposure to cultures. "I felt I hit a ceiling...in the greater sense of the world and exploring. I like to have adventures, I like pursuing new opportunities and looking around and just seeing how other

people live in different communities, different countries. So, I'm glad I left the north because yeah, I had a chance to explore life a little more and be engaged". Nanook's artifact (Figure 7) is a picture of her motorbike, which is the perfect illustration of her independence and her love of travel and adventure. She described her motor bike as freedom, power, and exhilaration.

Figure 7: Nanook's Motorbike



Relatedly, Victoria talked about how a trip to Ecuador at the age of 24 opened her eyes and expanded her global consciousness. "Everywhere I looked, everyone was Ecuadorian, they were brown...and it was mind boggling for me because never in my life have I been in a situation where...everyone looked like me. It was a pleasant form of culture shock... [and was] such a different feeling". Having this early exposure set Victoria on a path of loving to travel. Having made peace with her mom after learning about the impacts of the residential schools, Victoria spoke about the significance of a trip they took together.

If someone had told me when I was a teenager that I would spend my 35th birthday with my mom in New York City, I would have laughed....I [couldn't] even stand spending an hour with her, but we did make that happen. Both of our birthdays are in May and so we made a trip to go...and it was our first time [there]. It was like the blind leading the blind, and we were so scared, and we had to figure out the subway system. It was just an amazing experience to share it, we talk about it all the time. ...To me, having that is a lot more important than whatever happened in the past.

Having this shared adventure that involved going out of their comfort zone was an important symbol for the mending of Victoria's relationship with her mother. Relying on each other created an opportunity for them to build new and happy memories.

Work/Life Balance

As shared by Dr. Darlene Auger, *asokana* reflects the balance that Indigenous women who do not have children offer to their communities. She explained that balance is considered a crucial aspect of wellness. "When we're not in balance, that's what we as Indigenous people call dis-ease". So, while these Indigenous women played important roles in their families and communities, it is equally important that they live balanced lives. Indeed, the women spoke about having greater opportunities to care for themselves. Cheryl marveled at how her sisters, as working parents, are amazing at coordinating multiple schedules. Despite having a demanding career, herself, Cheryl named how she is better positioned to "balance it out" and make time for herself. Similarly, Laura mentioned how her sister prioritized her children's needs over her own. "I had more time to develop who I am as a person and look at my own needs. If I compare myself to my sister, she was so entrenched in her kids that she never really took care of herself". Claire also spoke about unhealthy dynamics associated with intergenerational trauma, indicating that she has seen friends take on too much of their adult children's problems. "I know people who have dealt with it their whole lives and it just seemed like they just take it in, and they think it is the way it is. No, it's not".

The women all mentioned various ways that they engage in healthy activities that contribute to their wellness. On top of travelling, Laura who is now retired, enjoys reading, gardening, and is an avid walker. For Nanook, "movement is medicine" and so she regularly exercises as part of her self-care plan. Being an athlete, she has run numerous marathons, dragon

boat raced, and competed internationally with rowing. Likewise, Victoria talked about being active and her love of the outdoors, stating that “my lifestyle is here on the island and it's a child free lifestyle with my partner. We go hiking, we go adventuring and we're foodies...we only have this finite time together so let's enjoy it”. As mentioned earlier, Claire talked lovingly about her cabin and how it was where she would go to rest and recharge. Like Victoria, Claire and her husband now reside on Vancouver Island and have been frequently camping. Finally, and not to be forgotten, Nanook and Cheryl both mentioned their dogs; their love and loyalty being important contributors to their happiness.

I'm Already Full: Meaning and Purpose

Given the intimacy, bond, and level of commitment, it is not surprising that many mothers strongly identify with their child(ren), creating a powerful sense of meaning and purpose. While not biological mothers, we learned about the multiple roles that the women in this study hold within their families and communities. In this way, they are *kemoh* (mother of all children). At the same time, we are so much more than our roles and the women talked about what gives them purpose and what it means to live a good life.

As a single woman, Laura takes great pride in her independence and the life she has built for herself. She said, “I did it myself. I did it my way. I am reasonably retired, my house is paid for, I don't have a great pension, but I get by. I don't have bills; I pay everything off. I've been responsible for my own life, I haven't over-burdened anybody”. She explained that she lives a simple and calm life, saying, “I try to maintain a positive attitude. I try to live in the present”. Laura's photo (Figure 8) was taken while she was out walking near Banff, Alberta, and it represents her love of nature and how she is at a peaceful and happy place in her life. Being in a quieter time, Laura is reflective and pleased about her life, “I'm happy to have explored some of

Figure 8: Laura's Photo of Nature



the world. I still maintain relationships with all my family members...I am very much a family person even though I don't have children. I have some friends that I am very close to".

Dedicating herself to the educational aspirations of Indigenous students, Laura can enjoy her retirement knowing she contributed. "I feel okay about my accomplishments...I feel like I had an influence on other people's, like students' lives. So, I had some positive influence in the world".

For Nanook, she has been reconsidering her upbringing, seeing it through a different lens. "Recently, ... I'm like, what are the positives of being a neglected child because I'm starting to realize hey, I was neglected [laughing]. So, what are the positives of that, are there any? There's a lot like, I'm super independent, I'm resourceful, ...I think quickly on my feet. ...I just think that there was a lot that I learned because I had to, I had no other choice". With this resilience, Nanook emphasizes the importance of a healthy lifestyle. "[I have] my life put together, you know I'm not struggling with addictions [and]...I don't have very poor mental health. From time to time, I might have some depression, but it doesn't debilitate me. I'm on top of my health and my fitness. I want to be living well for as long as I can until I am not". Nanook has entered a phase of her life where she can enjoy the fruits of her labour. "I'm in a position where I'm comfortable in my career, I've got a good income. I'm enjoying myself now, I've transitioned, and I've transcended all those other things. Like those empty nesters, now they can celebrate,

travel, and have fun. Well, that's kind of where I'm at but without all the kids. You know I can enjoy life, I've made it". Referring to how children has never been a priority to her self-concept, she said, "I certainly don't see myself as any less [as] some women might think and internalize it. They might think to themselves, oh I'm less of a woman because I don't have children. I don't think like that, like, I'm a whole person as I am. I'm not looking for my other half because I'm already full".

Like her namesake, *Chibeemsoo* (the boss), Claire took charge in how she faced life's challenges and was very determined to succeed. She described her sense of purpose as being linked to her self-confidence and her willingness to use her voice. She gave a recent example of how her belief in herself gave her the ability to stand up for what she believes is right.

I was making a presentation to Lions about providing scholarships to Aboriginal youth. ...Most of the members are older men. Several of these men said, 'oh, Indians are always getting lots of government money, we don't need to help them'. Well, that made me furious and I stood up and said, 'listen, I don't see any coloured people in this club except for me. I'm standing up for these kids. There's no reason why we can't be helping them out'. They still disagreed with me. So, I got up and left and said, 'bye'. The next morning, I sent a letter to the president of the club. I wrote, you disregarded what I had to say, you've broken the rules of Lions because everyone should feel welcome. I'd like to bring this up to the board members and until I feel comfortable, I'm gone.

Claire explained that her advocacy led to changes and Lions eventually agreed to offer scholarships to Indigenous students. Despite these changes, Claire took some time away from the club and only returned when she felt understood and supported. While laughing, she said that they probably thought, "This woman thinks she knows it all, she's going to move the world. And I did. Just little ol' me".

Cheryl feels fortunate to have the life she has, "I feel unique in this role that I have, and I think I've been so lucky". Processing all the positive experiences in her life, Cheryl shared her philosophy on how to live a good life:

It's really not about knowing your purpose; it's really just about showing up. If I'm scared, if I don't know the answer, if I feel like it's out of my element...if I'm tired, if I'm mad, I show up. Like so many things have happened to me in my life, like really good things, and I think, why did those things happen to me? When I look back, it's just because all the days before that day, I showed up. ...I did what was hard, I did what was awkward, I did what was scary, I did what was fun. ...The days will add up and they'll add up to something. I think if you're too prescriptive, you'll disappoint yourself. For me anyway, I just show up and something will happen eventually. The changes that I'm hoping to see will happen. It's so cliché, but it's not the destination, it's like literally the journey.

Like her father's commitment to his daughters following the passing of his wife, Cheryl accepts and honours what emerges on her path. While so simple, this perspective is powerful, offering a mindful and hopeful way to live life well.

Fitting with the *asokana* metaphor, Victoria's meaning relates to building bridges. During a sharing circle, a woman once told her that "the Creator would not put you here without purpose". Referring to the recent discovery of 215 unmarked graves at Kamloops residential school, Victoria talked about how important it is to remember this, especially given the multiple colonial attempts to eradicate Indigenous peoples. "We would not be here without purpose; we would not be in this moment without reason. I always think about that". Victoria lives and breathes service, and as such, does what she can to reach and educate others about Indigenous peoples. "It's all about our connections with people, honouring those connections, and building bridges". Her artifact (Figure 9) is her "medicine wheel art project", which represents her dedication to this work.

I've been painting the medicine wheel on rocks, and then 215 happens so I have included that number on the other side of the rock. I put these [painted rocks] out in nature, on walking paths or places where people will come upon them, and they'll see the image and hopefully take it upon themselves to learn about Indigenous culture. Like we have so much to offer, and I think this is what people need to know more about and people need to keep speaking about it.

While Victoria describes herself as an introvert, the medicine wheel project is an example of how she takes social risks by putting herself out there to teach others. While not always easy for her

to do, she is fueled by a desire to inspire her younger family members. “I just want to be that little spark of light to say you know it might seem bad out there but just keep doing what you’re doing and live your life”. Like Cheryl’s explanation about showing up, Victoria said, “as much as a part of me wants to just retreat back like no, I can’t. I gotta keep doing what I do because that’s how I’ve made it so far in my life”.

Figure 9: Victoria’s Medicine Wheel Art Project



Conclusion

In this collective story, *asokana*, we learned about what it means to live well as Indigenous women who have not had children. Given the pervasive stereotype that all Indigenous women have children, their presence might be seen as uncommon. However, with the support of their friends, loved ones and culture, these women have important roles. They help to hold and carry their families and communities as leaders, aunties, and caregivers. While they might be at greater risk for caregiver strain, these women are also better positioned to have

balance. By not having children, they have more opportunities and resources, giving them the freedom to embrace their lives on their own terms.

CHAPTER 5: DISCUSSION

This inquiry had its beginnings in my need to make meaning of my infertility. Situating my experience socio-politically was an important starting point, as it helped me to fully grasp the complexities and nuances inherent within colonialism and how this was held in my body. My lived experiences as an Indigenous woman cannot be separated from the legacy of historical trauma and understanding this was necessary for me to disengage from what does not belong to me. In other words, it was my way of taking my power back. Yet, contrarily, conceptualizing my infertility solely within this socio-political context was also disempowering. I knew that my journey of meaning-making could not stop there, and for my own healing, had to find a way to restore and find balance in how I viewed myself as an Indigenous woman who did not have children. To do this, I sought out the stories and teachings from an Elder, Knowledge Keeper, and from other Indigenous women who did not have children.

This inquiry started with wonderings about what not having children meant to Indigenous women. I wanted to learn more about them, how they came to not have children, their roles, and what promoted and maintained their healing processes. In sum, my research question was, what does it mean to live well as an Indigenous woman who has not had children? Most of the literature about women, infertility, and childlessness comes from the perspectives of European-descendent, educated, upper-middle-class women (Daniluk, 2001b), marginalizing the experiences of women of colour. As indicated in the literature review, Indigenous women, and their reproduction face multiple forms of oppression. Therefore, this inquiry is an untold story that disrupts the colonial imperative that silences the lived experiences of Indigenous women. By focusing on what it means to live well, this inquiry was an act of resistance and reconciliation. Indeed, what emerged was a story rooted in survivance and resurgence. Drawing on my learnings

from Indigenous feminism, historical trauma, Indigenous research methodology, and as guided by my crow boots, this concluding chapter will discuss what I learned from the stories so graciously shared with me. In light of the theories and research related to this area, I will also provide suggestions for future inquiries and implications for practice. I close with my reflection on how being my *asokana*, these women in my dissertation, guided me to a path of personal healing that helped me find my way home.

The Choice to Not Have Children and the Significance of Freedom

The story I shared about my conscientization during the TRC was an emotional and big experience for me, as I awakened to seeing my infertility through a socio-political lens. At the same time, I did not want to impose this view onto the women. Further, while I began this inquiry with a story about my infertility, I decided to focus on the broader experiences of Indigenous women who do not have children, not distinguishing based on their circumstances. I did this for three reasons. First, I aimed to co-create a restory that transitions me from a deficit, story of lack associated with infertility to a full story of wellness as an Indigenous woman who has not had children. Second, I wanted to capture the breadth of experiences. Third, I reached out primarily to pre-existing relationships, and I did not know their reasons for not having a child. It turned out that most of the women I spoke with either knew early in their lives that they did not want children or were uncertain, eventually deciding that they did not want children. Only one of the women described infertility as a reason, and it was her husband who was medically not able to have children. Therefore, differing from my story about grief and loss, these women shared with me empowered stories about choice and freedom.

From a feminist perspective, the decision about whether to have children is political (de Beauvoir, 1953). As mentioned in the introduction, our society is pronatalist and there is a

powerful belief structure that legitimizes women only as mothers and there are inherent social expectations and pressures for women to have children. Further, for women of colour, they may also have the added cultural tensions (Ceballo, 1999) associated with a strong family-orientation (Daniluk, 2001b) that highly values the life-giving abilities of women. Therefore, early feminism portrayed the decision to not have a child as an act of resistance to this power structure that oppresses women (Neyer & Bernardi, 2011). Later feminists (Neyer & Bernardi, 2011; Stahnke et al., 2020), on the other hand, opened to a more empowered perspective, creating room for woman to have agency and determine their own selfhoods, whether it be as mothers or not. Being more inclusive, this also broadened narratives that offered “a great diversity of (self-defined) ‘motherhoods’” (Neyer & Bernardi, 2011, p. 8).

In direct opposition to the domineering and restrictive interference of colonialism on Indigenous women and their reproduction, the women I spoke with lived on their own terms. I am honoured to facilitate alongside Kohkom Ruth Cardinal de Ubiera in the Wîwîp’son Healing from Sexual Trauma Circle for women at the Sexual Assault Centre of Edmonton. She gave me permission to speak of *otipymosowin*, which means “being the boss of yourself” in Cree (R. de Ubiera Cardinal, personal communication, December 19, 2021). This teaching is in line with the cultural value of non-interference and respect for one’s autonomy. *Otipymosowin* is a term that fits perfectly for the women involved in this study, as these women were the boss of themselves. Fittingly, Claire’s Cree name was Chibeemsoo (the boss). While Simpson (2006) indicated that having children was a form of self-determination that began in the womb, these women’s choice to *not* have children also demonstrated self-determination. By not having children, the women chose lives that offered them opportunities and freedoms. For Cheryl, who did not choose to not have children, she reframed her circumstances in an empowered way as she understood the

importance of her traditional auntie role. Despite some experiences of stigma and disbelief from others about them not having children, these women exhibited self-confidence and did not feel inferior as women who did not have children.

From an Indigenous feminist lens, the significance of freedom within a colonial system that consistently attempts to impede their sovereignty is especially salient. Aside from the freedom of choice, the personal freedom that comes from not having children was raised as a significant aspect of what it means to live well. Freedom as a central theme is supported by other recent research about childless/childfree women (Brooks, 2019; Daniluk, 2001b; Stahnke et al., 2020). According to Brooks (2019), “the overarching and most frequently noted theme that framed participants’ experience of childlessness was a sense of freedom” (p. 4), with sub-themes being the importance of autonomy, control of environment, and economic security. Like the women in my study, Brooks (2019) described how the women felt a sense of independence, pride and accomplishment that comes from their freedom “to choose when, where, and how [they interact] in the world at any given moment” (p. 4). Not following the “motherhood script”, these women had the ability to construct their lives in a meaningful way that was congruent with their values and who they are.

As such, the women spoke of having the privileges of more time and resources to engage in self-development and self-care. As indicated by Knowledge Keeper, Dr. Darlene Auger, wellness is synonymous with balance, and with the ability to prioritize themselves, these women were better able to, as Cheryl said, “balance it out.” Further, as will be discussed later, they had integral roles within their families and communities. These women told me that they felt fulfilled, happy, and comfortable, and did not have regrets. These findings are also congruent within the literature. According to Stahnke et al. (2020), childfree women reported life

satisfaction that seemed to increase with age. Brooks (2019) supported this result, indicating that some participants described their lives as “superlative” and “phenomenal” (p. 9). Indigenous women, like all women who do not have children, are in a good position to live well.

Indirect Influence of Colonialism

While the women involved in this study did not directly associate their childlessness to the impacts of colonialism, there may be some indirect influence. Some of the women shared that their difficult childhood experiences were related to their decision to not want children. Like many children who were placed into colonial institutions (Meijer Drees, 2013; TRC, 2015), Claire was separated from her family and community when placed in an Indian hospital, causing her to experience fears of abandonment in her relationships. For others, the ripple effects of historical trauma (Aguiar & Halseth, 2015) led to their childhood homes not always having the foundational support that they needed. Some of the women went without the basics and/or were placed in situations where they needed to be responsible for caring for themselves and/or their siblings. These early experiences led to long term impacts. Nanook explained how most of her young adulthood was focused on raising herself, let alone a child. She spoke about needing to catch up on the developmental milestones that she missed, always feeling behind her peers. For others, the impacts made for relationship problems and/or difficulties in finding a healthy partner.

As outlined in the literature review, Indigenous woman and their reproduction are seen as threats to colonialism (Smith 2005; Simpson, 2006) and as such, there is a powerful system in place that works against Indigenous women having children (Cull, 2006). The women in this study expressed awareness of the devaluation and socioeconomic disparities that Indigenous mothers face. They imagined that if they had children, they would have been single parents with

limited resources. Life would have been overall more challenging. Consequently, they talked about how children would have increased their vulnerabilities, when just being an Indigenous woman is vulnerable in and of itself. They also mentioned that children might have inhibited or delayed their professional and academic goals, potentially creating a cycle of poverty.

Knowing Indigenous mothers in their communities who struggled, these women indicated that they did not want this for themselves. Referring to the dysfunction she witnessed in her family, Nanook put it succinctly, “If that’s marriage and family? No, I don’t want any part of it”. The fact that these women questioned whether they would have been supported and fulfilled as mothers gives me pause. It highlights the intersections of racism, sexism, and colonialism (Smith, 2005) that impede Indigenous women’s personal lives, impacting the most intimate of decisions. Can we completely divide Indigenous women’s choices about whether to have a child from their sociopolitical contexts? As I named in the introduction, my bias is that this is not possible and these women’s stories in part seem to support this. At the same time, it is imperative for me to stress that the impacts of historical trauma were not central in these women’s stories. Their stories were *not* about trauma, and they did not speak of themselves as victims. The fact that they did not have children was just simply who they were - no different, better, or worse than anyone else. As will be discussed next, these women knew their inherent value, living in tune with relationality.

Caring for Our Relations

Elder Molly Chisaakay and Knowledge Keeper, Dr. Darlene Auger shared with me that, traditionally, Indigenous women who did not have biological children were still mothers. Communities were built on kinships that were close and interconnected, with everyone having important roles to maintain the survival, health, and wellness of the community. As *ayapehkan*

(nets), *kemoh* (mother of all children), and *asokana* (bridges), women who did not have children offered unique skills and abilities to help catch those who might fall between the gaps. In doing so, they fortified the community, making it stronger and more capable of withstanding adversity. From my conversations with the five women, I learned that this relational value system continues, as the women acknowledged their service to others as being a foundational aspect of their identities and what it means to live well. The importance of stewardship and contributions were also indicated within the literature on childless and childfree women (Brooks, 2019; Stahnke et al., 2020). Referencing Erikson's stages of psychosocial development, Stahnke et al. (2020) spoke of how generativity, meaning "the feeling of having positively spread wisdom and influence to the next generation" (p. 161), was a necessary stage for well-being. The idea of generativity is built within the Indigenous traditional worldview. As shared by Darlene, we are taught by our Elders to always think about how our actions will impact the next seven generations. As leaders, aunties, and caregivers, these women shared many stories about how they supported their families and communities, adding to their knowledge, health, and wellness. By doing so, these women expressed feeling good about their contributions, creating a reciprocal circle of wellness and a sense of belonging.

Indigenous women are the hearts of their families and communities. In her explanation of the ideology of motherhood, Anderson (2000) said that women have the authority to care, "for we not only birth people, we have been given the lifetime responsibility to nurture the people" (p. 169). Likewise, Crosato et al. (2007), in her study on Indigenous women caregivers, mentioned how "women were chosen to care because Aboriginal women were defined as being strong, and as the ones who kept their families and communities healthy and united" (p. 6). By caring for their families and communities, the women in my study *lived* this traditional view of

what it means to be an Indigenous woman. During the talking circle, Cheryl described the inquiry as “a contemporary story of a traditional story”. Living in tune with these values, they “understand their purpose and place in relation to community, [which] encourage[d] wellness and healing” (Fellner, 2018, p. 290). Crosato et al. (2007) supports this finding:

Women...claimed that caring was the one value that was maintained from the past.

Caring was central as it facilitated Aboriginal communities to work together to revitalize their culture. ...Through (re)establishing the Circles of Caring, the women felt strong and proud of who they were as they were opening the door to a new (old) way of valuing themselves as Aboriginal communities. (p. 7)

In opposition to colonialism’s attempts of erasure, then, these acts of service contribute to the survivance of their families and communities and is therefore a demonstration of resurgence. In turn, the women gain a renewed and positive sense of themselves.

The Potential for Caregiving Strain and Caring for Self

As highlighted in the literature review, the impacts of historical trauma have interfered with Indigenous’ peoples psychological, social, and physiological health. As such, it is often Indigenous women who carry the burden of easing these impacts on their loved ones. “Our families and communities require constant attention because we continue to move from crisis to crisis. As primary caregivers, these responsibilities weigh heavily on us” (Lawrence & Anderson, 2005, p. 2). While caring has its roots in tradition and is culturally esteemed, this does not lesson the stress that it can impose. Traditionally, women would not have been expected to take care of their children and Elders on their own, as there was a system in place that ensured that everyone was supported. As shared with me by Darlene, the relational Indigenous worldview is compassionate, and people were never given more than they could handle.

However, our modern societies are not set up as they used to be, and caregivers often do not get the support that they need. As essential as caregiving is, it is often unrecognized and places women at a disadvantage economically and psychologically (Hyde, 2000).

Caregiving is a relevant issue for Indigenous women who do not have children, as they might face higher expectations to care for family and community members. Indeed, both Laura and Claire mentioned that they took lead roles in the care for their parent(s), as their sisters had children and it was understood that they could not take on as much. While an act of love, they also named that there were times they felt strained by the need to balance their responsibilities. Caring can be more complex for Indigenous caregivers, as they must contend with high rates of multiple chronic conditions (Webkamigad et al., 2020) and complications, such as racism, unsafe and/or inadequate healthcare, and feelings of fear and distrust from the impacts of the IRS and Indian hospitals (Crosato et al., 2007; Webkamigad et al., 2020). Therefore, given the higher expectations placed on these women coupled with the impacts of historical trauma on both them and the people they are caring for can place them at more risk for compassion fatigue or burn-out.

Given the possibility of strain, caring for the self is a necessity. In her discussion on nurturing self, Anderson (2000) names how Indigenous women need to remember to not put themselves last:

This is a responsibility that many of us are slow to learn because of societal pressures on women to be self-sacrificing. Acting on responsibility to family or nation doesn't mean that we deny our own needs or undermine our responsibility to take care of ourselves. (p. 230)

The women in this study were *asokana*. They held, carried, and created connections for their families and communities, but they were also *asokana* for themselves. They understood the importance of self-care and as mentioned earlier, with not having children, felt as though they had more opportunity to create balance in their lives. So, while Indigenous women who do not have children might be at greater risk of caregiver strain, they are also better positioned to maintain their health by having the time and resources to care for themselves.

Embodying Ancestral Wisdom Through Our Stories

Molly and Darlene shared many heartening stories about Indigenous women who did not have children, describing them as having an important place in their community and being highly esteemed. If a woman did not have children, the Creator had other work for her. Counter to the restrictive and compartmentalized western ideology about women and motherhood, the traditional conceptualization of these women is rooted in spirit, transcending the physical and biological. Women who did not have children helped to hold a community together by being *ayapehkan*, *kemoh*, and *asokana*. While childless women are often portrayed negatively within the dominant society, this relational and holistic understanding offers a more compelling narrative that provides a buffer for the devaluation of Indigenous women, contributing to positive and healthy identities.

Cheryl's story is an example of how traditional teachings provide an important guidepost. While unable to have children, Cheryl did not go through an intense grieving process and was accepting early on. "I'm always really open about why we don't have children...it's not a secret, it's not a tragedy even, it's just what it is...I don't feel bad or different about it. It's just been my journey". She described two cultural teachings that helped her to feel grounded in who she is as an Indigenous woman who does not have children. She spoke about an Elder who foresaw her

having many children, and her father's sharing about how couples who did not have children in traditional times would have been given children. She described how these stories helped to tether her, connecting her to her traditional role as auntie in her family and leader in her community. As such, the teachings offered her a pathway to wellness.

Cheryl's experience highlights the significance that stories have on our well-being. The understanding that our Elders and traditional stories help us to heal has been well-supported in the literature (Anderson, 2011; Archibald, 2008; Episkenew, 2009; Linklater, 2014; Ross, 2014). In their interviews with Elders, Rowe et al. (2022) described a spiral of learning that deepens dependent on how far the listener is able or willing to go. As such, this way of learning requires whole body listening, patience and deep self-reflection. These stories are left in the hands of the receiver to make sense of how it relates to their own life. While our stories are medicine (King, 2003), they are also an antidote to colonialism. McGuire-Adams (2021) described how stories are "tools to prevent our erasure" (p. 67), but they emphasized that the stories must be more than listened to, they need to also be applied:

When we listen to our ancestral stories, we enact a process of personal decolonization and resilience; we heal and come to know our bodies as strong by listening and applying the stories, we enact a process of physical strength of our...ancestors. (p. 74)

It is through our stories, then, that we can embody ancestral wisdom. In this way, we are reminded of who we are and are guided on how to live *mino-pimatisiwin* (Hart, 2002).

Not Captured in this Inquiry and Suggestions for Future Inquiries

As I worked on this inquiry, I often thought about those whose experiences were not captured, their stories so worthy of being told, heard, and lived. Our Indigenous stories were and continue to be silenced, and so we need them for us to heal. In the literature on infertility and

childlessness, there is a polarity between voluntary versus involuntary (Rich et al., 2011). Indeed, the experiences of those who wanted children but were unable are very different from those who did not want children. As mentioned previously, most of the women who participated in this study chose to not have children. Therefore, the experiences of Indigenous women who wanted but were not able to have children was limited in this inquiry. It is not possible for a story to capture all experiences, and certainly this was not the goal.

Further research on the experiences of Indigenous women who experience infertility is warranted. I surmise that the story, as with my own, might have features that intersect differently with the impacts of colonialism. In her research on how infertile couples reconstruct their lives, Daniluk (2001b) highlights how this process requires a dramatic transition that affects the core of who they are. “They have to re-envision their ‘self’ and their life” (p. 446). She goes on to explain that this was not easy for the couples to do. “The process of incorporating the reality of their infertility and biological childlessness into their identity was slow and painstaking. It involved an acknowledgement of the many losses associated with this reality and an ability and willingness to reject the socially constructed link between fertility and self-worth” (Daniluk, 2001b, p. 446). She found that those who already had low self-worth struggled the most. As portrayed in the literature review, Indigenous women, their identities, and self-worth has been under attack for generations and so it is possible that the inability to have a child would intensify negative feelings about themselves and complicate their reconstructive process. Indigenous women who are not able to have children need to negotiate three marginalized identities – Indigenous, women, and childless. Therefore, further research is needed to learn about these Indigenous women’s experiences of infertility and how to best support their development of a renewed sense of self.

A potential consequence of not delineating based on choice was that the women involved in this study did not reflect my experience of feeling alienated from the Indigenous culture. As explained in the introduction, there was a time when I removed myself from cultural events because it was painful for me to hear about women as life-givers and I worried about stigma and judgements from others. It is possible that this was not triggering for the women, given that they did not go through a process of infertility. Hence, I am left wondering about others who might experience difficult feelings associated with the culture and/or cultural pressures, especially given how essential these practices are for wellness (Goodwill & McCormick, 2012). One exception was Victoria, who shared about the time a friend told her that she is not a 'real Indigenous woman' if she did not have children with an Indigenous man. As difficult as lateral violence is to acknowledge, these stories are necessary to break the silence, offering us an opportunity to deconstruct, decolonize, and create a path for a counter-narrative (Fellner, 2018).

Also not captured in this inquiry are all the various intersections that Indigenous women live within. Like me, the women I spoke with were cisgender, able-bodied, and post-secondary educated. They also all lived in urban settings and worked/volunteered professionally, and most were community leaders. Consequently, this story may not completely be reflective of 2SLGBTQQIA, those who face barriers to accessibility, and those who live remotely or in their First Nation community. There would be unique strengths and challenges that these individuals experience and is worthy of future research.

During the talking circle when I shared about my story being situated within a socio-political understanding, Cheryl said that this led her to reflect on her husband's experience as the only man in his family who was not able to have children. The literature on infertility and childlessness is limited as it is, but even more so when it comes to men's experiences (Hadley,

2021). Like Indigenous women, Indigenous men face stereotypes about having too many children, with the additional judgment that they are not always present as fathers. Further, fertility is often linked with masculinity. According to Hadley (2021), “involuntary childless men have to negotiate socio-cultural expectations of masculinity typically virility acknowledged *via* provider/protector roles” (p. 338). They go on to explain that this negotiation is especially isolating, as men are socialized to view emotional expression as a sign of weakness. Therefore, given our tendency to feminize stories of reproduction, it would be illuminating to learn about Indigenous men’s perspectives about not having children, their identities, and their roles in their families and communities.

Implications for Practice

More and more Canadians are not having children (Statistics Canada, 2020), which increases the likelihood that psychologists and other healthcare practitioners will meet Indigenous women who do not have children. When I asked Victoria what she wants professionals to know, she said that there is always a story behind why an Indigenous woman does not have children. What this story *is* will be unique for each woman. For me, it was important that I go through a process of conscientization where I understood the sociopolitical influences on my body (Quinones-Rosadao, 2020). However, as demonstrated by this inquiry, this is not necessary for every Indigenous woman who does not have children. Therefore, it is important for professionals to not make assumptions about the circumstances for why a woman does not have children and how she makes meaning of her experiences.

Some of the women talked about the necessity of professionals being aware of their own prejudices and biases, referring specifically to the stereotype that all Indigenous women have or want children. Providing safe health care is about professionals taking their client’s lead, having

a willingness to listen and learn, and ensuring that they fully understand the needs of their clients. This relates to Daniluk's (2001b) finding that childless couples benefited the most from having the opportunity to tell their stories and be heard "in an empathetic and nonjudgmental way" (p. 448). Indeed, with the opportunity to review her life in this research, Laura shared that it might have been helpful for a therapist to ask about her experience of not having children and what this meant to her.

Sharing about how colonial measures affected them and their families was a part of the women's stories. They talked about the significance of learning what happened to Indigenous peoples in Canada as being a key part of their healing journeys, as it reduced self-blame (Haskall & Randall, 2009), and increased compassion for their families and communities. As noted by Duran and Duran (1998), "the family becomes empowered through the realization that some of the family craziness is due to outside forces" (p. 158). Therefore, it is equally important for psychologists and other healthcare professionals to be educated about Canada's history of colonialism and how it has massively affected Indigenous communities. While awareness is essential, it does not end there, as professionals also need to embody it for themselves: "decolonizing is as much a personal process as it is a professional and collective process, and I believe it is an ethical imperative for professionals" (Fellner, 2018, p. 284). This means that health care providers need to take an honest and critical account of themselves, learning to correct the wrongs of their profession that have been complicit in the colonial machine (Fellner, 2018).

Further, as indicated by this research, professionals must understand how colonialism is gendered (Acoose, 1995) and that Indigenous women have been uniquely targeted (MMIWG, 2019). When it comes to issues of reproduction and child-rearing, professionals need to

acknowledge this sociopolitical context, recognizing that Indigenous women and their self-concepts may be affected by these forces. For instance, some may grapple with whether they are or would be good mothers. Though it is important to know this, it is equally relevant that professionals do not generalize the experiences of all Indigenous women, as there is a great diversity of experiences.

A childless/childfree woman's experiences will differ partly by whether childlessness was by choice. Infertile women go through a restructuring process that can be very painful and isolating and psychologists are primed to help these clients with grief work, while supporting their process to rebuild a renewed self (Daniluk, 2001b). As mentioned, infertile Indigenous women face multiple oppressions that may complicate their healing process. Therefore, it is very important for professionals to have an intersectional perspective (Crenshaw, 1989), which means being aware of and understanding the potential impacts of gender, culture, pronatalism, and colonialism on an Indigenous woman's experiences.

The women in my study described full, happy lives, balancing their responsibilities with personal freedom and independence. Therefore, professionals would be remiss to solely screen an Indigenous woman's experiences through a trauma lens. This means that professionals need to actively centre Indigenous perspectives of wellness and ways of healing, recognizing that "Indigenous peoples have known how to maintain the well-being and balance of their communities for millenia" (Rowe et al., 2020, p. 157). In their article that evaluated organizations based on cultural safety, Two-Eyed Seeing, and ethical space, Greenwood et al. (2017) echoed the importance of health services being Indigenous-led and Indigenous-informed in a way "that is specific, local, and relevant to the communities being served" (p. 186).

While culturally safe practice should be community-specific, it is just as important to be sensitive to the needs of the individual. There is ample literature (e.g., Anderson, 2000; Episkenew, 2009; Linklater, 2014; Ross, 2014), that rightly identifies reconnecting to traditional Indigenous ways as fundamental to healing. At the same time, what it means to *be* Indigenous needs to be defined by the individual. Most of the women in this inquiry did not mention cultural practices and ceremonies as central aspects of their wellness, but at the same time, they demonstrated their spirituality through how they lived. For them, *being* Indigenous was connected to what they learned from their family (for some, it was their grandmothers) and how this translated in taking care of themselves and others. Therefore, professionals need to take the lead of their Indigenous clients, honouring their journeys of what Indigeneity, spirituality, and wellness means to them.

My crow boots, as a guiding framework, helped me to see the Old Ones within the women involved in my study and to hear their stories from a spiritual view. By having a wholistic perspective that centers spirit, rather than trauma, we change the narrative. It is from this place, that we as professionals can support others in accessing their own inherent connection to spirit as a resource in their healing and wellness journeys.

The Importance of Representation

Cheryl's statement of how she felt "like unicorns or something" humorously illustrates the unique position of these women as rare. Indeed, most of the women did not know many or any Indigenous women who did not have children leading to feelings of being alone or left out. This was exacerbated by the stereotype that insinuates Indigenous women's fertility. These feelings of alienation are shared with other minorities, as evident by Ceballo's (1999) article titled, "The only black woman walking the face of the Earth who cannot have a baby". As such, it is

important for healthcare workers to be mindful that Indigenous women, like other women of colour who do not have children, face multiple marginalization that can exacerbate isolation, leading to negative effects on their identity and wellbeing. Victoria, not having any role models to show differently, just expected that as an Indigenous woman she would have children. As expressed in her story, the Babes without Babes group was an eye-opening experience that communicated to her that it is okay to not want children. During the talking circle, Victoria shared how participating in this study further validated her as an Indigenous woman. She described it as “a growing and learning experience and just empowering to hear everyone’s stories. I’m 40 years old and I’m the only Indigenous woman who I know who doesn’t have kids, and now to see others, like oh my gosh, I’m crying...like that’s what it’s done for me”.

Victoria’s words add strength to the value of sharing our stories, as they offer a powerful way to bridge to those who might feel alone.

Victoria went on to say that she participated in this study because she wanted “to speak [her] truth, know[ing] how isolating it feels”. Referring to a book called, “No More Nice Girls”, written by Lauren McKeon (2020), Victoria stressed the importance of representation. She explained that we need more Indigenous women who do not have children represented in all facets of society, naming that this is especially important for the younger generations, as it models reproductive options. Adding to Victoria’s comment, Cheryl spoke of the importance of telling our untold stories. “Our silences are like a leftover from our colonial history and our historical trauma. There are certain things we don’t talk about and it’s not to our benefit that we don’t talk about these things...There’s strength in normalizing our struggles and acknowledging the root of them”. With the colonial imperative built to silence, disconnect, and disempower, these women’s voices and stories educated, united, and empowered us. The women in this study

imagined an alternative future (Walter, 2010) for themselves and by doing so, offered a more truthful and hopeful perspective about what it means to live well as Indigenous women who do not have children.

Closing Reflections: Returning Home

In my methodology chapter, I spoke about my intention to be a research midwife. I talked about how this inquiry would grow, transform, and emerge on its own and as such, would not belong to me. Guided by my crow boots, I was reminded to listen to the Old One, my inner knowing (Absolon, 2011), and to trust what unfolds. What developed was a restory, but it was also a spiritual journey. It was a rebirth. As this inquiry emerged and transformed, so did I. I am not the same woman I was when I began this re-search process. Indeed, the world has changed. Covid-19 has dramatically altered how we live and has left many of us reevaluating our finite lives (Touma, 2022). In times like these, it is especially pertinent that we take an honest look at ourselves and ask, what does it mean to live well? Given the uncertainty of these last few years, it has been a huge comfort for me to connect with these seven women and their stories. They were my community, they were my *asokana*, and I did not feel so alone. Together, we co-created a restory about living well during a time that challenged us all.

Before I talk more about how I have changed, I would like to introduce you to three ancestors, three aunties who did not have biological children. My work on this re-search and the women's stories helped me to reconnect with and embody their wisdom. They are Anne, Lucy, and Emily. They have all transitioned to the spirit world, yet I sensed their presence and guidance throughout this journey. As such, I felt it important to include and honour them here.

Figure 10: Anne Buggins
Painting Used with Permission from Artist Rosalee Prentice



When preparing for this research, I met with Shirley Lamalice, a Knowledge Keeper from K’atl’odeeche who knew my family very well. As with Molly and Darlene, she told me about how women who did not have children took care of everyone in the family and community. We talked about Anne Buggins, a well-known and loved Elder, who Shirley described as the matriarch, and who had “natural strongness” (S. Lamalice, personal communication, June 22, 2017). Anne looked after her parents, her brothers, and adopted many children. My family told me that Anne’s house was the central gathering place for community events. She had a small home, but somehow there was room for everyone to feast and have tea dances. My parents celebrated their wedding reception in Anne’s home. My father told me that he recalls her woodstove bouncing from the vibration of dancing feet. While I only had the privilege of visiting with Anne a handful of times, she left a powerful imprint on me. She let me know that she *knew* me, and I felt special when in her presence. I remember her teasing me and making me blush with inappropriate jokes. She taught me that it was okay to laugh and to remember to not take life too seriously.

Figure 11: Auntie Lucy Isaac



My auntie Lucy was like sunshine to me. With her outgoing, generous, and playful spirit, it was always fun when she was around. She was a big reason why my grandmother's home felt filled with love and laughter. Being very popular, there were always people who would stop to say hello to her when we went to town. My auntie loved picking berries and making jelly. Lucy was the only one in my mother's family who drove. She worked for the government as a Community Health Representative, an important liaison for the K'atl'odeeche First Nation and health services. I remember going to work with her one day and she let me sit at her desk. I was so proud to be her niece. I witnessed how she interacted with community members, balancing authenticity with professionalism. During the summers, she often travelled to Edmonton for her vacation on her own, role modeling courage and independence. Despite having a full-time career, Lucy also cared for my grandmother and then later, her brothers.

Figure 12: Auntie Emily & Uncle Charles Kennedy



My auntie Emily married later in life and when she did, she married the love of her life. The deep love that Emily and her husband, Charles had for each other permeated all aspects of their beautiful life together. You could feel it when you walked into their home. They had a beautiful and big vegetable garden, a cabin that was located by a river, and dog named “Dusty” who they pampered with love. They called each other Ma and Pa, and as a child, I learned from them that having a nurturing and fulfilling marriage does not need to include children. They were my God Parents, and I took great comfort in knowing that I could rely on them to care for me should I ever be in need. They were my *ayapehkan*.

These aunties lived the Dene way. They showed me that even though they did not have children, they had strong relational bonds and had important roles in their families and communities. With their love and influence, I have always known deep inside what it means to live well as an Indigenous woman who has not had children, but sometimes life takes you on a journey to deepen your knowing. Dr. Evelyn Steinhauer, who was on my research committee, reminded me of the significance of my crow boots. My auntie’s hands, with each stitch and bead, lovingly imbued their prayers for me to have a good life and she told me that while they did not know that I would not have children, the Creator knew. As with Darlene and Molly’s teachings, there was other work for me to do and the holes on my crow boots offered me a portal to find myself again.

Being so intimately involved with this inquiry for several years, I lived and embodied the stories. As a result, with the help of Molly, Darlene, and the five women, I learned what it means to be an Indigenous woman who has not had children. As with Maracle’s (1996) quote, “the women of the world are re-writing history with their bodies”, I feel as though my body is now holding the story of my infertility in a new and more empowered way. As a result, I notice that I

carry the grief about not having a child more softly and it does not hurt as much. I am rooted in the ancestral wisdom of what it means to be *ayapehkan*, *kemoh*, and *asokana*. Like the women in this study, I feel freer and more in tune with knowing my place and purpose.

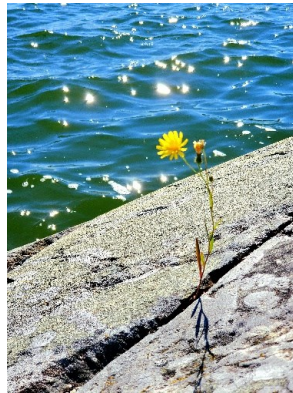
As mentioned earlier, I am not the same person that I was when I first began this research. It feels like I stand and walk differently. I am more in touch with all of those who came before me, and consequently, I know who I am. This knowing comes through in my confidence and the spiritual connectedness of the care that I provide to my family, community, and self. I feel it in my hands. It feels like there is energy that comes through them, like when I prepare a meal for my elderly mother or when I hug my great nephew. They are my hands, but they are also the hands of my ancestors.

I recently learned the term for ‘colonialism’ in Cree. It is *misi-wanih* and the word translates as “to make someone lost in a great way” (S. Golosky-Johnston, personal communication, March 21, 2022). My journey started on the bathroom floor. I felt so alone as my grief was pushing up against that cement wall. I was resisting what I knew to be true, I resisted what the Grandmother Spirit was communicating to me. She told me that I was meant to nurture in other ways. At the time I did not want to hear it, I was not ready to accept it, and I could not see how my life would have any meaning without having a child. Now, as I’ve journeyed alongside the seven women involved in this study, who were my *asokana*, I find myself circling back. I have returned home, and I am not “lost in a great way”. I am no longer resisting and have landed in the soft belly of the truth of what I have always known. I am meant to nurture in other ways, and it is good.

Last summer on a trip to Yellowknife with my dad, I spent some time with him on my beloved, old, grandmother rocks. As a child, I would often lay on the rocks to feel her healing

warmth soak into my body, helping me to feel grounded to mother earth and all that is. While there, I noticed a flower growing through the cracks and was moved to take a photo. My dad noticed what I was doing and with a chuckle said, “huh, life grows from anything”. The simple truth of this statement pierced my heart, and as tears welled up in my eyes, I replied, “yah, it does”.

Figure 13: Gwendolyn's Flower Growing Through Rock



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