

Many Gifts: A Narrative Inquiry Study into Urban Aboriginal Women's Experiences of
Breastfeeding

by

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Abstract

Aboriginal populations constitute one of the largest ethnic populations in Canada. After initial contact with Europeans, these populations were frequently subjected to colonial treatment, including the creation of residential schools. The purpose of colonial treatment was to assimilate Aboriginal people into Western culture and prevent the transmission of their languages and cultural traditions. However, this has resulted in significant disenfranchisement in subsequent generations. In recent years, Aboriginal peoples have encouraged cultural reclamation and emphasized the need for the transmission of cultural knowledge and beliefs. Currently, little is known about Aboriginal traditions and practices surrounding breastfeeding by Aboriginal women. It is known that breastfeeding rates are lower in Aboriginal mothers, and that Aboriginal people are predisposed to the development of obesity and diabetes, two conditions that may be prevented or mitigated through breastfeeding. Consequently, the purpose of this research was to learn about cultural traditions and practices associated with the decision to breastfeed, with the intent of developing a framework for providing culturally appropriate pre- and postnatal support for breastfeeding by Aboriginal women. A narrative inquiry methodology was used, and two Aboriginal women co-participated with the researcher in developing narratives about themselves while breastfeeding and how breastfeeding was situated in the context of their life stories. The three-dimensional narrative inquiry space was used, with its aspects of time, environment, and interaction. A fourth dimension of bodily experience was added due to the fact that breastfeeding is a physical act. The participants told stories of how breastfeeding became a gift for them to give their children. It assisted them in connecting with spiritual traditions and with the natural world. One participant spoke of how she was adopted as a child and raised outside her traditional culture, only connecting with her

birth family and her cultural traditions as an adult. Breastfeeding and childbearing were influenced by her desire to learn more about her culture and pass her cultural traditions on to her children. The other participant spoke of how breastfeeding became a choice that she could make, and how she asserted her independence by making her own choices about breastfeeding and childrearing. Both spoke of the importance of including Aboriginal cultural traditions in order to encourage and empower women, and the necessity of recognizing the impact of colonial treatment on Aboriginal culture and Aboriginal peoples today in regards to breastfeeding and health decisions. Underlying threads of identity, recognition of and respect for Aboriginal ways of knowing, and breastfeeding as a natural experience emerged. This research may provide the foundation for the development of a new framework for Aboriginal women's health and culturally appropriate health education.

Preface
(Mandatory due to research ethics approval)

This thesis is an original work by Angela Goudman. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “A Narrative Inquiry into Aboriginal Stories of Breastfeeding and Cultural Practices”, No. 00019915, 24/05/2011.

Dedication

To my parents, who inspired me to achieve, and to my husband and daughter, who give me a reason to achieve.

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CHAPTER ONE:

Introduction

Questions of Meaning, Social Significance, and Purpose

This research project arose from an interest to inquire into the stories Aboriginal women tell about themselves in relation to their life experiences while breastfeeding. It is noteworthy that these experiences are embedded in the notion of health promotion. In that regard, appropriate nutrition as an infant may reduce the incidence of infertility and metabolic disorders in adulthood (World Health Organization, 2009). In particular, breastfeeding offers unique benefits, such as provision of maternal antibodies, a reduction in childhood cancers, and decreased risk of diabetes and obesity (World Health Organization).

According to the 2009-2010 Canadian Community Health Survey (Health Canada 2010), approximately 88% of Canadian women breastfeed; however, only 77% of Aboriginal women living outside remote communities breastfeed. In addition, only 16.6% of Aboriginal women living outside remote communities breastfeed exclusively for at least 6 months (Health Canada). The high incidence of metabolic disorders within Aboriginal communities highlights the importance of health promotion and illness prevention programs that include social and culturally relevant worldviews that appeal to Aboriginal peoples (First Nations Adult and Higher Education Consortium, 2007). Breastfeeding has been found to reduce the incidence of diabetes and obesity (World Health Organization, 2009), indicating the importance of providing adequate breastfeeding support to Aboriginal mothers. Moreover, Aboriginal infants experience a higher rate of malnutrition and iron-deficiency anemia (Christofides, Schauer, & Zlotkin, 2005), which could be prevented by appropriate nutritional intervention, including initiation of breastfeeding. Importantly, support programs must consider culturally appropriate strategies (Battiste, 1998), and the influence of Aboriginal cultural practices on a mother's decision to breastfeed (Rhodes, Hellerstedt, Davey, Pirie, & Daly, 2008).

From my experiences as an advanced practice nurse in Aboriginal communities, a newly educated nurse practitioner, and a person with deep familial relationships, I continued to think about the connection of Aboriginal women's breastfeeding stories with my stories. Narrative inquiry emphasizes the importance of connecting and sharing

stories. In order to accomplish this in my inquiry, I focused on the connections between Aboriginal life stories and my stories.

Initially, I focused on my previous experiences with Aboriginal people and compared and contrasted these experiences with those of the participants. My first awareness of Aboriginal Canadians was gained through a fancy dancing event that I witnessed at my elementary school. Later, as a high school student, I had the opportunity to be part of the Grand Entry for a pow wow. As a nurse, I practiced in a remote community during my undergraduate degree and later worked for two years in a community near several Metis and Cree remote communities. I also spent several weeks working in Arctic communities with Inuit people. These experiences provided me with insight into the social determinants of health for Aboriginal people, and an experience of Aboriginal people's interactions with the health care system. I drew on these experiences to gain insight into my understanding of Aboriginal experiences and connect them to the experiences of my participants.

A second connection involves an understanding of the bonding process between the mother and child, and the development of family connections. Although I have never breastfed children, I was engaged to be married at the time I began this project and was about to become a stepmother to a 6-year-old girl. I drew from my experiences of bonding with her in order to understand the experiences of my participants. Historically, Aboriginal childbearing is an experience in which family support figures predominantly (Rawlings, 1998). Mothers and close female relatives assist women during pregnancy, childbearing, and childrearing. As I entered into new family relationships and gained a new sense of family support, I connected these experiences to the bonding and family support experiences of Aboriginal women in the context of breastfeeding. Therefore, through narrative inquiry, I discovered a way to experiment with creating new forms of knowledge by contextualizing breastfeeding from the experience of myself as a researcher overlapped with the experiences of Aboriginal mother participants (Barton, 2004). As part of the nature of narrative inquiry, I became a participant, too, creating a process of reflexive thinking for multiple ways through a deeper appreciation of Aboriginal cultural stories.

Justifying the Inquiry

The high incidence of chronic illness in Aboriginal populations, coupled with the low rates of breastfeeding in Aboriginal women living outside of remote communities, provides an impetus for the encouragement of breastfeeding within these cultural groups. As documented in the literature, colonial treatment of Canadian Aboriginal peoples has resulted in a loss of cultural identity and a lack of culturally appropriate care programs for Aboriginal populations (Friesen, 1991; Battiste, 2000). The Aboriginal perspective of continuity and connectedness strongly correlates with the theoretical perspectives of narrative inquiry, indicating that narrative inquiry is a methodology particularly suited to research with Aboriginal people (Barton, 2004). For example, narrative inquiry is focused on situating experiences in a storied landscape and examining an individual's experiences in the context of a life story (Clandinin & Connelly, 2004). Battiste and Youngblood Henderson (2000) describe a perspective of continuous creation central to Aboriginal philosophy. In this context, an individual continually develops and is influenced by his or her experiences and environment. Breastfeeding is a bodily experience that can profoundly influence a woman's identity (Burns, Schmeid, Sheehan, & Fenwick, 2010), demonstrating that it will be connected to other experiences and other aspects of a woman's life. Therefore, this research is both culturally appropriate and necessary to assist in ensuring the culturally safe provision of care to Canadian Aboriginal women.

What is the Narrative Inquiry About (Purpose and Research Questions)

The purpose of my inquiry was to understand Aboriginal women's experiences of breastfeeding. This resulted in the development of the following research questions: 1) What stories are Aboriginal women telling about themselves during the experience of breastfeeding? and 2) What cultural beliefs, values, and practices exist in their stories of who they are while breastfeeding?

Narrative inquiry is a methodology that situates a person's experiences in the context of life experiences (Clandinin & Connelly, 2004). The person is understood as a result of the collective experiences that have occurred in the person's life (Clandinin & Connelly). This holistic view into such experiences creates a unique perspective of the world and influences a person's current behaviour (Barton, 2004). Therefore, it is

necessary to examine life stories to understand the influences on why we choose to act in certain ways and what decisions we choose to make.

To date, little is known about Aboriginal cultural practices surrounding breastfeeding (Dodgson, Duckett, Garwick, & Graham, 2002). As a consequence, development of culturally appropriate programs is difficult and may reduce the availability of support. In order to ensure that culturally appropriate care is available, it is necessary to conduct research regarding Aboriginal mothers' experiences of breastfeeding and the cultural influences affecting their decision to breastfeed.

What the Experience of Interest is to Me as a Narrative Inquirer

By considering theory and literature that contributes to my understanding of Aboriginal knowledge as personal and holistic health knowledge, I lay along side the framing of my research readings drawn from indigenous writings and postcolonial studies (Barton, 2006), including contributions written by indigenous scholars that kept my inquiry grounded within an Aboriginal world view, as well as contributions written by postcolonial scholars (Barton; Battiste & Youngblood Henderson, 2000; Snow, 1977; Brave Heart, 1999; Brave Heart, 2003; Battiste, 2000; Wilson, 2008; Ermine, 2007). Both orientations assisted me to critically examine the relationship of colonialism to Aboriginal health, in order to better understand the Canadian context of Aboriginal peoples as colonized nations and the implications for providing nursing care to Aboriginal people (Barton).

In addition, I also frame my research from a postcolonial feminist perspective. This theoretical lens is similar to other types of feminism, in that it focuses on the experiences of women and posits women as a visible minority population (Rajan & Park, 2004). It also emphasizes the importance of considering the experiences of non-white women, and interpreting their experiences outside the context of dominant culture (Schutte, 2000; Sa'ar, 2005; Rajan & Park). Traditional feminist analyses have resulted in a lack of knowledge regarding the perspectives of women belonging to other ethnic groups (Schutte). Due to the fact that other ethnic groups may have different physical and cultural responses to experiences, this lack of research has resulted in a limited understanding of diverse cultural and ethnic variations in experiences; therefore, it is necessary to include these groups in research in order to understand their unique views

(Racine, 2009). Historically, Aboriginal peoples have experienced negative interactions with other Canadians, due to the colonial perspective and colonial methods of education and interaction (Friesen, 1991; Battiste, 2000; Battiste & Youngblood Henderson, 2000), which resulted in a loss of cultural identity and has created numerous social and health concerns for Aboriginal peoples. Therefore, it is necessary to engage Aboriginal people in research in order to ensure that the Aboriginal cultural perspective is recognized and considered when making decisions impacting Aboriginal people.

Friesen (1991) describes the integration of Aboriginal culture into popular Canadian culture. This author states that it is necessary to ensure that Aboriginal culture is identified and permitted to co-exist with popular culture. He argues that it is necessary to understand Aboriginal cultural values in order to understand common occurrences in Aboriginal families and communities. Friesen cites, for example, the fact that Aboriginal people may have limited resources, partly due to historical Aboriginal traditions. Historically, the desire for wealth was not common among Aboriginal people because it was felt to be unnecessary. Friesen's descriptions indicate a need for examining the values behind actions, rather than simply observing the actions and interpreting them in the context of Canadian popular culture. This is consistent with a post-colonial vision of multiculturalism and cultural safety.

A major concern in cultural safety with Aboriginal peoples is the issue of stereotyping, or “othering” (Browne & Varcoe, 2006). This study demonstrated that this occurred in a number of relational encounters between non-Aboriginal nurses and Aboriginal clients. The authors suggested that, in order to improve relations between Aboriginal patients and nurses, it was necessary to understand the concept of “othering” and to work to reduce stereotyping among the staff. This lends support to concepts of cultural competence¹ and cultural safety that are key concepts to understanding Aboriginal women's experiences. Browne and Varcoe argue for a “critical cultural perspective” that recognizes the potential for cultural stereotyping and a lack of understanding of cultural behaviours (p. 155). They suggest that rather than assuming that

¹ Ramsden (2002) defines cultural safety as the end result of a process. It is a level at which the client defines the nature of safety in the care experience. Cultural competence is defined as a belief that people of a specific culture share similar characteristics, which does not allow for recognition of individual values (Klopp & Nakanishi, 2012).

one understands Aboriginal culture, one should endeavour to enter into dialogue with Aboriginal people in order to understand what they see as their culture. This is the approach that I took in conducting this research project.

In summary, through narrative inquiry I co-participated with two Aboriginal women to co-construct narratively who they are in relation to their daily experiences while breastfeeding.

In order to appropriately situate the context of the narrative inquiry, I lay my own stories beside the participants' stories. I present stories of bonding with my stepchild, in order to appropriately situate myself to describe the bonding experience.

Narrative Beginnings

A New Role

It is August of 2010. My boyfriend and I have been dating for approximately 6 months. I have been spending much time with him and his daughter to get to know them. Just a few weeks ago, my boyfriend bought me an engagement ring.

We have agreed that we will have him propose to me in front of our friends and family (including his daughter). She is already so excited about the prospect of us getting married. We realized soon after we began dating that it was our desire to marry, but we wanted to wait until his divorce was complete. Tonight is the night of the formal proposal.

We are invited to our friends' home to spend the evening with them. An atmosphere of expectation permeates the house. This is it – we are going to formally announce our intention to spend the rest of our lives together! Our friends and their children sit down in the living room. Some of their boys are attempting to have the electronic keyboard play Mendelssohn's "Wedding March". My boyfriend's daughter sits with the other children, watching quietly.

Now it occurs. My boyfriend goes down on his knee and opens the box holding the ring. He says to me, "Angela, will you do me the honour of becoming my wife next year?" He lifts the ring from the box and slides it onto my finger, then kisses me. I admire the ring we have chosen together. It is a white gold band, split in the center by three diamonds – symbolic of three people coming together as a family. Everyone cheers, and the children excitedly play the "Wedding March". It is a beginning.

Ten months later, I take my engagement ring off for the last time. My excitement builds as I contemplate what will happen this day. Today, my fiancé will become my husband. We have asked his daughter to be my flower girl. My fiancé has told me that she has told him she is going to call me “Mommy” all the time after we are married. The morning passes quickly in a flurry of activity. Everyone must be dressed, instruments must be collected, and the girls must attend hair and makeup appointments. At last, all the preparatory activities are completed, and we return to the house. I go into the bedroom and put on the beautiful wedding dress I have chosen. Then, it is time to leave for the community centre. After a short half-hour ceremony, the presider states, “It is my honour to present to you the newest married couple in Alberta, Mr. and Mrs. Alan Goudman”. Everyone cheers as my husband lifts the blusher veil off my face and kisses me.

I am particularly happy because my stepdaughter was able to watch the whole ceremony from her seat directly behind us. She asked months ago to be the flower girl for our wedding. Later, when we go to have pictures taken, the photographer includes some shots taken specifically of her and me, together. This is not at my request – it is something that he suggests. As I look back on those photos, I can see the love that is apparent between us shining in our eyes as we look at each other. I can also see her sparkling in the crown she wears (intended to imitate my bridal tiara) and the beautiful white dress that we picked out together. I laugh as I recall how many times she asked me when we were going to go buy her dress and shoes, as I had told her at the time of our engagement that she and I would go together, just the two of us, to buy her wedding clothes.

The next day, my parents meet us at church in the morning. We have spent the night at a hotel and they have kept our daughter, bringing her to church with them this morning. The moment she sees me, my daughter (for now I think of her as such) puts her arms around me and says, “Mom”. I am deeply touched. As of my wedding day, I have now become a mother for the first time. It is my responsibility to be a mother figure to this child when she lives in our home.

Today, 2 years have passed since that day when my child first addressed me as her mother. After a year and a half, she began to call me “Mommy” exclusively. She often asks me to spend some special time alone together, just the two of us. I am

beginning to teach her the sewing arts and piano music that I learned as a child. Every day that she is with us, she is so happy to see me when I return home. I am always greeted with a hug; sometimes she will be standing by the door waiting for me to come home.

Reflecting on these experiences, I come to realize that motherhood and bonding with children is not just a physical experience, it is also a spiritual one. I have come to love this child as if she were my own. As I would never wish to usurp the role of her mother, I consider myself a secondary, spiritual “mother” to my daughter. As she crawls onto my lap for a hug, I am amazed at how much she has grown. Since I first met her, she has begun to show empathy, to help without being asked, and to demonstrate caring for others. The little 6-year-old girl to whom I became a stepmother is beginning to grow into a young woman. In only a few short years she will go through adolescence and then reach womanhood. Although I sometimes wish that I could shield her from all possible harm, I know that it will be part of the mothering experience for me to let her go. I know that I have been thoroughly blessed by the experience of sharing in this child’s life, and I feel that she has done as much for me as I have done for her.

Connections to the Inquiry

As I contemplated my own stories, I considered the relationships between my story and the ones that my participants have told. I approached bonding with my stepdaughter from the perspective that the bonding experience is both spiritual and physical. This permitted me to add an additional perspective on breastfeeding, approaching it from a spiritual level in discussions of the interactions between mother and child. The significance of this interaction is underscored by the Aboriginal belief in the connections between experiences (Friesen, 1991). Friesen also described a belief in spirituality and in connections. Therefore, it was expected that a spiritual component of breastfeeding, characterized as a facet of interaction, could be described by the participants in the study. During the course of the study, both participants described profound spiritual experiences connected to breastfeeding.

In conclusion, the purpose of this narrative inquiry was to facilitate an understanding of the cultural influences surrounding Aboriginal women’s decisions to breastfeed, and the impact of cultural traditions and practices on their breastfeeding

experiences. Subsequent chapters will include a review of the literature, the materials and methods used, the results of the study, and a synthesis of the implications for health care.

CHAPTER TWO:

Reviewing the Literature

This literature review begins with a discussion of historical events surrounding Canadian Aboriginal peoples, with an emphasis on the effects of European settlers and the creation of Canada. Next, I discuss identity in order to provide a basis for examining the impact of colonialism on Aboriginal identity. Finally, I discuss Aboriginal health, leading to a discussion on breastfeeding and current statistics regarding breastfeeding for Aboriginal women.

Historical Timeline

In order to further understand the conflict between Aboriginal and Western people, consideration of historical timelines is required. This provides a context for the cultural destruction of Aboriginal peoples and facilitates understanding of the impacts of assimilation.

According to Battiste (2000), prior to European contact, Aboriginal peoples established agreements among themselves and practiced self-government, typically in the form of consensus. Although various Aboriginal groups governed themselves in different ways, many rules and laws were communicated through oral tradition; and a traditional European form of government usually did not exist. This became a source of confusion and inaccuracy for the Europeans when they came into contact with Aboriginal peoples, and resulted in inaccurate judgments and descriptions of Aboriginal peoples as they were assessed according to European standards.

By the late 17th century, Europe controlled the vast majority of the land known as “New France” (Aboriginal Affairs & Northern Development Canada, 2013). However, treaties had been enacted with the Aboriginal peoples as early as 1701. The intent of these treaties was to ensure protection of Aboriginal rights to land claims, thereby ensuring that their territory was adequate for survival (Aboriginal Affairs & Northern Development Canada). Later treaties, such as Treaty 8 (signed in 1899; Heritage Community Foundation, 2002), established specific rights of Aboriginal peoples to the land and necessities of life, including entitlements related to medicine and education. Still, the later treaties, such as Treaty 8, restricted the Aboriginal people to specific areas of land, today known as “reserves” or “remote communities”. This required them to

abandon the nomadic lifestyle that many of them had previously enjoyed (Battiste, 2000). Consequently, many also abandoned many of their cultural traditions, as they were forced to adopt a European way of life. Moreover, Treaty 8 specified that Aboriginal people were required to relinquish their “rights” to specific tracts of land, which was to be allocated for use by the British Government (Heritage Community Foundation). Traditionally, Aboriginal peoples did not define access to the land as being a “right” (Friesen, 1991). Furthermore, the concept of living in a restricted area of land and being required to remain in one location, rather than follow traditional food sources, was foreign to them and contrary to their understanding of treaty agreements (Hellsen, personal communication, May 2014).

In addition to treaties directly influencing Aboriginal peoples, the Canadian government also passed legislation that affected them. In particular, the Gradual Civilization Act of 1857 (Heritage Community Foundation, 2002) provided government funding for the creation of residential schools. Schools had existed as early as 1620 (Miller, 1996), but these had usually been created through churches. The Indian Act, passed in 1876 (Heritage Community Foundation), also increased government control over education of Aboriginal peoples. The purpose of these residential schools was to assimilate Aboriginal children into Western culture. Traditionally, Aboriginal children had been educated by their parents through positive role modeling, games, stories, and ceremonies (Miller). However, in residential schools, children were taught European history and educated using European means (Miller). They were also taught that it was necessary for them to assimilate Western culture into their daily existence, in order to enable them to become productive citizens (Miller; Heritage Community Foundation). Aboriginal customs and languages were not permitted, and children were taught that European culture was superior to Aboriginal culture (Heritage Community Foundation). As *Brave Heart* (2000) describes, the use of this approach resulted in generations of disenfranchised individuals; many of whom subsequently turned to substance abuse (with associated mental health issues) to seek relief. The last Aboriginal residential school closed in 1996 (Aboriginal Affairs and Northern Development Canada, 2012); therefore, the full extent of residential schooling on Aboriginal peoples may not be fully realized.

Today, the Canadian government is placing a greater emphasis on the reclamation of Aboriginal cultures, in response to concerns voiced by Aboriginal and Metis people who wish to protect their traditional cultures. A significant achievement in this area was the creation of Nunavut on April 1, 1999 (Indian & Northern Affairs Canada, 2010). The word “Nunavut” means “our land” in Inuktitut (Indian & Northern Affairs Canada) and the territory of Nunavut is defined legally as an Inuit land claim (Nunavut Tunngavik Inc., 2009). A second initiative involves recognition of the concept of cultural safety, as defined by Stout and Downey (2009). This includes the creation of the ownership, control, access, and possession (OCAP) or self-determination principles for research involving Aboriginal peoples (National Aboriginal Health Organization, 2007), the creation of ethical standards for research involving Aboriginal peoples (Canadian Institutes of Health Research, Natural Sciences & Engineering Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2010), and creation of specific health and lifestyle initiatives through Health Canada and the Canadian government (Aboriginal Affairs & Northern Development Canada, 2012).

To date, the emphasis of Aboriginal peoples and other cultural groups has changed from a view of assimilation to a celebration of Aboriginal cultures and the diversity of human experience. Still, as Brave Heart (2003) suggests, substantial work is required to reduce and eliminate the impact of previous harm. Therefore, it is necessary to integrate Aboriginal people’s perspectives into research and healthcare, in order to create approaches to healthcare that address their needs. The focus of this narrative inquiry is to inquire into the stories Aboriginal women tell about who they are in relation to their life experiences while breastfeeding. The available literature (Rajan & Parke, 2004; Sa’ar, 2005) indicates the necessity of describing the experiences of non-white women in order to deepen our understanding of women’s experiences and address their needs appropriately. Consequently, understanding Aboriginal people’s perspectives is necessary to adequately address the health needs of Aboriginal peoples.

Identity

According to Merriam-Webster, Inc. (2014), the word “identity” is a secondary derivative of the Latin “identitas”, of which “-tatis” is derived from a Latin word that means “the same”. Therefore, identity may be understood as the identification with other

individuals who belong to a similar group. Identity is formed through experiences with family and friends and with groups. Clandinin and Connelly (2004) describe identity as a result of life experiences in the context of a storied landscape. Formation of a particular identity may have a profound impact on mental health, with commitment to a particular identity suggestive of improved mental health during adolescence and young adulthood (Hardy, Francis, Zamboanga, Kim, Anderson, & Forthun, 2012). In addition, Fryberg et al. (2013) identified self-identification in Aboriginal or White culture as a strong indicator of academic success; suggesting that cultural identity is a factor in some aspects of an Aboriginal standard of living and quality of life. Brave Heart (2003) describes the impact of historical trauma and the resulting disenfranchisement of Aboriginals. The purpose of these residential schools was to “assimilate” Aboriginal children into Western culture, including preventing them from continuing to practice their traditional lifestyle. However, as these children matured, they felt disconnected from both their traditional society and from Western culture. Consequently, they became disenfranchised and often turned to alcohol and substance abuse in order to cope. Cardinal (1969) and Snow (1977) describe a need to return to traditional culture as a means for healing and enhancing quality of life.

Ting-Toomey (2012) suggests that an understanding of culture is important for identity researchers because of the potential influence on interpretation of identity narratives. She states that it is necessary for the researcher to ask questions about cultural traditions and practices, in order to understand the impact of cultural context on the process of identity formation. This is consistent with the cultural safety initiative proposed by Stout and Downey (2009). It also suggests the importance of relying on modern Aboriginal narratives rather than traditional narratives to understand contemporary Aboriginal cultures. Battiste (2000) describes continuous creation and evolution as a fundamental underpinning in traditional Aboriginal philosophy. This approach also addresses cultural safety (Browne & Varcoe, 2006) by allowing individuals to participate in the evolution of their culture and determine cultural aspects that are relevant to their lives. Therefore, the emphasis is on evolution of new stories and new culturally appropriate methods for practice, thereby allowing women to determine their own identities as Aboriginal women in a modern urban environment.

Residential schooling for Aboriginal children in Canada resulted in a profound loss of Aboriginal identity, because the government's goal was the extinction of Aboriginal culture (Heritage Community Foundation, 2002). This resulted in significant historical trauma (Brave Heart, 2000). As this narrative inquiry reveals, the participants described their health and wellness as being significantly connected to their sense of cultural identity. Dion (2004) identifies that it can be difficult to determine some of the cultural histories of Aboriginal people, due to the loss of contributions by indigenous peoples and their lack of recognition in Western histories. Battiste (2000) suggests a process for decolonization, but she describes it as a method that must be continually revisited and re-examined. Consequently, it is important to preserve the existing Aboriginal cultural traditions and stories, and to adapt the use of these traditions and stories to meet the needs of modern Aboriginal people.

Aboriginal Health

Globally, the health of indigenous ² peoples remains a major concern with regards to delivery of health care services (Kirmayer & Minas, 2000). Countries throughout the world report that indigenous populations are more likely to experience a lower socioeconomic status, and to poorer overall health than other populations (Durie, 2003); this is also evident in Canada (Newbold, 1998). Generally, Aboriginal people are less likely to access primary health services, are more likely to develop chronic illnesses, and have a shorter life span than other Canadians (Newbold). By comparison to mainstream society, and affected by factors related to social determinants of health, they experience greater rates of poverty, lack of high school and advanced education, and lower socioeconomic status (Assembly of First Nations, First Nations Information Governance Committee, 2007).

Previous research with other North American Aboriginal populations demonstrates the influence of historical trauma (Brave Heart, 1999; Brave Heart, 2003). Historical trauma is defined as emotional and psychological damage that occurs throughout the lifespan and throughout generations, as a result of trauma to a large cultural group (Brave Heart, 2003). This trauma can result in a number of psychological

² In this text, the term "indigenous" is used to refer to indigenous peoples worldwide. The term "Aboriginal" is used to refer specifically to Canadian indigenous peoples.

and physical disorders in individuals (Brave Heart, 1999), but it can be addressed through a return to traditional culture (Brave Heart, 1999; Brave Heart, 2003; Struthers & Lowe, 2003). development of trusting relationships is an important part of this healing (Struthers & Lowe); this may be facilitated by promoting trusting relationships with health care providers through creation of culturally appropriate care interventions (one of the goals of this inquiry).

Several important issues need to be considered to understand social and cultural aspects of Aboriginal maternal and infant health. First, food security is often a challenge for Aboriginal families, with a reported prevalence of food insecurity as high as 27% in Aboriginal populations living outside remote communities (Che & Chen, 2000). It is noteworthy that breastfeeding usually represents a readily available, economical source of appropriate infant nutrition. Second, Aboriginal people report a higher incidence of communicable diseases (Assembly of First Nations, First Nations Information Governance Committee, 2007), which may be prevented through breastfeeding due to the antibodies the child receives from the mother (Newburg, Ruiz-Palacios, & Morrow, 2005). Third, Aboriginal persons are at higher risk for diabetes, obesity, and metabolic syndrome later in life (Assembly of First Nations, First Nations Information Governance Committee). Consequently, breastfeeding has the potential to promote healing and wellbeing, as well as reduce the risk of developing chronic illnesses.

As summarized above, health status of Aboriginal Canadians, in particular Aboriginal mothers and children, is an area of great concern and merits serious attention by health practitioners, educators, and researchers. However, culturally appropriate programs for Aboriginal health are often unavailable (Browne & Fiske, 2001). In addition, social determinants of health may account for a major proportion of these health inequities (Durie, 2003). One report to the World Health Organization Committee on Social Determinants of Health cited social concerns such as poverty and racism as detrimental to Aboriginal health (Reading, Kmetz, & Gideon, 2007). A second report (published in 2009) indicated major concerns with other social determinants of health, including housing inadequacy, lack of food security, racism, lack of cultural continuity, and lack of employment due to limited education (Reading & Wien, 2009). To address these concerns, it is necessary to adopt culturally appropriate models enabling Aboriginal

communities to address their own needs (Reading, Kmetz, & Gideon). By examining social determinants of health, it may be possible to improve health of Aboriginal people. This inquiry contributes to that goal by examining life experiences through the lenses of culture and gender in order to understand the root causes of these social inequities and, in doing so, create new knowledge and potential solutions.

Research with Aboriginal people remains an important issue in Canada. A literature review by Young (2003) suggests that the majority of Aboriginal Canadians were not represented in research as of 2003, with women and children at a particular disadvantage. An intended result of this project is to learn more about Aboriginal health practices involving women and infants, specifically related to breastfeeding. Therefore, this narrative inquiry has the potential to add to the body of knowledge surrounding the health of Aboriginal women, specifically, an area in which research is lacking.

Cultural Considerations: Cultural Safety

When conducting research with Aboriginal people, it is necessary to consider cultural safety as a foremost concern (Nguyen, 2008; Ramsden, 2002). The concept of cultural safety originated in New Zealand, in the context of work with Maori people (Stout & Downey, 2009). It has since been adapted for global Aboriginal health care. Cultural safety incorporates cultural competence, but extends this knowledge application to encompass behaviours that result in people feeling comfortable expressing themselves in the context of their culture (Nguyen). Cultural diversity is seen as a treasured heritage that should be respected and upheld, rather than attempting to assimilate people (Wilson, 2006). Health care routines and practices should take into account the cultural and ethnic aspects of a person – interpersonal places of experience that consist of open invitations to freely express culture (Nguyen; Wilson).

Aboriginal Cultures

Although diverse Aboriginal cultures exist, there are some dimensions that are common to many Aboriginal groups. The concept of the Medicine Wheel or Sacred Circle (Friesen, 1991), for example, is often used as a symbol of Aboriginal culture and appears on many First Nations program logos. The Circle is divided into four parts, representing the notion that nature often divides phenomena into sets of four - four colours of people, four parts of the human person, four seasons of the year, four cardinal

directions, four parts of life (Friesen). A perfectly round, closed Circle represents the Aboriginal concept of connection between all phenomena, people, and objects (Friesen, 1991). Time, too, is seen as fluid and connected to other times.

Aboriginal cultures are often closely linked to the natural world. Historically, respect for nature and for the natural world has been an integral part of Aboriginal life that has been taught to children at a young age. Children were taught about plants, animals, and the ecological interactions that occurred among them; this strengthened beliefs in the interconnectedness of life (Stairs, 1992; Snow, 1977).

Spirituality is a key concept in Aboriginal cultures, with spiritual ceremonies forming a central focus in the experience of Aboriginal life. Dances, pow wows, potlatches, and other ceremonial events were opportunities to bring people together, and often occurred in the context of a spiritual celebration (Friesen, 1991). These ceremonies and celebrations are still performed today, as my participants described. Belief in a Creator or Great Spirit is a fundamental tenet of Aboriginal spirituality (Friesen; Snow, 1977). The Great Spirit is honoured through ceremonies such as smudges and sweat lodges, which can also be used as healing rituals (Morse, Young, & Swartz, 1991; Snow). Sacred plants, such as sage, sweet grass, and tobacco, are often used in ceremonies (Morse et al.). These rituals and ceremonies continue to remain a part of Aboriginal cultures today and are frequently performed by researchers and participants when performing research activities with Aboriginal peoples.

Relationships form another key concept in Aboriginal culture (Friesen, 1991). Development of a trusting relationship between persons is central to conducting business and day-to-day life. Unfortunately, the colonial treatment of Aboriginal peoples by the Canadian government and the early European settlers has resulted in a substantial loss of trust between Aboriginal peoples and many mainstream Canadian groups (Friesen, 1991; Schouls, 2002). This has contributed to a variety of current social challenges related to alcohol dependence, violence, poverty, and chronic illness experienced by members in rural and urban Aboriginal communities (Brave Heart, 2003). Lastly, an attitude of suspicion is prevalent, particularly in Aboriginal women, which may continue to influence a choice not to seek health care and other services, due to a fear of negative perceptions by non-Aboriginals (Browne & Fiske, 2001; Schouls, 2002). Therefore,

seeking and building trusting relationships between participants and researchers is a priority when conducting research with Aboriginal peoples.

Recent writings by Aboriginal scholars demonstrate the Aboriginal perspective of Aboriginal sovereignty and the effects of colonialism. Asch (2002) describes the advance of self-government in Aboriginal communities. He states that although the Canadian government is working with Aboriginal people to promote greater self-government of Aboriginal communities by Aboriginal peoples, this is a goal that is not fully realized due to issues such as financial insecurity. Snow (1977) describes the history of colonialism and the restriction of Aboriginal peoples to communities created by the government. He cites 1930 through the present as the beginning of a self-government program for his people, the Stoneys. Although he states that there are still issues with integrating into modern traditions (e.g. banking), he believes that a return to the traditions and development of an understanding of the Great Spirit's gifts will ensure the continued existence of his people, and permit them to thrive. Cardinal (1969) states that migration to urban communities has resulted in Aboriginal people seeking a greater quality of life, but instead they experience a reduced quality of life. He argues that the problem of colonial treatment still exists today and states that it is necessary for Aboriginal people to create self-governing societies and to exist within their own culture (in parallel to Western society). Cardinal posits that assimilation has caused numerous problems for Aboriginals, including a loss of traditional culture, a forced dependence on Western governments, and friction between Aboriginal and Western cultures. Cardinal's fundamental method for reducing the effect of historical trauma and fostering a healthy Aboriginal society is the introduction of true self-government, with a return to the traditions as a means for improving quality of life.

Hellson (personal communication, May 2014) is a woman of English and Blackfoot descent. She presents a theatrical representation of the effects of historical trauma and rebuilding on one woman. During her performance, Hellson describes the "labelling" experienced by Aboriginal peoples. Importantly, she states that Aboriginal people signed treaties with the government, without understanding exactly what those treaties contained. Their understanding was that they would be allowed to continue their traditional way of life, but that this did not occur. She describes the post-traumatic stress

experienced by victims of residential schooling, and the high rates of suicide and substance abuse that occurred due to individuals' inability to cope. Poignantly, she refers to the Sixties Scoop and the impact on a relative by loss of a child to this campaign. She refers to her presentation as "unpacking the backpack" and styles the Aboriginal experience as a "backpack" that Aboriginal people carry with them, evident in their life experiences. However, Hellson also offers a sense of hope. She speaks to the importance of listening to the experiences of Aboriginal peoples. This way, the Aboriginal peoples' experiences can be acknowledged and honoured. Hellson identifies the importance of continued dialogue and recognition of historical events in order to ensure continued healing and growth.

This understanding of Aboriginal culture and the issues surrounding colonialism provide a backdrop for understanding the nature of the narrative inquiry. They provide support for the development of culturally appropriate care that is influenced by traditional beliefs as a method of enhancing wellness.

Benefits of Breastfeeding

Breast milk provides optimal nutrition during the first 6 months of life (World Health Organization, 2009). It adapts to meet the specific needs of the infant to ensure nutritional adequacy. Breast milk contains compounds that cannot be duplicated in formula (e.g. maternal antibodies; Newburg et al., 2005). Recent research indicates a reduced risk of obesity in breastfed children (Griffiths, Smeeth, & Sherburne Hawkins, 2009), as well as a lower risk of allergies and childhood cancers (World Health Organization). There is also evidence that breastfed children may have a reduced risk of fatty liver disease and metabolic syndrome later in life (Nobili et al., 2009). In addition, breastfeeding reduces the risk of breast and ovarian cancer in the mother (World Health Organization), and it may reduce the risk of postpartum hemorrhage by stimulating the release of oxytocin, which causes uterine contractions (Sobhy & Mohame, 2004). Many women report an easier loss of pregnancy weight during breastfeeding, likely due to the fact that some of the extra weight gained during pregnancy is designed to support lactation (World Health Organization). In addition, one study suggested a higher risk of cardiovascular disease in women who did not breastfeed (Schwarz et al., 2010).

In addition to the health benefits of breastfeeding, there are a number of practical benefits for mother and infant. Estimates suggest that the cost of breastfeeding is approximately half the cost of formula (Gartner & Black, 1997), and breast milk does not require preparation. Also, breastfeeding is convenient for mothers, particularly during the night, promoting contact, a sense of intimacy, and the development of a strong bonding relationship between mother and infant.

As stated in the introduction, although approximately 88% of Canadian mothers breastfeed (Health Canada, 2010), this average is lower in Aboriginal mothers. The history of colonialism and a greater emphasis on cultural reclamation and cultural safety indicate a need for health care practices that are culturally appropriate. Consequently, the focus of this inquiry is to examine Aboriginal women's stories about who they are while breastfeeding, in order to work towards the creation of a culturally appropriate program for breastfeeding support in Aboriginal mothers.

CHAPTER THREE:

Methodology

Narrative Inquiry as a Relational Methodology

At its heart, narrative inquiry is based on the examination of lived experience in the context of a storied landscape (Barton, 2004; Clandinin & Connelly, 2004). These narratives consist of both dialogue and prose describing the setting and experiences of the stories (Barton). One of the principles of narrative inquiry is the inclusion of the researcher as participant (Barton; Connelly & Clandinin, 1990). Narrative inquiry is an approach whereby the presence of the researcher influences the behaviour of the participant and the nature of the creation of research texts (Connelly & Clandinin, 1990). Development of a relationship between researcher and participant is an integral part of narrative inquiry. Clandinin and Connelly (2004) describe an incident in which an inquirer and a participant recognized that they were not working well together and decided to terminate the research relationship. The relationship did not allow the researcher and participant to create a safe space for the sharing of stories and experiences. For participants to be willing to share themselves in the context of the research, they must understand the nature of the researcher and participant relationship (Clandinin & Connelly). In addition, narratives described by participants may evoke memories and emotions for the researcher (Clandinin & Connelly). Therefore, personal reflection and journaling are an integral part of the research process. The reflections and journal entries are a part of the field texts generated by the present inquiry. The researcher becomes a participant and influences the experiences shared by creating a safe environment for conversations and working with the participant to preserve the participant's voice, while at the same time adapting the field texts to research texts appropriate for a scholarly audience.

The Three-dimensional Narrative Inquiry Space

Narrative inquirers consider narrative to be occurring in the context of a three-dimensional narrative space, which focuses on interaction – personal and social, continuity – past, present, and future, and situation – place (Clandinin & Connelly, 2004). Narrative research texts often move back and forth among past, present, and future in describing a phenomenon. Narrative inquirers recognize the storied nature of experience

and the influence of previous emotions, thoughts, and experiences on current experiences (Clandinin & Connelly). This is also the rationale for considering the researcher as a participant in narrative inquiry, as described elsewhere.

Narrative inquiry is based on the pragmatic school of philosophy founded by John Dewey (Clandinin & Connelly, 2004). Dewey believed that lives were composed of experience (Dewey, 2008), and that it is within experience that one finds social interaction and social constructs (Fallace, 2009). Consequently, it is necessary to apply philosophical discourse to common experiences, in order to understand the meaning of culture and other social constructs (Clandinin & Connelly). The influence of this philosophy is evident in narrative inquiry, due to its emphasis on storytelling and the use of narrative as a research tool, as described below.

Theoretical Considerations

Narrative inquiry presents multiple challenges for the researcher (Connelly & Clandinin, 1990). Sources of evidence in narrative inquiry may take many forms (Connelly & Clandinin), including conversations, reflective journaling, field notes describing experiences, and other documents (Connelly & Clandinin). Time is often treated as something fluid and narratives frequently occupy different points in temporal space, jumping back and forth between past, present, and future (Clandinin & Connelly, 2004). In addition, there is tension between ensuring that the voice of the participant is portrayed in the narrative, and concurrently generating threads that may be observed in other individuals' stories. Consideration of the audience also forms part of the tension. Consequently, member checking and discussions between the researcher and participants are important.

Due to the autobiographical nature of narrative inquiry, it is possible to generate rich interim field texts based on participants' experiences and narratives (Clandinin & Connelly, 2004). Often, multiple conversations with the participant are necessary to do justice to their stories and experiences. The storied nature of experience results in large quantities of data being generated, because the participant is seen to be composed of a lifetime of experiences (Clandinin & Connelly). Consequently, transcripts of conversations may often exceed 100 pages for each participant (S. Barton, personal communication, December 2009). Therefore it is necessary to limit the sample size to a

very small number, typically 2-4 persons. Rather than an emphasis on quantity to ensure the adequacy of results, narrative inquiry is focused on the quality of interactions and the creation of a storied landscape (Clandinin & Connelly). By choosing individuals specific to the area of focus, it is possible to gain an understanding of individuals' stories of their life experiences. Clandinin and Connelly describe interpretation of a storied view of experience. It is necessary to examine an individual's entire set of life experiences in order to understand how individual stories and experiences become part of the storied landscape. The synthesis of stories and creation of research texts facilitates identification of common threads that continue through individuals' life experiences. If the individuals chosen are experts in the area of inquiry and representative of the population under study, it is possible to identify common threads and to use these as the basis for further research and program development.

During the process of narrative inquiry, I focused stories that the participants tell about themselves to make sense of their lives while breastfeeding. As stated above, narrative inquiry is characterized by a three-dimensional space, consisting of interaction, continuity, and situation (Clandinin & Connelly, 2004). In this particular inquiry, interaction consisted of the relations between the participant and her support network, including those who influenced her decision to breastfeed her child, and the relationship between the participant and the researcher. Continuity refers to the experience of breastfeeding as part of the mother's life story. Conversations centered on the bodily experience of breastfeeding and meaning of breastfeeding to the mother. Based on a personal belief that breastfeeding is part of the process of birth and childcare, processes that profoundly influence a mother's personal identity, I explored the bodily experience of breastfeeding and its relationship to other experiences in the life of the mother. Situation includes the mother's current sense of place, both in terms of her location and its relevance to her experiences. This is a particularly important consideration in this inquiry, due to a focus on women and their living environments (which could be urban, rural, or a mix), as well as requiring an understanding of life influenced by remote Aboriginal communities.

Practical Field Text-oriented Considerations

Recruiting and Interviewing

To collect data, I engaged two women of Aboriginal ancestry in approximately three or four conversations of 1½ to 2 hours per participant in order to contribute to an explorative study of experience related to breastfeeding. One participant also invited me to attend some cultural events with her; my experiences at these events formed a part of data collection. Following the analysis, all recordings were erased and transcriptions will be shredded 5 years following the completion of the project. The participants involved in this inquiry were Aboriginal women living in Edmonton who had exclusively breastfed a minimum of one child for a minimum of 3 months. This ensured that the mothers included in the inquiry were representative of Aboriginal women who have experienced breastfeeding and are women who will be considered experts in this area. They also had extensive personal knowledge of their culture, spoke articulately of their ancestry, and were currently involved in Aboriginal activities. This ensured that the participants' experiences would be appropriate to answer the research question.

Aboriginal women constitute a unique ethnic group; their social, economic and health conditions present unique challenges to practitioners. Frequently, Aboriginal mothers are younger at the birth of their first child than Caucasian mothers (Assembly of First Nations/First Nations Information Governance Committee, 2007). They may be less likely to be married or in a stable relationship, and may experience challenges such as domestic violence, alcohol abuse, smoking, and substance abuse (Assembly of First Nations/First Nations Information Governance Committee, 2007). On average, they are also less likely to breastfeed their children (Black, Godwin, & Ponka, 2008; Turcotte & Zhao, 2004). Therefore, it is necessary to understand the cultural factors influencing maternal and infant health practices, in order to provide appropriate support to Aboriginal mothers.

This research project focused on Aboriginal women who live primarily in Edmonton. This exclusion criterion assisted in focusing the inquiry, in part, on the Aboriginal urban landscape. However, due to high mobility between remote and urban communities (F. Fletcher, personal communication, January 2011), the definitions of urban and remote communities were co-constructed by the researcher and participant

based on the participant's life experiences. Aboriginal culture contains a substantial emphasis on the importance of family and family connections (Friesen, 1991). Both participating women had lived in communities where their families were present, although these were not legally defined as Aboriginal remote communities under existing treaties. This is consistent with the intended outcome of this project, which is to contribute to the understanding of cultural influences on breastfeeding for women living primarily in an urban setting, in order to design culturally appropriate programs to support them in breastfeeding their infants.

The nature of the Aboriginal community in Edmonton is diverse in that many First Nations groups are represented. This project focused on a convenience sample of women willing to be recruited through an intermediary. One individual was Cree, the other belonged to a different First Nation from Alberta and had requested that her community not be identified.

These participants were recruited through an intermediary who has experience in working with Aboriginal people. The intermediary has worked extensively with Aboriginal people in the areas of restoration of Aboriginal culture and was personally known to the participants; this assisted in the development of trusting relationships between the researcher and participant that is necessary for narrative inquiry (Clandinin & Connelly, 2004).

Recruitment was conducted through discussion with an intermediary who contacted these women and provided them with the study information letter. These women then proceeded to contact the researcher in order to arrange conversations for data collection.

Interpretive-analytic Considerations

Data analysis was done through an interpretive process of moving back and forth between field texts, interim research texts, and research texts shaped by questions of meaning and social significance (Clandinin & Connelly, 2004). A synthesis of my own and two participants' life stories, and their experiences of breastfeeding that include identity and relational processes, evolved into a co-constructed narrative regarding breastfeeding as a health promotion activity. Relevant Indigenous literature, post-colonial feminist studies, and empirical literature on breastfeeding positioned the work further.

As stated above, the narrative space is composed of three dimensions: interaction, continuity, and situation (Clandinin & Connelly, 2004). A fourth dimension of body was included in order to integrate the notion of physicality and its relationship to breastfeeding. These dimensions are compatible with the Aboriginal view of the ideal of life as a continuous cycle (Friesen, 1991). It is noteworthy that linkages of events across time, and the concept of the person as being connected to other events, phenomena, and persons are foundational concepts in both Aboriginal culture and narrative inquiry.

Traditionally, Aboriginal cultural concepts were transmitted through community, and through oral tradition (Friesen, 1991). Storytelling was an important method of transmission; many Aboriginal myths reveal important lessons about moral and cultural practices. Therefore, the narrative focus on story is consistent with the Aboriginal context of knowledge transmission.

Matters of trust that occur in encounters between Western and Aboriginal cultures are also relevant to the process of narrative inquiry. To utilize a narrative inquiry method is to gain a glimpse into the person, and their life. Data usually consist of emotions, thoughts, and mental processes that exceed what is written in the printed transcript (Clandinin & Connelly, 2004). Therefore, trust between the researcher and person is vital to ensure that accurate results can be generated. The fundamental trusting relationship between researcher and person forms a critical part of the narrative inquiry space, and provides the foundation for appropriate data collection (Clandinin & Connelly, 2004). Since emotions are openly discussed and form the basis for narrative reflection, narrative inquiry may provide an opportunity to ensure that matters of trust are openly discussed and responded to as part of the research process. As described previously, this trust was generated through recruitment by an intermediary with extensive experience with the Aboriginal community, in order to facilitate a connection between the Aboriginal community and the health care community.

Possession of data is an important cultural consideration when working with Aboriginal persons (Canadian Institutes of Health Research, 2007). Current guidelines for research with Aboriginal populations mandate that Aboriginal persons be considered co-owners of data, and that the findings be shared with them (Canadian Institutes of Health Research). I did this by providing participants with copies of the final research texts, and

negotiating with them which parts of the texts could be used in the thesis. Part of the data analysis process for narrative inquiry involves conversations about the co-constructed stories and interpretations written by the researcher with participants, to ensure that the stories are described accurately and truly reflect the source (Clandinin & Connelly, 2004). Clandinin and Connelly discuss the issue of ownership of data, relating this dilemma to the concept of relationships. Ownership of data was negotiated with participants and they were offered copies of the final research texts. Although they did not retain transcripts, they reviewed the final research texts prior to publication. I then incorporated any revisions that they suggested.

Collecting a Storied View of Experience

Data was collected through conversations with participants. Mothers were asked to share their Aboriginal ancestry, number of children breastfed, and length of time spent breastfeeding their child. Conversations proceeded by asking the mothers to describe her life, placing their decision to breastfeed their infants in the context of other previous experiences. Particular attention was paid to the effect of cultural influences and considerations on the mother's decision to breastfeed their infant. In addition, her experiences with cultural supports were also explored.

Credibility of the Researcher

Narrative inquiry involves the researcher as an active participant in the research process. To ensure that this research was conducted appropriately, I maintained a journal describing my experiences of co-participating in the research process, as described by Clandinin & Connelly (2004). Furthermore, I discussed my experiences with my supervisor. I also had two interactions involving Aboriginal ceremonies; these were consistent with research guidelines but also provided me with the opportunity to participate in cultural practices in order to enrich my experience and allow for additional insights into Aboriginal culture (Canadian Institutes of Health Research, 2007).

I am not of Aboriginal ancestry; however, I have had multiple experiences caring for Aboriginal, Inuit, and Métis patients. I spent two years working in a community that bordered on two Métis communities, as well as a Cree community. During the course of my undergraduate degree, I also spent 4 months working in a hospital in a Cree community, and 2 months working for the band public health commission in the same

community. Some years ago, I spent 8 weeks working in Inuit communities in Nunavut. Although I did not have the opportunity to participate in cultural ceremonies, I was able to learn about Aboriginal culture through dialogue with my colleagues and the experiences of my patients. Moreover, I believe that through my nursing program I have been educated to be respectful and considerate of all persons, regardless of culture. In my nursing practice, I have observed the negative effects of colonial treatment, and I felt a desire to improve health equity for Aboriginal people. My experience and knowledge suggested that increasing breastfeeding rates might assist in reducing some of the health inequities by lowering the incidence of chronic illness.

As stated above, my intention was to connect the cultural beliefs and practices of breastfeeding in Aboriginal women to my experiences of working with Aboriginal persons. I connected the bonding process between mother and child to the bonding experiences I share with my stepdaughter. This permitted me to develop a deeper appreciation for the role of cultural practices in decision-making, and the influence of cultural beliefs on daily activities.

Interpreting a Storied View of Experience

Data analysis was done as recommended by Clandinin and Connelly (2004). Analysis consisted of transforming raw data from transcripts, journals, and field notes into field texts, and eventually into research texts. Underlying threads were identified and coded. Analysis was done during data collection and included data collection and analysis of thoughts and emotions experienced by the researcher during the process of reviewing the data. Therefore, analysis was a reflective process. As stated above, member checking occurred during the process of analysis and the final results were mutually agreed upon by the researcher and each participant.

Ethical and Rigor Considerations

Ethics is a major concern for all research projects, particularly those involving Aboriginal persons. It is necessary to apply the principles of “respect for persons, concern for welfare, [and] justice” (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 1998). The Canadian Institutes of Health Research Guidelines for Research Involving Aboriginals were strictly followed, in order to ensure ethical conduct

(Canadian Institutes of Health Research, 2007). The revised Tri-Council Policy Statement also served as a primary source of ethical guidelines (Canadian Institutes of Health Research et al., 2010).

Benefits and risks are an important concern in qualitative research (Canadian Institutes of Health Research et al., 1998). As this project involved the discussion of life experiences, it was possible that persons could become distressed when recalling upsetting or unpleasant experiences. This risk was conveyed to them prior to consenting to the research, and every effort was made to minimize discomfort by encouraging persons to pause or take breaks, or by rescheduling conversations. Persons were informed that they were not required to answer any questions that caused discomfort. Persons were informed that they may not receive any benefit from this project, though it may be helpful for them to discuss their experiences with the researcher. They received ten dollars in remuneration as an honorarium for their time. (See Appendices A-C for consent forms and information letter.)

Confidentiality was strictly maintained. It was recognized that this research had the potential to involve the acquisition of sacred knowledge held by the Aboriginal community. As discussed later, a decision was made by the participants and me, not to include traditional stories or descriptions of ceremonies. Participants were questioned regarding whether they would like their names to be used in the final publication, in accordance with the ethical approaches described by Clandinin and Connelly (2004). All data were coded with identifying information removed, unless consent was given to allow publication of this information. Consent to release identifying data was revisited near the end of the inquiry to determine whether they wanted to continue to preserve anonymity. All research materials were kept in a locked cabinet in the office of my supervisor, Dr. Barton, or were password-protected on a computer. Conversations were audio-taped and transcribed by the researcher. Conversations occurred in a private setting that was convenient to the participants.

Traditionally, Aboriginal knowledge is maintained by elders in the community (Friesen, 1991). Participants were offered the opportunity to have an elder present at the conversation if they wished. As the participants did not request that elders be present during conversations, no consideration of elders was required.

In considering the ethical principles required for this work, I took into account the principles of the Institute of Aboriginal Peoples' Health. These principles include presenting research in an appropriate and easily understood manner, involving persons in all research activities, ensuring that they have access to final research texts, and ensuring complete transparency when conducting research (Cunningham, Reading, & Eades, 2003).

Clandinin & Caine (2013) describe a concept of relational ethics, which was an important consideration in the inquiry. Issues of ownership of research texts, concerns regarding social justice and equity, must be addressed with participants. As I listened to the stories told by my participants, I was reminded that these were their stories, based on their experiences. I was also aware of the importance of creating a safe relational space for them to share their experiences. As a consequence, I ensured that I attended to tensions in the relationships, such as my new understanding of cultural safety and the differences between my experiences and my participants' experiences. In order to help create a safe relational space, I shared some of my own experiences so that they could better understand my reactions to their stories, in order to create a safe relational space. I also engaged in reflective journaling and keeping field notes after my experiences, in order to increase my self-awareness. Listening to the recordings, I was able to identify potential tensions between myself and the participants that could be addressed in subsequent conversations.

Rigor was ensured through member checking with the women and discussion of the analyses with my supervisor. The supervisor has experience using narrative inquiry as a qualitative research approach with participants living in Aboriginal communities. An audit trail was maintained, as per recommended guidelines.

In the next two chapters, the results of the narrative inquiry study are presented. These chapters describe the breastfeeding experiences of two women. The first woman's stories focus primarily on interaction, time, and physical experiences. She breast fed a child of her own for approximately two years, as well as the children of her family members. Her child is now an adult, and she practices in healthcare in the Edmonton area. The second woman's stories focus primarily on interaction between family members, caregivers, and members of the Aboriginal community, and the impact of

environment. She breast fed two children, one for eighteen months and the other for six months. Her children are young, and she also practices in healthcare in the Edmonton area.

Through the stories of these women, an understanding of the cultural influences on breastfeeding experiences was explored. The intent was to provide a deeper understanding of each woman's stories, and of the self while breastfeeding, and how these experiences are connected to the greater context of an Aboriginal life.

CHAPTER FOUR:

Ella's Stories

Ella and I meet through an intermediary. Our discussions take place in her office. Ella reflects on how her culture influenced her life experiences and her experiences of breastfeeding her daughter and her family members' children. She describes a tension between Aboriginal and Western knowledge and culture. Her work in healthcare also becomes a significant influence on her stories, because she works with Aboriginal people to assist in rediscovering and reintroducing cultural traditions and practices.

An Aboriginal experience

As part of our time together, Ella invites me to participate in a planning meeting for a traditional Aboriginal project in which she participates. In addition, I am to join her, her colleagues, and other women for the project itself, which is a feast to celebrate the autumn harvest.

At the planning meeting, we begin with a smudge and prayer and thereafter we plan the activities and organizational aspects required for the feast. Ella introduces me to the people she works with on this project. Some are Aboriginal and some are Metis, whereas I am the only white person in this group. However, I am received graciously by the members and accepted as a member of the group. I am asked to prepare a traditional Aboriginal dish to be served at the feast. Not only am I made to feel a part of the project, I am also being asked to carry on a tradition from the past, and to exercise an important role in the feast.

As I make bannock at home, I reflect on what it means to be a part of this experience. I am being asked to be a part of a traditional experience and to make a traditional food. I am familiar with bannock as I have eaten it before, but I have never made it myself. Afterwards, I consider how I have become joined to history. I am not using traditional methods, but I have found a new way to prepare an old recipe. I connect this to the continuous evolution of culture described by Battiste & Youngblood Henderson (2000). These scholars speak of a continuous spirit of creativity in which everything is continuously transformed. I, as a Western person, am being invited to be a part of an experience that is focused on a return to tradition and an adaptation to situating tradition in the context of modern society. I feel honoured that I am welcomed to

participate. This is a new experience for me as it is distinctly different from my Western culture. Participating in the feast and in making bannock allows me to engage in a positive experience with Aboriginal women, as opposed to the negative experiences often portrayed in social discourse.

At the feast itself, we are joined by many other Aboriginal people, primarily mothers and children. We have a traditional Aboriginal ceremony, and Ella provides some information regarding Aboriginal traditional autumn feasts. Each member of the group talks about their background. Some of them speak of Aboriginal traditions that they have maintained. Many have brought their children. As I listen to them speak, I become aware that this is a place where these women and children celebrate their Aboriginal ancestry. Women speak of their various life experiences, including some that were not positive. It is readily apparent that they are able to come together as Aboriginal people to share in a positive traditional experience.

I am deeply impressed by the Aboriginal emphasis present, including the room where we are meeting. I notice images that are connected to Aboriginal teachings, and even toy dolls have Aboriginal features. The women assemble as a group of Aboriginal women, and they engage with each other over a meal. I find that it is, in essence, a celebration of the Aboriginal belief system and culture. I am reminded of the experience that Ella describes of working with cradleboard teaching for the women. These women are working together to build a network of Aboriginal women that will provide them with an Aboriginal place, even in the context of a busy city environment.

An Aboriginal Place

Ella and I begin talking about life narratives. She explains about how family is an important part of her life and her culture. She relates this to a sense of place and the effect of government legislation on an individual's sense of place and family relationships.

“My father is from a northern Alberta band. I belong to that band. But my community is a small town, it's not a reserve. I grew up in a really large extended family. There was, in my own immediate family, there were six of us, but one of them grew up with my grandparents, because that's our traditional way. My grandparents, they had, I think eleven? They lost some so I'm trying to remember the number. They had eleven children so there was like, eleven and six, you know. I know our family feasts, you know,

our gatherings, just, you know, people everywhere, all extended families from all those eleven people, you know, coming to eat and stuff.

“I was very close to my mother. In her elder years she lived with me until she passed away. I understood that to be a possibility in my life that I would do that for my mother and I did. It wasn’t easy, but I felt honoured in the end that I was able to do that for her. And I think, to me, that is how meaningful relationships can be, that you can take someone right to the very end of their life and share that time with them.

“When I look at our language, I believe we’re a matrilineal system. We use a matrilineal system which goes by the mother’s bloodline. I was telling you earlier when we met that my father is from a reserve in northern Alberta, the Indian Act places me there. But my traditional system places me with my mother’s family. I think it’s, probably it’s related to defining myself in a sense that, how it played out, was not according to government classification, so to speak. I think that really relates to the matrilineal clan system of my traditional ways. I, as a female child, grew up with my mother’s family, her clan. Often, sons will go live with the women’s families, and women stay near their mothers. There are different factors that affect some of those decisions, like I guess it’s not all or nothing. Half the people do leave reserves now, hey? I think there are many different things happening to the culture, and I like to look at it through the lens of the language because I think the people who keep the language tend to live closer to the culture. And that’s not always on reserve either, eh? So there are a lot of differences there.

Ella talks about the division of Aboriginal peoples into official bands by the government. “I think that a lot of it, to be honest, came about as a result of this attempted genocide of my people. I’m speaking specifically about Algonquin-language speakers. The Siouxen tribes, they have a lot of their knowledge and their information and they have shared that and people know lots about them today. But people know very little about the Algonquin-language speakers. I think it was actually because they were originally in the northeastern corner of New York State, and that point of contact was pretty immediate or close to immediate. I think my information tells me that what happened over time was the people had to basically join other nations just to survive.”

Ella describes how this occurred in her own family. “My husband, my daughter’s

father, was from Saskatchewan, and I chose not to become legally married [to him] because I did not want to be from Saskatchewan nor did I want my child to be from there. At that time, it was prior to 1985 when they changed Bill C-31. Had I gotten married, I would have had no choice as to where my status would be. So that had a bearing on my decision. And I think that happened for many areas of our lives as mothers. Even though he, like, he was status and he was Cree.”

“I think, had I married and made the move, I would have very, very little support in his community, because my knowing is that women help each other. Women of the same clan live in close proximity to one another for very good reasons. So that’s critical and I think, one of the things that disturbs me, is that [clan designations based on the husband’s clan] has gone on for a number of generations, and it has caused a lot of fractures within our communities, in that we’re now seeing some of those, in how badly treated our women are, because they’re isolated. They’re not with their own clans, their own systems. I think that’s harmful to women, children, and their families, and their husbands.”

Ella describes her work to aid other Aboriginal people in the return to Aboriginal culture. This is her primary occupation, and she finds that it brings healing to her people.

“So the reason I agreed to do this is because I would like women to breastfeed as well. And if this is one way to get them to see that, you know, it’s good? Then I think it’s all good. But it’s also a way, maybe, to talk about the broader picture.”

Ella explains, “What I know about my culture is, I believe my knowledge is quite in-depth and we are taught our role in our communities, in our families, is one that is very significant. We have a strong connection to the moon and to the water, and our prayers are very strong prayers. To harm a woman at any time, but in particular when they’re carrying, is a bad omen. In our stories of origin the reason clearly given is that we are co-creators, like the Creator, and as such are given gifts in order to be able to do that, and breastfeeding is one of those gifts. Other gifts are ways that we care for our babies, we have our song, each child comes with a song, and then there’s, we have our swing, we have our moss bags, and the ceremonies also come. So some of those gifts, should we have them, they allow us to do our job well, so to speak. To live our lives well. And, some of the things I heard were things like, you know, in this life, they tell us that, the

one thing you must do in this life is to care for the children you bring here. And to not do that is to mean that you didn't live a good life, because it's one of the reasons for coming here. I think many of those things have been put aside for now. So I'm one of those people that works with that, I work to bring them back."

She continues, "The way that I know [the intermediary] is that we work on a research project together, so we were looking at midwifery. And that's one piece of my work, the other piece is in community and with some of the elders that I learned from. We are helping to bring back the young women's rites of passage. That one, that ceremony, is helpful for our women."

"The other thing that I provide, that I've been working with, is the cradleboard or the moss bag. And I think those teachings are important, and they work hand in hand with all of the other pieces like the breastfeeding and the swing, and that. And I think like the swaddling, we love to swaddle our babies. Like, you know, you go into any kokum's house and they're right away, if they see a baby they're going to want to swaddle them. I'm sure it's like that with all cultures." I smile as I think about the care that my family provides to babies and young children.

Ella describes, "Part of what I do is also teachings in community for young women. We did a cradleboard teaching here in this community. We took a few months and we built cradleboards, we did the teachings on it. These women were assigned to go take a parenting course or lose their children, which is why they came to our class. So we did a teaching on cradleboard, and they have their babies with them, you know. When we were designing the boards they'd bring in their family stories and the women were just, you know, they became other people. Like these young women were talking about, like they had stories that, you know, they brought from home, from their grandmothers. Stories about different colours and what the symbols meant, and, you know, how it fit with their culture and with their clans, and it was just like they became different. So they'd just become, I don't know, other people, like they, you could see how alive they became through their eyes, and they were different people. They were not women who were not able to care for their children; they were these living people who had something important to share with their child. And they, you know, they would share stories about themselves, and even sad stories, you know, of how they go to be where they were, but

they were getting past it. And they're now moving forward, with their children to a different place. I mean, they're still going home to their homes of poverty, but now, you know, they're getting armed with something else. They definitely went away feeling good, and now, like when I see one of them, they're like oh hi, how are, you know, that's what I'm doing. And even if they're not doing good they still say hi, and that's a good thing, because, you know, they're acknowledging themselves, and, you know, it's good, it's all good. I think oftentimes people, when they're not doing good will not want to say anything, and I think that's a mistake, because we have to be open and support one another, regardless." As Ella explains this, I listen closely. I think about the impact that this experience has had on these women. I know it is an important statement to include in my thesis.

Ella says, "I think initially people, you know, come into this thinking that it is about self-governance or, you know, they're drawn into it at some level, but once they get there and they take a closer look, I think we find a lot of people back in the ceremonies. If they make it there, sometimes they don't. That's the really sad part because that's where we'll find people who are committing suicide and, for the reasons that are, you know, at this point, somewhat hidden in history."

"I'm very excited that there's a lot of, a resurgence of interest in the cultural traditions. I think that's happening. I think in my circle of friends, anyway, and others that I know of, as soon as any of us start to talk about this or that, people are immediately interested, so I think that there's hope. And it's exciting."

"I think there's been very many changes over the last 500 years. What I can tell you is that traditionally speaking my understanding is as a matrilineal clan system person, that women play an instrumental role in the family, in the community. They really do a lot of work. I think some of that has been forgotten, but I think it's coming back. It seems like there's a recognition of it and, even to bring about the foundation of how that looks is going to be important as well. Just looking at history and placing, you know, where some of those changes took place, has got to happen."

"A lot of the knowledge went with the people who died. And they moved, you know, and I think that migration pattern had a lot to do with that. But it's coming back, which is really, I think, it's not surprising because, you know, this world is more than we

think it is, or at least I think it is, you know, far greater than I could ever fathom in this lifetime.”

Then Ella says something that I find very fundamental to my inquiry. “My personal hardship is this: I witnessed great violence against women in my lifetime, and was really mystified and confused about, you know, how, given that, you know, everything that women do, and they do a lot, they do everything, how that could be allowed to happen. So in my own research, I look at our own women. And looked at the ways and of the women today, which way do they go? You know, do they go looking to their traditional ways of being, or do they go Western, do you know what I mean? And what helps them to decide that, because that’s how it goes. And what I found was that women who were more steeped in their own traditions continue it.”

“I approached my aunties, and I said, you know, I believe one of the reasons why our women are so pitiful today is because we’re not continuing our specific role in our families and in our clans the way it was traditionally. And I said maybe once we do that, things will change.”

“What I find is there is a very large gap of information that’s missing about our history. So I try to look at that as much as I can. One of the ways that I’m doing that now is to look at language, indigenous languages. I am a Cree speaker, but I also have gone to school for a number of years. So what I’m learning now is about my language and many Algonquin family languages, of which there’s about 80, in the United States and Canada, because that border does not belong to us.”

“The border between the two countries in North America is not our border, and my people are on both sides of the border. They continue to have similar beliefs in the Creator or Manitou, whoever, however they call it, is very similar, and those tribes are the Algonquin language family-speaking tribes. And there are many, many of them, close to a hundred, probably. Tribes like, I don’t know, Chippewa, Ojibwe, and others, and here us, we’re called Cree, but that’s not even our name for ourselves.”

“The word “Cree”, name that they call me, my people, is not a name we use for ourselves. That is, the origins of that term come from a French word, something to the effect of Christianeau, I guess to do with Christianity, shortened to Cree. Prior to that, it was a term taken from the Ojibwe, and I’m not sure of the meaning. So that’s how I get

that name today. We have a name, our own name for ourselves, and here we call ourselves the people.”

“I think just from a linguistic perspective, my learning is ongoing, and about who my people are and who they were, and who they continue to be, I think one of the things for consideration is the disruption of the culture of, you know, like the residential schools, like, what’s that, what that has done, and how sad some of it is today. I think even if you included, like, there’s, there was so many different documents of attempted genocide really on my people that many people don’t know about. And I think, you know, you may be looking at breastfeeding as one piece of it, however, in order for us to have finally gotten to a place where we weren’t breastfeeding, many things have happened. But that’s really the depth of the knowledge that I think we have to uncover. That has to come from my own people, because we’re finding our way back, you know, it’s like retracing our path, almost.”

I carefully consider Ella’s words afterward. Up until this time, I have been primarily focused on breastfeeding as my experience of interest. I recognize that as a narrative inquirer I must consider breastfeeding in the context of life experience. However, I have not previously considered that colonialism might have such a significant impact on women’s health in general. As I continue to listen to Ella’s stories and create my research texts, I consider that breastfeeding is really only a small piece of a greater story. Ella’s stories indicate a need to examine the impact of colonialism and to develop approaches that emphasize healing and cultural evolution, which is also described by Battiste (2000).

“So we have been, like, I finished last week my Sun Dance. And I Sun Dance for that reason. For spiritual growth, vitalization, yeah, it’s a different place to go, but it’s a really big part of my life, because, like, I feel like this is very limited in how our people could become healthy. This hospital setting, these people are very good at fixing the body. Very good, you know, they’re very good. It’s just that, if we were only body, that would be wonderful. That would be 100%. But we’re not.”

Breastfeeding Stories

Ella makes us a cup of tea and we sit down to talk. We begin our discussion by talking about her breastfeeding stories. She describes her experiences of breastfeeding her own child and the children of some of her family members, and describes some special moments in breastfeeding her daughter.

Ella states, “I breastfed one child, well, one of my own, for 2 years. I also breastfed my auntie and my sister’s children, when we baby-sat each other’s children. Like, if my sister was away, and her baby needed to be fed, we fed her, because we had our children around the same time and were close in age.” I explain that I’ve heard of people doing this before and I find it quite an interesting practice.

“I was visiting one of my relatives and my auntie had to go to the store. She was gone quite a while. We didn’t do bottles, really, not when they’re that little. So she was gone for quite a while, then when she came back, she was really worried about her baby, and then I just said, ‘Well, we just fed her.’ My sister did that to me, too, when she babysat my little girl. And I didn’t get home soon enough, so she just fed her.”

“Not everybody had breastfed around me so sometimes I was on my, sort of on my own to try and figure it out. And then what I found afterward was a lot of people did it too, so, kind of helped. But at that time I just figured it was a natural thing and I was going to do it, I didn’t care what anybody thought.”

“When I was a young mom, I saw very few women breastfeeding and it didn’t occur to me until I had a child that that was a decision that I could make. Like, I thought a lot of things were decided beforehand. But it was in fact a decision that I could make, so I chose not to bottle-feed. Later I learned how very important it is that children be breastfed in terms of the whole being. Not just physically, which they, you know, you hear all about now in the health system, about how important it is for bone development and all of that, but especially spiritually, I think it is important for children.”

“I can only speculate, because I don’t know the difference, but one of the other reasons why I did breastfeed was because I had a Caesarean section, and I did feel there was like, this missing piece for us. And that was one of the major reasons why I did, you know, even though it was painful to breastfeed. I think it did help her development. She’s a very sensitive person, and we’re very close, we always have been very close.”

“When it comes to breastfeeding, I think there’s a real intimacy that is there that is needed for both mother and child. We were at home, and my daughter was maybe, a year and a half, and something was going on, there was this really loud, really LOUD bang. And as soon as she heard that, she just stopped what she was doing and she headed right for me, and she just practically threw herself on my knees and breastfed. It was the first time that I really noticed that that was more than, just, milk sort of thing, you know what I mean? It was like, there was a lot of fear in her, and she needed to breastfeed to calm her soul, do you know what I mean? It was, then I noticed how much more she needed it than what I really knew. Then I was happy, especially because I was scared for her, too, I needed to know that she was okay. She was older so I was kind of starting to wonder, you know, how much longer I should breastfeed her, and she still needed it and it told me that she needed it longer, too, eh? I was happy that she ran to me, but it was really cool that she did. Like, let’s say that she, if she had been bottle-fed, maybe she would have did nothing.”

Ella and I talk about the differences between Western medicine and traditional Aboriginal medicine. I am reminded about the height and weight measurements that are taken on all babies at birth, and afterwards by Public Health. Ella describes some problems associated with this approach.

“What I notice about western medicine is that, although they say they would like things to be this way or that way, I think the environment is not conducive to the words. Because when they’re always weighing and measuring, measuring and weighing, they’re always creating a climate where women are not strong breastfeeders of any culture today. If you tip one way or the other, they sort of follow, because I think there’s some fear there. And I wish it had been stronger. Like I know when I had my daughter, I didn’t live in an urban area, I didn’t live here. And I was flown here because I was in trouble. We were in trouble, my baby and I were in trouble, so they flew us up here, and after I had her, I went back. And there was no interference, so I didn’t allow anybody to tell me anything. Maybe, had I been listening more, I might have, but I didn’t, I just did what I did.”

I state, “Well, actually, they’re finding now, for example, with the growth charts, they’re actually saying either they should throw them out altogether, or get separate ones

for breastfed versus bottle-fed because they grow at different rates.”

Ella responds, “Yeah, that doesn’t mean that breastfed are not healthier because they’re smaller, right?”

“And then there’s like, just, the whole thing about the breast itself, because like, I’m not a small-breasted person, so when I was, when I had milk, I was a big person. So I kind of got teased, too, right, and I didn’t really like that, because I was young. And it wasn’t just men. You know, it seemed like it was like an anomaly or something, like they were, like, attracted or scared of, you know, of the breast. Like it was a strange experience, honestly. It made me really see how afraid people are of their own bodies. You know, they use mine to do it, but it’s really about them.”

“I think some of what I feel has happened is there’s been a great influence of Christianity, for many, many years. Even though I have heard the stories in my lifetime as a child, that still exists, and as a result, the way people view their bodies is not always good, you know what I mean? I just think that we’re so removed from our own bodies that we can’t even pass on enough information to know that breastfeeding is good, it’s just amazing to me.”

“Let’s not hide the breasts from people, like, it’s a breast! It’s not a sexual object, it’s an actual feeding implement, I don’t know what to call it. You know, it’s alive, and it’s, you know, it gives live milk, like, how beautiful! There’s nothing like it. I know, when we were young women and we were breastfeeding, it was so normal just to, you know, we’re talking, and you just sit there and feed your baby. And you can actually visit because then your baby’s not crying.”

“I think it would be interesting to get a perspective on, at some point for you to get a perspective on what indigenous men think about breastfeeding. You know, just to see what it is they see, because I think about, you know, the way this society operates, our contemporary society, is that our bodies, women’s bodies, have been sexualized. I think that has to change, because that’s just ridiculous. It’s causing a lot of pain and a lot of hurt to everyone, basically, because I don’t think men are benefitting out of it as much as they think they are, either. And sometimes I think that very little is known about the woman’s experience as a mother, as a breastfeeder, or, you know, all of that. Like, I think they have ideas about it, but there’s no real platform for discussion, and if there was, you

know, maybe that could make the difference.”

“I know when I was breastfeeding, I wasn’t so much uncomfortable with my body, but I did find that many people around me were. So I would, like I would cover myself up more for their sake than my own. Not that, you know, I was just going to be exposed to the world, but, I did wonder why people were so uncomfortable. And it is a different time now, but it hasn’t really changed that much.”

“I remember one particular incident, I was standing by the coffee table, and my daughter was walking already. And so she climbed on the table and she lifted my shirt and she breastfed herself. And because we were very close, it was not an issue for us. But because there was maybe another person who hadn’t been around us that much, it was like, anyway, they were teasing me because I had been breastfeeding for so long at this point.”

I describe situations I have heard of, where women have been asked to leave restaurants and public places because they were breastfeeding their children. I explain that sometimes these incidents result in a “nurse-in”, where women will go to the location and openly nurse their babies as a protest.

Ella laughs and says, “I’d go just to support. It’s so ridiculous. Like, if you think about it, you know, where do you ever see a breast? In a Playboy magazine.”

I comment that it seems to me that one of the best ways to do breastfeeding education would be to bring someone in from the community who has done it, who knows the stories and can tell them in person.

“I would say that would have to be, that’s the way to do it. I mean, like I, and I’ve seen nurses go do teachings, and you know, and they’re there, trying to maneuver the boob or whatever to help the baby, you know, catch or whatever, but I mean, for me, the best way of learning is to actually see it done before I even had a baby, you know? And when they’re latching on, what that means, you know.”

Culture as a Lens for Wellness

“I grew up always hearing as my people do, all over, and even I see it today, is that you always have to be mindful of the Earth, you know, it’s in our prayers, that we always by name address our mother the Earth. And so it’s something that we do consistently, and in our terminology we are the namesake of the Earth. Women are so,

you know, that kind of depth, I think, speaks to how important our role is in survival even, eh? But I like that, that's cool."

"With our stories, I did hear stories when I was growing up. Funny ones, they make me laugh when I think about them now. But stories about women also. Like my mother would tell me stories about, like the grandmother and her daughters, two daughters. It's a story that talks about kindness and humility, and how to conduct yourself in your life, and how you treat old people. So, I think that kindness is emphasized very much in my culture. I also heard another one, about a man who was, like a culture hero. And he talks about foolishness and that kind of behaviour. But when I think about any particular stories about breastfeeding, I don't remember any, I've never heard any." I am a bit saddened by this statement, because I was hoping to write about some breastfeeding stories. However, as Ella continues, I start to realize that breastfeeding is only a small piece of a much larger puzzle.

"I think, for us, ceremony is central to wellness. Not healing, but wellness. And those kinds of things really are not written about. And I don't know that I could offer that as something that could be written about." At this point I begin to see the importance of oral tradition, especially as Ella continues.

"I think it's important to look at what's meaningful and to, at the very least, make it known in your own families. I mean, I don't feel like, as an oral tradition, that we need to have everything in writing, and still today we're told not to do that. I'm always careful about what I myself write."

"I know when I was growing up, one of the best ways, well, really, the one way that I listened to, was when my aunties spoke about what they were doing. I listened, because they were my teachers, and I think that, culturally, it's so appropriate that we learn from our relatives, our families, because they have our best interests at heart. They love us."

"I think the teachings are more meaningful when it's passed on in person, like I was saying when my aunties would talk about things, and then I sat up and listened. I didn't necessarily even say anything at the time, but if I knew that this was something that was flagged, so to speak, then I knew, you know, I would be looking for something. To me, that's something that has to happen in person, and more experientially, because

otherwise, you know, it's just a sentence on a page, you know, it's not alive then, it's already, you know, written."

"A lot of the information that I talk about today I don't think is common information. Some of it is said, but some of it is that, the structural foundation about it is not known. But you'll see the words come at the surface." I think about Ella's statement. I will have to be very careful in how I tell her stories. This forms one of the common threads that are represented in the stories, the idea that the method of storytelling, through oral tradition, is a key part of the knowledge translation process. I know that this will form part of my synthesis.

"What I would like, you know, to see, some of the major events, like Confederation, what that meant. One of the areas that is really important to understand when beginning to understand our culture is the two systems and how different they are. Like a patrilineal or a patriarchal system and matriarchal system, and if you take someone from their matriarchal system and place them over her, basically, you take away who they are, and their role and everything they know to be truly themselves. And I think that's basically what happened, and honestly, I don't think it's that far from what happened to Caucasian women in their own country. There are other systems, why do we continue to carry only one? Like it does not make sense to me because, and then to make everybody change to fit in to one system is ridiculous. It's never going to work!" She laughs.

I say, "That's why I realized, I thought I had this whole cultural safety thing figured out, and then I realized, there's a lot of invisible stuff that you just don't see, that when you think about it, I coming into this as a Western person didn't see this."

Ella says, "But invisible to who?"

I realize in that moment that this defines my perspective as a non-Aboriginal person, that I may not see some of the prejudices that are apparent to Aboriginal people. I comment that maybe it is necessary to question whether we are doing enough to integrate Aboriginal culture and to ensure culturally safe standards.

Ella responds, "I think a time for those questions has come and gone, really. I think the question of the day is not so much about other people but the, like the environment is going to determine, you know, where we go from here. So I think that

whether we like it or not, we have to examine the way that we're living and change it, otherwise not be here."

"I know a lot of times I think in this country people don't like to talk about, you know, some of the historical things, because there's just like way too much guilt. You know, and I think that doesn't serve anyone, you know, and I think we have to maturely look at what's going to work.

"I have witnessed terrible things, and yes, my understanding today is very different than when I was a child, but I understand the residential school and that experience and its devastation on my people. I think it appeared as though, and many of the written sources indicated the Cree people were a patrilineal people, are a patriarchal system? I don't believe that's true, not according to the language. I dispute it. And I think one of the reasons, or the main reason for that is due to Christian influence. And all we have to do is look at other white cultures, because it's following suit. And I think, if anything, to bring awareness now would be helpful so that's it not continued."

"So personally, when I look at my genealogical records, of which I did not see 'til I was in my thirties because we had no access to them. We had to dig them out, and if my family did not choose to pursue looking for them, we would never have them. And one of the ways that, the only way we did get them, is that one of my aunties worked for the government. So, keeping history from people is an oppressive method. And I believe that's what we were subject to. So, a few years ago, I was asking, my aunties are similar in that they, you know, they want to know that, like all people do. Like now we have information about it. Things like, on one side we have people from the Riel rebellion, and the other side is from the signatories of Treaty 8 because part of my lineage is Metis as well. And so the fact that they were there and had to flee the country, like, and go to the United States just to live, and then later came, couldn't go back to Saskatchewan because they'd be killed, and somehow came back up into Alberta and that's how they ended up here. That's part of the story. My grandmother's people were already from the north here. So that was the meeting of the Metis and the First Nations. And we couldn't find enough records about my grandmother because she was Indian. And the names of her people were in our language, so they weren't recorded. You know, maybe one, maybe two. So we can only go that far."

I respond, “That’s unfortunate.”

Ella states, “I think it is in some ways, and in some ways, we’ll know it spiritually, I guess, because that was the way of her people. Because we know, I was looking, because we’re a matriarchal people I was looking for the grandmothers. And I could only go so far, but I found the names that I could find and that was really exciting.”

Reflecting on my conversation with Ella afterward, I realize that I have just reached an important conclusion regarding cultural safety. I begin to understand that as a non-Aboriginal person, I can never completely understand the Aboriginal perspective. I begin to realize that there may be evidence of oppression and colonial treatment that I will not be able to see because I am not in this unique situation. I reflect that this will have a significant influence on my practice, as well as on my research. I begin to understand that in order to co-create a research narrative with these women, I need to ensure that I am telling their stories, from their perspective. As I read the work of Battiste (2000) I begin to understand the origin of some of these tensions. Battiste speaks of the need to understand the impact of colonialism and the reality that no person’s experience can be completely Aboriginal or completely non-Aboriginal. She also speaks of the importance of honesty as a foundational pillar of Aboriginal philosophy, and belief in an integrated experience instead of compartmentalizing experience. Consequently, I begin to understand that my experiences have shaped my viewpoints, and that I can never completely understand Ella’s perspective. However, by working with her and sharing conversations, I can co-create a narrative with her in which we can co-exist in the narrative inquiry space. I carefully examine the impact of my writing her story on the story itself, and how the manner in which her story is written will affect others’ understanding of her perspective. As Battiste states, I want to portray her story and experiences as a positive celebration of diversity, rather than as a negative experience.

Physical experience

Ella’s stories indicate an essential connection to her daughter through the practice of breastfeeding. She describes the “missing piece” that she experienced because of her Caesarean section, and indicates that breastfeeding was a way for her to regain the missing piece. Previously, Ella had indicated that breastfeeding was one of the gifts

women are given for the benefit of their children. In her case, she was able to use this gift to benefit her daughter and herself.

Ella also describes the intimacy of breastfeeding, and how she felt that it was more than simply physical nourishment she was providing to her daughter. Her description of her daughter soothing herself with breastfeeding is a reminder of the bonding experience that is an integral part of breastfeeding. In Aboriginal culture, the bond between parents and a child is considered a sacred bond (Friesen, 1991). It is a connection, a sense of relationship, that is vital to the well-being of the child and the continuing relationship of the family. Ella believes that breastfeeding was an important part of initiating this bonding process with her daughter.

Ella also described that breastfeeding was a part of filling in a “missing piece” for her and her daughter. She was unable to have a natural birth experience due to the necessity of a C-section. She describes how she was flown out of her community and to a large city for a C-section. Consequently, she felt that there was a piece missing. She and her daughter had not been able to physically connect through working together for her to be born. Therefore, Ella chose to make a decision to breastfeed in order to connect that missing piece.

An additional sense of relationship and physical experience is evoked in Ella’s description of breastfeeding her young cousin, and having other family members breastfeed her daughter. Aboriginal teachings center on the image of the Sacred Circle and the connections between all aspects of life (Friesen, 1991). Breastfeeding creates bonding between mother and child (Pillitteri, 2010). By breastfeeding her family members’ children, Ella was able to derive a closer bond within the family unit. In traditional Western culture, breastfeeding another woman’s child is not a common practice. However, Ella describes this as an accepted and traditional practice when caring for another’s child. These experiences are a symbol of the family bond created by breastfeeding.

From a post-colonial feminist perspective, Ella’s descriptions are important because they convey an experience only lived by women (Rajan & Park, 2004). Ella tells a story of herself as a provider of nourishment and safety to her child, and to her family members’ children. As a uniquely women’s experience, the physical and spiritual

experience of breastfeeding a child can only be described through the eyes of women (Pillitteri, 2010). The close family bonds that permitted open breastfeeding and breastfeeding the children of other family members are not traditional Western practices, as stated above. Therefore, it is necessary to examine Ella's stories in an attempt to understand her experiences as an Aboriginal woman.

Interaction: Western vs. Aboriginal

As I listened to Ella's stories of breastfeeding, I began to understand that they had a significant impact on her life as an Aboriginal woman. She described the support she had from her family, and the lack of outside "interference", as she termed it, in breastfeeding her baby.

Ella presents an important aspect of Aboriginal cultural competency and cultural safety. She describes the importance for her of learning about stories and teachings through oral tradition. I asked about some of the ceremonies, but she explained to me that these things are not written because they lose some of their meaning when the stories are written down. It was the oral tradition that provided a means of communication, but also became a part of the story itself. This is consistent with Aboriginal teachings about the importance of maintaining the oral tradition.

Ella's emphasis on oral teachings and demonstrations indicates that she feels it is important to maintain this style of teaching for Aboriginal women. She describes the relational aspects of teaching by her emphasis on family. Other Aboriginal authors also write of the importance of carrying on the oral tradition (Snow, 1977; Anderson, 2001; Battiste, 2000). This is a significant cultural component of Aboriginal life.

Ella believes that her ability to breastfeed was enhanced by the fact that she did not have access to traditional Western health care practitioners in her remote community. This is particularly important from a historical perspective. Traditionally, public health nurses were particularly concerned with the welfare of Aboriginal children in remote communities, to the extent that children could be removed from the home if it was not found to be immaculate (public health nurse, personal communication, July 2005). This placed increased pressure on the mother to provide an adequate home, feed her baby appropriately, and conform to the nurse's values – the values of Western society, which often are not compatible with Aboriginal values. Consequently, if the baby was not

gaining “adequate” weight, the mother could feel that she could not adequately nourish the baby with her gift of breastfeeding. This compounded a sense of low self-esteem and self-worth. In Ella’s experience, she chose to listen to her traditions and to use the gift of breastfeeding that she had been given as a mechanism for feeding her daughter. Ella believed that, as the child’s mother, she was in the best position to make decisions for herself and her child, and based her decisions on what she felt was the best available option.

Ella’s descriptions of sexual issues emphasize a significant area of concern in general society. Increasingly, breasts are viewed as sexual objects and open breastfeeding is discouraged (Pillitteri, 2010). Furthermore, breastfeeding beyond 1 year of age is viewed as an abnormal practice. Ella describes how natural it was in her family for women to openly breastfeed. This is consistent with other Aboriginal teachings.

From a post-colonial feminist perspective, Ella’s description is highly significant. She describes the lack of cultural safety demonstrated to her people by the Canadian government. Although she is legally defined as belonging to a northern Alberta Cree band, she does not define herself as belonging to this particular band. Instead, she defines herself as belonging to her mother’s people, and living in a remote community that is not legally defined as an Aboriginal community.

Ella’s discussion of her decision not to marry her daughter’s father raises an interesting point of discussion. Traditional Western perspectives required legal marriage in order to ensure the stability of the family and the protection of assets. However, in many Aboriginal cultures, a formal marriage ceremony is not always viewed as a requirement for a family (Friesen, 1991). Individuals simply lived together, had children together, and raised them with the help of the community as a whole. According to Anderson (2010) formal marriage ceremonies did exist in some tribes, but the matriarchal tradition in some groups, as Ella describes, resulted in men living with the women’s families, in contrast to the Western view. Aboriginal ceremonies were also not considered legal marriages by Western standards; to legally marry, Aboriginal people would be required to participate in a ceremony that was foreign to them. In addition, Ella’s decision was based largely on the fact that she would have had to move to live with her husband’s family. This was a legal requirement at the time because of the definitions of treaties and

treaty rights. She decided that she did not want to be defined as belonging to a band in Saskatchewan, nor did she want this definition for her child.

Ella describes herself as being very close to her mother and to her mother's family in her remote community. This closeness becomes apparent through the generational nature of Ella's story in which she was close to her mother, whereas now she is close to her daughter. The nature of family relationships becomes a primary focus in Ella's story. This closeness is further emphasized by the breastfeeding stories that Ella tells. Breastfeeding was one of the gifts that she provided to her daughter in order to facilitate a stronger relationship. Breastfeeding was a practice that was emphasized in Ella's family. Therefore, it was something that was practiced throughout generations.

Ella's experiences have been that individuals often return to Aboriginal culture because they want to become an independent nation, and have the ability to govern themselves. Her experience has been that independence is often a driving force to cause individuals to embrace their culture. However, she has found that the most effective method for returning to the culture is to embrace Aboriginal ceremonies and traditions. Her story provides hope in that she is observing a "resurgence of interest" in Aboriginal culture among her friends and family. Her story of the women in the parenting class is of particular poignancy when viewed in this light. Women began to experience better self-esteem and a greater sense of connection, when viewed through the lens of ceremonies and culture. This was an important factor in helping these women to believe that they had something important and vital to offer their children. Traditional Aboriginal culture places a value on ceremonies and connections between individuals and the environment.

Ella's work and her continuing learning focuses on developing an increased understanding of and appreciation for Aboriginal culture and Aboriginal practices. She describes ceremony as a central component of Aboriginal wellness. Traditionally, Aboriginal health has been focused on a wellness perspective, rather than a traditional Western "illness" perspective. Health of mind, body, and spirit is important in Aboriginal culture. Western perspectives tend to place an emphasis on treatment of physical ailments, with mental and spiritual illnesses often relegated to other health professionals, and spiritual care providers. By contrast, Aboriginal peoples look at illness as a mind, body, and spirit phenomenon, and seek wellness through ceremonies and traditions. This

again refers to the connectedness that is a central component of Aboriginal culture. Ella's experience has been that women require traditional teachings and ceremonies in order to assume their traditional role, and that resumption of the traditional role aids in promoting wellness for Aboriginal women.

As an Aboriginal woman, Ella grew up hearing the stories of her people. She was taught that her role as an Aboriginal woman was a significant role and that to harm a woman was a very negative experience in Aboriginal life. This is of particular importance because of the low self-esteem and substance abuse problems that are common as a result of historical trauma (Brave Heart, 2003). Many Aboriginal women have poor self-esteem and may feel that their role is insignificant, or that they have little to offer their children, because of problems such as poverty, stigma, and mental health issues. Ella works to bring back the understanding of the significance of women's roles; this is particularly evident in her story of the young mothers.

Ella's story of the young mothers is of particular significance to understanding Aboriginal women's lived experience. Ella describes the nature of the mothers when they first came to the class, and then the pivotal change that they experienced as they returned to their traditions and ceremonies. Building cradleboards for their children provided them with an opportunity to connect with their ancestors, and make a useful, culturally significant object for their children. They became proud of their heritage, bringing in stories about the significance of the cradleboard colours and designs to their families. Ella describes the change in attitude that was brought about because of the cradleboard teaching. Although the social determinants of health continue to be an area of significant concern for these mothers, they maintain a social support system with one another. In an Aboriginal context, this is important because of the Aboriginal emphasis on community and connectedness (Friesen, 1991; Snow, 1977). Understanding of wealth is relational, rather than material. Consequently, these women may be said to be rich in terms of their connection to one another and to their cultural heritage.

Time

Time is a significant factor in understanding Ella's stories. As a dimension of the narrative inquiry space, time can be perceived as a linear or non-linear construct.

Narrative inquiry requires moving back and forth between different times, and examining the impact of time in stories that people tell about themselves.

Ella speaks of time in two senses: personal time, and historical time. She describes the experiences of her own life and the impact of time on her story, and she also describes the experiences of her people as a whole, and the impact of historical events, (e.g. Confederation) on Aboriginal peoples. Understanding Ella's stories through the lens of time requires looking back and forth between historical contexts, and Ella's personal time contexts.

Ella describes personal time in terms of her own history and the impact that it has had on her family. She describes the disconnect she has observed between acts of violence that she observed, and the traditional role of women in the Aboriginal community. Eventually, she brings this to an understanding that Aboriginal women experience significant social problems due to the loss of the traditional Aboriginal role. Therefore, she is able to reconcile the events that have occurred in her past with the stories that she has heard growing up and her recent experiences.

Ella's breastfeeding experiences also describe the nature of time. Ella's description of breastfeeding her daughter depicts a growth and bonding between she and her daughter over time. Ella had required a C-section with her daughter, so she felt that there was a piece missing from her experience. Breastfeeding allowed her the time to bond with her daughter, and to strengthen the bond. She has also noticed that her bonds to her daughter have remained close over time, and attributes this to her experience of breastfeeding. Many studies have demonstrated that breastfeeding does increase the ability of mothers to bond with their infants (Pillitteri, 2010). In Ella's case, this bond extended throughout the rest of her life. It becomes particularly evident in Ella's story of how her daughter breastfed herself after being frightened by a loud noise. This was helpful for both Ella and for her daughter.

Historical time figures prominently in Ella's stories because of the significant impact that historical events have had on Aboriginal peoples (Snow, 1997). At one point during our discussions, Ella suggests that I should include a timeline of events in Canada that produced an impact on Aboriginal peoples. For example, she describes the destruction of communities and families through the creation of artificial borders and the

division of people into bands. She speaks to me of how the Algonquin language family was comprised of approximately 80 different languages, but she can hear similarities between the languages and believed that originally they had been one people.

Ella speaks of how previous colonial treatment of Aboriginal peoples over time has had an impact on her family. She explains how she had looked for the histories and the names of people in her family. Her peoples' emphasis on matrilineal history created a desire for her to find the names of her female ancestors. However, her search produced a limited number of names as some of them had been forgotten because they had not been recorded. When I remark on this unfortunate circumstance, she explains to me that it is possible for her family to "know it spiritually", because that has been the way of her grandmother's people.

In addition to personal aspects of colonialism, Ella's stories also furnish an important understanding of the impact on Aboriginal people collectively. She explains to me how the name Cree is not a name that her people use for themselves. This suggests the colonial treatment by early settlers and early government, as they did not permit Aboriginals to maintain their original names for themselves. Furthermore, she describes the miswriting of history in accordance with the traditional Western patrilineal culture. This culture was superimposed on her people's history; as a consequence, it was written that the Cree people were a patrilineal people.

Environment

For Ella, environment figures prominently in her stories in terms of both an historical environment and a current environment. She creates a distinction between Aboriginal environments and Western constructs of environments. This becomes particularly important when considering the implications of family from an Aboriginal and from a Western perspective. To Ella, this distinction is important to Aboriginal people generally and also to her family in particular.

From an historical perspective, Ella describes the destruction of Aboriginal groups through the creation of various bands and the delineation of international borders. Her statement, "the Canadian border is not our border", demonstrates a distinct separation of herself from Western society and an identification with an Aboriginal community. She also describes the work of an elder, who describes a migration of peoples from eastern

Canada to western Canada, and the use of the Edmonton area as a meeting place for Aboriginal peoples. Sadly, this meeting is no longer possible due to border restrictions.

Ella speaks of how treaty rights and divisions would have required her to leave her home with a young child and to define herself as being part of her husband's family. Instead, in accordance with traditional practices, she chose to remain with her family and to raise her daughter in the context of her family. She states, "I did not want to be from Saskatchewan and I did not want my child to be from Saskatchewan, either. I think if I had married and made the move, I would have had very little support. Women stay near their own families for a reason, and sons will often leave their families and stay with the women's families."

Ella also describes environment in terms of the creation of an Aboriginal place. For her, an Aboriginal place is not only a physical environment, it is a social and spiritual environment. This was evoked particularly in the women's group that I attended, and in Ella's stories of the women in the group to whom she provided the cradleboard teaching. She describes how the women became "different women" when they were in this safe Aboriginal place. This was a phenomenon that I also observed when meeting the women. Although their lives may seem difficult by Western standards, often due to issues such as single parenting and lack of education, these women came together to celebrate their culture. They spoke of traditions that were handed down by family members and others. They participated in an Aboriginal ceremony and listened to Aboriginal teachings. This environment created a safe Aboriginal place in the context of an urban environment.

In keeping with the post-colonial feminist perspective, the creation of an Aboriginal place is highly symbolic. Ella describes how she felt a part of an Aboriginal place even though her community was not a government-provided remote community. She further describes this in the women's groups she leads. From a post-colonial feminist perspective, consideration of the "other" is essential (Rajan & Park, 2004). It is necessary to situate the stories of non-white women next to those of white women. I was deeply struck by the significance of this concept while analyzing my experience and Ella's stories. She describes women who would be seen as being in a negative situation from a Western perspective, but who had developed, as a result of Aboriginal teaching and ceremonies, an ability to survive. They felt that they were connected to a social

environment that was part of a broader Aboriginal culture. The strong sense of community assisted them in relieving some of the isolation that they experience due to their physical circumstances. It is necessary to examine this phenomenon from an Aboriginal perspective, due to differing values between the Aboriginal and Western communities. Western individuals tend to focus on education, money, and material goods as key to survival and measures of social status and quality of life. Aboriginal people tend to focus on relationships and a strong sense of community instead. By attending cultural activities, the women I observed and the women Ella described were able to build a sense of community which stayed with them. This provided them with hope that they could begin to build a better life for themselves and their children, significantly enhancing their quality of life.

In the next chapter, I will describe Tina's stories. Tina, an urban Aboriginal woman, focuses on concepts of interaction and physical experience in her stories.

CHAPTER FIVE:

Tina's Stories

This chapter describes the stories related to me by Tina. She is an Aboriginal healthcare worker and a mother of two children. She breastfed both of her children, her son for approximately 18 months and her daughter for approximately 6 months. Tina's stories center on threads of identity and the impact of cultural influence on her life experiences, with a particular focus on interaction and physical experience.

A New Family

Tina's story differs significantly from Ella's story in a variety of ways. I consider this as I begin my conversations with her. Tina was raised in a non-Aboriginal culture, while Ella had been raised in an Aboriginal culture. It is noteworthy that Tina's experiences of breastfeeding are more recent than Ella's and that Tina was working in healthcare when she gave birth and breastfed, which could have altered her experiences.

Tina was adopted by a non-Aboriginal family when she was 2 years old; she describes that experience as having a profound impact on her identity. She was part of a phenomenon called the "Sixties Scoop". She explained to me that this was a period when Aboriginal children were removed from their families due to concerns regarding abuse and neglect. These children were often placed with Western families because the government thought this would be a more positive experience for them. However, in Tina's case, it becomes obvious that her circumstances were not necessarily better in a Western family than if she had been in her own family.

At the start of one of our conversations, I say to Tina, "You talked a lot about the experience of being a Sixties Scoop child and of not having that cultural connection until you were older. I thought we could talk about what impact that had on your identity and how you feel it could have been different if you had been raised in an Aboriginal home."

Tina replies, "It's a very interesting area, definitely. I would probably say it's the most interesting area of my life. My identity was very much shaped by it."

"My first memory, really, is of sitting in my parents' house at the time, sitting up in a bedroom, and I just remember this sensation of feeling like I was waiting for something, like I was waiting to go somewhere. I didn't feel like I was supposed to be staying there. Obviously, though, I was, because they had adopted me."

“I later found out that I wasn’t actually adopted until two and a half. I was with my birth mother for only a month, when I was taken by Social Services, so I spent two and a half years of my life in several different foster homes. Now, we look at the research relative to bonding and so on, so I would imagine that would have had some sort of impact relative to bonding.”

“I was raised in a non-Aboriginal Canadian family. Unfortunately, my adoptive mother had been raised in a very abusive home, and she became quite abusive to all of us. She did not really want to live in Canada, but my father had made the decision that she should, so she was not very happy. I was the youngest, and so from her recollection, she says that she feels I got the most abuse from her.”

“During my childhood, I didn’t think hugely about my birth family, who they might be, but the thought did occur to me at times. I knew I was part Aboriginal, but I didn’t know anything more than that. I remember going to a pow wow when I was in Grade 3 or 4, and feeling like this was part of my heritage, it was something I should be connected to. I think even at that time I kind of wondered if my birth mother was there, or maybe if this was where I was from, was this band, not realizing at that age just how many bands and people there were.”

“I had no knowledge at that point of the Sixties Scoop, except my mother telling me that she had heard about Aboriginal children being stolen from their homes and given to white families, to be adopted. She was really scared that I was one of these children, and was really scared that my birth mother would come looking for me and find me. So, at the time, I didn’t know anything about the Sixties Scoop, or residential school, or the history of Aboriginals or anything like that, so I really didn’t think too much about her story or her fear. As I grew up, my parents would give me things every once in a while, like an Aboriginal rattle, or a book on Aboriginal crafts, or that kind of thing. I think they were trying to help me connect with my culture, but unfortunately they just didn’t have much knowledge.”

“My mother had a lot of fear, she’d had some negative experiences. For example, she’d been walking down the street one time, before they adopted me, and she came across an Aboriginal woman who was pushing a baby in a stroller. My mother stopped to see the baby, and the Aboriginal woman spat at her. She couldn’t understand it, because

she'd come from England, she didn't really know the history of Aboriginals in Canada. She felt that they had been very romanticized (as they are in Europe). And so she knew nothing about it, only what she heard on the news. She heard that on the reservations there was a lot of alcoholism and abuse, and children were abused and being raised in horrible conditions. So she felt that by adopting an Aboriginal child, she would be able to save a child, help a child out of that situation so they could grow up in a better life. I think her idea was noble and so on, but it was ill-informed, I think." I consider what I realized from my discussions with Ella about how I will never be able to completely understand the Aboriginal perspective. I think about how Tina's statements may tie into this reality.

"My mother was abusive. She had been abused as a child and raised in a very dysfunctional family. Eventually I realized that my mother and my three brothers have Asperger syndrome. They don't like change, and they're very particular, very detail-focused. My mother seems to feel that life is about things, not about people. It was very important to her to have a clean house, which made her happy. She couldn't see why her children were miserable. She also can't read social cues - if we're at a party and she's talking to someone, she'll come away with a completely bizarre interpretation of the conversation. At church, she always felt like people were trying to one-up her. She doesn't accept that she and the boys have Asperger syndrome. She came to an autism meeting, because she recognizes that my brother has mental health issues, but afterward she turned to me and said, "You don't think I have this, do you?" My father does recognize that they have issues, and sometimes he and I feel like we're watching a circus."

"I found it hard to grow up in my family. I'm not a detail person, I'm more focused on relationships. I have a different way of organizing things that centers around relationships. I left home at 17 and I was seeing a boy whose father was a social worker. I got into counselling, and I've gone to counselling for about 10-12 years."

"When it comes to was I raised in better conditions, it's really six of one and half a dozen of the other. Had I been raised in a home where there was no abuse, then maybe I could have said yes, better that I was where I was. But unfortunately I was raised in a childhood filled with abuse, for which I ended up having to go to years of counseling.

And not just counseling, actually, therapy, intensive therapy to deal with the abuse, and become an emotionally healthy person. So, you know, that was an extremely costly thing to have to do.”

“My identity fundamentally changed as a result of getting my status and finding my birth family. My mother had downplayed my Aboriginal blood. She liked Aboriginal art and the idea of Aboriginal culture when I was growing up. She said I should be “proud of it [my Aboriginal blood]”, but I don’t know what that means. It’s not about pride, it’s just a fact. She was trying to signal that she wasn’t prejudiced. She thinks she’s not prejudiced, but she does have a lot of opinions. Her opinions of Aboriginal people have been influenced by the media; she’s heard about stories of oppression, alcoholism, and poverty. She said she wanted to take a child out of that and give it a good life, she felt she was doing good by doing this. I didn’t like it because it made me feel like a charity case. In the last 10 years, I have confronted her about this. She talked about “saving” me, and I understood that that was an important point for her. She had also heard rumours about the “Sixties Scoop” and was scared that Aboriginal people were saying their children were “stolen” - she worried that she might lose me. She knows about residential schools because she listens to CBC and would have heard about them. She thinks she has very advanced views, but really, she doesn’t fully understand.”

“Now that I have my identity, now that I know the full story of who I am, it really helped me. Through finding my identity I was able to place everything else in my life in order, as to where I belonged. It actually brought me closer to my adoptive family, because then I knew exactly where they belonged in the picture. Even though my mother was very abusive and so on, she’s apologized, and I’ve gone through my therapy, which has helped a lot. Now it appears that my mother and brothers may have symptoms of Asperger’s, so that kind of explains a lot of the behaviour that I’ve seen over the years. And then I realized that a lot of the things really weren’t about me. I did somewhat realize that anyway, but this really is in its place, that it wasn’t anything to do with me, as a person, it really had to do with them and their issues. It is a bit heartbreaking when I think of that little girl, that was abandoned and then went through foster homes, and then was adopted, and abused, and went through years of thinking she was a terrible person. That being said, though, I feel like I’ve done what I could to turn it around. I’ve learnt

about my culture, I've gone through therapy, I've learnt all kinds of things relative to patterns of human behaviour. Basically, I'm trying to take all that negativity and turn it around to be a positive thing, and I think it's become a positive thing now."

I consider how this compares to the historical trauma that was experienced by many Aboriginal children when they were placed in residential schools. Brave Heart (2003) describes the trauma experienced by these individuals as a loss of identity and a loss of culture, which in turn resulted in mental health concerns and substance abuse. I also consider the loss of self-esteem and the other mental health concerns experienced by individuals who have been the victims of abuse. Tina describes the experience of being abused during her childhood. Her abusive mother likely had a detrimental effect on her self-esteem, which contributes to an individual's sense of identity. Therefore, it is likely that the abuse ties in significantly to Tina's experience of generational trauma, as she describes further below.

I consider what Ella had told me previously about providing a timeline in order to be able to understand the impact of different events on Aboriginal peoples. Prior to my discussions with Tina, I had never heard of the Sixties Scoop. Upon consideration, I feel this was positive because my conversations with Ella had taught me about the importance of understanding the Aboriginal perspective through a cultural safety lens. This knowledge allowed me to better understand the impact of the Sixties Scoop on Aboriginal peoples. A traditional Western perspective suggests that these children were "better off" being placed with non-Aboriginal families because of the abuse and poverty to which they were exposed on the reserve. However, Tina describes the abuse she suffered from her mother, and the fact that she did not self-identify as Aboriginal at this time, which suggests a negative concept of self-identity. This raises questions as to whether it was better for Tina and other Aboriginal children to be raised in potentially abusive non-Aboriginal homes instead of being raised in an Aboriginal home, where they may have been subjected to abuse and poverty, but where they would have had a better cultural identity.

Developing an Identity

"Up until I found my birth family I was very confused about who I was as a person. We had very little information about my background, so I didn't feel connected to

anything. I felt very much adrift, I had very, very low self-esteem that was partly due to the abuse, but I think it was also partly because I had no connection to any history of any type. Even though my parents wanted me to consider my grandparents and all of their ancestors as mine, I knew that that just wasn't really the truth, because I had been adopted. I knew I had that other family somewhere. And I really didn't think I'd ever find them, I honestly didn't. So I felt quite hopeless from that aspect. I didn't know how much Aboriginal blood I had in me, I knew my mother kind of downplayed it a bit. But again, when you don't have any idea of what your background is, what your lineage is, what your ethnicity is, it's very disconcerting. It's very hard to really explain, not to have a full sense of who you are as a human being."

"It was because of this situation that as a teenager I started to become more driven to try to find an identity of some sort. I tried on a number of identities for size. So, sometimes I assumed the identity of my adoptive family, I found out about Rastafarianism because I was really into Bob Marley, and decided to be Rastafarian for a while. That didn't really work out too well. Really didn't fit in too well, there, but I sure loved the music. Then, because they have such a natural sort of connection to the land, somewhere along the line I ended up finally being told to look for my own people."

"I would run into Aboriginals every once in a while, and they would tell me to go to a particular treatment centre, which I did do. I was scared to do it, because I had been told that I didn't look Aboriginal, so I was really scared to go, because I thought I'd be rejected. I thought it was the elder that would reject me. I had a really vivid image in my mind that the Elder would be a really tall Aboriginal in robes, who would just tell me, 'oh, I'm sorry, you're not Aboriginal, you can't be here', so it took me a long time to get the courage to actually go. When I actually did go, the Elder was actually a short chubby man, with a cowboy hat and a big grin, and he was lovely. He was so kind, and he would have to be one of my favourite Elders of all time. He was very kind and he listened, he knew how to listen, and he probably listened to me for at least a good hour, I would say. Anyway, then he said that he had a sweat lodge that afternoon, would I go to the sweat lodge. I didn't really know what that was, so he explained it to me, and so I said, oh sure. I was always up for lots of different sorts of experiences and I thought that would be lots of fun. He had an extra set of clothes, he always kept an extra set of clothes for people

that wanted to go into the sweat lodge, so I had that, and off I went. That was quite amazing, it was my first sweat lodge, and it really did change my life. Then, from that point on, I went back to the centre again and again and again to get more teachings from him, and to connect to the Aboriginals that were there. So I finally felt that I belonged somewhere.”

“From that point, someone invited me to this place, a non-alcoholic night club that all the Aboriginal people went to, apparently, so I went there, and I hung out with my friends that I had met at the centre. Eventually I met a woman there who was very interested in my story, and she became my best friend, and she was an Aboriginal Cree woman. And so over the next, well, even up to right, now, she still does teachings for me, she teaches me about ceremonies. She has taken me to numerous types of ceremonies and just basically taught me about the whole world view of Aboriginal peoples and where I fit into that picture. She told me about the Sixties Scoop and explained it all to me, and I was quite horrified about it. I didn’t really know at the time whether to believe her, because remember, I’d been raised in the white society. I still sort of suspected things about Aboriginals based on the social discourse I had. I still had all of these stereotypes in my mind, you know, like Aboriginal people drank and they were poor, and maybe they weren’t quite as valid as other people somehow.”

“So she told me all this, this whole story, and said that there was a possibility that I was treaty status, and so that I should apply. And I did apply, and she had reasoning for everything. When I had questions, she had all the answers. By then I had gotten my non-identifying information from the government, and that said I was Métis, that my mom was Métis. My friend said that back then if you were an Aboriginal woman and you married a white man, you lost your treaty status, so then you could have been classified as Métis. So I went ahead and applied, but because I had a lot of fear still, of rejection, I really didn’t keep up with the whole thing. It wasn’t until some years later that we actually did finally connect with the department and find out that I indeed was treaty status.”

“Once I had gone to the sweat lodge, and started learning about my culture, it gave me a lot of strength, and it still does to this day. Once I found out about my family and stuff, it turned out that my birth name, my middle name, was my birth mother’s

name, which I had never realized. Then my uncle told me that I was very similar to my grandmother. I feel very connected to her, and I feel very strongly that she's around me, and that my grandmothers are always there. I really do feel that they speak to me, that they help guide me when I'm having problems. I'm able to sort of pray to them or speak to them, and I feel like they do a very good job of guiding me. I honestly don't know what I'd do without having them. So, I think that the Aboriginal culture really helped to set me straight, and really helped me to get back on the right road."

"I would say that, you know, being a Sixties Scoop kid, it really was a big deal, because when I found my birth family, I found out the whole story of what had happened. My birth mother had been raised in this northern community, and she was perfectly happy there. She had gone to residential school, and her family members had started drinking. Having gone up there, it appears to me, that that was a way of coping, really. Apparently in the 60s and 70s alcoholism was huge on reserves because it had just been introduced, I think, not too long before that. So I don't think the full recognition of the damage it could cause had been fully realized yet. So, apparently, my birth father had taken her somehow and married her. I don't know how true the story of that is, my sister sort of doubts it, but that's one of the stories they've been told. They did, however, have a wedding, because I've met the person that was there, and so they got married, stayed there for awhile, had my two sisters, plus she had a child from a previous relationship, and then they took off and he moved them to B.C."

"That was a long distance move, and the community was prejudiced towards Aboriginals. Here she was, away from her family, having gone to residential school, so she probably didn't have very good coping skills, and had learned that alcohol allowed her to escape the pain and shame she felt. She was in a place where she was not liked, unable to find friends, unable to connect with anybody. I've met my birth father, and he's very uneducated, can be very cold, and really quite prejudiced, with a very negative attitude. So basically, this was quite a miserable situation for her. And so she started apparently with drinking and possibly doing drugs, and eventually got pregnant, I think with my brother, and by the time she got pregnant with me, my birth father decided that he was not my father and kicked her out. Apparently, according to him, she kept coming home with motel keys in her pocket. He also said that she complained a lot about

womanly troubles, and she thinks that she just went to the hospital to get free cigarettes, but I think that she probably did have problems. I found all this out by speaking to my birth sisters, who I had found, and then eventually I did meet my birth father.”

“After he kicked my mother out, she went back to Edmonton, during the winter when she was pregnant with me. She had me in the summer, and apparently, from what I understand, she left me at a friend’s house and didn’t return when she said she would. That friend called Social Services. So I’m assuming she probably either went on a drinking binge or disappeared, because she wasn’t seen since then. They can’t really place a date on when they last saw her, so we don’t know when she disappeared specifically, but she did disappear. There’s lots of theories that float around the northern community, but we just don’t know what happened. I’m pretty sure she died, anyway.”

“Really, the connection I have is with my sisters. I’m trying to figure out, well, is this my birth father or not? I look very much like my oldest sister, and when you put a line up picture of us all together, my two sisters and my brother, it’s actually my one sister who doesn’t quite fit the picture. I suspect it’s possible, and I could be completely wrong, it occurred to me that she may be the one whose father isn’t my birth father. But I think everybody has pretty much agreed that he was, in fact, my birth father, and that I was a full sister to my big sisters.”

“After my father kicked my mother out, he took up with the housekeeper, and had three more kids by her, who are my half-siblings, and we’re all very close now. It’s not a big deal, but at the time it was quite something. So, the housekeeper was very abusive and abused all the kids, which was not good. But they’re all grown up now, and they all keep in touch.”

An Aboriginal Life

I ask Tina about what impact her traditional beliefs have on her life. She explains, “I would say the largest part is relative to ancestry. I have a picture of my grandmother over my bed, and my husband has a picture of his grandmother right next to him, too. So we talk to our children about our grandmothers, and about their ancestors. So, for our son, we’ve taught him that he has grandfathers watching over him and that he can pray to them, and he can talk to them any time he wants, and that they should be guiding him. We did smudge in the past, and we should get back to it, we haven’t been doing it lately.

You know, modern life intervenes, and then you end up being so busy that you kind of leave it by the wayside. But we do go to sweats, every once in awhile, outside the city, and I find that very helpful to reconnect back. I think, you know, when we look at this life here, you have the physical life and everything matters so much in the physical world, but then I think when you go to the spirit world, none of this matters anymore, only that part of you where you worked on your spirituality. I think that's what you take with you into the spiritual world. And however much you worked on it, is sort of, how well, you start to cope in the spiritual world, after you die."

"So when you think of it like that, that none of this matters, and this is all going to go away, it's kind of a strange way to look at things. You don't get quite so connected to stuff here or attached to stuff here. But then, working in healthcare, I look at it very globally and I feel terrible that there's people, I mean, human beings on the earth who are starving. To me, that's a huge deal, and it's very distressing to me. So when I see all this stuff, like I was on the Internet yesterday, and they have this whole thing about Victoria Secret, and they have this bra that's apparently worth \$2.5 million because it has all these jewels on it and stuff. They've got this whole fashion show and they're handing out all these fancy bags, and I look at that, and then I think of people starving in Somalia, and the disparity is just staggering. There's a connection there somehow to spirituality, and how you view what real need is, and how you cope with those needs. There's also a connection to what doesn't matter versus what does matter in this life, and how you treat people in this life."

"In my teachings, I've been taught that kindness is the most important thing, so my whole lens through life is about being kind. Am I always able to be kind, no, unfortunately, I'm not quite that brilliant, but I do try to be kind. I try to discern what is kind; it's a whole philosophical stance that you constantly have to be thinking about, well, what is kind? Who are you going to be kind to? They say kindness to yourself, others, and the environment."

"The whole Somalia situation connects to our traditions, too, because we wouldn't allow people to starve to death, in our culture. It's just not something you do. I think that has to do with the winters here, and the fact that people can freeze to death, can starve to death, and all of that, so maybe that's why it sort of plays so heavily on my

mind that people are starving. Maybe the ancestors are really, you know, whispering in my ear again, and again, and again because they can see that people are starving, and that this just isn't something that we allow."

Tina's stories provide an example of how Aboriginal beliefs differ from traditional Western beliefs. Friesen (1991) gives an example in his book of an Aboriginal man with few possessions. By Western perspectives, he is viewed as a "failure" because he has not accumulated wealth, which Western society views as an important measure of social status. However, from a traditional Aboriginal perspective, he does not value objects. Rather, he values the environment and relationships. As a consequence, he may be considered wealthy from an Aboriginal perspective because he has a large family and significant relationships. Moreover, he may live his life so as to be kind to the environment - in order to demonstrate the connectedness with the environment.

Birth and Breastfeeding – Contrasts

Tina describes her birthing and breastfeeding experiences as a study in contrasts. She describes her son's birth, and how she was not as connected to her Aboriginal ancestry and the teachings. This had a significant impact on her ability to cope with labour, and negatively affected her experience. By contrast, her experience with her daughter included ceremonies and teachings, and had a substantially different outcome.

Tina states, "Well, let's think back to my son, because that's a good nine years ago. The thing is, I was very fortunate to be in healthcare, because I think if I had not been in that field it would have been even worse. But at least I was working in healthcare, so I did know that breastfeeding was important from a scientific point of view. I knew that for him to grow up to be healthy, I needed to breastfeed him for at least six months. But beyond that, unfortunately, there wasn't a lot of spirituality connected with it. I think I still did have that image of a mother bear with him, when I was breastfeeding, and I was still very fierce in protecting him, maybe even more so than my daughter, because he was my first child. I was determined to do a better job than my mother had done with me, and that's when all the thoughts about, well, was I breastfed as a child came up. I determined that, you know, I probably wasn't, that I was just formula fed and so on, and then of course I wondered how that had affected my health, and all this stuff, right?"

“I didn’t have the same spirituality focus with him, and I really wish I had. The problem was that it made the whole birthing experience not very good. It just made it far more difficult because, you know, the pain was not connected to anything, whereas with my daughter, the pain was not pain, it was this river of female energy coursing through me, so I could manage it. Not only could I manage it, I ended up having some visions during it, which were to me like gifts. I’m not sure I should go into them here, but I did tell my friend about them, and she was quite amazed. It turned out that the places I was taken to were actual places that she had been to, and when I described them, she was like, you know, this sounds like this place here, and it sounds like the ancestors took you to this place, to help you stay calm. I’d never been to these places before; they were in Alberta, but they weren’t places I knew about or had been to. So that was really quite powerful, it was quite amazing. But with my son, I’d have this pain, and I knew that I had to get through this pain, and I did the best I could, but I did finally have pain medicine, because it was just too much. I didn’t know how to handle the pain. I breathed through it as best I could. It was a long labour, like 27-hour labour, and I really wanted to try and have a natural birth to some degree, but I wasn’t quite as convinced about it as I was the second time.”

“The first time, it was like, well, you know, whatever happens happens, and if I have to have a C-section, well, you know. I knew all the dangers associated with that, but I just didn’t have the same strength to be able to push through, and I didn’t know as much. I didn’t know it was possible, that they should have let me wait longer to go into labour by myself. I just followed the advice of my doctor, and unfortunately, it was a very medical model. They need to get you, you know, into the hospital, sorted out, you know, they need to be in control, and they say that you can have this birthing plan, and I think that’s made so that you feel like you’re in control, but you’re really not, once you’re in the hospital you’re no longer in control. Unless you’re really defiant, like I was the second time. So the first time, I went along, and I did the best I could, I didn’t have an epidural until the end, and the nurses were amazed at that. They were amazed to see me walking around the hall, trying to do everything I was supposed to be doing to have this baby, but it just wasn’t happening. And I think a large reason why it wasn’t happening was because they had induced me. I feel that if they had just left me alone, I would have gone into labour by myself and I would have been able to have a baby. But because of all that, and then because

of having the first C-section, with my daughter's birth, then, even though it was a 36-hour labour, I ended up having to go for a C-section because my uterus tore. That was partly because of having a first C-section."

"Then when I came to breastfeeding, again I was behind with things with my son, because he'd been in NICU. I was thinking that maybe I should breastfeed, you know, but I wasn't quite as pushy as my husband was. He said it was very hard to get the nurses to have me go to NICU because I was on oxygen and stuff. They were reluctant to let me go there, it had been a day or two since I'd had my baby, and I still hadn't seen him. I was still groggy from medications, and, you know, it was my husband that was really pushing to get me over to NICU to see my baby. And then when I finally did see him, my mother was there, so then I felt pressure from her, so I kind of looked at my baby, but I didn't really feel anything. It wasn't until I was able to go back and be alone with him, finally, that I was actually able to start the whole bonding process. That's when I myself started to breastfeed him. We managed to do the breastfeeding, I managed to get him on, and I managed to breastfeed him. It wasn't easy initially. He had thrush, and I had thrush, and he wasn't latching on properly and it was hurting, and, you know, then I managed to get the referral to the breastfeeding clinic and that was a huge help."

"There wasn't a lot of spirituality with the whole deal, other than being a mother, and the whole mother bear aspect of it. I feel guilty now that we didn't have ceremonies for him, and I didn't get his placenta and bury it, like all of that kind of stuff. So will it make a difference for my daughter, you know, I think the thing is that when it comes to the spirit world, you don't know in this world what makes a difference over there. I think things could make a difference, but you just don't know until you get to the spirit world, whether it did or not."

The Feminine Mystique

I ask Tina about the feminine mystique, which she had described to me as a part of her story of having her daughter. I want to know more about this connection and the impact it had with her experiences and with breastfeeding her daughter.

"Well, it's hard to describe, it's hard to say exactly what this feminine thing is. It's a feminine energy of a sort. It was like this whole big thing, that, you know, when

you become pregnant you suddenly become part of this big pulsating thing. When you're actually giving birth, it's there, it's almost like a river flowing through you or something, with all the contractions. It's a sort of life type thing, pulsating or something, and you become one with that, that feminine energy thing."

"It was really quite amazing having that birth and feeling like I was part of this much greater energy than I was. I was just this tiny speck in this whole, sort of feminine river of energy, and it was somehow pulsating through me. It's so hard to describe, but it's a very powerful feeling."

"Then when I was breastfeeding, the images that came to mind were of mother bears that were breastfeeding, that were lying down there, their little baby bears suckling. That's the image that came to me, every time she was breastfeeding, I'd think of the animals, and the way they breastfed. It was just such a natural thing, that the babies, just, you know, that's who I was now. I was this mother bear-type thing that was, you know, breastfeeding her baby. Which is odd because my spirit animal isn't a bear. But, you know, bears have always been a favourite animal of mine. The other part of being a mother bear was the protectiveness, that protective factor. Once I became a mother, I was far more willing to do what I had to do to protect my child. Prior to that, I was sort of non-assertive, and easy-going, and didn't like to make a fuss. That really changed a lot after I became a mother, I was like, don't mess with the kids, the claws start coming out."

Tina's description of the "feminine mystique" also depicts a connection to the environment and to the natural world. All mammals, by nature, breastfeed their children. Tina describes her devotion to her children and to her family as similar to a mother bear, protecting her cubs. This is another phenomenon observed in every mammalian species. Humans are advised never to come between a mother animal and her young, as the mother will often fight to the death to protect them.

In describing her experience in this manner, Tina highlights, again, the importance of connection in the Aboriginal cultural tradition. She also described to me the relationship between women's health and nature:

"It's all very connected. I mean, really, it's a whole process that really doesn't end, I don't think."

“I think that, if women, you know, had all these ceremonies for all of their important things, so, you know, when they first got their period, and then when they became pregnant and raised children, and then when they went through menopause, if they went to all of that, they would really recognize their place in the universe. They have a specific place in the universe and they are very connected to nature, Mother Earth, which is such a powerful, powerful force.”

“It always sounds so hokey when people talk about Mother Nature, and how fabulous it is, but when you think of Mother Nature and of nature period, and you think of the tsunamis, and all sorts of different natural disasters, you know, no matter what you do as a man or as a human being, you can’t beat Mother Nature. You can put down concrete and the weeds will still grow through it. Mother Nature is a very powerful force. I don’t want to say it’s a deceptive force, but it’s a force that people don’t recognize the power of, always, because it’s so beautiful too, right? You know, beautiful flowers and trees and plants. It’s kind of like a woman, a woman can be very beautiful, you know, and have certain charms and wiles and so forth, but I think that, when you connect that to a mother, like a mother bear, when she’s trying to protect something, you see that rage come out. She can’t really be beaten down, basically.”

Tina and I talk about a friend of hers, who was present at her daughter’s birth, and helped her to connect with ceremonies. I describe how the research process has enhanced my understanding of Aboriginal women’s health, and how I feel that breastfeeding is only one piece of the whole program of women’s health that needs to be addressed for Aboriginal women. This reminds me of Ella’s description of the importance of environmental health, and of how she had been able to bring the women back to their history and their ancestry as a proud people through teachings and ceremonies. Once again, I am reminded of the importance of interconnectedness in Aboriginal life.

Tina’s story also demonstrates an important aspect of culturally appropriate breastfeeding support. Aboriginal women must be taught that breastfeeding is a gift that they can give to their children. Emphasis must be placed on the use of breastfeeding as a way of protecting children. Ella described, also, the gifts provided to mothers so that they can appropriately care for their children. As I listen to Tina’s story, I realize that breastfeeding must be placed as part of the interconnected circle of women and children’s

health. It is necessary to return to Aboriginal ways of knowing and Aboriginal traditions in order to appropriately teach women to breastfeed. By likening breastfeeding, a natural process, to Mother Nature, and emphasizing the sacred feminine, women can be taught to embrace their traditions, embrace themselves as women, and embrace breastfeeding as a gift provided to them for the benefit of their children.

Breastfeeding Support

I ask Tina if there were any stories she had heard about breastfeeding. She admits that she had not heard any.

“What I heard was from my adopted mother, and she’s not Aboriginal, so that wasn’t much help relative to Aboriginal sorts of things, but no, I didn’t know anything in terms of stories about breastfeeding. And now do I? You know, I’m not sure that I do. I’m not sure that anybody’s told me that. They’ve told me stories about birthing, but no, I don’t know much about breastfeeding. Even up north, I don’t think any of the women said anything about it there either.”

I reply, “It sounds like when you had your children, most of the breastfeeding support you got was from professionals. Was there a lot of support from members in your family for breastfeeding?”

“Oh, yes, my mother was very supportive. She felt very strongly that I should breastfeed, that was not a problem. But see, the thing is, my mother’s very uptight about, you know, body parts and stuff, so she wasn’t able to help hugely. Still, she was emotionally supportive. Then, my best friend was very supportive too, but she didn’t know much about breastfeeding. I don’t think any of us really, especially with my son, we didn’t really know that much about how to breastfeed. I had to have help from the nurses about specifically what to do and how to do it, and I read a lot of books about it and tried really hard to do it. There was a time I wanted to give up, I think it was with my son, and he gave me sort of a look. I thought, you know, oh dear, he’s really trying, and I should really keep trying. But there was support from my family, like my husband, my mother, and of course my father, too, but he was not so involved with that. But other than that I didn’t get a lot family support, not in terms of information.”

“Now, because I’m in healthcare, I think I’m more liable to have gone and gotten help, because I knew it was available. That being said, I was still a bit anxious about it.

The nurses were great. When I had my son I had no idea there were going to be nurses showing up at my door. So when they did show up, I was just so relieved and so grateful that they were there. They came and checked us over, made sure everything was okay, and I just felt so supported that way. I was kind of struggling with breastfeeding, so they helped more. By the time I had my daughter I was working in a community setting, so I asked for even more help that time, because I knew I could. But the first time I was a bit scared to, because I didn't want to take up their time. Then when they sent me to the breastfeeding clinic, I was so amazed that there was a breastfeeding clinic, I didn't know there was at first, the first time. I was just so grateful when they showed me what might have been wrong, and helped me to figure out what to do to fix that. To me, that was amazing that they could even figure that out."

"You know, there hasn't really been much of a focus on breastfeeding, other than that it's something you should do. But it's odd, too, that I haven't heard any stories about it. Let's see, why wouldn't I have heard stories about it? I wonder if those stories are lost. I never heard stories from anybody. None of the Elders talked about stories about breastfeeding."

I tell Tina about my experiences working in Nunavut, and about some of the things the Elders had written about breastfeeding their babies. I comment that the loss of the stories can be compared to losing a part of people's identity, identifying the fact that Tina found her identity when she returned to the ceremonies and traditions.

"It may be that there's some part of it that's left," suggests Tina, "possibly just in terms of herbal remedies. You know, in terms of breastfeeding, knowing the herbs for that? That's something you'd have to go to a medicine person for. But beyond that I don't know anything about anything."

"I wonder if my uncle knows something, I'll have to ask him. He goes down to an Aboriginal tribe in the U.S. to get his stories, because they hold all of our stories. A lot of our stories for my people have been lost, but we're connected to another Aboriginal tribe, we speak almost the same language. When my uncle goes down there, he's able to understand them. Their language is connected to ours. So he's been going down to that tribe and getting stories, and he's been using some of their ceremonies up here. So he's told me a few stories about other things, but not about things to do with women

obviously. That's the other thing, there's very much a separation between the sexes, so men wouldn't hear women's stories, necessarily, and women wouldn't hear men's stories."

This inspires me, and I propose, "It almost sounds like what we need to develop is a community of women that can tell each other these stories."

"Yes, that's what needs to happen," Tina agrees, "and that was lost. I mean, that's the thing that was taken away with residential school, was that you're ripped from your mother and grandmothers, you don't get the stories anymore and then the stories die out. That's sad, because those are the teachings, that's how we taught each other. So to not have these stories is really a huge loss. But maybe some people do hold those stories, maybe we just have to find them."

"I think the first time around, I was scared to take up the nurse's time. I think for an Aboriginal woman, it's entirely possible that she would feel that way too. Like, one from a reserve that just came to the city? She would feel that way, possibly, and maybe she would feel sort of uncomfortable, 'cause there's that power dynamic. I think it kind of depends on her experiences with healthcare on reserve."

"In the city, I think it is harder for a lot of women because they don't have the same support from their families if they're here. I think if nurses knew about things like the Bent Arrow Healing Society, and places like that that were Aboriginal, maybe they could be able to have a lactation consultant connected to those places who could then go out to the women. Or, the nurses could say to an Aboriginal woman, these are some agencies that are culturally appropriate, and there is an Aboriginal lactation consultant. Even calling her a lactation consultant is not going to be helpful either. Maybe they could say that there's an Elder who understands breastfeeding. Women would be like, okay, I could go see an Elder who's a breastfeeding specialist, I could do that. But a lactation consultant? What is that? It almost sounds like a business. So it works in this world, but on reserve, lactation consultant doesn't work."

"The other thing is, too, I felt very intimidated by the nurse the first time because she had quite a strong personality. I was going to do whatever she told me to do. If she told me to lie down, you know, and do whatever, I would have done it. It was like, whatever you want me to do, I'll do, because you're the specialist, you know about this, I

don't. Whereas the second time around, I knew the nurse that had come over, plus I was a working in a community setting, so I kind of knew what to expect. But I could see that some women would find it kind of overwhelming to have a strong personality. If you're an Aboriginal woman, you don't have the best self-esteem, let's say, and you're in an urban setting, so you don't have the support of your family, and the nurse comes and is an official sort of person. I would see that that would be kind of intimidating, and that you'd be kind of overwhelmed by that. I think that the nurses that would work best would be ones that are far gentler. They need to have very gentle personalities and be willing to take the time to just sit and talk, maybe have a cup of tea, that kind of thing. But this whole being business-like, let's just get down to it, how are you doing and stuff, that doesn't work."

I remark, "It almost sounds like it has to come from within. It might be best if the "breastfeeding specialist" is an Elder or another Aboriginal person."

Tina replies, "It's not that they should be all Aboriginals, but let's say that a nurse is not an Aboriginal nurse, but she is known in the community, and everybody knows who she is, then it's accepted, right? But if an Elder brings in a lactation consultant, and says, hey, this is a woman who knows about breastfeeding, she specializes in it and she can help you, that, even, this is a connection. The women would be like, oh, okay, because the Elder said so."

"When I went to Aboriginal communities, like even with my best friend and her family, her daughters would just breastfeed without any problem. There was no covering up or anything like that. It was just accepted that you breastfeed the baby, there was no pulling out the formula or anything. At round dances women would breastfeed, so breastfeeding seems to have been very accepted, at least in that one community anyway. Whereas here, in the city, my sister told me one time that when she had her son, she would go to the Sears store at the mall, because they had sofas there. She would sit on the sofa and breastfeed, but she would cover up. That's the thing, is that I would definitely cover up if I was out in public, because it's not seen as something that's okay to do, no matter what anybody says. You could be leered at by men, and so on and so forth. Whereas, back on reserve, from what I've seen, it's just an accepted practice, it's not even thought about. So I think there is a difference, definitely."

After we meet, I think about Tina's statements regarding stories about breastfeeding. I think it is unfortunate that she has not heard stories, especially because this was part of the focus of my narrative inquiry. However, as I consider what she has told me, I realize that there is the potential, as we discussed, for the evolution of the culture and the creation of new stories. The old stories may have been lost, but it may be possible for new stories to be created. This also becomes a part of the medicine wheel framework (Friesen, 1991) because the wheel is unending. There are connections between all things. The creation of new stories can be seen as an evolution of the old stories. Consequently I begin to see that some of the research and practice work to be done in this area of women's health centers on the creation of new frameworks and new stories. I feel it is important to bring in Elders to help to bring forward the stories that are available, and they can also work together with younger women to create new stories and teachings. I consider that nurses can be a catalyst to this process by helping to create safe spaces in health care for the generation of these stories. Institutional processes can be created in order to provide these safe spaces and help to facilitate access to the Elders. I become excited as I recognize the significant potential for future change. I also connect Tina's stories to my own stories as I consider how the bonding process for me and for my stepdaughter was different than it is for biological mothers and children, but we were able to create a new bonding story and an affectionate bond based on our own lived experience.

Interaction

Tina describes her breastfeeding experiences as a merge between two worlds. From an Aboriginal perspective, she was able to use her connections to nature to understand the meaning of breastfeeding for her, likening herself to a mother bear nursing her cubs. However, she required assistance from the Western community in order to be able to breastfeed her children properly. She describes the Aboriginal stories about breastfeeding as something that was lost. Therefore, she was not able to seek help from the Aboriginal community to breastfeed her children.

In subsequent discussions, Tina talked about the importance of working with the Aboriginal community to encourage mothers to breastfeed. She spoke about the use of

Elders to bring lactation consultants to mothers in order to help them breastfeed their children. We discussed the use of spirituality in breastfeeding.

Tina's stories again demonstrate the importance of interconnectedness. This is similar to the story Ella told of women becoming different women after going through an experience of building cradleboards. Even in a traditional Western society, women always supported each other during labour and birthing, and midwives continue to support women through the pregnancy, birthing, and breastfeeding processes. Capitalizing on these experiences in order to bridge the two worlds becomes an important part of culturally appropriate care for Aboriginal women. Ella described this as well when she discussed having women come in to demonstrate how to appropriately breastfeed children. Tina also relates this to the importance of learning from each other, and learning from the ancestors. Women can learn from each other by developing a community of women who share stories of birthing and breastfeeding, in order to support one another, which works in concert with Aboriginal ways of knowing and sharing stories.

Tina's story demonstrates a common problem identified in colonial treatment of Aboriginal people. As an Aboriginal person, she drew strength from relationships. This is a common facet of Aboriginal culture. Relationships are prized, and extended family relationships are common and often very close. Rather than valuing material wealth, Aboriginal people place value on relationships, spending time with one another, and passing on stories and traditions from the elders to the younger generations (Friesen, 1991).

By contrast, Tina's mother focused on material objects. She drew strength and social approval from maintaining a tidy home. Obsession with particular topics and an inability to relate socially are common characteristics of individuals with Asperger syndrome (Pillitteri, 2010). Consequently, Tina's mother experienced an inability to read social cues, including those utilized by her own children. As an Aboriginal person, this produced a severe conflict in Tina. Relationships were fundamentally important to her, as she knew from her Aboriginal heritage. However, she was raised in a home where cleanliness was considered to be of primary importance and relationships were considered a lesser priority. This is similar to the experiences of many individuals who entered residential schooling. They were taught that they needed to embrace and

assimilate into the “white man’s” traditional European culture, and abandon the traditions of their ancestors. Moving from a relationship-oriented society to a material-oriented society created confusion, low self-esteem, and an increased incidence of mental health concerns (Brave Heart, 2003).

Tina differs significantly from individuals who suffered residential schooling in that she was able to overcome her mental health issues through extensive therapy. She also identifies the discovery of her Aboriginal identity as a significant moment in her life. This provided her with an identity of her own, connected to her heritage and to her ancestors, which are important aspects of Aboriginal life. She was able to find an ethnic community in which relationships were valued, and she was able to establish contact with her other relatives. Tina’s story, therefore, demonstrates the concept of resilience and the movement from colonial treatment of Aboriginals to a post-colonial perspective.

From a post-colonial and cultural safety perspective, allowing Tina to determine her own identity constitutes an important part of her story (Sa’ar, 2005). As a child, she was identified as Aboriginal, and encouraged to be “proud” of her heritage. Her mother demonstrated a lack of cultural awareness and cultural competence. Occasionally, Tina was given an Aboriginal rattle or a piece of Aboriginal art, but no effort was made to determine her cultural background or encourage her to embrace her own culture. As an adult, Tina was able to find her own identity and determine her own role in her culture, as evidenced by her further narratives.

This part of Tina’s story appears to me to be characteristic of the experience of many Aboriginal people who were harmed by Western interventions. Tina’s experience provides additional support for the post-colonial feminist perspective, as it is only by hearing the stories of her first-hand experience that I was able to develop an understanding of the perspective of Aboriginal people. Tina describes a search for an identity as a process through which she assimilated numerous cultures in an attempt to find access to her own. She also described to me how Rastafarian individuals would tell her to go and find her own culture, suggesting that she was not generally accepted as a white person or as a Rastafarian. This is supported by evidence documenting the loss of individual identity experienced by Aboriginal people due to colonial treatment (Miller, 1996). Aboriginal people were expected to assimilate into Western society; however,

they knew that their unique identity would not assimilate, though they had been taught that their previous identity was invalid from the Western world view.

Tina's story of her mother's background demonstrates a common result of residential schooling. *Brave Heart* speaks about the nature of "generational trauma", which is defined as ongoing mental, social, and physical health issues that stem from the legacy of residential schools and other colonial practices (*Brave Heart*, 2003). Tina's mother resorted to alcohol to escape her emotional distress. Consequently, she began to experience many common effects of chronic alcoholism, such as a breakdown in relationships. Ultimately, this culminated in Tina eventually becoming a part of the "Sixties Scoop". Tina's narrative shows the impact of historical trauma on multiple generations.

Tina shared an example of herself as an Aboriginal person endeavouring to function within a Western world through her birthing experience. She states that she had some difficulties with initiating breastfeeding for her son because of her experiences. Her experience was typical of many women in Western medical practices, who are induced for labour because they are overdue, and subsequently require C-sections. Tina describes the differences with her daughter's birth in that she was connected to a flow of feminine energy. She found strength from that energy which enabled her to have connections to her spirituality. However, with her son's birth, there was a lack of connection and she describes the guilt that she feels as a result of not having had ceremonies and burying the placenta for her son.

Tina describes interaction in her discussion of accessing help with breastfeeding. She states that when her son was born, she was already working in healthcare, so she knew how important breastfeeding was for the child. Consequently, when she developed difficulties, she knew that it was possible for her to seek help from the community health nurses who came to see her. However, she describes the negative aspects of her experience with a community health nurse with her son. She states that the nurse had a very strong personality, and was very directive. Tina states that she felt as if her job was to simply do whatever the nurse wanted her to do. From a post-colonial perspective, this is contradictory to the Aboriginal teachings of shared experience. Directive teaching is less common in Aboriginal tradition; rather, connections and creation of a shared

experience are emphasized (Miller, 1996). Therefore, the nurse's actions toward Tina may be characterized as colonial treatment. Drawing on Tina's and Ella's descriptions of postcolonialism, this seems to be an inappropriate attitude when assisting Aboriginal mothers to breastfeed. Ella has observed that many Aboriginal women experience poor self-esteem and may be liable to social problems.

Physical Experience

Although she does not describe it as such, Tina's first birthing experience can be related to the experience of Aboriginal people during colonial treatment. She was treated as a patient who was not allowed to be in control of what she wanted, similar to how Aboriginal people were placed in residential schools. She was unable to have a successful vaginal birth because of the control that was exerted over her. This is a connection to the residential school experience of Aboriginal people. Many became disenfranchised as a result of colonial treatment (Brave Heart, 2003). They had been told to assimilate into Western culture, though they recognized that they were not Western. This resulted in serious psychosocial damage, which became an issue for subsequent generations, similar to how Tina suffered a uterine rupture with her second child as a consequence of her initial C-section.

Tina's story of her second labour and birth can be seen from a post-colonial perspective. She describes being "defiant" and standing up for herself, choosing to incorporate her own spirituality in terms of connecting her labour to the "feminine mystique" she describes, and the flow of feminine energy that flowed through her. Although she was unable to have a vaginal birth, she experienced a more positive birthing process as a result of her spirituality. This can be equated with the post-colonial movement towards returning Aboriginal people to their traditional culture, while still attempting to function within a Western society. Once again, the interconnectedness of life and generations is demonstrated through Tina's stories.

For Tina, breastfeeding as a physical experience was very difficult. She describes the pain she felt after her C-sections, and the physical difficulties in breastfeeding her son. She also recalled the experience of having thrush, a fungal infection that commonly occurs in the mouths of infants and on the nipples of breastfeeding women (Pillitteri,

2010). Tina's story of overcoming these obstacles provides a link to the spiritual nature of breastfeeding, in addition to the physical experience.

Tina describes breastfeeding as a spiritual experience for her, rather than just a physical experience. For her, breastfeeding became a method of connecting to the "feminine mystique" as she imagined mother bears breastfeeding their babies. This is symbolic of the Aboriginal teachings regarding connection, particularly because the bear is the symbol of courage in traditional Aboriginal teachings (The Sacred Circle, n.d.). Tina describes developing a strong personality after her children were born. She states, "It's like, don't mess with the kids, the claws come out." Traditional Aboriginal teachings would suggest that the connection between mother bears and Tina as a mother reflects the strength that she developed as a mother, and the protection she provides to her children as a mother.

Environment/Place

Environment does not figure primarily in Tina's stories; however, it does provide an important backdrop for considering her development of identity. Tina speaks of environment primarily in terms of her family and the development of her identity as a result of discovering her birth family. She describes her experience of her mother leaving her with a friend, and her subsequent adoption by Western parents. Eventually, she was able to learn about her birth family and to visit the community in which they live.

Tina's visit to her family allowed for the development of family relationships. She was able to meet her father and siblings in order to see where they lived. She spoke during our discussions of the her people's emphasis on connections to the land. The opportunity to visit her birth family members provided her with an ability to connect with the land to which she belongs as an Aboriginal person, and an ability to connect with her ancestors through the development of a connection to the land.

Environment continues to play a role in Tina's stories about her life today as she lives out her experience as an Aboriginal woman. Her birth family live some distance away, so it is not possible for her to connect with them physically on a frequent basis. By contrast, she is able to see her parents often and communicates with them weekly; this strengthens her connection to a Western approach to life. In addition, Tina states that she is not able to attend sweat lodges regularly because of the preparation and travel required.

She does not attend round dances and Aboriginal events in Edmonton regularly because she finds the atmosphere unappealing due to many social issues. Consequently, she is not always able to practice the ceremonies and external traditions characteristic of Aboriginal people.

Time

Time becomes significant in Tina's story due to historical events and to the development of her personal identity. Historical time refers to the era of the "Sixties Scoop", of which Tina was a part. Over time, she began to develop more aspects of her personal identity as she reconciled herself to the abuse she had suffered as a child, and began to place more emphasis on finding her identity as an Aboriginal person.

Historically, Tina is able to see the impact through time of generational traumas such as the Sixties Scoop and the impact of residential schooling. She describes the story of her mother's alcoholism, which she suspects developed as an attempt to lessen the spiritual and social trauma of residential schooling. Subsequently, this impacted Tina by her father's abandonment of her mother, and her mother's disappearance. Therefore, it is reasonable to state that Tina has indirectly become a victim of historical trauma as a result of her parents' experiences. She also describes some issues that she has observed in her husband, due to his experience of residential schooling.

Personally, Tina describes time in terms of the years of therapy that were required to resolve the conflicts and issues created by her abusive childhood. She describes the social and emotional consequences that she endured as a result of her childhood, and identifies the major differences between her and her mother that contributed to the abuse. However, Tina's story presents a positive outcome brought about through determination and understanding. Today, she describes her experiences with me and identifies them as a situation which she has been able to overcome.

CHAPTER SIX:

Synthesis

Ella's and Tina's stories reveal a number of important insights into the cultural influences on breastfeeding experienced by Aboriginal women. To fully appreciate these insights, it is necessary to consider the three common threads that are presented in their stories. Tina's stories focus primarily on development of an identity and reclamation of her culture as central to her birthing and breastfeeding experiences. Ella's stories focus on the importance of culturally appropriate care based on Aboriginal ways of knowing, and on recognizing breastfeeding as a natural, spiritual experience, rather than as a sexual, medical experience.

Identity

Identity formation begins at birth. Infants begin to understand who they are by their parents' responses, and develop a sense of their own individuality as they grow and learn. Young children develop cognitive skills, and during adolescence, begin to differentiate their own values and beliefs (Pillitteri, 2010). However, this development is not based solely on the values imparted by one's parents. Based on studies of identical twins separated at birth, numerous personality traits and behaviours can be explained by genetics, as well as by nurturing provided by parents and families (Guo, 2005). Tina's story also provides an indication of this based on her description of trying to find her birth family.

Tina describes remembering "waiting for something" when she was about 2 1/2 years old, sitting on a bed in her parents' home. She did not feel that she belonged there, and was waiting for someone to come and take her to another foster home. She recalls striving to find her own culture as an adolescent, and trying on various other cultures, such as Rastafarianism, and her parents' culture, in order to find something that seemed appropriate to her. She was drawn to the music of Bob Marley and Prince in order to find something that she seemed to be missing.

Tina states that her parents "downplayed" her Aboriginal blood. Her mother felt that to be Aboriginal was something to be "proud" of, and attempted to involve Tina in a few cultural activities, but did not provide Tina with cultural experiences that were relevant to her. This is similar to some of the experiences described by individuals who

were placed in residential schools. Their teachers and caregivers attempted to convince them to be “assimilated”, to leave behind their Aboriginal culture, by teaching them Western ideals and traditions, and punishing them when their behaviour was thought to be “too Aboriginal” (Miller, 1996). As a consequence, the historical trauma described by Brave Heart (2003) developed. Generations of individuals suffered from serious mental illnesses and substance abuse disorders due to the abuse that had been perpetrated on their ancestors.

Tina was not immune to the results of historical trauma, as her stories indicate. She describes having multiple short-term intimate relationships, based on her understanding of “normal” behaviour from a movie she had seen. She also describes having to go through years of therapy to understand the impact of the abuse she suffered from her adoptive mother. In addition, Tina’s original adoption was likely as a result of her birth mother’s history of alcohol abuse. Tina’s birth mother was placed in a residential school; Tina surmises that it is likely due to the influence of the school that her birth mother developed an alcohol abuse issue. Therefore, Tina’s story is relevant due to the intergenerational impacts resulting from the mistreatment of Aboriginal people.

However, Tina’s story also provides hope. Tina describes herself as being drawn back to her Aboriginal culture by her friends, who encouraged her to locate her birth family and participate in Aboriginal activities. In particular, this became important to Tina during her birthing and breastfeeding experiences. She describes feeling connected to animals, in particular mother bears, nursing their babies. She describes her daughter’s birth as a connection to the “feminine mystique”, that she was a part of something that had been experienced by so many women and that she was connected to a flow of “feminine energy”. Today, she continues to practice her traditional Aboriginal spirituality, although she finds it difficult due to the interference of the “clock world”.

Friesen (1991) also describes important differences between the Aboriginal worldview and the Western worldview. He indicates that it would be considered unusual from a Western perspective for an Aboriginal man to have few possessions, and a low-paying job, but that this is consistent with the Aboriginal belief in simple living. Therefore, Friesen argues, it is necessary to avoid an ethnocentric perspective by recognizing the unique Aboriginal view of life.

Aboriginal identity is also important in Ella's stories. However, her stories provide insight into the traditional Aboriginal perspective of women's roles and identity, compared to the more modern Western view she sees today. Ella describes the significance of women's roles in Aboriginal life. She states that traditionally, the role of Aboriginal women was very important. She states that to harm a woman at any time, particularly during pregnancy, was considered a very bad omen, and that women basically "do everything" in terms of caring for their children, and caring for their husbands. She states that she believes that Aboriginal women often have poor circumstances today because they have forgotten and have lost the traditional role of Aboriginal women. In particular, she cites the incident of the parenting class in which she provided a cradleboard teaching to the women. This class resulted in the women becoming "different women" and provided them with a support network afterwards.

Ella and Tina's stories present the nursing community with a unique insight into development of identity. In order for Aboriginal women to develop an identity that incorporates their culture, it is necessary to provide an opportunity to return to their original cultural traditions. Tina and Ella both state that they have found that other Aboriginal friends have felt the healthiest and have had the best life circumstances when they returned to traditional Aboriginal culture.

During the course of our conversations, Ella indicates that she feels a timeline is necessary in order to understand the impact of colonial treatment of Aboriginal peoples. She describes her own experiences of looking for her genealogy records, noting that she did not have access to them for many years and was unable to find some of the names. Tina and Ella both describe a connection to their ancestors, and this is substantiated through other Aboriginal cultures (Friesen, 1991). Therefore, having access to genealogy records in order to understand one's ancestry is an important part of Aboriginal identity formation. Tina describes the development of an identity and an acceptance of her role as an Aboriginal woman through gaining access to her birth family and finding her birth identity. This endowed her with an ability to access a cultural heritage that had been denied her.

Culturally Appropriate Ways of Knowing

During the course of meeting with Ella and Tina, I ask if they had heard of any teachings regarding breastfeeding. Tina states that she had not heard any stories specifically about breastfeeding, though she had heard birthing stories. She states that most of her tribe's stories are maintained by a different Aboriginal tribe in the U.S., and that she thinks perhaps there are some stories that are known to that tribe. Ella states that there are some teachings, but she does not think she could discuss them because she does not think it appropriate that these stories be written. Ella states that from her perspective, when she was growing up, she found that it was the telling of the stories that encouraged her to listen to them. Knowledge was passed down by storytelling and the very act of telling the stories contributed something to them and to the listener. She states that the Elders have said that it is necessary to be careful regarding written stories, because the stories lose something when they are written down. Therefore, I was not able to gain any specific knowledge regarding cultural traditions that I could record. However, by listening to Tina and Ella, I gained a new understanding of the cultural significance of storytelling and the importance of storytelling as a medium for teaching breastfeeding.

Aboriginal writers and experts agree that storytelling is essential to Aboriginal culture. Some Aboriginal groups (e.g. the Inuit) did not have a written language until one was developed for them by European settlers (Library & Archives Canada, 2009). Therefore, every important teaching was handed down through oral tradition. Even in other countries, oral tradition remains a primary mode of knowledge transmission for many indigenous peoples (Y. Foryoh, personal communication, February 2014). In keeping with the necessity of understanding the traditional Aboriginal perspective, it is necessary to recognize Aboriginal ways of knowing in order to provide culturally appropriate breastfeeding support.

Ella stated that she paid particular attention to her oral teachings when something was “flagged”, or signified as important. She stated that she heard many stories growing up, funny stories, but stories about women also. Stories about how to conduct yourself, stories about “foolishness, and that kind of behaviour”, stories about respect for the Elders. She also noted that during the cradleboard teaching she provided, the women began to bring in stories of their own, from their own families. These were stories about

the significance of different colours and designs that could be placed on the cradleboard, and what these designs meant to the women and their families. Providing the women with an opportunity to share these important stories resulted in the development of improved self-esteem, and the development of a support network between the women and the health care professionals teaching the class. Ella stated that although these women were still experiencing poor socioeconomic status, they felt empowered, since they had something from their heritage that they could provide for their children.

The importance of oral traditions and gatherings also became apparent to me during my opportunity to attend an Aboriginal wellness circle. Unfortunately, we were not able to have much teaching because an Elder could not attend, but we did have an opportunity to listen to some stories about the autumn feasts. One of the women there described her cultural connections and how they had helped her in the care of her children. Women were very open and willing to share their experiences. It became apparent to me that these women were likely living in circumstances far from ideal, but that through the group, they were provided with an opportunity to regain their identity through oral traditions, and through the development of a community of women.

This community development also relates to Ella's statements regarding traditional Aboriginal life. She stated that women traditionally lived near their families, and that sons would leave their own families and go to live with the families of their wives. This influenced Ella's decision not to legally marry her daughter's father, because she would have had to move to another province and leave her family behind. Consequently, Ella was considered an "unwed mother" which brings negative connotations from a Western perspective. Aboriginal writers, however, describe a more different attitude toward intimacy and marriage in the Aboriginal tradition (Friesen, 1991; Anderson, 2010). Individuals have children and may or may not stay together. Ceremonies are specific to the Aboriginal group or tribe, but the interpretation of marriage differs from a traditional Western patriarchal perspective. Women choose to remain with their mothers and close female family members, who may also be involved in raising their children. Ella describes being in a similar situation herself, living with her mother, daughter, and grandchild. In accordance with a traditional Aboriginal

perspective, this is a standard household arrangement, but it seems unusual from a Western perspective.

Tina also describes differences in the Aboriginal and Western perspectives when she describes the “clock world”. She describes the differences as similar to the “Muggle world” and “wizarding world” present in the Harry Potter series. She considers her Aboriginal perspective to be similar to the “wizarding world” as an invisible reality inside the world of popular Western culture. As I describe my experiences of connections through my hobbies (e.g. hand sewing), Tina frames these experiences in accordance with her traditional Aboriginal viewpoint, seeing them as a connection to my ancestors. For Tina, knowing is gained through experience and through spirituality, in addition to the traditional Western ways of knowing. She describes her birthing and breastfeeding experiences of her daughter as very different from her experiences with her son, due to the ceremonies she celebrated prior to her daughter’s birth and the “feminine mystique” to which she felt connected during her birthing experience.

Brave Heart (2003), in her descriptions of historical trauma, advocates for a return to traditional Aboriginal culture and recognition of the harms perpetuated through the ethnocentrism of many Western individuals. Other Aboriginal writers also describe the importance of returning to traditional Aboriginal ways of knowing (Battiste, 1998).

Ella and Tina’s stories, as well as the works of other writers, serve to demonstrate the importance of considering Aboriginal perspectives in supporting Aboriginal women in breastfeeding. It is necessary to consider breastfeeding as a multi-layered experience that is both physical and spiritual at the same time. In order to do this, it is necessary for Aboriginal women to be taught about breastfeeding through the involvement of Elders and the use of oral tradition, in keeping with principles of cultural safety (Rajan & Parke, 2004; Battiste, 1998).

The Aboriginal Nurses Association of Canada (ANAC) has developed a framework for examining Aboriginal peoples’ encounters with the Canadian health care system. The primary purpose of this document is to create a framework for promoting cultural safety and cultural competence among health care providers (ANAC, 2013). This includes developing an understanding of important ceremonies and cultural practices of Aboriginal people. In order to create a model of culturally appropriate care for Aboriginal

people, it is necessary to understand ways of knowing and traditional methods for knowledge translation. These methods can then be adapted, with the help of cultural experts such as Elders, to provide health care to Aboriginal people. Further development in the areas of cultural competence and cultural safety may also help to decrease the impact of colonialism, and result in less distrust between Aboriginal people and the Canadian health care system (ANAC).

Breastfeeding as a Natural Experience

Both Tina and Ella describe the importance of viewing breastfeeding as a natural, rather than a sexual, experience. Ella describes her experiences of other men and women teasing her due to her figure while she was breastfeeding, and commenting on the amount of time she breastfed her daughter. Tina identifies the feeling by women that they should not be exposed during breastfeeding because of potential unwanted attention by men. However, they both describe the natural approach to breastfeeding that was evident at many of the Aboriginal activities they attended.

Ella describes learning about how the breastfeeding experience was important to her daughter from a spiritual, as well as a physical, perspective. She describes the spiritual nourishment that her daughter received from breastfeeding. This is particularly evident in Ella's story about her daughter calming herself through breastfeeding after a distressing experience. The situation also had a spiritual impact on Ella, as she was able to recognize that her daughter's ability to cope with the experience was enhanced through the connection they had in breastfeeding.

Ella connects breastfeeding as a natural experience to the common discourse of breastfeeding as a sexual experience and the breast as a sexual object. She states, "Let's not hide the breast from people. I mean, it's a breast! It gives living milk! I mean, how beautiful!" She suggests that it might be possible for breastfeeding to be taught by having women who are currently breastfeeding come and demonstrate for a group of women who intend to breastfeed.

In particular, Ella and Tina describe in detail practices that they experienced in Aboriginal communities while they were breastfeeding. Tina describes her observations of breastfeeding during round dances and cultural gatherings, noting that it was a

common phenomenon and widely accepted. Ella describes a similar occurrence during family gatherings.

Today, it is recognized that breastfeeding provides the ideal nourishment for infants under 6 months of age. The Canadian Paediatric Society recommends that exclusive breastfeeding be practiced for 6 months, and states that breastfeeding may be continued until 1 year of age and longer, with other foods introduced to provide additional sources of iron (Health Canada, Canadian Paediatric Society, Dietitians of Canada, & Breastfeeding Committee for Canada, 2014). It is known that breastfeeding provides nutrients, such as immunoglobulins, that cannot be duplicated in formula. Tina and Ella's stories also suggest that there are important spiritual benefits for mother and child that can be derived from breastfeeding. Therefore, breastfeeding should be promoted to mothers as a natural method of feeding babies in order to provide them and their children with physical, emotional, and spiritual benefits.

Ella, in particular, comments on breastfeeding as a gift that mothers are able to provide for their babies. As breastfeeding is an experience that can only be provided by the mother, assisting women to breastfeed may also result in improved self-esteem and an improved perception of their ability to care for their children, similar to the experience Ella described in her story about the women and the cradleboard teaching. This suggests that it is important for the nurse to view an Aboriginal mother from a wellness and strengths perspective, rather than from a disease and weakness perspective. The medicine wheel, as described by Friesen (1991) can become a symbol of this new perspective. The medicine wheel, or sacred circle, demonstrates the interconnectedness of life. Connecting breastfeeding to health and wellness, through using the wheel, it is possible to begin creating a framework for examining Aboriginal women's health. Breastfeeding is only a part of this wheel, but it can be connected to other aspects of women's health. Through the use of the medicine wheel breastfeeding ceases to be a purely sexual or medical activity and becomes part of an integrated concept of health and wellness. Consequently it becomes possible to create an alternative framework for the study of Aboriginal women's health and framing health education initiatives for Aboriginal women.

Initially, I entered into this research project because I had noticed a low breastfeeding rate among Aboriginal mothers in the community where I worked. I also

knew that there was a high incidence and prevalence of diabetes and obesity in the Aboriginal population, and I wanted to work to develop an approach to breastfeeding support in order to achieve better physical health for children. However, as I began to work with Ella and Tina, I started to realize that breastfeeding was only a small part of a greater issue. The impact of colonialism has resulted in disenfranchisement and important mental health and family issues among Aboriginal people, as described to me by Ella and Tina. Consequently, many women suffer from problems such as poor self-esteem. Ella described how constantly focusing on weights and measurements tends to lead to problems with breastfeeding. I started to realize that breastfeeding is about a mother being able to give something to her child, and to connect with her child. If a mother has poor self-esteem to begin with, or is concerned about losing her children, she may be less likely to breastfeed because she struggles with it, or worries her baby is not gaining enough weight to “satisfy” the professionals, and so she may stop breastfeeding. In order to encourage breastfeeding, it is necessary to develop an approach to Aboriginal women’s health that increases women’s self-esteem and assists them to come to a realization that breastfeeding is best for their children, and has benefits for them as well, and it is something that they can give to their children. I also began to realize the importance of involving members of the Aboriginal community in bringing forward traditional teachings. Elders are the keepers of stories in Aboriginal tradition (Friesen, 1991). Consequently, it is necessary for us to approach Elders to bring forward the traditional stories and ceremonies connected with breastfeeding and women’s health. It has become apparent to me that this is essential because this is the essence of cultural safety (Browne & Varcoe, 2006). As non-Aboriginal people, especially with the history of colonial treatment, I believe it would be very difficult for me to attempt to bring back the cultural traditions and teachings. However, by working with the Elders and establishing relationships with community stakeholders, it will be possible for health care workers and Aboriginal leaders to create a community of practice that supports breastfeeding for Aboriginal women.

Returning to My Narrative Beginnings

To assist in grounding myself in the inquiry, I began by examining my stories of bonding with my stepdaughter just before and just after my marriage. Over the course of

the last few years, we have become very close. Our relationship is based on a mutual understanding of respect and affection. We do activities together and spend time together. I help her to learn new concepts and skills and take pride in her accomplishments.

The narrative inquiry process has had important effects on my relationship with my stepdaughter. Through narrative inquiry I learned that I was required to examine my impact on the stories that were told. I needed to recognize my impact on the stories that my participants told themselves, and shared with me, about their experiences. My own feelings and responses could affect how their stories were told. In a similar way, my interaction with my stepdaughter affects how she perceives herself and how she tells her own life story. I began to realize that narrative inquiry is a very complex process, and that there is tension created by the interaction between researcher and participant, in that the researcher must recognize the potential for individual prejudices and social discourse to affect the researcher's perception of the stories that are told. This may affect conversations and affect the participants' willingness to describe life narratives with the researcher. In a similar way, the manner in which I interact with my stepdaughter affects the way she interacts with me. Although this tension can never be completely eliminated, the researcher can attend to it by recognizing its presence and incorporating this presence into the inquiry through self-awareness, field notes, and reflection. By examining my own perceptions of my stepdaughter, and how my interaction with her affects the stories she tells about herself, I can help to create a safe place for her to share her life with me. We can share positive interactions that will help us to grow closer through time spent together and shared experiences.

Directions for Practice

Ella and Tina's stories suggest a number of different opportunities for further research and for a change in practice. In particular, they support the necessity of culturally appropriate breastfeeding support, recognition of the validity of Aboriginal knowledge and practices, and the pursuit of further research in this area.

It has been noted that approximately 88% of Canadian women breastfeed their children, although this rate is lower in Aboriginal mothers (Health Canada, 2010). Therefore, it is essential that appropriate breastfeeding education and support be provided to Aboriginal mothers. However, Ella's and Tina's experiences demonstrate that teaching

women from a traditional Western perspective may not be appropriate. Statistically, Aboriginal women tend to be younger when they give birth for the first time (First Nations Information Governance Committee, 2007). They are more likely to live in poverty and to experience single parenthood. However, from an Aboriginal perspective, these are not considered to be “negative” aspects, as Ella explained. Aboriginal women tend to have an extended network of family members who can also provide support. Therefore, it is necessary to approach breastfeeding teaching from an Aboriginal perspective that considers these social determinants of health.

Crucial to the success of this new approach is the recognition that breastfeeding constitutes only a single aspect of the lives of Aboriginal women. Ella alludes to this in her statement, “I think the reason our women are so pitiful today is that they’ve forgotten their traditional role”. She describes the significance of women’s role in the Aboriginal community, and the fact that these roles have been “set aside”. She describes the teachings and stories that she remembers, including the gifts that women are given to provide proper care for their children. This becomes particularly significant when Ella describes the cradleboard teaching group and the experiences of the women who attended. These women were able to become different people, and to develop support networks, through a single teaching that involved caring for their children. This suggests that a single encounter may be enough to initiate cultural reclamation. However, it is essential that this initial encounter be the commencement, rather than the completion, of a culturally appropriate program of care. Brave Heart (2003) documents, in her descriptions of historical trauma, the importance of connection, and reclaiming the culture. It may not be possible for this to occur with the use of a single encounter with a specific focus, such as breastfeeding. Rather, support for women who are breastfeeding or intend to breastfeed should be intertwined with a continuous program of support for Aboriginal life and Aboriginal culture, particularly in areas such as urban centres where opportunities to receive culturally appropriate care and support may be limited.

As stated above, the age at first birth for Aboriginal mothers tends to be younger than the age at first birth for white mothers (First Nations Information Governance Committee, 2007). In Western social discourse, and Western medical discourse, adolescent pregnancy is seen as negative and creates additional health and social risks for

mothers and their children. By contrast, in the Aboriginal community, adolescent pregnancy and the raising of children in the context of an extended family are common and are sometimes viewed as positive aspects of life. Therefore, it is important that nurses view these mothers as experts in their own health and the health of their children. They may implement the model described by Ramesden (2002) and Brascoupe & Waters (2009) in order to shift power differentials so that the nurse and the client are perceived as having equal power in the therapeutic encounter. This provides validation for Aboriginal mothers and may assist them to be able to more adequately care for their children, in addition to prompting a decision to breastfeed as they are able to feel they are capable of providing a positive life experience for their children.

Finally, consistent with the development of a culturally appropriate approach is the idea of a shift of power in encounters with patients, as described by Ramesden (2002) and Brascoupe and Waters (2009). These authors suggest that in most health care encounters, a power differential exists. The health care provider holds “power” over the client. However, this power differential is inappropriate to the relational nature of Aboriginal culture (Friesen, 1991). Ramesden and Brascoupe and Waters suggest that this power differential should be shifted so that equal power exists between the provider and the patient. Tina suggests this in her description of her experiences with the nurses after her children were born, and her description of how encounters with Aboriginal patients should be conducted. Ella also refers to this in her descriptions of Western medicine. She states, “These people are very good at healing the body, I mean, very good. And if we were all body, that would be great, that would be 100%. But we’re not.” Diffusing the power differential allows the health care provider to recognize the validity of Aboriginal ways of knowing and Aboriginal traditional medicine. In this manner, the provider invites the patient to share his/her cultural knowledge and understanding.

Directions for Research

In order to facilitate further understanding of the role of culture in Aboriginal women’s health, further research is required. Tina suggests that the inclusion of spirituality, in the form of traditional Aboriginal practices and inclusion of various female deities and religious figures, may be important to assisting Aboriginal mothers to breastfeed. Ella mirrors this by describing a focus on the woman’s role as significant. In

order to more fully understand the impact of cultural practices on health, it is necessary to conduct further research.

One important aspect of future research is the development of an understanding of the underlying reasons behind Aboriginal women's decisions not to breastfeed. A post-colonial feminist lens suggests that it is not possible to determine this from existing literature, because little is known about Aboriginal women's breastfeeding practices (Schutte, 2000; Sa'ar, 2005; Rajan & Park, 2004; Dodgson, Duckett, Garwick, & Graham, 2002). As a consequence, dialogue with Aboriginal women who choose not to breastfeed may provide insight into the development of client-centered care that is uniquely tailored to encouraging breastfeeding in mothers who do not intend to breastfeed. This also provides an opportunity to research common beliefs and attitudes in order to advocate for beliefs, attitudes, and practices that encourage and support women in making a decision to breastfeed their children.

Tina and Ella's experiences suggest that many of the cultural traditions and practices associated with breastfeeding have been lost or are retained by Elders in the community. Due to the importance of oral tradition as a part of Aboriginal culture (Friesen, 1991) it may not be possible for actual traditions and practices to be researched in a scholarly context, as they cannot be written. However, it may be possible to conduct research in order to better understand the connections of Aboriginal elders in the community, and ways in which the Elders could contribute to culturally appropriate programs. Research and work by Aboriginal people with Elders may also assist in developing a better understanding of Aboriginal culture and further developments in cultural competence and cultural safety related to Aboriginal people.

Clandinin & Caine (2013) describe a "response community", or a community in which the researcher is situated during the inquiry. During my inquiry, I did not have a substantial response community due to the nature of my work. However, I did spend time with a small group of graduate students who were also using, or contemplating the use of, narrative inquiry for their graduate research. It was during discussions with these individuals that I learned about the importance of negotiation with participants, and the use of symbols and objects as part of the creation of a story. I also had an opportunity to observe for myself one of the ways in which Ella works to bring back the traditional

ceremonies and teachings to her community. Through these activities I was able to live alongside other narrative inquirers during their journey, and to live alongside Ella as part of her stories. This gave me the opportunity to consider other perspectives, and, in the case of the meetings I attended with Ella, to use participant observation as a technique for situating her stories in her life experience. Unfortunately, I was not able to meet with an Elder during my work. I feel that the value of involving an Elder in my response community centers on situating Ella's and Tina's stories relative to my own. Browne and Varcoe (2006) describe approaches to avoid stereotyping and "othering" of individuals. An Elder may have been able to provide me with assistance in positioning Ella's and Tina's narratives as positive experiences from their perspectives as unique individuals, in order to avoid "othering" language and perspectives.

Implications for Nursing Education

Most breastfeeding teaching is provided by nurses and lactation consultants. Therefore, nurses working in these areas, or who intend to work in these areas, present an ideal audience for nursing education focused on culturally appropriate breastfeeding support.

The ANAC framework (2013) is intended to guide professionals, including students, toward a deeper understanding of cultural competence and cultural safety in connection to working with Aboriginal clients. This framework is intended to be used by educational institutions to provide students with an overview of cultural competence and cultural safety, and the techniques required to implement these concepts in encounters with clients. A key aspect of the framework is the importance of recognizing the client's expertise regarding his/her own unique culture. As part of a culturally safe encounter, ANAC recommends that the practitioner ask the client, "What is necessary for you to feel safe during this encounter?" This permits the client to assist in guiding the interaction to ensure that it is satisfactory. Campinha-Bacote (2002) also suggests the use of the ASKED framework for cultural competence. ASKED is an acronym for Awareness, Skills, Knowledge, Encounter, and Desire and is intended to assist healthcare professionals to understand the elements required for a culturally competent encounter.

The purpose of teaching these frameworks is to provide students with the skills and knowledge to practice cultural competence and cultural safety as professionals.

Frameworks provide a basic method for reference that students can utilize in order to practice competently. This is in accordance with the “novice to expert” understanding of pedagogy, in which the student progresses from a novice, who practices at a beginning level with a high reliance on resources, to an expert, who is able to adapt resources and synthesize knowledge and experience in order to practice independently (Benner, 1982).

Conclusion

In summary, the purpose of this narrative inquiry was to examine the stories that Aboriginal women tell about themselves while they are breastfeeding. The goal was to understand the cultural influences on breastfeeding practices, with the intent of developing culturally appropriate interventions for promoting breastfeeding among Aboriginal women. To accomplish this, two Aboriginal women told stories of their breastfeeding experiences and how breastfeeding was situated in the context of their life stories.

The knowledge gained from this narrative inquiry suggests that breastfeeding is only a single component of Aboriginal women’s health. Cultural and historical influences profoundly impact a woman’s breastfeeding practices and decisions, and it is necessary to recognize and address these influences in order to promote breastfeeding in a culturally appropriate manner.

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Appendix A: Consent to Contact

Consent for Health Care Provider or Educator to Provide Contact Information

Title of Research Study: A Narrative Inquiry into Aboriginal Stories of Breastfeeding and Cultural Practices

Principal Investigator: Dr. Sylvia Barton

Co-Investigator: Angela Kastelic³, RN, BN, Master's Student

I _____ am interested in learning more about participating in this study and give authorization for the health service provider or educator, _____, to give my telephone number to the researcher, Angela Kastelic. I understand that with this number Angela Kastelic will contact me directly by phone and keep the number confidential. My phone number is _____.

I understand that by signing this form I am agreeing to be contacted only. I am not agreeing to be a participant in the study. I understand that should I not wish to take part in the study, I will not be contacted further and that this contact information will be destroyed. Your consent to be contacted will expire on December 31, 2011.

I agree to disclose my telephone number.

Signature _____ Witness _____

Printed Name _____

Date _____

³ The name Kastelic is used here because it is my maiden name. I married in 2011, after I began the research.

Appendix B: Information Letter & Consent Form

INFORMATION SHEET

Title of Project: A Narrative Inquiry into Aboriginal Stories of Breastfeeding and Cultural Practices

Principal Investigator: Dr. Sylvia Barton, Faculty of Nursing, University of Alberta

Co- Investigator: Ms. Angela Kastelic, Faculty of Nursing, University of Alberta

Background:

This letter tells you about information that you will need to know should you decide to participate in this study. I, Angela Kastelic, am a Master's student at the University of Alberta, Edmonton and my supervisor, Dr. Sylvia Barton, is an Associate Professor there. I am doing research in order to complete a thesis and would like to ask you to consider being a participant in it. The study is to learn about Aboriginal women's experiences of breastfeeding. To be in the study, you need to be of Aboriginal Cree ancestry, live in Edmonton, have breastfed a minimum of one child for at least 3 months, and want to share personal and cultural knowledge related to breastfeeding and life experiences.

Purpose:

You are being asked to participate in a research study to further an understanding related to Aboriginal women's experiences of breastfeeding. I believe our sense of who we are and the experiences we have are shaped by the stories we tell about ourselves. I will ask you the questions: What stories would you tell to explain your experiences of breastfeeding? What cultural beliefs, values, and practices exist in your stories of who you are while breastfeeding? We will then talk about those stories. The stories will help health professionals and others to learn more about Aboriginal Cree cultural practices surrounding breastfeeding. They may help us to understand influences effecting decisions to breastfeed. And they may assist us to provide better support within breastfeeding programs.

Procedures:

Participating in this study will involve 5 to 6 face-to-face interviews each lasting about 1 ½ to 2 hours. These interviews will also be recorded on a tape recorder. The tape recorder can be shut off at any time. We will talk about some of your breastfeeding stories in the context of your life stories.

Possible Benefits:

I am a student nurse practitioner who works with Aboriginal people. The possible benefits to you for participating in this study are that you may provide health care providers with important information. They will better understand how Aboriginal Cree women view the experience of breastfeeding in the context of culture. This may help other women to breastfeed. The findings may also help you to see insights into your own personal and cultural strengths. You may also add to the making of knowledge. A copy of the final study will be given to you as desired.

Possible Risks:

It is not expected that there will be any risk to you if you take part in the study. You may not get any benefit after the study has ended. The 5-6 interviews only require your time. You may ask any questions about the study. You will not be pushed to share anything that causes you to feel uneasy. If you become troubled we can talk further. If necessary, I will help you get professional help.

Confidentiality:

Our talks will be private and confidential. Any research data collected about you during this study will not identify you by name, only by your initials and a coded number. Your name will not be disclosed outside the research setting. Any report published as a result of this study will not identify you by name unless you prefer otherwise. I am the only one who will listen to the tapes. What is on the tapes will be typed onto paper (transcribed). I will transcribe what is heard on the tapes onto paper (transcripts). The information will be held private except when professional codes of ethics or the law requires reporting. The tapes and typed information will be kept in a locked filing cabinet in my supervisor's office for 5 years following the end of the study and then destroyed. Your name will not be used in any public talks or articles with the study results, unless preferred otherwise. This information may be used for the teaching of others or for writing articles.

Voluntary Participation:

You are free to withdraw from the research study at any time. If the study is not undertaken or if it is discontinued at any time, the quality of your medical care, if applicable, will not be affected. It may be for any reason without penalty.

Reimbursement of Expenses:

You will be reimbursed \$10 for each visit, to cover incidental expenses such as parking.

Contact Names and Telephone Numbers:

If you have concerns about your rights as a study participant, you may contact the University of Alberta Ethics Research Office at (780) 492-2615. This office has no affiliation with the study investigators.

Please contact any of the individuals identified below if you have any questions or concerns:

Angela Kastelic, RN, BN, Master's Student, 780-434-0343

Dr. Sylvia Barton, RN, PhD, Associate Professor, 780-492-6253

CONSENT FORM

Part 1:

Title of Project: A Narrative Inquiry into Aboriginal Stories of Breastfeeding and Cultural Practices

Contact Information:

Principal Investigator: Dr. Sylvia Barton Phone Number: 780-492-6253 Email: sylvia.barton@ualberta.ca

Co-Investigator: Angela Kastelic Phone Number: 780-434-0343 Email: akasteli@ualberta.ca

Part 2 (to be completed by the research subject):

	<u>Yes</u>	<u>No</u>
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and received a copy of the attached Information Sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to withdraw from the study at any time, without having to give a reason and without affecting your future medical care, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand who will have access to the information you provide?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know that the information that you provide will be used for written reports, presentations, and recommendations for future research?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that the conversational interviews will be audio-recorded?	<input type="checkbox"/>	<input type="checkbox"/>

Who explained this study to you? _____

If you have further questions regarding the research, please contact Dr. Sylvia Barton or Angela Kastelic.

I agree to take part in this study: YES ☐ NO ☐

Signature of Research Subject _____

(Printed Name) _____

Date: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee _____ Date _____

**THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A COPY GIVEN TO
THE RESEARCH SUBJECT**

Appendix C: Consent for Name and Community Consent (Use of Participant's Name and Community)

Project Title: A Narrative Inquiry into Aboriginal Stories of Breastfeeding and Cultural Practices

Angela Kastelic, RN, MN Student, Faculty of Nursing.....Tel: (780)
434-0343

Sylvia Barton, Associate Professor, Faculty of Nursing.....Tel: (780)

492-6253

Would you like your name to be used in the written form of this study? **Yes**
No

Would you like the name of your community to be used in the written form
of this study? **Yes**
No

Would you like both your name and the name of your community to be used
in the written form of this study? **Yes**
No

If you agree to the use of your name and/or the name of your community in the written
form of this study, please sign your name below.

This consent was explained to me by: _____

***I agree to the use of my name and/or the name of my community in the written form of
this study.***

Signature of Research Participant

Date

Printed Name

*The consent has been obtained by the researcher below. I believe that the person giving
consent understands what is involved in the study and voluntarily agrees to participate.*

Signature of Researcher

Date