Living Well: Aboriginal Women, Cultural Identity and Wellness

Alex Wilson

translations:
Michif
Ojibway
Cree
Oji-Cree
Dakota
French

well-being ripples from and through self • family • community • nation • well-being ripples from and through self • family • community • nation •

vision

- Reclaim cultural values and languages
- Encourage community responsibility for childrearing
- Seek spiritual connection
- Return honour to women as lifegivers and community decision-makers
- Support women in leadership
- Be a good role model
- Take care of all aspects of self

- Aen ishipimatishik
- Ombigi'aawasowin
- achahk ᐊᒐᖅ
- Pimaatisiwin Omiikiwek ᐃᓕᓂᓱᐃᐣ ᐅᒥᐠᑎᐘᒃ
- Itanchanpi
- Autonomie (Soyez un bon modèle)
- Naagaji'idizowin

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Aen ishiwapahtamaak Ombigi'aawasowin nikan-itapiwin opikihiwéwin ᓂᑲᓇᐟᐃᑕᐱᐏᐣ ᐅᐱᐟᐃᐅᐧᐃᐣ
Ishinamowin ᐃᔅᓂᒧᐧᐃᐣ Shichecha ichagapi oinyapi ed owas I yowazapi ite vision

LIVING WELL: ABORIGINAL WOMEN, CULTURAL IDENTITY AND WELLNESS

Alex Wilson

Project #79

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March 2004

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The Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health, funded by the Women's Health Bureau of Health Canada. The PWHCE supports new knowledge and research on women's health issues; and provides policy advice, analysis and information to governments, health organizations and non-governmental organizations. The views expressed herein do not necessarily represent the official policy of the PWHCE or Health Canada.

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ABSTRACT

Traditional understandings of health and wellness in Manitoba's Aboriginal communities are distinctly different from understandings that have conventionally prevailed in most of the province's health care institutions. This research project, undertaken by an Aboriginal Women's Health Research Committee supported by Prairie Women's Health Centre of Excellence (PWHCE), seeks to extend our understanding of the positive impact of cultural identity on the wellness of Aboriginal women in Manitoba and our understanding of the ways that Aboriginal women have retained and drawn upon cultural values, teachings and knowledge in their efforts to heal themselves, their families, and their communities.

The report includes a review and analysis of current research relevant to Aboriginal women's identity and wellness, and presents the results of group discussions and individual interviews with Aboriginal women in Manitoba that focused on their personal experiences and understandings of the relationship between identity and wellness.

The Aboriginal women who participated in this research project take care of their health and wellness by attending to and maintaining balance between all aspects – physical, mental, emotional and spiritual – of their being. The women's identities are inseparable from their family, history, community, place and spirituality, and understood in the context of their whole lives. Health care practitioners, providers and policy makers, as well as federal and provincial governments, need to assist Aboriginal communities in the development of the infrastructure, human resources and administrative structures needed to create and control health care services that are rooted in the cultural practices and values of the Aboriginal women and men they are serving. Further research into the connection between the well-being and identity of Aboriginal women, for example research that focuses on the identity and well-being of Aboriginal women in remote communities, will enhance our understanding.

RÉSUMÉ

La vision traditionnelle qu'ont les communautés autochtones du Manitoba de la santé et du bien-être est nettement différente de la vision qui a été généralement dominante dans la plupart des établissements de santé de la province. Ce projet de recherche, entrepris par un comité de recherche sur la santé des femmes autochtones subventionné par le Centre d'excellence pour la santé des femmes – région des Prairies, vise à accroître notre compréhension de l'incidence positive sur le bien-être des femmes autochtones au Manitoba qu'exercent les facteurs suivants : l'identité culturelle, les moyens utilisés par les femmes autochtones pour conserver et mettre à profit les valeurs culturelles, les connaissances et les enseignements auxquels elles font appel pour se guérir et guérir leur famille et les membres de leur communauté.

Le projet comprend l'examen et l'analyse de la recherche courante pertinente sur l'identité et le bien-être des femmes autochtones. Il présente également les résultats de discussions de groupe et d'entrevues individuelles menées avec des femmes autochtones du Manitoba axées sur leurs expériences personnelles et leur compréhension de la relation existant entre leur identité et leur bien-être.

Les femmes autochtones qui ont participé à ce projet prennent soin de leur santé et de leur bien-être en prêtant attention à tous les aspects de leur être — physique, mental, affectif et spirituel — et en maintenant un équilibre entre eux. L'identité des femmes est inséparable de leur famille, de leur histoire, de leur collectivité, de leur place et de leur spiritualité, et doit être étudiée à partir du contexte de leur vie globale. Les professionnels de la santé, les fournisseurs de soins de santé et les décideurs du secteur, ainsi que les gouvernements fédéral et provinciaux, doivent aider les collectivités autochtones à mettre en œuvre une infrastructure et des structures administratives et à former des ressources humaines qui prennent racine dans les pratiques et les valeurs culturelles des femmes et des hommes autochtones desservis. De plus amples recherches sur le lien existant entre le bien-être et l'identité des femmes autochtones, par exemple les travaux qui se concentrent sur l'identité et le bien-être des femmes autochtones dans les collectivités éloignées, augmenteront notre compréhension de cette question.

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1.0 INTRODUCTION

Traditional understandings of health and wellness in Manitoba's Aboriginal communities are distinctly different from understandings that have conventionally prevailed in most of the province's health care institutions: "Aboriginal concepts of health and healing start from the position that all elements of life and living are interdependent. By extension, well-being flows from balance and harmony among all elements of personal and collective life."[1] Fortunately, health care organizations in Manitoba today are increasingly aware of the inseparability of cultural identity and health and wellness and attempting to bring a more traditional holistic understanding of health and wellness to their institutional practices and policies.[2]

This research project, undertaken by the Aboriginal Women's Health Research Committee with support from the Prairie Women's Health Centre of Excellence (PWHCE), seeks to extend our understanding of the positive impact of cultural identity on the wellness of Aboriginal women in Manitoba and our understanding of the ways that Aboriginal women have retained and drawn upon cultural values, teachings and knowledge in their efforts to heal themselves, their families, and their communities. It includes a review and analysis of current research relevant to Aboriginal women's identity and wellness, and presents the results of group discussions and individual interviews with Aboriginal women in Manitoba that focused on their personal experiences and understandings of the relationship between identity and wellness. The project reflects PWHCE's commitment (as part of the Centres of Excellence for Women's Health) to "identify and track positive health indicators, including resiliency, spirituality, everyday health strategies and 'defining moments' in Aboriginal women's lives."[3]

[1] Royal Commission on Aboriginal Peoples. *Highlights from the Report of the Royal Commission on Aboriginal Peoples*. Ottawa: Ministry of Supply and Services, 1996.

[2] For example, the Winnipeg Regional Health Authority, in consultation with the Aboriginal community, is currently developing a Continuum of Care that will enhance the health status of Aboriginal people in Manitoba.

[3] Madeleine Dion Stout, Gregory D. Kipling and Roberta Stout. *Aboriginal Women's Health Research Synthesis Project: Final Report*. Winnipeg: Centres of Excellence for Women's Health, May 2001, p. 36.

2.0 LITERATURE REVIEW

The physical health status of Aboriginal people in Manitoba has been thoroughly described. For example, the Manitoba First Nations Regional Health Survey (a joint initiative of the Assembly of Manitoba Chiefs, the Manitoba Keewatinowi Okimakanak, and the Northern Health Research Unit at the University of Manitoba) was completed in 1997.[4] Although this large-scale quantitative survey produced extensive data characterizing the health status, health behaviour, community health concerns, healing and wellness, and health service utilization of Manitoba's First Nations' people, the final report on the survey analyzes gender only with respect to four health indicators (self-reported health status, high blood pressure, diabetes and suicidal feelings). Only one of the recommendations in the final report directly addresses the health care needs of Aboriginal women, with the statement that, "First Nations women require diabetes prevention programs addressing their particular needs."[5] This failure to more fully acknowledge or explore the health care status, practices, needs and concerns of Aboriginal women in this report is disappointing, particularly because, with respect to these areas, significant differences between Aboriginal women and men have been recorded.[6] As Madeleine Dion Stout, a noted researcher on Aboriginal women's health, has declared, "Aboriginal women's health values, beliefs and practices cannot simply be subsumed under those of Aboriginal men."[7]

At a federal level, the health status of Aboriginal women has been characterized more fully. Statistics presenting Aboriginal women's lower life expectancy, elevated mortality rate due to violence, elevated morbidity rates for conditions such as circulatory and respiratory problems, diabetes, hypertension, cancer of the cervix and HIV/AIDS, and elevated suicide rate (relative to the general Canadian female

[4] *Manitoba First Nations Regional Health Survey: Final Report*. Assembly of Manitoba Chiefs, Manitoba Keewatinowi Okimakanak and the Northern Health Research Unit, September, 1998.

[5] *Manitoba First Nations Regional Health Survey: Final Report*, p. 10.

[6] For example, see Sherry L. Grace. "A Review of Aboriginal Women's Physical and Mental Health Status in Ontario," *Canadian Journal of Public Health*, 94 (3), 2003, 173-175. The article states that, in one survey, Aboriginal women in Ontario reported higher occurrences of 10 out of 12 surveyed health problems than did Aboriginal men. Additionally, the 1999 Report of the First Nations and Inuit Regional Health Survey found that Aboriginal and Inuit women report poorer health and develop chronic conditions earlier in life than do Aboriginal and Inuit men (Cited in Lissa Donner, W*omen, Income and Health in Manitoba: An overview and ideas for action*, Winnipeg: Women's Health Clinic, 2000).

[7] Madeleine Dion Stout. *Aboriginal Canada: Women and Health*, Developed for the Canada-U.S.A. Women's Health Forum, August 8-10, 1996.

population) are easy to find.[8] Such a medicalized representation of health, however, is incongruous with the holistic definition of health that prevails in most Aboriginal communities in Canada, and wherein health or wellness is understood to be a balance between the physical, emotional, mental and spiritual aspects of a person or community.[9] As Dion Stout argues, "Aboriginal women's relatively poor health status (when compared to that of non-Aboriginal Canadian women) can only be understood in the context of a range of health determinants, including socio-economic status, education and employment conditions; social support networks; physical environment; healthy child development and access to health services."[10]

In her 1996 overview of issues, concerns and trends affecting the health of Aboriginal women in Canada, Dion Stout calls for "a sustained commitment on the part of all parties, including women and men as well as health care providers and governments, to tackle not merely the effects of ill health, but also its underlying causes."[11] She refers to the "great resilience and strength of spirit [of individual Aboriginal women] in the face of what are often highly adverse circumstances," qualities evidenced in the hard work that Aboriginal women, as individuals and communities, have done to restore their health.[12] In the Aboriginal approach to health, with its emphasis on balance, wellness is prioritized over illness. Dion Stout advocates the integration of traditional medicine and the holistic understanding of health that prevails in the Aboriginal community with scientific approaches to health and healing. More recently, Dion Stout and others completed the *Aboriginal Women's Health Research Synthesis Project: Final Report* for the Centres of Excellence for Women's Health.[13] Again, the researchers caution policy makers about misdirecting their attempts to address the health inequities faced by Aboriginal women, with the statement that, "much of the work being undertaken remains narrowly focused and is often tangential to the underlying causes of Aboriginal women's marginalization and oppression."[14] The researchers point out that Aboriginal women's definition of health does not simply "fit into discrete categories as 'absence of disease,' 'good health/feeling well,' or 'being psychologically fit.' "[15] Aboriginal

[8] Health Canada, *The Health of Aboriginal Women*. Internet Address: http://www.hc-sc.gc.ca/english/women/facts_issues/facts_aborig.htm.

[9] Connie Deiter and Linda Otway. *Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project*. Winnipeg: Prairie Women's Health Centre of Excellence, 2001; M. Dion Stout, 1996; Madeleine Dion Stout, Gregory D. Kipling and Roberta Stout. *Aboriginal Women's Health Research Synthesis Project: Final Report*. Winnipeg: Centres of Excellence for Women's Health, May 2001; Janet Smylie, *SOGC Policy Statement: A Guide for Health Professionals Working with Aboriginal Peoples*. Rogers Media: Toronto, 2001; Roxanne Struthers, "The artistry and ability of traditional women healers," *Health Care for Women International*, 24:340-354.

[10] Dion Stout, 1996, p.1.

[11] Ibid.

[12] Dion Stout, 1996, p. 8.

[13] Madeleine Dion Stout, Gregory D. Kipling and Roberta Stout. *Aboriginal Women's Health Research Synthesis Project: Final Report*. Winnipeg: Centres of Excellence for Women's Health, May 2001.

[14] Dion Stout et al, 2001, p. 17.

[15] Dion Stout et al, 2001, p. 22.

women themselves are calling for research into their own health-seeking and promoting strategies and behaviours, research that is "more reflective of Aboriginal women's own life experiences, as well as more grounded in traditional or grass-roots approaches to knowledge and learning."[16]

Fortunately, an ever-increasing proportion of the research, analysis and policy work on Aboriginal women's health in Manitoba is incorporating a holistic understanding of health. The Prairie Women's Health Centre of Excellence supported a research study titled *Living in Balance: Gender, structural inequalities, and health promoting behaviors in Manitoba First Nation Communities.*[17] Using data derived from the Manitoba First Nations Regional Health Survey, the study examines differences between the health behaviours (including more physical activity, positive dietary changes, quitting smoking and stopping drinking for some time) of Manitoba First Nation women and men, to "develop a more balanced understanding of health and health behaviours in First Nation communities."[18] The study reveals that First Nation women are more likely than men to make health-promoting changes and advocates that health promotion incorporate a "multidimensional approach to advance a balanced way of life."[19] The Women's Health Clinic in Winnipeg recently released a report examining the link between poverty and poor health for women in Manitoba.[20] The report's author notes that "Aboriginal women have higher poverty rates than either Aboriginal men or Non-Aboriginal women or men."[21] Among the findings of this research are that "Aboriginal women [who are poor] tend to think in terms of their children's and families' health, more often than that of their own health,"[22] and that the effects of poverty, such as inadequate housing, poor nutrition, high levels of stress and susceptibility to gambling addictions, have consequences for the mental, physical, emotional and spiritual health of Aboriginal women.

Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal women's health project presents the results of qualitative research focusing on the health of Aboriginal women in Manitoba and Saskatchewan.[23] The study documents Aboriginal women's health experiences and health promotion strategies, and clarifies the cultural frameworks and worldviews from which they approach and promote health and well-being. The report includes a review of the health history of Aboriginal people in Canada and considers the effect that colonization has had on the health and well-being of Aboriginal women. Qualitative research

[16] Dion Stout et al, 2001, p. 30.
[17] Brenda Elias, Audrey Leader, Doreen Sanderson, and John O'Neil, *Living in Balance: Gender, structural inequalities, and health promoting behaviours in Manitoba First Nation Communities*, Winnipeg: Northern Health Research Unit, 2000.
[18] Elias et al, 2000.
[19] Elias et al, 2000.
[20] Lissa Donner, W*omen, Income and Health in Manitoba: An overview and ideas for action*, Winnipeg: Women's Health Clinic, 2000.
[21] Donner, 2000, p. 9.
[22] Donner, 2000, p. 9.
[23] Connie Deiter and Linda Otway, *Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal women's health project*, Winnipeg: Prairie Women's Health Centre of Excellence, 2001.

conducted for the study consists of oral history interviews with 5 elderly women and a survey distributed to a sample group of 98 women. The authors incorporated traditional Aboriginal research practices into their methodology, such as offering gifts of tobacco to the elders who shared their knowledge with them.[24] Elders in the study emphasized the relationship between a person's physical problems and their spiritual and emotional state, linking their own childhood experience of trauma in residential school to their health problems later in life. The elders saw healing and wellness as a lifetime process that spiritual practices contribute to. They spoke of their own responsibility to contribute to the well-being of others in the community, such as youth and other elders, and of the community at large. Survey participants had a holistic understanding of health as something that is "not only physical, but includes emotional and spiritual… if one is out of balance with any of the domains, then she is unhealthy. Sickness, illness results from an imbalance." They felt that, in addition to being addiction- and violence-free, with a clean environment, active people and adequate health and recreation services, a healthy community is "one where everyone worked together and took care of another."[25] Only a few of the women felt that they lived in a healthy community. Respondents recognized that the health of a community is inseparable from the health of the individuals in it: "Health is both a community and individual responsibility… One person's health affects others in the community… Individual responsibility for health [is] the start to a healthy community."[26] In recognition of the fact that the way health is practiced and promoted in a community should reflect the community's understanding of health, the study recommends "that the federal, provincial and municipal governments of Canada recognize and accept an Aboriginal concept of health and healing by working towards wellness through holistic health approaches."[27] The study also acknowledges the underlying causes and contributors to the poor health status of Aboriginal women in its recommendation "that Aboriginal, federal, provincial and municipal governments maintain and increase funding for Aboriginal women to achieve higher education, better paying employment, adequate housing and affordable day-care and family support services, all of which will contribute to improving their health and well-being."[28]

[24] "Research as a Spiritual Contract: An Aboriginal Women's Health Project", *Centres of Excellence for Women's Health Research Bulletin*, 2(3), 2002, p. 14-15.
[25] Deiter and Otway, 2001, p. 19.
[26] Deiter and Otway, 2001, p. 23.
[27] Deiter and Otway, 2001, p. 24.
[28] Ibid.

3.0 METHODOLOGY

The primary research questions of this project are: What contributes to the health and well-being of Aboriginal women, and what has influenced the identity of Aboriginal women? As the necessarily brief literature review indicates, very little research has been conducted that relates to the impact of cultural identity on Aboriginal women's wellness. The research team wanted to begin to fill this gap by rooting their exploration of cultural identity and wellness in the everyday life experiences and personal understandings of Aboriginal women in Manitoba. The qualitative research methods of focus group discussions and individual interviews with Aboriginal women were identified as the most appropriate ways to gain such an understanding.

The research process was guided by principles that reflect the values and beliefs of local Aboriginal communities. These principles, which have been formalized and used by other Aboriginal researchers, are:[29]

1. *The communality of knowledge and reciprocity*. This principle reminds us that as researchers, we are the interpreters – not the originators or owners – of knowledge. It states that research findings must be relevant, useful, and accessible to the communities that are involved in our research.

2. *The acknowledgement of spiritual connections*. This principle reminds us that we should make every attempt to respect and adhere to personal, local and community protocols throughout the research process.

3. *Relational accountability*. This principle reminds us that, as researchers, we are accountable for the process and outcome of our project.

4. *Holism*. This principle reminds us that the concept of holism should be incorporated throughout the research process, from design to final report.

In focus group discussions, participants, with the assistance of a facilitator, hold a discussion around a certain topic. The relatively open format of a focus group allows a research question to be explored in depth, and group participants can present any aspect of their experiences and ideas that they feel is relevant to the topic under discussion. The group facilitator, rather than simply observing or recording, is encouraged to share, attend to and learn from the experiences and ideas being presented. These features of focus groups give community members both voice and agency. The process of a focus group (in which participants open themselves up, share their experiences and knowledge and are free to present what matters most to them about a particular topic) can be as valuable for individuals and communities as any "results" produced

[29] Shawn Wilson. Unpublished doctoral dissertation. Australia: Monash University, 2003.

by the method. The process also reflects the Aboriginal research principles of the communality of knowledge (in that focus group researchers interpret knowledge that is presented to them by or originates with the group participants) and relational accountability (in that the researchers are not directly in control of the contributions participants make, but instead must be accountable for creating and preserving a space in which participants can share knowledge).[30]

The focus group discussions and interviews were conducted in four Manitoba communities March and June 2003. The communities included a large urban centre, a First Nations community in Northern Manitoba, a small southern city and a community relatively close to several First Nations in Northern Manitoba. When selecting the communities, the research team sought to represent a spectrum of the conditions in which Aboriginal women in Manitoba live and the cultures and communities to which they belong. Four to six Aboriginal women participated in each of the four focus group discussions. Participants were invited to the group discussions by community members who work for local health care providers and community organizations. As it turned out, many of the participants either worked in health care or community organizations, or were students. The participants ranged from young adults to seniors, and included women who were Cree, Ojibway, Saulteaux and Métis, status and non-status, and two-spirit. Some of the participants had been recruited by invited participants, who brought along women whom they thought might be interested in and contribute to the discussions. Asking local community members to recruit participants enabled them to exercise some control over the research and acknowledged the importance of their knowledge of the community, community members and local and community protocols.

The focus group meetings and individual interviews were held in community spaces, including the library of a First Nation school, and Aboriginal health and wellness and drop-in centres. The discussions incorporated aspects of a talking circle, a protocol for group discussions frequently used in Manitoba's Aboriginal communities. Participants seated themselves in a circular arrangement of chairs. To attend to the physical needs of participants, food and beverages were provided at the meetings and, to acknowledge the value of their contribution to the research, each participant was given an honorarium. Each participant signed a consent form, which included a commitment to maintain the confidentiality of other group members (Appendix). The consent form also promised participants that any identifying information would be removed from the transcripts and analysis of the focus group meetings. The meetings, which lasted 1 to 2 hours, were audio-taped. Supplementary notes were also recorded by a research team member. Participants were given the opportunity to indicate whether they would like to read and respond to the analysis and findings of the research project and the majority requested a draft copy of the report. By inviting participants to provide feedback to the research project report, the research team

[30] Alex Wilson and Janet Sarson. *Focus Groups for Social Change: A User's Handbook.* Duluth, MN: Praxis International, 2003 (in press).

affirmed the principles of the communality of knowledge and reciprocity, and relational accountability in the research process. Participants who had indicated that they would like to provide feedback, as well as members of the Aboriginal Women's Health Research Committee, were sent a draft version of this report for comment. Participants provided feedback and suggested recommendations that have been incorporated into the final sections of this report. Similarly, Committee members offered comments and suggestions from their perspectives as practitioners and leaders in the field of Aboriginal health.

A sequence of guiding questions was used to focus the group discussions and individual interviews on the primary research questions (What contributes to the health and well-being of Aboriginal women in Manitoba? What has influenced their identities?). The guiding questions were developed by the primary researcher, Alex Wilson, in conjunction with members of the Aboriginal Women's Health Research Committee. After participants were asked to introduce themselves (in whatever way was comfortable for them), they were presented with questions about how they maintained their personal well-being (How do you practice well-being in your daily life? What are some ways that you try to be healthy? What are some ways that you take care of your own well-being or healing?). Next, they were asked about the wellness of their community (How is wellness a part of your community? What do you do on a day to day basis in your community that contributes to its wellness or healing? What are some ways that you take care of the wellness of healing of your community?). The final questions asked the women to imagine changes to the relationship between wellness and their community identities (What could your community do to strengthen Aboriginal women? What can we do as Aboriginal women to strengthen our communities?). When the notes, recordings and written transcripts of the focus group discussions and interviews were reviewed and analyzed, a picture of the health, well-being and identity of Aboriginal women in Manitoba emerged. These findings are presented on the following pages.

4.0 FINDINGS

Identity

I've always known who I was as a Métis, as a mixed blood. I don't know how I knew that, because we had an opportunity to basically hide that if we wanted to, but I chose not to do that, and my identity has been very, very strong. Been intact, basically, as a far as that is concerned. So there is Cree and Saulteaux background, and also Scottish and French in our background. I think being from that community and having very strong Métis roots, and seeing my father and my mother living that really influenced my identity a lot and basically made me who I am today.

Each focus group discussion or interview began with the request that participants introduce themselves, in whatever way they were comfortable. In response, the participants first offered their name, followed by details that described who they are. For example, one participant stated her name, then declared the First Nation community in which she was born and the communities from which each of her parents came. She offered her family clan name and identified the home community of her husband. She spoke of her children, relating the age and gender of each one. In this and the other self-descriptions that were offered in the discussions and interviews, the women revealed identities that are inseparable from their connections to family, history, community, place and spirituality, and understood in the context of their whole lives.

In their introductions, every participant stated their current formal name. One participant identified herself with her name and a longer description of who she is, all spoken in her first language, Cree. Many also offered family names, clan names and traditional names. One participant, who presented her current name, her maiden name, her name during her previous marriage and her traditional name, began her introduction with the statement that she had kept all of the names that she'd ever had, because they are so much of her identity. Like many of the other participants, who, to varying extents, sketched out the stories of their lives, her identity encompasses her life experiences. Participants referred to their parents, partners, children, grandchildren, grandparents and great grandparents in their introductions, presenting identities deeply seated in family. A participant traced her family story through several generations, relating that a grandparent on one side of her family and a great-grandparent on the other had died before her birth. These "gaps," she said, had always influenced her identity: "I have that thing about finding out about the missing pieces."

Almost every participant stated their home community and/or the First Nation to which they belong. Several participants also identified the home communities of their parents and grandparents. Many participants described leaving their home communities and arriving where they

now live, a process that sometimes involved a number of relocations. Several of those who had left their home communities added that they plan to return there. Clearly, the participants strongly identify with the places they -- and their families -- are from. At the same time, most of those who live away from their home communities feel they are in a place that makes sense for them at this time of their lives. As one participant put it, "I come from many places in a geographical sense, and I feel connected to all of those places, so I can't just say that I'm from one place and now I'm from here. That's all part of who I am." As with their family stories, the women's stories of the places they are from, have been, are now and will return to, express an identity that encompasses the whole narrative of their lives.

Participants also proclaimed membership in communities that were not tied to a physical place. One woman stated that:

I'm involved in many communities. I guess the big community is the nations, the First Nations, the Métis Nation. That's really part of my life and community presence. Then, after or before or connected to, is all of these other communities that I'm part of. Of course, it's my home town as well. But it's also the two-spirit community. That's really important for me to say, because it is part of my life and it gives so much to me and the people that are in the two-spirit community. And the women that are part of that who are First Nation, Métis, whatever. And then my business community.

Other women identified themselves as connected to a community of colleagues, an international healing community, the First Nation community of their ex-husband, their own small neighbourhood, the urban Aboriginal community, a community of women, and the mainstream community.

Many of the women included their occupations in their self-descriptions. The participants included women who work with health care and community organizations, who are students, parents and, as one woman described herself, domestic engineers. Every woman who participated was occupied with service to her community and/or family. Many women also alluded to an active spiritual life, often simply by presenting their traditional names, which connect them not just to family but also to a spiritual community. One woman stated that, "My identity has been stronger than ever in the past 20 years, because of my involvement in my spiritual roots." Many women concluded their presentations of self with summary statements that affirmed a deep level of satisfaction with who they are: "[I'm] busy and … happy these days," "Things are going well for me now," "[I'm] very happy with where I'm at."

The Practice of Personal Well-Being

Wellness is balance in your life, physical, mental, emotional, spiritual. You always try to balance those things in your life. For example, physically, I'm always putting things into my body that I shouldn't be. I would be certainly out of balance in those other areas also. Or if emotionally or mentally something wasn't right, I'd be out of balance. For me, I try to balance all the areas. If I'm eating right and getting enough sleep, stuff like that, physically. Spiritually, whether or not you go to church or say your

prayers, whatever. And talking to people. To me, wellness starts with yourself, in your interactions or relationships with either your family or your community or nation.

When asked how they practice well-being in their daily lives, most of the participants briefly described ways that they take care of their physical bodies, such as eating healthily, adhering to a vegetarian diet, or avoiding junk food. Most of the women exercise regularly, taking walks, jogging, swimming or rollerblading. One woman happily stated that she takes pride in her body and feels good about the way she looks and feels. Taking care of our bodies, however, requires more than careful eating or exercise regimes. As a participant put it, "What I've found in my life is that everything is in our bodies. All the pain, all the sorrow and stress is in our physical bodies." Like many other participants, she has recognized that exercise is particularly valuable as a way to get rid of stress and anxieties. To take care of our bodies, to be well, the participants reminded us, is to take care of all aspects – physical, mental, emotional and spiritual – of ourselves and to maintain balance in our lives.

The women who participated in the research have rich spiritual lives. They pray, smudge, do ceremonies, follow Medicine Wheel teachings, meditate and use breathing techniques. Most of the women express their spirituality in daily practices. In her prayers each night, one woman thinks of "ten things that I'm thankful for that day." Another woman always carries sage and sweetgrass with her. Having them on hand, even when she doesn't have the time or place to use them, gives her a sense of well-being. Another woman spoke of her relationship with the spirits around her. She talks to them, thanks them and asks them for guidance or watches for a little sign from them when she is unsure of things. This consciousness, she said, has really helped her with recent deaths that have occurred in her family. She knows that these people are in a better place, because they visit her, and she understands that their deaths are not a reason for sorrow. Daily communion with the Creator brings strength to another woman, something she shares easily with others: "I really think that that's made a significant difference in my life and my own well-being and how I relate to others. And the kind of energy I think I have in terms of my relationships, not only in my home, but outside of my home. In the community, too. And I feel good about that."

One participant related that when she wakes up every morning, she feels thankful that her heart is open and she can move around, and simply feels grateful to be alive. Many of the women find that their spiritual practices enable them to start (or restart) their day, a difficult situation, or a simple moment, "with a clear head":

I need to, in the morning, greet the day, in my house – I don't always have to go outside to do that. I can do that when I get up in the morning, too, look outside and see what it's like. So those things help me start my day and move through my day.

I do a breathing technique where I can just lie down and breathe for an hour and whatever it is will change shape somehow. Either there'll be more clarity or a new question or an answer. It will change shape completely and I'll know more what really is happening.

[I meditate], not necessarily on a daily basis, but maybe on a moment-to-moment basis, because sometimes when I stop at a red light, I will close my eyes, for even 30 seconds. And I'll take a breath, I'll breathe, I'll reconnect with my essence.

Taking the time to feel their spiritual connection enables the women to refocus, gather confidence, anchor themselves, and recollect their identities: "I'm reminded of the earth. I'm reminded of who I'm supposed to be and who I am. I'm reminded of the relatives and my relations. All of those things."

The women talked extensively about their relationships with others. To take care of herself, one woman stated, "I get reconnected with the people [who] I love and care for." All the women spoke of the importance of finding and preserving time to spend with their immediate families and maintaining close contact with their extended families. One woman's desk at work is partially covered with rocks. Her children collect rocks, carry them in their pockets, and sometimes give them to her. She feels that there's a reason for this and keeps the rocks with her. Family and friends provide and invaluable circle of support to most of the women, and they acknowledge the importance of reciprocating that support:

I'm very glad that I have a roof over my head and nice food and my family takes care of themselves, and my children have families of their own. I look after my mother. But if there's something wrong in the family, if anyone is ill, then that has a ripple effect too. That affects me. Someone has to be there to take the little girl to school or – that's how it is. There's the self and then there's the extended parts of me that are with the people that I love.

Repeatedly, the women referred to the importance of being emotionally generous and responsible in their relationships with others. This generosity can be expressed in the simplest of exchanges: "You smile at someone and they tend to smile at someone else. Something as small as a smile spreads around and makes people feel good." Many of the women volunteer in their communities. As one woman explained, it's easier for most of us to give time rather than money, and the payoff for this generosity is good. Several of the women's comments revealed a shared commitment to extend honour and respect to others – to treat others the way we would all like to be treated: "[I] remind myself of who they are so that I can work with them better. Not them changing, but I can work with them better." One woman spoke of extending this generosity with the expectation that sometimes, at least, she will get something in return:

The difficult people, some of them I like, even though I know they're difficult, they could be difficult, but I try to be around them at times when they're not having such a hard time. They must be trying to teach me something, I think (laughs). Our teachers come in many forms.

Most of the women also spoke of the importance extending a similar generosity, honour and respect to themselves. For example, almost all the women described being deeply satisfied by their work. Most of the women have found jobs they love working, in some sense, in the service of their communities. Regarding themselves with generosity, honour and respect

leads the women to make healthy choices in their lives:

I really make conscious decisions these days about who I want to be around and who I don't want to be around, in terms of the kind of energy that I want to be with.

You choose who you want to be with. I guess that comes with experience and wellness in your life, because you tend to make a decision based on choosing life, rather than death or destruction. And I certainly do that now, because it's part of my life source. It's my survival.

I do feel that I have to decide how much I can do, because if I try and do too much, it doesn't work out for me, or for that other person. That's the thing about lying to myself, thinking that I was a caregiver in the past, and what I thought I should do, based on my internalized job description of what a caregiver was.

There's a number of ways that I've had to back off from doing too much. That's been one of the longest running lessons of my life, when to just get back to balance again and grant that other person their own space to fuck up entirely if that's what they're going to do, to manage in whatever way they're going to manage. That still comes back to me every once in a while, and then I know, by the situations that I'm in or the people that I come in contact with, because the parts that are unhealed in me, I will find myself in those situations again and again, and I still recognize that. I can recognize it on a conscious level now and I'm very grateful for that.

As part of taking care of their well-being, many of the women write, or find other ways to express themselves. One woman proudly stated that, "When I need to cry, I cry." Another remarked that, "I'm not scared of owning stuff and putting it on the table, but I think that well-being is also about expressing anger and expressing those emotions that you just feel." Being able to express how you feel is particularly important in difficult times. One woman commented that, "When I'm under a lot of stress, I talk with somebody. It's too hard to keep it to yourself. Find someone you trust with your problem."

The women participating in the research have found many ways (some of which are presented above) to take care of their physical, mental, emotional and spiritual wellness. For many of the women, the combination of practical and careful attention to all aspects of their being and wellness seems to have made them unusually able to face challenges and take risks in their lives. Rather than avoiding stressful situations, the women have learned to deal with them as they arise and try to face what's really happening with courage and faith:

I'm a believer that the creator chooses the space for us to be in at a certain time, so there must be a lesson there for me to learn about the situation that I find myself in -- teaching me a different way of coping, maybe, or a different way of relating. So I take those as lessons, if I experience some difficulty, to replenish myself or I look towards the creator.

A significant proportion of the participants had, in their mid-lives, returned to school or college, changed career direction, and/or began to work outside of the home for the first time. Some women shared stories of times of significant transformation in their lives:

I was carrying a lot of stuff from the past. I was hanging on to them and had to deal with them and let them go. I have a positive way now of dealing with things. I didn't know I was carrying those negative things. I stumbled upon them. I was taking this

counseling course, so these things started coming up for me. I didn't know, I wasn't aware of stuff that could affect you later from childhood… Back then, I used to cope with these things, I'd get upset or hurt and think, I'm going to go drink. It was my only way of coping, I think. Then after I went through all this therapy, I don't feel that way anymore. I think that was the biggest area, that emotional part, if you're not aware that you're carrying.

Another woman had lived on her home reserve all her life. She raised her own children there and had never worked outside her home. When her youngest child moved out, she began to attend a community college in a nearby town. Upon graduation, she and her husband moved to the small city where they now live and work. In the face of change, she said, she and her husband, "sort of found each other growing. We're more open. We're closer now than we were 30 years ago. It was sort of a brand new start for me and my husband. We're settled and we're happier now than we were a few years ago. And I love what I'm doing, going to work. I don't find it a chore. I enjoy it." This woman's story affirms another participant's assertion that, "Practicing well-being has a ripple effect for everyone that we're in contact with, including family, extended family, community and nation."

Contributing to Community Wellness

I really feel and see the need for our community to be well, and I think that really begins with each of us. I try to practice that in my own daily life, and I try to emphasize that in the community too, especially through my work. If I'm able to be with a group of people where I can carry a message, to encourage them to be well and to take care of each other in the workplace and encourage them to do that at home – I do that. I take advantage of each of those opportunities. And I share that with people.

The participants were asked to describe some of the ways that they take care of the wellness or healing of their communities. For many of the women, responsibility for the well-being of the community starts in their home, in their relationships with family and friends. Several women felt that one of their most significant contributions to the wellness of their community will be to raise their children to be whole and healthy people, to be "independent people who do not rely on others," "to become strong people, to understand the power of being themselves, to do whatever they want to do, and to know that they don't have to stay in relationships that are unhealthy." Some of the women are also very actively involved with their grandchildren, and take their responsibilities to them very seriously. A woman who is teaching her grandchildren traditional cultural ways, the Saulteaux and Cree languages and even how to make bannock, said, "That's my main goal, to teach whatever I've got to the little ones and see them grow up to be proud of where they come from." One woman described how, as a single mother, she also provided housing to people who are mentally-handicapped. In this way, she was able to stay at home raising her children, bring in an income without using or fighting the system, and provide a much-needed community service. Another woman talked about how she has always tried to make her home available as a kind of community drop-centre. Referring to the "kitchen table concept," she stated that, "There are more

decisions made around the kitchen table than there is in the government office or at the legislature." As well as providing a place where community members can gather and talk, she has recognized how important it is to listen, in particular to young parents, because our communities and families are now organized so that young parents, mothers and grandmothers no longer live closely together. "When parents are left on their own," she commented, "it's really difficult."

The women expressed a real awareness of the impact of their own behaviour on the well-being of their community. As one woman said, "If we're not well ourselves, how can we help others? By starting with each of us, I think that's how we can help each other and other people." In many ways, the women try to provide positive role models to their community members, whether by graduating from high school, being physical active, having the confidence to compete in a pageant, eating well, offering leadership, peacemaking, sharing their spirituality, or simply by "showing people a better way, leading them to a better place – that's the greatest joy!" Another woman described the importance of her return to the community after completing her post-secondary education:

If our people, our kids, leave here and go out for education and stay there, you don't get too much back, unless we come back and do something for our community. And then go out after you've done your time. Then go if you want to go, but come back and give back. That's what I believe.

The women care for the well-being of their communities in actions as humble as picking up garbage in the neighbourhood, as generous as making the time to visit and keeping strong connections with older people in the community, as visionary as advocating for activities and services for youth, or as conscientious as trying "to find or to know resources in the community, too, so I can help people if they feel they need to talk to someone or need to go somewhere. Or somebody who can bring a good message to them, nurture them and take care of them. I try to identify those good people for them, so they can go into their circle to help." The women also engage in a wide range of volunteer activities, including participation in boards of community organizations, public outreach events for health care organizations, youth groups, and coaching activities. A woman who manages a hockey club gave an impassioned description of what her involvement means to her and her community:

They have this vision and this dream and the bottom line with this vision and the dream is their identity. Who they are, who we are, what are we capable of. And the hurdles that are there always. And they're there, you know. And the bars that keep getting higher and higher. Every tournament we have to jump another hurdle, but it's not the same hurdle for mainstream society … but we jump it anyway, because that's the way that you can go ahead. And so now, I just see myself as the person who is carrying the torch of the people that have already gone, because they passed away, the ones that had this dream of having a community hockey team. And it's preserved with Aboriginal backing… We can rise above – we can take every obstacle and turn it into a challenge. And we've had to and been successful.

The participants show a similarly high level of commitment to their

community's well-being in their professional lives. All work in direct service to their communities, either at community or health care organizations, or in education. Women working in education spoke of the gratitude expressed by students on a daily basis for the time and patience given them, the shear pleasure of passing on the skills and knowledge they have, seeing the vulnerability and excitement in students' eyes when they learn something, and their own efforts to ensure that their school and system do nothing but benefit the community's children. Women working for a health care organization talked about their ambitious efforts to find "more positive ways, more positive things to do." The list was long. They arrange drop-in social events to bring community members into their facility, offer public education, try to break down barriers to and bridge gaps in services to Aboriginal people, and enhance the services their organization currently offers. One woman works on funding development at an Aboriginal community organization and plans to continue such work for other reserves and communities, to "show them what money is out there, available to establish programs for their communities." Another works hard to ensure that rather than doing things for the people with whom she works, she teaches them, so that they "leave with knowledge that will help them to better develop themselves or their community."

Strengthening Aboriginal Women in their Communities

This one traditional person told me in this workshop, … childbirth … was one of the sacred ceremonies. Women have so much to offer. The way he put it, "When a woman's in the room, you feel the warmth." You bring the warmth in that room. I find that so true. Like, when you're not there, the kids say, "Where's Momma?" That's usually their best word, "Mom," whenever you're looking for something. You know?

Participants felt that to strengthen Aboriginal women, we must (as individuals and communities) reclaim the acknowledged importance of women in our traditional cultures. They understood that, before the introduction of European values, missionary influences and patriarchal systems, there was no question about whether men and women were equal. Following European contact, women lost a lot of respect and status:

Our traditional roles have been given away or taken – doesn't matter how it happened, but we're not as strong in our communities anymore. Once we were both the life-givers and decision-makers in our communities – culturally, traditionally, we have to take back that role.

One participant stated that, "If Aboriginal women are going to make an impact or be empowered by their communities, we have to go back to our roots, the basis of our cultures. That will lead us to respect and honour women … When honour and respect flow in our community, we won't have problems – it will empower everyone."

Participants called for women to take responsibility for creating some of this much-needed and deserved honour and respect by actively supporting each other. As one woman pointed out, women "are still the backbones of our communities -- just not as recognized as we once were," or, as another remarked, "Aboriginal women are already empowered – we just need to start showing it to others." Participants called for greater representation of women in management and leadership positions. One woman spoke with frustration of how, although effectively her whole community is run by women -- with women filling the majority of staff positions, from worker to department head -- the top jobs in the community are taken by men.[31] She feels that the primary reason her community does not have a female leader is that "women aren't willing to elect women into those positions," and concludes that "we should just look at the value of what we can give each other and do for one another and not think, 'oh well – she's doing better than me, so I'm not going to vote for her.' " A woman in another group seconded her ideas:

I think we have to just start using our voices in our community. And acknowledging, starting with our mothers and our grandmothers, giving them their power back – and taking ours. Exercising ours. And encouraging our children, our daughters and other women in the community. That's the way it's going to happen.

Participants also spoke extensively about the "career-or-family divide" that women face. Several women reminded the groups that women should be supported in whatever decision they make, whether, for example, they choose to work, to stay at home, or to stay at home and pursue an education at the same time. As the women pointed out, with the breakdown of traditional social structure, women generally don't have the strong support systems that their mothers, grandmothers and family once provided. Support systems to enable these choices, they felt, should be provided federally, provincially, by communities, and within families.

Honoring women should include valuing them as life-givers. As parents, we have the opportunity and responsibility to raise children who will value and respect women. One woman related that:

I heard an elder say, "The way you take care of your plant or your tree as it's growing, that's how it's going to turn out!" I think that's always so true. Bringing up children, it's how you take care of children, how straight they grow or how lop-sided they are. I think we need to work with the youth, the children too, with that need for wellness.

A number of women suggested that Aboriginal women will be strengthened when our communities take more responsibility for our children, connect with who they are now, and show more concern for who they will become. They asked that communities begin to listen more to children, look for ways to

[31] This reflects general trends in the Aboriginal communities of Canada. Aboriginal women are more likely to have a university degree or post-secondary school experience than are Aboriginal men, and have higher employment rates than do Aboriginal men. In spite of this, the vast majority of Aboriginal women are employed in sales, service, clerical and administrative positions (Madeleine Dion Stout, Gregory D. Kipling and Roberta Stout. *Aboriginal Women's Health Research Synthesis Project: Final Report.* Winnipeg: Centres of Excellence for Women's Health, May 2001).

mentor them, provide activities that they can enjoy and succeed in, protect them and raise their expectations of the school system. Education, one woman pointed out, can bring us "a sense of belonging and adding to everything, a contribution to the community you live in through your education." Traditional values will be reclaimed, in part, women felt, when we ensure that history – that is, "what really happened" – traditional teachings and Aboriginal languages are presented in community schools. As one woman explained, "If you know your language, you will know your culture. You will know about the family system, the old traditional value, and it will help you." School is a place where children can be taught "about the importance of women and their roles, and also about the importance of men," a lesson particularly valuable to those children who are unlikely to learn it at home.

Participants also suggested that women will be strengthened when communities provide our elders and men with some of the supports they need. "There are a lot of support groups for women, but what about men?" one woman asked. Other women commented that while women are getting stronger, men seem to "feel threatened," that they are "on the sidelines … not participating," and that they "don't know what's appropriate or what's not nowadays," or "what's expected of them anymore." The women called for support for men, both to help them change their attitudes about women and to enable them to recover a sense of their own strength and value. Participants were also bothered by changes in our attitudes to elders: "We don't look to our elders anymore. Instead, we put them away in a home. They're our best resource." As individuals and as communities, one woman stated, we can be strengthened by "the bits and pieces of wisdom and knowledge that elders can offer and that we can offer each other."

The women's greatest concern, when considering how their wellness might be strengthened, was the need for communities to take ownership and control of their own cultures. A woman declared that:

We're guilty of lateral violence. We're not happy for someone's success – we're jealous! That stems from our historical treatment – now we're doing it to each other, as Aboriginal people. The Metis against First Nations, First Nations against each other, family against family. Lateral violence is like a disease among our people. We treat each other so badly, yet we should be grateful for their successes because they're making pathways for us.

Another woman shared the story of her return to school, only to hear that people in her community were saying, "Why is she going back to school? She's always going to school. What's the matter with her? Why can't she learn?" Women felt it urgent that we address the jealousy in our communities and challenge each other when it appears:

People return to the community and have that attitude on them all the time. It burns them out very quickly. In our community, some really good people have come back and tried so hard, and before long, a couple of years, they're the enemy … They become apathetic as well.

Instead of tearing each other down, a participant commented, "we all need to empower each other." One woman described her community, the site of a

casino, as "shiny economically on the outside, but socially, inside, it's rotten. That's a strong word – maybe we're recovering." Another participant remarked that the casino was contributing to a total breakdown of family structure: "There's more money being generated within the community, but what is that doing to children?... We don't need another addiction in our communities."

Solutions to the community problems described above require visionary leadership. A participant in one group was asked to dream a future for her community. Her answer revealed the courageous imagination, committed concern, common sense and great expectations that we need our community leaders to possess:

Well, one of the biggest areas is housing on reserves. There'd be no overcrowding. They'd all have one house each (laughter). The way that the women work today, like they cap programming, the education and health and stuff like that. There'd be no caps on what you need, like the schools. High school would be high quality education. They'd have a hospital within the community. Doctors, therapists, maybe even a traditional healing program right in the community. Clean water. Proper, modern sewer systems. Those infrastructures would be all there, so they wouldn't have to be getting sick all the time from overcrowding or poor quality water. Junk food would be banned … We'd have to grow our own gardens … The roads would be paved, not muddy or dusty. You can't even go outside to hang your clothes in most communities. What else? There'd be a lot of traditional teaching, because living in harmony – like today they're all fighting with each other. Using the elders and the youth also. Youth programming. Giving your staff, praising them and stuff like that, retreats, thanking them for their services. What else? Help to bring the women's, female youth programs, stuff like that. Native language also is a big area that needs to be addressed. Sustaining our language. Being a part of tradition, teaching my youth, my children, that there's more than just living in the community, like, hunting, fishing – sustaining all those traditional ways, either be taught in the school or go out to family camps. Even the TV that we watch … maybe we have it to relax. Satellite systems, what they see on TV, the violence. Banning the violent programming. I don't know about transportation. When you get access to a bigger community, it just brings bigger problems (laughs). I don't know if I'd want just isolated, or access, or semi -- maybe a big airport (laughs at self).

A Vision of Aboriginal Women's Wellness[32]

[32] This figure is based on an image developed by Fyre Jean Graveline and Maryann Whitefish in response to a draft version of this report.

5.0 CONCLUSION

The Aboriginal women who participated in this research project take care of their health and wellness by attending to and maintaining balance between all aspects – physical, mental, emotional and spiritual – of their being. The women's identities are inseparable from their family, history, community, place and spirituality, and understood in the context of their whole lives. Their sense of community identity is strong, rooted in their families, embracing friends, neighbours, peers, colleagues and people with shared experiences and interests, and extending to the First Nations they are a part of. The women emphasized the importance of spirituality, manifested in daily practices such as prayer, smudging or simply an ongoing commitment to extend honour and respect to others. They are conscious of the importance of their roles as life-givers, care-givers and decision-makers in their immediate families, extended families, communities and Nations. Their responsibilities in these roles start in their homes and are manifested in their relationships with family and friends. The women understand the importance of being well themselves so that they can raise their children, help their grandchildren and assist community members to become whole and healthy people. The women continue to take these responsibilities on, even while, with the breakdown of traditional social structures, they have lost many of the strong support systems once provided by mothers, grandmothers, families and communities. The women's attention to all aspects of their being and wellness has made them unusually able to face challenges and take risks in their lives.

The women expressed a tremendous willingness to take responsibility for their own well-being and that of their communities, as well as the hope and expectation that others be willing to do the same.[33] The women emphasized the importance of reclaiming tradition and returning honour and respect to women for the roles they perform in our families and communities. They spoke of the need to encourage women to actively support each other. They also recognized the need to create more supports for men, many of whom now are struggling to maintain or recover a sense of their own strength and value; for children, who, as always, need and deserve our care, protection and guidance; and for elders, who offer us wisdom and knowledge derived from their lengthy life experience. With an appreciation that their own well-being is closely linked to that of their communities, the women understand that as their communities assume more control and ownership of their own cultures, both communities and women become stronger and healthier.

The relationship between the identity of Aboriginal women in Manitoba and their

[33] These values were evident in the interactions between focus group participants. At each meeting, the women quickly created community, easily exchanging humour and empathy, affirming and supporting each other's understandings and experiences.

health and well-being has several implications for health care providers, policy makers and professionals. The women participating in this research project envision their own identities and wellness in holistic terms. These understandings affirm the importance of moving beyond a scientific approach to health and healing to integrate holistic understandings of and approaches to health (including traditional medicine) into health care practices and policies. Health care practitioners, providers and policy makers should recognize, work with and expand upon existing resources that support the health of Aboriginal women and their communities. For example, as life-givers, care-givers and decision-makers, Aboriginal women in many ways are the health gatekeepers of their communities. Health care providers and policy makers should seek to strengthen Aboriginal women by acknowledging the value of the family and community roles and responsibilities they have assumed, by creating and supporting opportunities for them to work together, and by soliciting their input on service delivery and policy direction. Further research into the connection between the well-being and identity of Aboriginal women, for example research that focuses on the identity and well-being of Aboriginal women in remote communities, will enhance our understanding. The family and community roles and responsibilities of Aboriginal women should also be acknowledged in education and recruitment programs for Aboriginal health care professionals and administrators. Programming and funding should be designed to accommodate the multiple responsibilities of the women, rather than forcing them to choose between career and family. In particular, programming and funding should be available to women who return to or begin a career after raising their children.

The women's shared holistic understanding of identity and well-being also illustrates the importance of a community health approach. The women do not separate their own selves or well-being from the selves or well-being of the children, men, elders and communities with whom they share their lives. Health care practitioners, providers and policy makers should assume a similar approach. As the women pointed out, community issues, such as housing conditions or a decision to build a casino, can have a significant impact on the health of Aboriginal women. Health care practitioners, providers and policy makers in Aboriginal communities should be willing to support community efforts to address such issues. In partnership with Aboriginal people and communities, they should work to identify the particular strengths and needs of all the community members (including women, men, children or elders) and communities they are serving, then design programming and services that draw upon those strengths and attend to those needs. Moving toward community-directed health programming and services addresses some of the need for community control and ownership identified by the women in this project. The federal government's current initiative to transfer jurisdiction of medical programs and services to First Nations communities, tribal councils and organizations reflects a similar understanding of the need to

return control of health care to Aboriginal communities. Aboriginal community ownership of health care, however, requires more than a jurisdictional transfer.[34] Health care practitioners, providers and policy makers, as well as federal and provincial governments, need to assist Aboriginal communities' in the development of the infrastructure, human resources and administrative structures needed to create and control health care services that are rooted in the cultural practices and values of the Aboriginal people they are serving.

[34] Janet Smylie, *SOGC Policy Statement: A Guide for Health Professionals Working with Aboriginal Peoples*. Rogers Media: Toronto, 2001.

6.0 POLICY RECOMMENDATIONS

The women who participated in the research presented identities that are inseparable from their family, history, community, place and spirituality, and understood in the context of their whole lives. They are conscious of the importance of their roles as life-givers, care-givers and decision-makers in their immediate families, extended families, communities and Nation. They continue to take on the responsibilities these roles entail even while, with the breakdown of traditional social structures, they have lost many of the strong support systems once provided by mothers, grandmothers, partners, families, and communities. They spoke of the importance of returning honour and respect to women and of encouraging women to actively support each other. They also recognized the need to create more supports for men, many of whom now are struggling to maintain or recover a sense of their own strength and value; for children, who, as always, need and deserve our care, protection and guidance; and for elders, who offer us wisdom and knowledge derived from their lengthy life experience. With an appreciation that their own well-being is closely linked to that of their communities, the women understand that as their communities assume more control and ownership of their own cultures, both communities and women become stronger and healthier.

These research findings underscore the importance of traditional culture to the health and wellness of Aboriginal women. Because of this, we recommend that **Aboriginal, federal, provincial and municipal governments recognize, value, and support traditional cultural practices and understandings with respect to health and wellness**:

- Traditional cultural teachings are a central part of contemporary Aboriginal culture and provide a powerful place from which to teach and guide health and wellness practices. All levels of government should provide funding and other resources to initiatives that support traditional teachings relating to health and wellness.[35]

- All levels of government should support First Nations, Inuit and Aboriginal communities to take

[35] To some extent, this is already underway. For example, the federal government has recently approved funding for the newly formed Northern Aboriginal Population Health and Wellness Institute (NAPHWI). One of the goals of the Institute, which is led by Manitoba Keewatinowi Okimakanak (a regional organization representing 30 First Nations communities in Northern Manitoba) and the Burntwood Regional Health Authority (mandated to plan and deliver health care services across most of Northern Manitoba), is to integrate traditional Aboriginal healing methods and practices into conventional Western medical programs and services.

ownership and control of their own culture and traditional teachings in areas such as parenting, traditional counseling, traditional healing and more. This is particularly important in the context of the current transfer of management of some health services from the federal government to First Nations and Inuit communities. Supporting communities to take ownership and control of health-related aspects of their culture and traditional teachings will strengthen their ability to develop health systems that make the most of community resources. As part of this capacity building, First Nations, Inuit and Aboriginal people should be involved in the planning and delivery of health-related services and programs in their communities.

- Because every language, to some extent, preserves unique cultural knowledge, Aboriginal and provincial governments should support the maintenance of Aboriginal languages. Aboriginal people should be able to speak and be understood in their traditional languages (especially when they are communicating about the personal and intimate subjects of identity, health and wellness). Supports may range from offering classes in local languages and dialects to the provision of interpreter and translation services.

- Health programs must incorporate Aboriginal holistic understandings of health and wellness into the working definitions that guide planning, programming and daily practices. These understandings will enable us to look beyond an isolated biomedical model of health and wellness and recognize that "well-being flows from balance and harmony among all elements of personal and collective life."[36]

It is also clear that Aboriginal women are a valuable part of their families, communities, and larger Nations. We recommend that **Aboriginal, federal, provincial, and municipal governments respect, honour, support, and strengthen Aboriginal women's roles in their families, communities and larger Nations**:

- Aboriginal women must be recognized as gatekeepers of family and community health and wellness. This suggests, for example, that Aboriginal women should be consulted on, included in, and give direction to health assessments and other research projects.

- Health care delivery must incorporate an understanding of Aboriginal women's roles and responsibilities and of their importance as life-givers, care-givers, and decision-makers in their immediate families, extended families, communities and Nations. Programs and services should recognize the connections between the identities of Aboriginal women and their family, history, community, place and spirituality.

[36] Royal Commission on Aboriginal Peoples. *Highlights from the Report of the Royal Commission on Aboriginal Peoples*. Ottawa: Ministry of Supply and Services. 1996.

- At a local level, support should be provided to programs, services and practices that acknowledge the contributions Aboriginal women make to their families and communities and reclaim their traditional importance as life-givers and decision-makers.[37] Aboriginal women should be encouraged to find ways to actively support and celebrate each other's success and identities.

- At an institutional level, health care providers and other stakeholders should build capacity for Aboriginal women through aggressive and effective human resource initiatives. Aboriginal women should be provided with more opportunities to assume leadership and decision-making positions and their image as leaders should be enhanced through, for example, opportunities for role-modeling and mentoring.

The research findings clearly indicate that the health and wellness of individual Aboriginal women is inseparable from that of their families, extended families, communities and Nations. We recommend that **Aboriginal, federal, provincial, and municipal governments address the needs of Aboriginal families and the larger communities and Nations**:

- All levels of government and other stakeholders should support Aboriginal women to achieve balance between their paid and volunteer work, and family and community responsibilities. For example, women, families and community members should be able to procure adequate childcare and home care, and support should be provided to caregivers.

- Families and communities must receive adequate supports to care for, protect, and guide children.

- At a community level, formal and informal supports should be in place to assist men to maintain or recover a sense of their own strength and value.

- At a community and institutional level, the wisdom and knowledge of elders must be recognized and respected.

- The capacity of communities to address underlying issues that affect health (such as casinos, inadequate housing, poverty, the legacy of residential schools, poor levels of nutrition, and high levels of stress) must be supported and strengthened. This suggests that government and institutions must place more emphasis on population health approaches.

- All levels of government must build bridges and encourage and enable organizations to collaborate and cooperate in the delivery of programs

[37] For example, the recently formed Mother of Red Nations (MORN) provides voice, representation and advocacy to Aboriginal women in Manitoba, promotes, protects and supports the well-being of Aboriginal women and children, and is committed to support women as they reclaim their traditional positions as community leaders. The organization receives most of its funding through departments of the federal government.

> and services that support health and wellness. It is especially important that all parties work to resolve the many jurisdictional issues that can get in the way of people and agencies working together.

The *Living Well* research project affirmed the important links between health and wellness and the cultural identity of Aboriginal women. Further research in this area will improve our understanding of how we can support and facilitate the holistic practices of well-being used by Aboriginal women. Although the *Living Well* research team visited a number of communities in Manitoba, Aboriginal women in the province are a diverse group, representing a wide range of communities and cultures, each with their own health and wellness teachings, experiences, and practices. It may be also useful to explore the issue of lateral violence[38] in Aboriginal communities (flagged by research participants) and work with community members to develop supports that will address it.

[38] By lateral violence, we mean such things as competitiveness, gossip, or family feuds that may develop within First Nations, Inuit and Aboriginal communities, separating and isolating community members. Lateral violence is associated with multi-generational trauma and its impact on community wellness, resiliency, and culture must be addressed.

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Appendix – Consent Form for Participants

Aboriginal Women, Cultural Identity and Wellness Project Consent Form

Discussion Groups

You are invited to be in a research study on the topic of Aboriginal women, cultural identity and wellness. The purpose of the research is to look into the ways that Aboriginal women have retained and drawn upon cultural values, teachings, and knowledge as a way of healing themselves, their families and their communities. We are trying to understand how Aboriginal women develop their cultural identities and how this contributes to their mental, physical, emotional, and spiritual wellness.

Please read this form and ask any questions you may have before agreeing to be in the study. The study is being conducted by myself, Alex Wilson (Opaskwayak Cree Nation) for the Prairie Women's Health Centre of Excellence.

Procedure:
If you agree to participate in this research project you will have to do the following:
1) Participate in 1 group discussion. The discussion group will take approximately 2 hours and be run in a format similar to a talking circle.
2) Agree to respect the confidentiality of other discussion group members.
These group discussion groups will be audiotaped to ensure accuracy.

Risks and Benefits of Being in the Study:
The study has the following risks:
First, since people will be talking about their life experiences, during the discussion group there is a possibility that sensitive issues may arise. There is a risk that you, or others, may become upset or that the discussion may trigger painful memories**.**

Second, although every effort will be made to ensure confidentiality, there is a risk that other participants might share information that they hear during the discussion group and thereby not honor the confidentiality.

A benefit from being in this study is that you will have the opportunity to tell your own story. The research will lead to a better understanding of the topic of Aboriginal women, cultural identity and wellness, which in turn can help with policy and practices that affect Aboriginal women and communities. Ultimately this research will help Aboriginal women and our own native communities return to a healthy balance.

Confidentiality*:*
Every effort will be made to ensure that your identity will remain confidential. Pseudonyms will be used for names and places so that you will not be identifiable. Any information that is gathered will be generalized. Audiotapes and notes will be kept in a locked file cabinet and once the research project is finished the records will be destroyed.

The findings of this study will be presented in a document published by the Prairie Women's Health Centre of Excellence. A copy of the Report will be made available to you, if you wish.

Voluntary Nature of the Study:
Your decision whether or not to participate will not affect your current or future relations with the Prairie Women's Health Centre of Excellence or with the researcher, Alex Wilson. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions

The researcher conducting this study is:
Alex Wilson, Opaskwayak Cree Nation

You may ask any questions you have now.
If you have questions later, you may contact the researcher at
(204) 479-1202 or toll-free 1-866-371-6848.

This research project was approved by the Prairie Women's Health Centre of Excellence. If you have any concerns about your rights or your treatment as a participant in this study please contact the Prairie Women's Health Centre of Excellence, 56 the Promenade, Winnipeg, Manitoba, R3B 3H9, phone 204-982-6630, email pwhce@uwinnipeg.ca.

Statement of Consent:

I have read and understood the information above and give my consent to participate in this study. I agree to maintain the confidentiality of other group members. I have received a copy of this consent form.

Name (please print) _____

Signature_____ Date _____

Signature of investigator/Researcher_____ Date _____