

Indigenous Families: Fostering Attachment Our Way

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Dedication

To my caregivers who have left this Earth, I dedicate this to you. Thank you, Mom, Dad, Mémère et Pépère for raising me, and for making me into the person that I am today. It is through you that I raise my little girl, and because of you that we have been given the gift of life.

Abstract

Indigenous peoples worldwide have been colonized by the Western world. In the Canadian context, Indigenous peoples are the fastest growing, and youngest population. Indigenous children face greater health disparities compared to other Canadian children. Stemming from a Eurocentric perspective, attachment theory is a dominant framework for understanding early child development in Western society. In relation to Indigenous cultures, where beliefs, family structures and caregiver practices differ from those of Westernized practices, the theory's relevance is questionable. The purpose of this research is to explore the meaning of attachment in the context of contemporary Indigenous families with the goal of better understanding how healthy attachment outcomes can be promoted for Indigenous children. Indigenous and Western knowledges are incorporated in this research project through the guiding principles of the two-eyed seeing approach, which considers the strengths of both ways of knowing. Indigenous caregivers share their stories about family through an Indigenous research method known as the Sharing Circle. Bronfenbrenner's Bioecological Model of Human Development is used as a framework for data analysis. Finally, the implications, limitations, and final thoughts are presented about attachment in the context of Indigenous families.

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Definition of Terms

Aboriginal: Original inhabitants of the land prior to colonization (Throughout this paper, the term is used interchangeably with Indigenous).

Blanket Exercise: Developed in response to the 1996 Royal Commission on Aboriginal Peoples by KAIROS, the blanket exercise is a teaching tool to share the historic and contemporary relationship between Indigenous and non-Indigenous peoples in Canada (<https://www.kairosblanketexercise.org>).

Indian: Colonial term meant for Aboriginal peoples of Canada and the United States. It stems from an explorer's mistake upon finding this land and thinking it was India.

Indigenous: Original inhabitants (Throughout this paper, the term is used interchangeably with Aboriginal).

Mi'kma'ki: The ancestral territory of the Mi'kmaq people. Mi'kma'ki includes Nova Scotia, parts of New Brunswick, the Gaspé coast, parts of Newfoundland, and parts of Maine.

On/off-Reserve: If someone is on-reserve, they are under federal jurisdiction. Once off-reserve, they fall under provincial jurisdiction. Reserves are sets of land governed by the Indian Act, and residence on a reserve is governed by band councils, as well as the Minister of Indigenous and Northern Affairs Canada. Under the Indian Act, reserves that serve as residences are referred to as Indian Bands. Many reserves or bands are now referred to as First Nations (<https://www.thecanadianencyclopedia.ca/en/article/aboriginal-reserves/>).

Report of Royal Commission on Aboriginal Peoples: A report of recommendations for restructuring the relationship among the government and Indigenous peoples of Canada.

Western society: A broad term referring to norms, values, customs and belief systems associated with Europe (https://en.wikipedia.org/wiki/Western_world).

Chapter One

Introduction

It is human nature to want our children to have healthy attachments; to be loved and well cared for. Eurocentric beliefs dominate much of Western society, including what constitutes healthy attachment outcomes in children. However, not every culture in Western society prescribes to the dominant view on attachment. Indigenous peoples'¹ worldviews are fundamentally different than the Eurocentric beliefs that dominate Western society. Their childrearing beliefs are centered on collectivism and shared parenting while Eurocentric beliefs focus on individualism and nuclear family systems. These fundamental differences in worldviews beg the question of the relevance of the attachment theory in the lives of Indigenous children. How does the attachment theory inform Indigenous children's development? What are the beliefs of Indigenous caregivers on what constitutes healthy attachments? In the context of Canada, Indigenous children face greater health disparities than other Canadian children. Therefore, it is essential for Western educational programs and government services that provide programs to children understand how the dominant view of how to promote healthy attachments impacts the lives of Indigenous children. Further, exploring the meaning of attachment in the context of Indigenous families will broaden the understanding on ways in which healthy attachments can be fostered in Indigenous children.

Purpose of the Study

The purpose of this study is to understand what Indigenous peoples consider healthy attachment outcomes in children. In Western society, attachment theory is the dominant framework used in the field of childcare (Ainsworth and Bell, 1970; Bowlby, 1969). Attachment

¹The term Indigenous is interchangeably with the term Aboriginal throughout this thesis.

theory is argued to be the most important way of social and emotional development in young children (Benzies, 2014). It vastly influences the field of early childcare, including Western educational programs and government services for children (i.e., childcare centres, child welfare, head start programs, hospitals, schools, parenting programs) (Neckoway, Brownlee, Castelan, 2007). Stemming from Eurocentric beliefs, attachment theory values childrearing practices based on nuclear family systems. However, not all cultures residing in Western society share those beliefs, including Aboriginals,² who value childrearing practices based on extended family systems.

Cross-cultural research on the applicability of attachment theory is limited and, scant in the context of Indigenous peoples (Neckoway et al., 2007). “The applicability of the model for working with Aboriginal peoples has not been established” (Neckoway et al., 2007, p.65). Despite this, attachment theory continues to be used as a dominant framework for understanding socioemotional development in children (Neckoway et al., 2007). Attachment theory has a profound impact on children’s development in Western society (Benzies, 2014). Therefore, it is imperative to explore the meaning of healthy attachment outcomes beyond the Eurocentric lens.

Indigenous beliefs on childrearing are characterized by collectivistic practices such as interchangeable caregiver roles and shared parenting, whereas the dominant beliefs in Western society are individualistic (Benzies, 2014). Benzies (2014) describes the beliefs of Indigenous cultures on childrearing:

In Aboriginal cultures, the goal is to create a nurturing environment for child development utilizing multiple relationships with extended family and other community members. In the cultural context of the shared parenting model,

²The term Aboriginal is used interchangeably with the term Indigenous throughout this thesis.

mothers of Aboriginal heritage believe that other caregivers are capable, and will be attentive and responsive to the child's needs. The primacy of a purely dyadic mother-infant relationship does not exist in a shared-parenting model and Aboriginal mothers may be considered insensitive and unresponsive (Benzies, 2014, p. 383).

Aboriginals are the fastest growing, and youngest population in Canada (Statistics Canada, 2016). Aboriginal children are a population that faces greater risk of social, health, and economic disparities compared to children of the mainstream population (Davis, Dionne, Fortin, 2014; Prior, 2007). Colonization has had a direct influence on these disparities (Blackstock & Trocmé, 2005, Levy, 2000). With the goal of assimilating Indigenous peoples into Western culture, colonizing practices such as the residential schools have vast intergenerational effects on Aboriginal child-rearing practices, including negative consequences for family and community identity (Castellano, 2002; Godlewska, Moore, Bednasek, 2013)

Aboriginal children are vastly overrepresented in the child welfare system at every level, (Blackstock, Trocmé, Bennett, 2004, Blackstock & Trocmé, 2005). Blackstock (2010) attributes this to systemic discrimination against Indigenous families. For one, the child welfare system is designed from a Eurocentric perspective that, automatically strips Indigenous peoples of their right to self-determination (Blackstock, 2010). A result of systemic poverty, neglect is the primary reason for which Aboriginal children are placed in care (Blackstock et al., 2004, Blackstock & Trocmé, 2005). Further, many Indigenous households are led by young, single mothers, which is seen as a risk factor to the development of children (Health Canada, 2010; Sinha et al., 2013). Therefore, it is important to understand how Eurocentric thinking on attachment informs family practice.

Notable characteristics of the dominant attachment framework focus on paternalistic, nuclear family practices. Since they follow the dominant prescription of what promotes healthy attachments in children, Western programs and government services, including the child welfare system, contribute to the disparities faced by Indigenous children. If the lack of understanding of the applicability of the attachment theory on the lives of Aboriginal families continues, the disruption of Indigenous childrearing practices that stems from colonization is promising to be a continuing legacy in Western society. It is imperative to view the attachment theory from a critical Indigenous lens in order for Western programs and government services to broaden their understanding as to the reasons why Indigenous children experience significant disparities compared to their non-Aboriginal counterparts, so that these gaps can be addressed.

In particular, since the attachment theory is driven by Eurocentric values on childrearing, it is essential to explore Indigenous peoples' values on childrearing in order to understand what attachment means to them. Through this thesis, Indigenous beliefs on healthy attachment outcomes will be explored as a means to better understand the impact dominant frameworks on attachment have on Indigenous children. Greater understanding of attachment in the context of Indigenous peoples can contribute to culturally relevant ways in addressing the disparities that are faced by Indigenous children.

Western Research vs. Indigenous Ways of Knowing

While research on Aboriginal people is abundant, the ways in which it has been typically conducted has failed to adequately serve them (Archibald, 2008). For the most part, research on Aboriginal people takes a pathological approach, with the focus on attempting to “fix what is wrong” with them as individuals, instead of looking at the system (Tuck, 2014). For example, research on Aboriginal childrearing practices focuses primarily on individual relationships rather

than on the collectivistic practices of traditional Aboriginal communities (Levy, 2000). Further, although the vast overrepresentation of the many disparities faced by Indigenous children is stereotypically attributed to Indigenous families, it is clearly evidence of a systemic issue (Levy, 2000).

Essential to conducting meaningful research for any population, is to engage in methods that represent the essence of their ways of knowing. Through Indigenous approaches to research, this thesis focuses on the strengths of Indigenous peoples rather than on the disparities they face. Knowledge in the Aboriginal context is relational, shared, fluid, non-linear, and because of that, it cannot be objective. In Western society, knowledge is owned, individualized, compartmentalized, linear, and therefore can be objectified (Archibald, 2008; Barnhardt & Kawagley 2005; Bear, 2000; Duran & Duran, 2000; Lavallée 2009; Prior, 2007). In the Western approach “*knowledge* is a noun, to be passed down objectively from one person to another. In Indigenous languages, knowledge is a verb, and the teacher and learner both play a constructive part in it” (Hatcher et al., 2009, p.146). While it is important to note that Aboriginal cultures are heterogenic, they share common ethical principles of respect, relevance, and reciprocity (Archibald, 2008; Smith, 1999; van de Woerd & Cox, 2005).

Collectivism and storytelling are also a cornerstone of Aboriginal ways of knowing. An Indigenous research method known as the Sharing Circle (also known as a Healing Circle), is used in this thesis to gather the stories of Aboriginal caregiver’s beliefs about childrearing practices. Through the process of oral storytelling, the goal of the Sharing Circle is to provide participants with the opportunity to have their voices heard and respected (Archibald, 2008). Each story contributes to the collective voice of the group. As per protocol, an Elder facilitated the Sharing Circles to ensure that the element of respect was followed. In addition, since both the

Elder and the researcher are Indigenous caregivers, their reflections of the Sharing Circle discussions are included in chapter four of this thesis.

This research uses the guiding principles of the two-eyed seeing approach. “Two-eyed seeing refers to learning to see from one eye with the strengths of Indigenous ways of knowing, and from the other eye with the strengths of Western ways of knowing and using both of these eyes together” (Hatcher et al., 2009, p. 146).

The following questions are used as a guide to better understanding attachment in the context of Indigenous families:

Research Questions

Main Research Question

1. What are the beliefs of contemporary Aboriginal families on attachment?

Sub-Questions

1. How do contemporary Aboriginal families’ beliefs interact with attachment theory?
2. What are the influences and implications of Western beliefs on childrearing practices on contemporary Indigenous families?
3. How do contemporary Aboriginal families practice their traditional values and beliefs within Western society?
4. What are the implications of contemporary Indigenous caregiver’s beliefs about family within the systemic bioecological framework?

The next chapter provides a review of the literature on attachment in the context of Indigenous families, followed by the methodology chapter that outlines the Sharing Circle method as well as Bronfenbrenner’s Bioecological Model of Human Development as a form of analysis. The last couple of chapters include the findings and a discussion on the impact

assimilation practices have on Indigenous children, followed by the implications and final thoughts on Indigenous family attachments.

Chapter Two

Literature Review

We all have a basic need to have healthy attachments in our lives (Hoffman et al., 2013). “The fundamental biological mandate of all human beings is to ensure the future of our kids” (Douglass et al., 2006, p. 105). Nurturance fosters healthy attachments that are key in the healthy development of children’s socio-emotional relationships (NCCAHA, 2013; Neckoway, 2003). The greater ability of the caregiver to respond to their children’s needs, the more securely attached the children will be to those caregivers, and ultimately, the better attachments they will form with others throughout their lives (Hoffman et al., 2013). Should children be devoid of adequate emotional support and regulation, the cycle will continue when they become parents (Hoffman et al., 2013).

Who defines healthy attachment outcomes? The answer depends on the lens from which one explores attachment. For example, in the book, *Parenting Across Cultures: Childrearing, Motherhood and Fatherhood in Non-Western Cultures*, it is found that collectivistic and individualistic cultures have different childrearing goals (Selin, 2014). Therefore, Indigenous peoples likely have different beliefs of what healthy attachment outcomes are compared to Western cultures. So where does this leave them?

Prior to colonization, Aboriginals have lived for generations as self-sufficient societies. Today, just being Aboriginal is considered a social determinant of health (Reading & Wien, 2009). The arrival of settler society is undeniably strongly correlated to this vast change (NCCAHA, 2013). Therefore, it is critical to acknowledge the devastating impacts of colonization practices on Indigenous peoples’ caregiving beliefs and abilities in order to understand what attachment means in the context of contemporary Indigenous families.

In this chapter, a review of the literature on contemporary and traditional Indigenous beliefs and practices on childrearing practices is discussed. Colonization and other Western practices, including the dominant framework for understanding healthy attachment outcomes in children, and their implications in the lives of Indigenous families is also explored to provide a context of how the approaches to attachment differ. The first section of this literature review discusses contemporary Aboriginal caregiver practices.

Contemporary Aboriginal Caregiver Practices

It is well established that not only do Aboriginal parenting practices and customs differ from those of the dominant culture of Western society, but that the two worldviews often clash in their profound differences (Cull, 2006; Lavell-Harvard & Corbière Lavell, 2006a). Aboriginal peoples share a holistic approach to childrearing that embraces shared-parenting (Kruske et al., 2012; Neckoway et al., 2007). Shared parenting is an important aspect of the lives of Aboriginal people because it embraces the importance of interpersonal relationships, which are developed at an early age and are maintained and built upon throughout the child's life. Shared parenting allows for "mutual distribution of resources" (McGadney et al., 2006, p. 116) which is seen as essential to the well-being of the child and the community overall.

For Indigenous families, caregiving extends far beyond parents (LaFrance & Collins, 2003). Even the term "parenting" has been argued to be problematic in the context of Indigenous beliefs (LaFrance & Collins 2003). Indigenous peoples believe in extended family concepts such as lineages, bloodlines, clans, kin, totems, elders and community, allowing for people to be family, regardless of any biological relation (Neckoway et al., 2007). Further, children are shown equal love and affection regardless of the status of their biological ties. Their interchangeable

caregiver roles make it rare that children in the community become orphaned (Mzinnegiizhigo-Kwe Bédard, 2006).

“It takes a village to raise a child” is an African proverb that has become a token phrase in Western society, yet it is seldom practiced. Western society seems to value competition for materialistic goods rather than cooperation for communal well-being (Freire, 1970). People working long hours to meet their financial responsibilities; maintaining lavish homes that they rarely get to spend time in due to their work obligations. Families, sacrifice precious time with their children, to uphold this standard of living. However, in every oppressed population, including Indigenous populations, multi-generational communities understand that it does “take a village,” therefore, actually practice collectivistic childrearing (McGadney et al., 2006).

Compared to those of the oppressed, colonial worldviews tend to be closed because the oppressed have always been abdicated to take on worldviews other than their own (Lavell-Harvard & Corbière Lavell, 2006a). Western society has never had to prove why their worldviews are valuable. They take the position that their views are absolute since their views have been subjected on others for generations (Lavell-Harvard & Corbière Lavell, 2006a). In her classic article, “White Privilege: Unpacking the Invisible Knapsack,” Peggy McIntosh speaks to this effect: “I think whites are carefully taught not to recognize white privilege, as males are not taught to recognize male privilege” (McIntosh, 1992, p. 30). McIntosh (1992) shares how her experience as a White woman is akin to having an invisible knapsack of unearned assets with which she navigates through Western society. The following are some of the statements she makes in this regard:

“When I was told about what is positive in our national heritage, or in ‘civilization,’ I was shown that people of my color made it what it is. I can remain

oblivious of the language and customs of persons of color, who constitute the world's majority, without feeling in my culture any penalty for such oblivion" (p. 30-32).

The constant balancing act between the two worldviews is something that Indigenous peoples have had to manage since colonization. "No one is immune to misperceptions, since there are no views from nowhere" (Lavell-Harvard & Corbière Lavell, 2006a, p. 8). However, just because something has always been a certain way, that does not make it right; the colonial injustices imposed upon Indigenous families is no longer acceptable. In order to understand how healthy attachment outcomes can be fostered in Indigenous children, it is imperative to explore the social contextual issues affecting contemporary Indigenous family attachments as a result of colonization practices.

Social Contextual Issues Affecting Indigenous Family Attachments

In Canada, colonizing practices have been around for centuries (Benjamin, 2014). The imposition of colonization, war and slavery created the darkest of times for all Indigenous people worldwide (McGadney et al., 2006). Due to the vast impact it has had on Aboriginal people, colonization cannot, and should not, ever be undermined (Blackstock & Trocmé, 2005). The Royal Commission on Aboriginal Peoples estimates that the Aboriginal population has decreased by 80 percent since the arrival of the Europeans. The two main causes that account for this loss are assimilation practices and foreign illness (Blackstock & Trocmé, 2005). Dismissing them as flawed, colonizers destroyed the very fabric of the social and communal lives of Aboriginals, forcing their patriarchal, domestic values on Aboriginal families (Gosselin, 2006).

Initially, Aboriginals were tolerant of, and cooperative with Europeans (Cull, 2006). However, the Canadian government wanted to own the identity of the "Indian" (Cull, 2006).

Instead of seeing Aboriginal societies as well-established systems of governance with complex matriarchal social systems, colonizers saw themselves as the “master race” and perceived the different values of Aboriginal people as ‘savage’ and inferior (Cull, 2006, p.142). From their perspective, the colonial way was the only acceptable way to live.

While there is no empirical evidence to support the notion of Aboriginal inferiority, the government has been instrumental in the role of their negative portrayal (Cull, 2006). It continues to uphold the stereotype of Aboriginals as uncivilized, subordinate and inferior through media, popular culture, curriculum and arts (Anderson, 2000, Cull, 2006). In this respect, the colonial attitude that Aboriginal people did not know what they wanted still exists today (Neckoway et al., 2003).

A reflection of the matriarchal structures of many Indigenous societies, women’s roles are highly valued in these communities. Across cultures, “it is the mothers who are most involved in raising and caring for children, and the children are often closest to the mothers” (Selin, 2014, p.2). Oftentimes, the mother-child relationship is considered the most influential in a child’s life (Putnick, Bornstein, Breakstone & Suwalski, 2014). Therefore, mothers play a critical role in fostering healthy attachments in children. The role of Indigenous women as caregivers was purposefully compromised by assimilation practices to ensure that Aboriginal mothers are not considered the “normalized” version of a mother (Cull, 2006; Gosselin, 2006; Ing, 2006).

Next, social contextual issues of assimilation practices on Indigenous women are discussed.

Indigenous Women: Facing Colonization

For Indigenous peoples, the concept of motherhood extends far beyond giving life. Mother, grannie, and auntie are considered to be interchangeable roles that are not culturally defined (Mzinegiizhigo-Kwe Bédard, 2006). Older siblings, cousins and other members of the extended family and community can take on mothering roles (Lavell-Harvard & Corbière Lavell, 2006a).

Universal to every Indigenous population of the Americas, Australia, and Africa who were conquered, enslaved, marginalized and controlled, were collectivistic societies whose values clashed with those of the Europeans (McGadney et al., 2006). At the heart of these collectivistic societies were the crucial roles that grandmothers and older women played in their communities (McGadney et al., 2006).

Historically, Canadian perceptions of Aboriginal women were constructed on conquest, possession and control (Mzinegiizhigo-kwe Bédard, 2006). With the power that they had in their communities, colonizers saw Aboriginal women as a threat that needed to be conquered (Lavell-Harvard & Corbière Lavell, 2006a, Noel, 2006). Seeing that colonizers marginalized their women through “infantization,” women in positions of power was foreign to them (Noel, 2006, p.107). Therefore, they redeveloped the concept of Aboriginal women as a means to dismantle their power (Cull, 2006).

In Canada, not only were the voices of Aboriginal grandmothers ignored, colonizers worked hard at silencing them (Lavell-Harvard & Corbière Lavell, 2006b). Practices such as the implementation of the Indian Act, the residential schools and the child welfare system have been argued to be a direct aim at the power that Aboriginal women had (Harvard-Lavell & Corbière Lavell, 2006, p. 184; Simpson, 2006). The Indian Act was implemented by Europeans for the

purpose of gaining control over Aboriginal people by making these practices legal (First Nations Studies Program, 2009). It allowed for Aboriginal children to be taken away from their homes to become wards of the state, for eugenic sterilization laws to be enforced, and the introduction of new Bills enabled authorities to force Aboriginal women to choose between losing their “Indian” status and being excommunicated from their communities if they married a white man, or forgoing the union to maintain their identity (Cull, 2006; Harvard-Lavell & Corbière Lavell, 2006, p.184). While the legislation of the Indian Act has been toned down from being an extermination policy, it continues to contribute to the systemic oppression of Aboriginal peoples, including the myth that Aboriginal women are bad mothers.

Aboriginal mothers and grandmothers who were once considered of the highest esteem in their communities, have been demoralized in every sense of their being by colonization (Lavell-Harvard & Corbière Lavell, 2006b). Colonization undermined Aboriginal women’s sovereignty, knowledge and power, replacing their mothering practices with physical, sexual, psychological and spiritual abuse, stripping Aboriginal women of their confidence (Simpson, 2006). They were exploited through sex, work-labour, and reproduction (McGadney et al., 2006). Seen as icons of virginity, Europeans took advantage of Aboriginal women; they labelled them as whores and bad mothers for having mixed race children (Mzinegiizhigo kwe-Bédard, 2006). Patriarchal values forced upon Aboriginal women separated them from their daughters. This led to their breakdown, loss of autonomy, self-abuse and internalized racism (Gosselin, 2006). By forcing their ways into hiding, colonization did much to destroy the power of Aboriginal women, which was the very fabric of what they stood for (Mzinegiizhigo kwe-Bédard, 2006).

Today, the image of an Aboriginal woman is extremist; she is seen as either good or bad, virtuous or slutty, mother or whore, with little room for perception between the polar opposites

(Mzinegiizhigo kwe-Bédard, 2006). Aboriginal motherhood is “possibly one of the most dangerous jobs in contemporary Canadian society” (Lavell-Harvard & Corbière Lavell, 2006b; p. 190). Aboriginal women and mothers face racism, addiction issues, poverty, precarious social and medical conditions, and chronic social legal representation (Cull, 2006). They face increased risk of social determinants of health, such as poverty and homelessness, medical conditions (e.g. gestational diabetes), and social issues (e.g. domestic violence) (Lavell-Harvard & Corbière Lavell, 2006b). Cull (2006) argues that Aboriginal mothers are the most disadvantaged people in Canada, living in a “minefield of chronic challenges” (p. 150). To begin with, they are the poorest of women of all minority groups; the Human Development Index placing them on par with citizens of Peru (Blackstock & Trocmé, 2005).

Social contextual issues such as poverty and addictions faced by Aboriginal women and mothers, seem to justify to society that they are deserving of the negative stereotypes that exist. While colonization and assimilation practices have no doubt negatively impacted their lives, society points the finger at Indigenous women. An Aboriginal mother trying to raise several kids on social assistance is seen as unmotivated, while a white woman would be viewed differently in the same circumstances (Cull, 2006). If a middle class, married woman should with addictions, the problem would be portrayed as a medical issue beyond her control. If the shoe was on the foot of an Aboriginal mother, she would be judged for her “choice” to be an addict (Cull, 2006). In Canada, Aboriginal peoples do suffer higher rates of addiction than the rest of the population (Statistics Canada, 2016). Unfortunately, the stigma attached with addictions in the Aboriginal populations, means that they are less likely to seek help and Aboriginal women frequently opt out of getting help (Cull, 2006). Aboriginals have the highest rate of children born with fetal alcohol syndrome (FAS) compared to the rest of the population, because many women continue

to drink during pregnancies. Adding to the negative stereotype of the drunken Indian, FAS has been made into a race issue belonging to Aboriginal people over the years (Cull, 2006). While everything in the historical context enables an understanding of where the negative stereotypes of Aboriginal people stem, they continue to be enforced (NCCAH, 2013).

The “Ideal” Mother

Aboriginal mothering occurs within the context of historical and ongoing policies and practices that place their ideologies of mothering under constant attack from the dominant, racialized and patriarchal ideals of a mother (NCCAH, 2013).

Mzinnegiizhigo-Kwe Bédard (2006) shares the position of a young American Aboriginal woman:

Women like me are going to blow in the role of mother if left to the narrow, biological role. But in Indian country, that role was never understood necessarily as a biological role; grandma was never understood as a biological role; sister and aunt were never understood in the confines of genetic kinship (quoted in Udel 66).

While Aboriginal women are forced to take on the patriarchal role of motherhood defined by Western values, they are still expected to remain Aboriginal (Gosselin, 2006). As the saying goes, “damned if you do, damned if you don’t.” If Aboriginal women adopt mothering expectations of Western society entirely, they lose part of their identity. Should they adhere entirely to Indigenous principles of childrearing, they will be perceived as bad mothers (Gosselin, 2006). Alternatively, Eurocentric values reserve the role of mother strictly for biological mothers (Lavell-Harvard & Corbière Lavell, 2006a; NCCAH, 2013). Should they differ from this intensive, paternalistic expectation, caregivers will be watched by authorities with judgmental eyes (NCCAH, 2013).

The dominant narrative of the ideal mother in Western society is one who is white, straight, able-bodied, and married with one or two children (Lavell-Harvard & Corbière Lavell, 2006a). The myth of the “ideal” mother is your typical image of perfection—a beautiful and thin, well kept, well-mannered lady who keeps up with the household duties in her middle class, suburban home (NCCAH, 2013).

As is “proper,” the ‘ideal’ heteronormative white mother is expected to put her children and husband’s needs above her own—24 hours a day, seven days a week (Gosselin, 2006; Lavell-Harvard & Corbière Lavell, 2006a; NCCAH, 2013). Hence, parenthood is often used as a synonym for mothering in Western society (Gosselin, 2006).

The “ideal” mother is expected to dedicate her ‘free time’ to the needs of her children (Gosselin, 2006). In addition, she is always in control of her children. She is expected to maintain schedules for them. Should they misbehave, her children’s misbehaviour is a reflection of her shortcomings as a parent. With the expectation that she bears the sole responsibilities of parenthood, she is must act as the family nurse, the counsellor, the maid, the doctor, the hairdresser, and so on. In addition, she is expected to adhere to the advice of the “experts” on childrearing (Gosselin, 2006).

The critical role of Aboriginal women has been under attack for over five generations, leading to the breakdown of their families (Blackstock & Trocmé, 2005). To appreciate the depth of the impacts of assimilation practices on Indigenous families, it is essential to start from the beginning. The next section provides an overview of traditional Aboriginal worldviews.

Traditional Aboriginal Worldviews

Aboriginal people have inhabited these lands since time immemorial (Greenwood & de Leeuw, 2006). Carbon dated evidence suggests that they have inhabited the Americas for over

ten thousand years before anyone imposed on them (Blackstock & Trocmé, 2005). For 525 generations, Aboriginal societies were thriving. Following their own worldviews, Aboriginal peoples' capacity to sustain ecological balance came naturally (Noel, 2006). Aboriginal societies were generally cooperative and peacekeeping (Blackstock & Trocmé, 2005). The children were healthy and happy because in these societies, they let their own physical, spiritual, emotional and cognitive selves guide them (Blackstock & Trocmé, 2005).

It is well known that prior to colonization, Aboriginal societies were not male dominated. In fact, most were matriarchal (Lavell-Harvard & Corbière Lavell, 2006a; Noel, 2006; NCCAH, 2013). Traditionally, Aboriginal women were assigned great respect in their nations, with motherhood being a central role in their communities (Lavell-Harvard & Corbière Lavell, 2006b). Naturally, their women held positions of power, were considered good medicine and guardians of the land (Simpson, 2006). In Iroquois society, it was customary for the men to leave their longhouses to live in the matriarchal longhouses of their children's grandmothers (Noel, 2006). Instead of being taught the Catholic creation story about Adam and Eve, the Iroquois taught young boys and men about the Sky Woman (Noel, 2006).

“Gendered division of labour was equally valuable and flexible” (NCCAH, 2013, p. 3). Further, while not strictly gender neutral, labour roles in traditional Indigenous societies could be interchanged. “In traditional cultures, the stay-at-home mom would have been a very cold and hungry woman” (Lavell-Harvard & Corbière Lavell, 2006a, p. 5). Perhaps stemming from this, I remember my mother always saying: “t’us (daughter), an Indian never gets stuck,” as she created innovative ways for our survival.

For traditional Aboriginals, the concept of motherhood originated with Mother Earth. The unconditional love that she had for the Earth and all its inhabitants was symbolic for the

unconditional love that a mother has for her children; continuously giving humankind the sacred gifts that are needed for survival (Simpson, 2006). Honouring their first mother was a basis for Aboriginal children's appreciations toward their own mothers and caretakers, as well as for others and for the Earth. Aboriginal children were taught early on about the importance of respecting Mother Earth, and reciprocating her offerings (Mzinnegiizhigo-Kwe Bédard, 2006).

Raising children was a communal effort (Simpson, 2006, Mzinnegiizhigo-Kwe Bédard, 2006). "The sharing of childrearing by several persons was a traditional custom honoured and practiced by all North American Indian tribes" (LaFrance & Collins, 2003, p. 108). Traditional families were large because they consisted of extended family, kin, and clans. Always at the core were the children, who were seen as vital to every aspect of the community's well-being (LaFrance & Collins, 2003).

Traditionally, Indigenous caregiver roles were interchangeable and collectivistic. Biological parents were typically supported by the entire community. Grandparents did the teaching of morals; aunties and uncles were the disciplinarians, so that mothers and fathers could nurture their children with love. Shared parenting allowed for no one caregiver to be overwhelmed or overburdened at any given time, which in turn allowed children to develop in a secure and resentment-free environment (LaFrance & Collins, 2013). No one who was part of the community was seen as an outsider. Regardless of age, blood relation, sex, sexual orientation, or strength or weakness, all were accepted without question (LaFrance & Collins, 2003). It was a rare occurrence in traditional Indigenous communities for any child to become an orphan (LaFrance & Collins, 2003).

Traditional Aboriginal caregiving was universally characterized by patience, kindness, and stories to teach morals (NCCA, 2013). Showing affection was a daily part of life, and

children experienced it with “all their relations” (Lafrance & Collins, 2003). Children learned autonomy, self-discipline and independence by observing and modelling the behaviours of others (NCCAH, 2013). Indigenous children did not receive physical punishments as was common in traditional Western families (Rich, 1989). Younger children were usually shunned upon with a gaze. For older children and adults alike, discipline was done in the form of humour (Arnott, 2006; Bear, 2000; Davis et al., 2014). This type of humour was not degrading. It was used for the purpose of teaching expected moral standards.

Oral tradition played a large role in teaching children moral standards (Archibald, 2008; Davis et al., 2014). In Indigenous cultures, the coyote is seen as a mischievous trickster and a valuable teacher. In her book, *Indigenous Storywork, Educating the Heart, Mind, Body and Spirit*, Archibald (2008) shares an Indigenous teaching story about a coyote. To recap:

One day, he sees Rabbit removing his eyes, only to return them to their sockets. Amazed, Coyote pleads to be taught Rabbit’s trick. Leery, Rabbit teaches Coyote. He cautions that the trick must not be performed needlessly: any more than four times daily is too much. As Rabbit hops away, Coyote performs the trick. In awe of his new talent, he performs it a few more times. Coyote goes against the advice of Rabbit and decides that he is going to show off this new talent to the villagers. Once in the village, Coyote vainly removes his eyes from their sockets, where they land on a tree and never return. The villagers’ awe quickly turned to laughter as the trick didn’t work as Coyote anticipated. The blind coyote goes on a quest for new eyes to fill his empty sockets, only to find one eye that’s too small, and one that’s too large; seeing from the eyes of a mouse and a buffalo, Coyote’s vision is compromised (Coyote’s Eyes, pp.8-10).

The lesson learned is subject to the listener's interpretation. Archibald interprets this story as the origin of the concept of Indigenous two-eyed seeing, which is discussed in the methods section of this thesis. My interpretation is that vanity compromises our well-being. What is yours?

Traditionally, when a girl became a woman through menstruation, this rite of passage was celebrated as a gift of power. Pregnancy was celebrated, as it would soon bring a new gift of life into the community (NCCAH, 2013). When a woman became pregnant, the community was responsible to ensure optimal health for the growing fetus (Noel, 2006). The berry flower is significant in Anishinaabe culture; in its shape and appearance, it symbolizes the heart (Mzinegiizhigo-kwe Bédard). Traditional Indigenous communities believed that just as the surroundings of the berry influence its outcome, so would the surroundings of an unborn baby (Anderson, 2006).

The birth of a child in Aboriginal communities was seen as a gift from the Creator (Anderson, 2006). In their proximity to the spirit world, newborns were seen as valuable teachers (NCCAH, 2013). Communities supported new mothers in their demanding roles (Simpson, 2006). In some Indigenous tribes, extended family would take over the caregiving responsibilities and household duties, so that the new mother could focus strictly on breastfeeding, which was seen as a valuable means of transmitting knowledge to and from the mother and her child (NCCAH, 2013). Elders played a major role in teaching new mothers by giving them strength, advice, and guidance (McGadney et al., 2006; NCCAH, 2013).

Aboriginals rituals that simulate pregnancy and childbirth to honour the power of women are still practiced today (Simpson, 2006). Cleansing ceremonies such as those performed in the Sweat Lodge are said to mimic the experience of babies growing in utero (Mzinegiizhigo-kwe

Bédard, 2006, Simpson, 2006). A dome-shaped hut with a small opening in the front, the Sweat Lodge symbolizes a woman's womb. Once inside, the opening is sealed, and the darkness symbolizes that of the womb (Mzinegiizhigo-kwe Bédard, 2006). There are typically four rounds in a sweat. This signifies the Four Directions (North, South, East, West). In a sweat, it is protocol to acknowledge Mother Earth's offerings prior to exiting her "womb" by saying, MSIT No'Kmaq or "all my relations."

The Sundance Ceremony is a gathering that honours a woman's ability to give life. The purpose of the Sundance is to honour the strength of women by simulating the experience of pain associated with labour and childbirth. Sundancers prepare mentally, emotionally, physically and spiritually for months, sometimes even years, to attend a Sundance. As with labour, the Sundance lasts for days. Sundancers fast the entire time. To simulate childbirth, some Sundancers pierce their skin and tear it by hanging from it (Simpson, 2006).

Menstruation is a natural process that enables pregnancy and childbirth. "We all flow, we all bleed" (Mzinegiizhigo-kwe Bédard, 2006, p. 71). Despite this, women are conditioned to feel shame in their bodies. Many of the rituals once practiced to honour the sacredness of menstruation eroded since being de-normalized by settler society (NCCA, 2013).

As we have explored, traditional Aboriginal societies held their women of the highest esteem; much of their rituals a reflection of this. Explored next are the impacts of the darkest era for Indigenous peoples: the residential school system as it informs and impacts how Indigenous families come to understand attachment and community.

Residential Schools: A Dark Legacy

The stated goal of the government was "assimilation of the Aboriginal people into dominant society" (LaFrance & Collins, 2003, p.105). The most effective way of doing this is

through children (Ing, 2006). Purposefully removing Aboriginal children from their homes and placing them in residential schools allowed the government to provide what they believed to be a “service to the inferior race,” by means of a ‘systematic, formalized transmission of the dominant society’s values, skill, religion and culture’ (LaFrance & Collins, 2003, p. 105). Should Indigenous caregivers have refused to give up their children to the state, they were jailed. With little choice, they surrendered their children as young as three years old, for 10 months out of the year to the residential school system (LaFrance & Collins, 2003).

While in the compounds of the residential schools, Indigenous children were physically and sexually abused, raped, starved and incarcerated (LaFrance & Collins, 2003, NCCAH, 2013). They were forced to practice Catholicism, asking for forgiveness for their “wrongdoings” (LaFrance & Collins, 2003). Young boys who prided themselves in their long hair, which was symbolic of their culture, were forced to crop it (LaFrance & Collins, 2003). Indigenous children were forbidden to speak their languages despite them being the only ones they knew. Of the many documented forms of punishment for doing so, included having a needle shoved through the tongue (Feehan, 1996). Instead of the care and compassion of their traditional communal ways, residential schools taught children that life was cold and impersonal. Even “love” was a forbidden word (Ing, 2003, LaFrance & Collins, 2003).

Aboriginal children living in residential schools suffered inferiority complexes (Ing, 2006). As they turned racism inward, Aboriginal children saw the oppressor in their reflections (Frere, 1970). Meanwhile, caregivers who were forced to give them up were abrogated from their childrearing responsibilities. They struggled with feelings of guilt from letting their children down, yet felt a sense of freedom from their caregiving responsibilities. Their confused emotions led caregivers to unhealthy coping mechanisms, including drinking (LaFrance & Collins, 2003).

As caregivers were covering up their wounds with alcohol, their children became increasingly alienated from their families (Castellano, 2002). Through learned identity confusion, Indigenous children shamed their caregivers for practicing Indigenous cultures. As families became lost in this maze of confusion, Aboriginal peoples' communal ways began to fade (Ing, 2006, Lafrance & Collins, 2003).

Residential schools traumatized the children who attended. Trauma has been shown to compromise children's abilities to be nurturing, and to show love and affection, which has further been shown to have significant impacts on their parenting skills later in life (Haskell & Randall, 2009; NCCAH, 2013). Instead of assimilating them to Western culture, residential schools introduced "new and dysfunctional behaviours—" (Lafrance & Collins, 2003, p. 113). For many, dysfunction had become the only "stable" feeling they knew (Ing, 2006). Further, the "social wounds" that many suffered were left undealt with and repressed until later in life (Carriere & Richardson, p. 59).

The result of the residential schools was that they jeopardized Aboriginal families' abilities to transmit cultural knowledge, practices and values to subsequent generations, robbing them of their cultural legacy (LaFrance & Collins, 2003, Neckoway et al., 2003). "Nearly every aspect of the communal life of Aboriginal people was destroyed—their mental, spiritual, emotional and physical identities" (Ing, 2006, p. 157). By banning Aboriginal languages, the residential schools undermined the vital role that Elders played in transmitting knowledge through oral tradition (Battiste, 2000; Lafrance & Collins, 2003).

Residential schools imposed severe intergenerational damage on Aboriginal peoples' caregiving skills as a result of the loss of their languages and cultural ways of knowing (Benjamin, 2014; Benzies, 2014; Blackstock & Trocmé, 2005; Davis et al., 2014; Lafrance &

Collins, 2003; NCCAH, 2013) Residential school officials undermined Aboriginal caregivers' abilities by forcing them to give up their children (Ing, 2006; Lafrance & Collins, 2003), and Aboriginal children were robbed of the opportunity to experience healthy childhoods (Blackstock & Trocmé, 2005).

The residential school experience further impacted how Indigenous families parented their children as children learn how to parent from how they are parented (Hoffman et al., 2013; Lafrance & Collins, 2003). Every parent wants what is best for their kids, but their best can only be as good as what they know (Hoffman et al., 2013). Without healthy role models to learn from, it is not surprising that parenthood was a struggle for those who later became parents themselves; the only parenting mechanisms mastered by residential school survivors were ones of abuse (NCCAH, 2013). Through their conditioned responses of fear, confusion, and denial, residential school survivors tended to be overprotective of their children, refusing to teach them their Indigenous languages and instead, teaching them how to become productive members of the dominant society. Further, many residential school survivors suffered from alcoholism just as their caregivers who were forced to give them up did.

The residential school era lasted over five generations (Blackstock & Trocmé, 2005; LaFrance & Collins, 2003). The practices imposed on Aboriginal children by the residential school system are argued to be the primary reason for the many problems related to child care in Aboriginal communities today (Blackstock et al., 2005; Blackstock & Trocmé, 2005; Ing, 2006; Lafrance & Collins, 2003). Although the current generation of Aboriginal children are among the first who did not attend residential schools, they are still very deeply affected by the wounds of their grandmothers and grandfathers (Blackstock & Trocmé, 2005). Next, we will explore the child welfare system and its impact in Indigenous family attachments.

Child Welfare: The Dark Legacy Continues

As the government began to realize that assimilation practices were ineffective, the residential schools began to taper off in the 1960s. Assimilation practices aimed at severing Indigenous family attachments did not end here. Instead, there began a shift in placement of Aboriginal children into the child welfare system known as the 60s scoop. During the 60's scoop, Aboriginal children were removed from their homes based on the colonial perception that their mothers were ignorant, at fault for their circumstances, and did not know how to provide adequate care for them (Cull, 2006). Should the government "allow" caregivers to keep custody of their children, it was mandatory for them to take parenting courses on how to 'properly' care for their children (Cull, 2006).

The government created a systematic, lucrative agenda to persuade agents of child protective services to remove Aboriginal children from their homes. Child protective services agents would receive monetary compensation for every child removed from their home and placed into the system. As a result, children were taken at alarming rates (Blackstock & Trocmé, 2005; Castenallo, 2002; Cull, 2008; Neckoway et al., 2003). Children would sometimes even be removed from their communities by the busload (Cull, 2006). With the assimilative ideals of colonial society being still very much alive, Aboriginal children were more often than not placed in non-Aboriginal homes far away from their home communities (Blackstock & Trocmé, 2005; Cull, 2006). Many of the children who were forcibly placed in the system were never again to be reunited with their loved ones (Cull, 2006). Upon removal, Indigenous children's names were changed and records of where they were placed were destroyed. "This has accumulated in the creation of a 'lost generation', a cohort of Aboriginal peoples removed from their homes without

access to their roots” (Cull, 2006, p,145). This compromised their ability to foster healthy attachments.

The residential schools and the child welfare system are instrumental tools of control and assimilation for Indigenous families (Cull, 2006). Today, there are three times more Aboriginal children in foster care than there were children placed at the height of the residential schools in the 1940s (Blackstock & Trocmé, 2005; Cull, 2006). Many argue that the gross overrepresentation of Indigenous children in the current day child welfare system is a perpetuation of the systemic oppression that was imposed upon generations of Aboriginals in the residential school era (Castellano, 2002; Blackstock et al., 2004; Blackstock & Trocmé, 2005; Godlewska et al., 2013). Aboriginal children are overrepresented at every stage of investigation in the child welfare system, without evidence of equitable servicing; their cases, often reoccurring, tend to be open longer than any other population (Blackstock & Trocmé, 2005). For example, while home removal as an intervention for children and families is legislated as a last resort in the child welfare system, it is often the primary intervention method used for Aboriginal children (Blackstock & Trocmé, 2005; Cull, 2006).

The most common form of child maltreatment reported by the child welfare system is neglect (Blackstock & Trocmé, 2005; Castellano, 2002). The etiological drivers of child neglect are poverty, substandard housing, and substance abuse issues, which seems to give the government an excuse to scrutinize Aboriginal families (Blackstock & Trocmé, 2005; Greenwood & de Leeuw, 2006). The standards of the child welfare system are set by white, middle class, nuclear family standards (Cull, 2006; NCCAH, 2013). Not being ideal in the eyes of the dominant system, allows for the government to place blame on Aboriginal caregivers

while ignoring the colonial systems in place that drive many of their decision-making processes (Gosselin, 2006).

“The child welfare system, almost by design, is predisposed to focus on Aboriginal families” (Greenwood & de Leeuw, 2006, p. 176). Many Aboriginal households have several people living under the same roof, and while mothers can afford to be less vigilant, they are misconstrued in the eyes of the child welfare system as being insensitive, neglectful, and not providing grounds for secure attachment for their children (NCCAH, 2013). Further, the child welfare system uses standardized checklists to assess the size and cleanliness of caretakers’ homes as a measure to base parents’ competence. Each child is expected to have their own room, with plenty of clothing and a “people to bathroom ratio” is expected (Cull, 2006). Already at a socioeconomic disadvantage, these standardized assessment tools are impartial to Aboriginal families.

While it is evident that the etiological factors of Aboriginal child placement are systemically driven, little is done to address structural risk factors that they face, including multigenerational trauma, poverty, high unemployment rates, and substandard housing (Blackstock & Trocmé, 2005). Aboriginal families seem to be operating under a triple jeopardy. They are portrayed as inferior, they have been institutionalized to be “civilized,” and their children face substantially higher risk of neglect according to the inequitable standards set by the child welfare system (Greenwood & de Leeuw, 2006).

So far, attachment in the context of Indigenous families was explored, including traditional Aboriginal worldviews and social contextual issues impacting Indigenous children’s attachments. The next section is a review of the dominant framework for understanding child development in Western society; attachment theory.

Attachment Theory: An Overview

The essence of the attachment theory is that optimal social emotional development occurs when an infant's basic needs are met, in a home environment that ensures optimal quality of care (Neckoway et al., 2003). The bond formed in the first 33-36 months of life is argued to establish the social emotional patterns of attachment for a child's entire lifetime (Mustard, 1999).

John Bowlby was instrumental in his contribution to the dominant view on attachment. He believed that attachment was a biological need inherent in all humans (Bowlby, 1969). Bowlby defined attachment as a bond that ties an infant to their primary caregiver, usually their mother. She provides the basis for the child's social emotional patterns of attachment for the rest of their life (Neckoway et al., 2003).

Bowlby (1969) emphasized two critical aspects of social emotional attachment; the first being stress placed on the caregiver-child relationship due to separation and loss felt by the child, the second being the availability of the primary attachment figure to respond to that stress. The quality of the primary caregiver's response to the stress, which is a biological instinct that all infants exhibit, determines the quality of the attachment that will be formed between them. Responses to the needs of infants by their primary caregiver establishes what Bowlby (1969) called an internal working model, which is the infant's mental representation about the abilities of others to provide them with comfort and support (Neckoway et al., 2007). The internal working model is argued to be a lasting schema that is shaped in the child's first years of life. Once formed, it is relatively fixed throughout life (Mustard, 1999, Neckoway et al., 2007). The more the primary caregiver can respond to the infant's stress promptly and consistently, the greater functioning internal working model the infant will develop, allowing them to gain a more secure sense of attachment, the less responsive the lower functioning internal working model the

infant will develop. This will compromise their ability to trust that others will be able to meet their needs, resulting in them having less secure attachments throughout life (Neckoway et al., 2007). The type of attachment that a child forms with their primary caregiver sets the foundation for the type of attachments that they will form with others throughout their lifetime (Ainsworth et al., 1978).

Mary Ainsworth is known for her contribution to the attachment theory from the strange situation procedure, an attachment classification system that she started developing in the 1950s (Neckoway et al., 2007). Attachment in the mother-infant dyad has been most frequently measured from the strange situation procedure (SSP) (Benzies, 2014). To test the SPP, a mother is asked to go into a room with her young child, where their interactions will be observed and recorded from a two-way mirror. After a period of time, the mother is asked to leave the room. The child's behaviour is recorded during her absence. Then, as the mother is still absent, a stranger enters the room and begins to interact with the child. When the stranger is asked to leave from the room, the mother returns, and the mother-child reunion is observed. Based on their many tests of the SPP, Ainsworth & Bell (1970) concluded that there are three main types of attachments: secure (type B), anxious avoidant (type A), and anxious-resistant (type C). Main & Solomon (1986) later added a fourth type—disorganized/disoriented (type D) attachment.

Bowlby and Ainsworth were pioneers of the attachment theory, which shaped Western society's view on the meaning of caregiver-child attachment. The next section expands on the attachment theory as a dominant framework for understanding healthy attachment outcomes and its impacts on Indigenous peoples.

A Dominant Framework

The attachment theory has important implications in the lives of young children in Western society. It emphasizes Eurocentric, paternalistic views on the meaning of secure attachments (Neckoway et al., 2007; Yeo, 2003). While there are unrefuted universal aspects of the attachment theory, such as the innate need for all humans to form relationships, the meaning of secure relationships varies among different cultures (Neckoway et al., 2007; Yeo, 2003).

One of the main assumptions of the attachment theory is that children's primary caregivers are their mothers. However, this is not the case in every culture (Neckoway et al., 2003; Neckoway et al., 2007). While it is universally agreed that mothers often play a critical role in parenting and in transmitting cultural history and knowledge to their children and families (NCCA, 2013), Indigenous cultures see maternal roles as interchangeable; all community members are equally valued in their interdependent efforts in transmitting knowledge to the children (Neckoway et al., 2003).

The attachment theory is significant in the lives of mothers, children and families. It is used almost exclusively in the field of early childhood education (Neckoway et al., 2003). Although still in its infancy, empirical research on what the implications of the attachment theory are in the lives of young children is starting to emerge (Neckoway et al., 2003). Given the limited research in this context, even less of it focuses on the lives of Aboriginal children (Neckoway et al., 2003).

Indigenous peoples had expectations of healthy attachment outcomes that were vastly different than those of Western society prior to colonization. Therefore, in order to consider what healthy attachment outcomes mean to contemporary Indigenous families, they must reconnect with their lost identities (Blackstock & Trocmé, 2005; Cull, 2006; Gosselin, 2006; NCCA, 2013).

2013). Although the impacts of colonization devastated their ways of knowing, Indigenous peoples continue to survive against all odds (Cull, 2006). This literature review will conclude by honouring the resilience of Indigenous peoples.

Indigenous Resiliency

Moving past the detrimental effects that assimilation practices have had on Aboriginal people requires them to build on traditions that kept them healthy and sustainable in the past (NCCA, 2013). Aboriginals need to reclaim their Indigenous ways of knowing (Greenwood & de Leeuw, 2006). “Rebuilding knowledge of language, traditions, pride in culture and self-determination are of critical importance to individual and community health” (NCCA, 2013, p. 4). Research has demonstrated strong evidence that cultural capacity and cultural continuity through a focus on Aboriginal ways of knowing leads to greater socio-cultural resiliency and lower social risk factors (Greenwood & de Leeuw, 2006). Therefore, Aboriginal people need to reclaim their ways of knowing by building on their identities, which are inseparable from their connections to family, history, community, and spirituality (Gosselin, 2006).

In order to recover their lost identities, Aboriginals need to maintain a balance in the way that they live contemporarily and keep what is meaningful to them in their traditions (NCCA, 2013). Since children are seen as gifts from the Creator and carriers of the future, Aboriginals need to bridge contemporary and traditional worldviews in order to find a balance, so that they can reclaim their identities through their children (NCCA, 2013, p. 11). “Bridging worlds involves a re-centering on history and traditions so that living in the dominant society does not disrupt connections with cultural identity” (NCCA, 2013, p. 11). It needs to involve contemporary and traditional practices to rediscover and reclaim cultural teachings in support of

healthy families (NCCA, 2013). “Cultural, linguistic, maintenance, revival and rejuvenation become critical to the survival of Aboriginal people” (NCCA, 2013, p. 13).

In this chapter, we have reviewed the existing literature on Indigenous worldviews in light of a broader understanding on what attachment in the context of Indigenous families. In the next chapter the theoretical framework and research methods used in this thesis are discussed.

Chapter Three

Introduction

In this study, qualitative Indigenous research methods were used in order to allow the flexibility needed to gain knowledge about the attachment theory, and its systemic implications on the lives of Aboriginal families. In this thesis, I utilize story telling as a form of qualitative inquiry; specifically, the two-eyed seeing approach. The use of the two-eyed seeing approach is intended to support the aim of this study which is to explore contemporary Indigenous families' stories on family in order to gain an understanding of what Indigenous peoples consider healthy attachment outcomes.

Qualitative Indigenous Approaches to Research

While the goal of qualitative research is to understand phenomena from the participant's perspective (Richard & Morse, 2013), Western research has been unsuccessful in capturing the perspectives of Aboriginal people. Smith (1999) argues that the purpose of research used by Western society originated as a means to dehumanize them. Colonizers justified that Aboriginal ways of knowing were inferior through the concept of social Darwinism, and therefore considered Aboriginal people specimens to be categorized and romanticized for their own purposes of curiosity (Smith, 1999). To this day, the tradition of colonization is entrenched in Western scientific research methodology (Lavallée, 2009). According to Smith (1999) research is "one of the dirtiest words in the Indigenous peoples' vocabulary" (p. 1). It is no wonder that Aboriginal people continue to be cynical of research; even the word research arouses suspicion in them (Prior, 2007).

A research paradigm is "a set of beliefs about the world and about gaining knowledge that go together to guide your actions as to how you are going to go about doing your research"

(Wilson, 2000, p. 175). Aboriginal and Western society's research paradigms are fundamentally different (Archibald, 2008; Battiste, 2000; Smith, 1999; Wilson, 2000; van de Woerd & Cox, 2005). The framework of an Aboriginal research paradigm in which ontology (belief in the nature of reality), epistemology (how reality is thought about), research methodology (how you will use your way of thinking—your epistemology—to gain knowledge about your reality), and axiology (set of morals and ethics) are fundamentally different than those of Western society (Wilson, 2000).

Given the vast differences in their research paradigms in comparison to the dominant society, it is critical to conduct decolonizing research with Aboriginals. “Decolonizing research de-centres the focus of the aims of the researcher to the agenda of the people, and advocates a relationship that engages subjects: the Indigenous peoples or any population previously colonized by the methods of research” (Prior, 2007, p. 165). Decolonizing research is not only to give a voice to the voiceless, but to evoke discourse, which is a process of developing meaning or “truth” through a relationship of trust and reciprocity by using methods that stay true to the context of the story being presented (Prior, 2007). Wilson (2000) describes Indigenous methodologies as being relationally accountable, to “all my relations.” Rather than answering questions about validity, reliability or making judgments, you are fulfilling your relationship with the world around you (Prior, 2007). In the context of research with Aboriginals, the relationship is between the researcher and the participants, who extend to include the community (Prior, 2007).

Aboriginals have arguably been the most researched people on this planet, yet progress in this context is slow-going (Prior, 2007; Smith, 1999). While self-determination and decolonization policies have been a part of the government agenda for decades, it is not until

recently that they have been considered in research (Prior, 2007). A “paradigm shift” is occurring, whereby Aboriginal ways of knowing are being recognized by the Western society as being complex and valid in their own integrity; promising for the future of Indigenous research (Barnhardt & Kawagley, 2005, p. 9).

Etuaptmumk (Two-eyed seeing)

The concept of Etuaptmumk (two-eyed seeing) was developed by a Mi'kmaq Elder by the name of Albert Marshall (Hatcher et al., 2009). Etuaptmumk can be understood as a researcher's ability to work within the realm of both Indigenous, and Western ways of knowing. The coyotes story from chapter two is an example of two-eyed seeing. The ability to “see” with two eyes helps to create a respectful balance between both ways of knowing, optimizing the quality of the data collected. The two-eyed seeing approach is now becoming widely accepted in the research community (Archibald, 2008; Smith, 1999). Of the ways of knowing that Aboriginal societies have used for centuries as a means of gathering information, is a process known as the “Sharing Circle” (Archibald, 2008; Lavallée, 2009). The Sharing Circle is described below.

The Sharing Circle

The Sharing Circle is similar to a focus group, except that it has a spiritual component, where the act of sharing stories encompasses the entire individual: their heart, mind, body and spirit (Lavallée, 2009). Like a focus group, the talking circle considers the story of the whole group, except that it adds the vital Aboriginal principle of respect, wherein traditional knowledge systems convey human beings' connections to each other, to the land and all its other beings, and to the Creator (van de Woerd & Cox, 2005).

As the name suggests, those who participate in the talking circle sit in a circular formation, which represents equality (Lavallée, 2009, Smith, 1999). Sitting in this fashion

reminds participants that the first rule of the Sharing Circle is respect for oneself and for each other. Since the Sharing Circle is commonly used in Indigenous cultures as a healing process, emotions should be able to be shared free of judgment; what happens in the circle stays in the circle. Protocol recommends that an Elder be present to help participants work through any intense emotions. While the prerequisite of conducting any research in Western society is typically a process involving forms and signatures, informed consent is usually implied through respect in Aboriginal research paradigms.

In a Sharing Circle, it is common for participants to hold a rock, stick, or other entity from the Earth while speaking. This symbolic entity serves to remind the participants of connection to the Earth and all of its beings, and to respect and listen to each other while speaking (Archibald, 2008). Additional protocols of the talking circle expect that participants wait until the previous participant passes them the talking stick before they can say their piece /and should a participant who has been passed the stick choose to remain silent when their turn comes, their decision is respected. Should they feel ready during any point of the Sharing Circle to share their thoughts on that particular topic, they can be assured that they will be able to as the time allotted is typically less important than resolving the issue at hand. Each and every story shared in the circle contains valuable knowledge, and without all of the stories that are meant to be shared, knowledge obtained in the Sharing Circle would be considered incomplete (Archibald, 2008; Smith, 1999). The goal of the Sharing Circle is to understand the collective story being told through the process of oral storytelling.

Oral storytelling is enmeshed in Aboriginal ways of knowing (Archibald, 2008; Davis et al., 2014; Smith, 1999). Oral stories are so important because rather than text, voice, sound, and body language, they collectively contribute to giving them meaning (Archibald, 2008). For

example, seeing that babies are experts at reading voice, sound and body language, oral stories serve as a powerful tool for teaching them (Archibald, 2008). Oral stories provide a feeling that connects with the listener in ways that text cannot. Even in Western research, it has been shown over and over again that humans are best at picking up non-verbal cues/body language over all other means of communication (Hinde, 1972).

Elders play a critical role in passing down oral tradition to future generations. Through stories, culture and tradition are kept alive. “Sharing what one has learned is an important Indigenous tradition” (Archibald, 2008, p. 2). Much like the principles of Indigenous methodologies, principles Indigenous storytelling include respect, responsibility, reciprocity, holism, interrelatedness, and synergy (Archibald, 2008).

Storytelling is an important tool for teaching morals. While every Indigenous culture has different protocols for storytelling, stories are intended for various audiences of various ages; some being told at certain times of the year, some being public, some belonging to certain families, some being fun and some being powerful. Stories may often be told in segments. Many do not have an “ending,” leaving it up to the interpretation of the listeners. This way, they are active and engaged (Archibald, 2008). I will now outline succinctly the research design to understand better attachment for Aboriginal caregivers.

Research Design

Participants and Recruitment

Indigenous caregivers that were part of an Indigenous support centre were recruited and two Sharing Circle with separate sets of participants were held. In Indigenous research methods, the goal of the Sharing Circle is similar to that of the focus group in Western qualitative research methods, which is to gather the data of the group as a whole, except that the concept of the whole

is broader in the Indigenous sense. Permission to conduct the research study was requested via application to the Mount Saint Vincent University Ethics Board (Appendix H) and the Mi'kmaq Ethics Watch (Appendix I). Upon approval, I approached the coordinators of the Indigenous support centre to discuss the purpose of my research, and ways to recruit community members. Many Indigenous families who migrate to the city come to the urban Indigenous support centre. The urban Indigenous support centre is a safe and welcoming place that offers a place for Indigenous families to gather and participate in culturally-based programs and support services. I spoke to the coordinators of the centre and sent them a letter about the intent of this research project (Appendix E). The coordinators and I agreed that I should discuss the proposed research at one of the centre's programs. At this program, I handed out invitations to participate (Appendix A) to those interested in taking part in the research. I left recruitment posters on the main table (Appendix F). I also placed a recruitment poster on the front window of the centre, as well as on the front window of the neighbouring Indigenous centre. The coordinators shared the recruitment poster on their Facebook page. Word-of-mouth was also used to recruit participants.

Twelve participants consented to participate in the research. Of the 12 participants, 11 were female, and one male, who attended the Sharing Circle without verbally sharing any stories. Pillwax (2004) discusses the importance of personal relationships to the community with whom you are working with. Personal relationships will improve the options you have in the research methods that you are able to choose, and hence, the quality of the data that you will obtain. While not having any connections to a community will limit your research, having negative ones will limit it even more (Pillwax, 2004). In addition, several authors have attested that developing respectful relationships and learning proper cultural protocol can take a lifetime to accomplish (Archibald, 2008; Battiste, 2000; Smith, 1999).

Protocol and Other Ethical Considerations

Personally, I have been part of the urban Indigenous community from which the participants were recruited for over fifteen years, as a mother, a friend, an advocate, a volunteer, a co-worker, and a family member. Over those years, I have been fortunate to have made lifelong friendships with people whom I consider family to my daughter and me. I have much respect for my community; without their support I feel that I would not have made it as far as I did in life, and perhaps, would not even have been doing this research! In the spirit of the true intentions of research, to actually benefit the population in question, I feel that is my duty to give back to my community by asking its members to be a part of the study.

Indigenous researchers are often viewed by Indigenous people as “ivory tower intellectuals, disconnected from Indigenous communities and concerns, merely functionaries for the colonization of our people” (Smith, 2000, p. 213). By fostering a reciprocal and respectful relationship of mutual information sharing with the participants, by having a respected Elder facilitate the Sharing Circles, it is my hope that rather than coming off as being the untrustworthy expert, that the participants saw me as a “research and cultural learner” (Archibald, 2008, p. 38). While I genuinely had my community's interest in mind, I was careful not to forget that my role as a researcher in the community was one of continuous learning and commitment. As I knew many of the participants beyond the Sharing Circles, I had to take extra caution not to include any information about their stories that they did not share in the circles. “You are not just gaining information from people, you are sharing your information” (Wilson, 2000, p. 179). It was important for me to balance my dual role as a member of the community and as a researcher member, by resisting the urge to share as a participant, instead of as the researcher.

“Research in an urban Aboriginal setting is different from that conducted in on-reserve communities” (Lavallée, 2009, p. 25). Reserves tend to have more homogenous groups, whereas urban areas have more diverse Indigenous populations (Lavallée, 2009). The location where I chose to have the Sharing Circles was at an urban Indigenous support centre. Here, there is a diverse group of Indigenous, and non-Indigenous people with a vested interest in Indigenous children. For this reason, and to be consistent with the support centre’s philosophy of “all welcome,” it was my decision to include all caregivers who were part of the centre in the recruitment process. A similar issue arose in another urban Indigenous support centre where the researcher questioned the same parameters, and when they consulted an Elder, it was decided to remain consistent with traditional Indigenous philosophies of wholeness and inclusion, as well with that centre’s mirroring philosophy (Lavallée, 2009).

Data Collection

Two Sharing Circles were held. The first had eight participants, and the second had four. An Elder was present to facilitate both Sharing Circles. At the first session, I gifted her with sage and a smudge bowl. Sage is one of the four traditional Indigenous medicines. It is placed in the bowl and lit. Known as smudging, the smoke that the medicine creates is fanned around people’s head, eyes, heart and the rest of their body to purify their thoughts, perceptions, feelings and overall approach for what is to come. The first session of participants received the opportunity to smudge. The Elder did not bring the gift to the second session.

In both sessions, the researcher asked each participant to sign a confidentiality agreement (Appendix C). They were later reminded of their right to choose what they wanted to share, and their right to withdraw from the study. In addition, the participants were told that the session would be audiotaped and were asked to sign a permission for digital recording form and fully

transcribed (Appendix D). When the Sharing Circles began, participants were asked to discuss their family lives with a set of guiding questions (see Appendix B).

Thematic Analysis

Thematic analysis was used to uncover the themes of the Sharing Circles. According to Braun and Clarke (2006), thematic analysis is a flexible approach to identifying, analyzing and reporting patterns within data. Thematic analysis goes beyond counting and extracting words and phrases in a transcript. The goal is to find implicit and explicit ideas, extracting meaning from the data (Guest, 2012). Thematic analysis is a process of continuous “moving back and forth between the entire data set, the coded extracts of data that you are analyzing, and the analysis of the data you are producing (p. 86).” Familiarizing one’s self with the data is essential for generating codes and themes. Through the researcher’s interpretation of the meaning of phrases, words, and sentences, coding is the primary process for developing themes (Boyatzis, 1998). “A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning to the data” (Braun & Clarke, 2006, p. 82). A theme might appear in a lot of the data set, or it might appear very little. The flexibility of thematic analysis allows for themes, and the number of themes, to be determined in many ways (Braun & Clarke, 2006). As the researcher’s judgment is needed in this process, it is important for the researcher to be consistent in how they come up with themes, and to remember that the “keyness” of a theme emerges based on whether it captures something important to the research question (Braun & Clarke, 2006).

The process of analyzing data is typically done either inductively or deductively (Braun & Clarke, 2006). In the inductive approach, assumptions are data driven, meaning the themes are linked to the data (Boyatzis, 1998). The deductive approach is one in which the

assumptions are primarily theory driven (Crabtree, 1999). Scholars who are pro-inductive thematic analysis argue that that disengaging from the literature prior to analysis widens the analytic field of vision (Braun & Clarke, 2006). Bronfenbrenner's Bioecological Model of Human Development is used as a framework for analyzing the findings unveiled through thematic. The next section provides an overview of the Bioecological Model.

Bronfenbrenner's Bioecological Model of Human Development

When conducting Indigenous research, it is necessary to balance Indigenous and Western ways of knowing. One of the ways to do this is through the two-eyed seeing approach mentioned above. When writing a thesis, it is protocol to choose a conventional, academic theoretical framework to analyze your data. Initially, I was drawn to the bioecological model for its similarities to the Medicine Wheel, which is a universal Indigenous model with a dynamic approach to understanding life that considers how the cultural, spiritual, physical and emotional components of the self, interact with the world (Wilson, 2000).

Wenger-Nabigon (2010) describes the significance of the Medicine Wheel in Indigenous cultures:

Traditional teachings regarding relationships with Mother Earth, the Spirit World, and relationships with the Creator and all of the Creation contribute to a full understanding of the Cree Medicine Wheel concepts. Aboriginal teachings encompass a totality of the human condition—physical, spiritual, mental and emotional—and the significance of balance is emphasized. All aspects of life are intricately interconnected. Relationships are fundamental to understanding the nature of events, and establishing standards of behavior. Separating things out from each other and studying them as singular entities without a holistic

viewpoint as an organizing point does not fall within the natural way of thinking in Aboriginal epistemology (p. 147).

The organizing framework of the bioecological model of human development assumes that individuals exist within multiple, complex systems, from biology to culture, all of which influence each other to shape family functioning (Howe, 2012). “Everything is seen as interrelated and our knowledge of development is bounded by context, culture and history” (Darling, 2007, p. 204). “The biological model is an evolving theoretical system for the scientific study of human development over time” (Bronfenbrenner & Morris, 2007, p. 793.). The model emphasizes that the interactions between individuals and their direct environment are the driving forces of human development. These intimate interactions are what Bronfenbrenner & Morris (2007) define as proximal processes:

Especially in its early phases, but also throughout the life course, human development takes place through processes of progressively more complex reciprocal interactions between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate, external environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as proximal processes (p. 797). The form, power, content and direction of the proximal processes affecting human development vary systematically as a joint function of the characteristics of the developing person, the environment (both immediate and more remote) in which the processes are taking place, the nature of the developmental outcomes under consideration, and the social continuities, and changes occurring over time

through the life course, and the historical period during which the person has lived (p. 798).

The person is at the center of their development process nestled into a “set of nested structures, like Russian dolls” (Bronfenbrenner, 1979b, p. 3). The structures represent systems of their environment, that is, the context in which the individual’s development occurs. These systems are called the microsystem, mesosystem, ecosystem, macrosystem, and finally, the chronosystem, which is a defining property of the bioecological model that considers time. The bioecological systems theory orients attention to (a) the interrelationship among these layers of context, (b) how they influence individuals’ biopsychosocial functioning over time, and (c) how individuals shape and interpret the environmental contexts in which they develop (see Bronfenbrenner & Morris, 2007, for a discussion). Not only do interactions occur between the individual and their own systems, they also occur between the individuals’ systems and those of others (Tudge et al., 2009). Figure 1 on the next page shows the interrelationship of the systems, and the individual’s development:

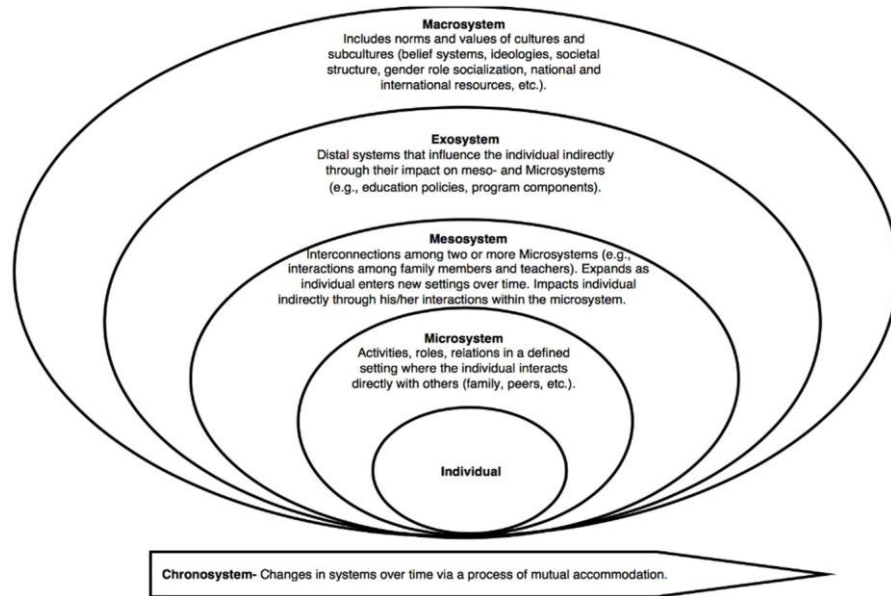


Figure 1. Bioecological Model

Adapted from “Postsecondary Education for Students” with Intellectual and Developmental Disabilities: A Critical Review of the State of Knowledge and a Taxonomy to Guide Future Research—Figure on Research and Training Centre on Community Living.” Based on Bronfenbrenner (1989; 2006). Available from: <https://ici.umn.edu/products/prb/211/211.pdf>. [accessed January 26, 2018].

From a two-eyed seeing approach, the bioecological model is well suited for research involving Indigenous peoples in its complex and evolving approach to understanding human development. Ethical considerations are discussed next.

Ethical Considerations

This research carried minimal risk for the participants. To protect the confidentiality rights of the participants who shared their stories, pseudonyms are used. To ensure confidentiality, the room was setup in a manner conducive to small group conversation, with the audio recorders placed in the middle of the table to capture the group dialogue. A transcriber signed a confidentiality agreement (Appendix G) and transcribed the audio files verbatim. The

audio files were then deleted. The transcriptions were then loaded onto MAXQDA, a software program that provides methods for systematizing, organizing and analyzing qualitative data (VERBI GmbH, 2018). To uncover themes, a process known as thematic analysis was conducted.

The next chapter of this thesis reveals the findings from the collective story of the Sharing Circles, as well as a discussion of those findings using Bronfenbrenner's bioecological model of human development as a guiding framework for analysis.

Chapter Four

Introduction

Adhering to Indigenous principles of holism in Indigenous research methods, the findings and the discussion of this thesis are interwoven. In addition, since the researcher and the Elder are both Indigenous caregivers who were present in the Sharing Circles, their reflections of the findings are included. Four themes emerged from this research:

1. MSIT No’Kmaq.
2. Indigenous Family Attachments: Systemic Intergenerational Trauma and Chaos.
3. Melkikina’tijik E’pijik—Ankweyukik Kinijanaq (Strong Women: Protecting our Children.)
4. Re-stabilizing the lives of Indigenous families through Community.

The first theme to emerge from this research was participants’ collective belief in the Indigenous philosophy, MSIT No’Kmaq (all my relations).

MSIT No’Kmaq (All My Relations)

“To me, the family is not so much about blood. I want as many people to be around my child, anybody that loves her; the bigger the circle of love, the better.” MSIT No’Kmaq is a core Indigenous philosophy which understands that everything in the world/universe is interconnected; everyone and everything has a purpose and is worthy of respect (Kaminski, 2016). People of all races, and everything in the natural world stem from one Mother; our Mother Earth. Family bonds including those between mothers, fathers and their children are honoured, yet the concept of biological relationships and family reach far beyond this. For example, while they are not related biologically in the Western sense, the Elder who facilitated the Sharing Circles is my daughter’s kokum. In the Soto language, kokum translates most closely to the word grandmother in English. However, like many other Indigenous terms, there exists no

direct translation. Oftentimes, English terms like “aunty-mom” or ‘sister-mom’ that were coined by Indigenous people are used to explain these unique relationships. Through MSIT No’Kmaq, Indigenous peoples acknowledge that we are all related through the interconnectedness of the water, the land, the skies and the universe.

This research has shown that participants’ family dynamics extended beyond those of a nuclear family model, despite many whose family units included a mother, father, and siblings. The number of children in families was large and included foster children, adopted children, half-siblings, “unrelated” children and adults, grandparents and extended family. Capturing the essence of these dynamics, Carla shares:

Our house was kind of jammed growing up...there was me and I had two siblings, my parents, my grandmother, and we usually had extra children frequently...there was always six, seven, eight, 10, however many people living in the house...its sort of a [tradition], and you don’t think about that when you’re growing up. But then when I was a teenager, I stayed a lot with friends and stuff, so I was a little bit nomadic.

Even if they did not physically reside with one another, grandparents, aunts, uncles, cousins, and friends were close knit. Growing up in a First Nation community, Vicky reminisces about this closeness: “Never mind even one person to talk to about your problems. There was five people...My mom had to feed an army...My aunt lived here, my uncle lived there, we were all close, like a circle.”

Through their belief in MSIT No’Kmaq, the only pre-requisite for someone to be considered family was that they be supportive and loving. The urban Indigenous centre was a place where participants felt that love and support, so it did not even matter whether they knew

everyone. Everyone who was a part of the centre was considered family: “The centre makes me feel like they are a part of my family, everybody is a part of my family that is included with the centre, right?”

Beyond people, participants felt connected to the land. To have a relationship with Mother Earth was seen as a blessing:

I did not have that, and I sit here thinking, wow, what that must have been like, just to experience having your whole family there, and everyone doing the same thing, smiling and laughing and free? That is a wonderful thing you had.

This blessing provided a foundation that helped strengthen participants’ relationships with themselves and their families. Being connected to Mother Earth had powerful intergenerational impacts on children:

When they would go hunting, they would take us, and when they would go berry picking, we would be with them, fishing, all of that, they always included the children with it, and that made a big impact on me, because now I do that with my kids.

The Elder facilitating the Sharing Circles reflected on participants’ beliefs about MSIT No’Kmaq:

I grew up just like you. We went, but way before you, my brothers and sisters, we were so many, but we were like 14, 15, 16, 17, just enough space between pregnancies to get pregnant again. So we were always a bunch of us together, and that included my cousins as well. Seven girls and five boys, and my cousins as well were brought up by my parents, kids that were...his parents were drinking...would drop him off at our house. So at any number of times, we had five or six extra kids. We used to sleep in beds sideways because we didn’t fit,

you know, there were too many to fit on that side of the bed, so we'd sleep sideways. I remember five and six kids in a bed, like we would sleep mattress sideways.

Traditionally, the philosophy MSIT No'Kmaq was at the core of Indigenous teachings. This research has shown that contemporary Indigenous families have not lost the philosophy's values. Therefore, healthy attachment outcomes for Indigenous families can be fostered through principles of MSIT No'Kmaq, including connections to the land and extended family. This however, is only part of the equation. Assimilation practices have created intergenerational devastation on Aboriginal family attachments, much of which cannot be undone. The second theme to emerge from the stories of the Sharing Circles was the impact that colonization and assimilation practices have had on Indigenous families. Next, the impacts of assimilation practices on Indigenous families is discussed.

Indigenous Family Attachments: Systemic Intergenerational Trauma and Chaos

I want to get rid of the Indian problem. Our object is to continue until there is not a single Indian in Canada that has not been absorbed. They are a weird and waning race...ready to break out at any moment in savage dances; in wild and desperate orgies.

—*Duncan Campbell Scott, 1920, Deputy Superintendent, Department of Indian Affairs.*

Prior to colonization, reciprocal relationships of respect between all of nature and human kind emanated from the principles of MSIT No'Kmaq. Indigenous tribes were organized into clan systems of extended family defined by various forms of kinship, mainly symbolized by each clan's relationship to certain animals. Family roles were fluid and interchangeable. Indigenous

people understood the power of a woman. Gender roles were seen as equal and women's caregiving roles were interchangeable. Mothers, sisters, aunties, and grandmothers, with the help of their communities, shared the responsibilities of raising children. When colonizers came, Indigenous peoples attempted to show them the meaning of MSIT No'Kmaq by teaching them how to survive off the lands. MSIT No'Kmaq knew no physical boundaries. The concept of owning land was foreign. How could you own your relative, who helps you to live? The concept of assigning one person one duty as is the expectation in dominant society of the primary caregiver was not understood. Ours became theirs. Us, became them. So, the history of colonization began. Two fundamentally different worldviews; one inclusive, the other exclusive.

As the saying goes, "you can't teach an old dog new tricks," but 'children, are like sponges.' Colonizers eventually figured out that sculpting Indigenous children was the most effective way to rid them of this "Indian problem" as evidenced with residential school era. To put the gravity of these schools into perspective imagine your child, as young as three years old, suddenly being ripped away from you; the fear in their eyes as you watch them being carried away. Once at their destination, they feel alone; a nightmare reinforced as reality by the minute. When envisioning the residential school experience happening to my own child, I am filled with a deep sadness; intense anxiety. My child's eyes, which are so bright, so full of love, bursting with confidence; become dark, empty and indifferent because of a nightmare that she cannot understand why she is living. My heart sinks and I begin to tear up as these thoughts persist; there's a hopeless fear for her safety, for not being able to protect her. But, unlike the nkijinaq (mothers) who actually went through it, I am fortunate to be able to snap out of this nightmare. Still, myself and other Indigenous women are not immune to their pain. The residential school era lasted over a century, with the last school in Canada closing recently; in 1996. It is no wonder

that the wounds that they inflicted have been passed down. Lorie shares: “My kids’ life was just as hard as, or maybe even harder than mine because the cycle of abuse, it doesn’t end. It’s hard to get rid of completely.”

My journey of coming to understand the collective story of the participants was a struggle. I found it difficult to write, for fear that I would not be accurately portraying their voices. Then, I would be doing exactly what I intended to avoid doing; contributing to the dirty origins of research. Thinking about my own upbringing and the hopes and fears that I have for my child, the participants’ collective story, *our story*, makes sense. Evident in the trauma and chaos experienced by the participants, our families are still suffering from the impacts of assimilation.

The definition of trauma is “a deeply distressing or disturbing experience;” chaos is “complete disorder and confusion” (Oxford University Press, 2018). Trauma has been shown to heavily impact on child development, and is associated with higher rates of chronic depression, low self-esteem, delinquent behaviour, withdrawal, addictions in later life, and so on (Huh et al., 2014). Outcomes of chaos in family settings include poor health and nutrition, psychological problems, and poor academic achievement (Maxwell, 2010). The intergenerational trauma and chaos faced by Indigenous families is a significant, complex and multifaceted issue. As participants began to share their stories, they expressed many ways in which trauma and chaos impacted their lives; their stories oozing of recollections of alcohol and drug addictions, physical abuse, anger and fear, poverty, homelessness, and instability. The collective story of the participants has shown that the most significant and lasting consequence of the trauma and chaos that assimilation practices were responsible for, is addictions. A sub-theme of the intergenerational trauma and chaos, addictions, is discussed below.

Drunk Again: The Vicious Cycle of Addictions

The residential school system has had a tremendous impact on Indigenous families. Though not entirely effective in “whitewashing” Indigenous belief systems, it was successful in convincing Indigenous peoples to question the purpose of their very existence. Already poverty ridden from being forced by the federal government, and subsequently being controlled by federal Indian agents to live on reservations, caregivers felt they had little choice, but to send their children to residential schools, which were mandated as compulsory for all Indigenous children to attend. Not being able to save their children from the wicked fate of growing up in the residential school system filled the spirits of Indigenous caregivers with heavy emotions of shame, guilt, anger and confusion: “My father was an extreme alcoholic, so it was not a healthy, happy upbringing, which leaves a lot of scars behind, and teaches us to try to do better with the next generation.”

The temporary euphoria they felt from the use of substances gave Indigenous caregivers a break from their hopeless reality, and before long, they became addicted. Their children were also learning to deal with this new and unsettling environment. As unhealthy emotions filled the souls of Indigenous families, unhealthy coping mechanisms kicked in. Soon enough, their lives became unmanageable. Unstable lives and broken relationships became the new resources that Indigenous peoples had in raising their children; a whirlwind of intergenerational trauma and chaos, spiraling out of control, evolving with each new generation of Indigenous children that were born.

Just like it was not our nukumij (grandmothers’) and niskamij (grandfathers’) choice to go to residential schools, it was not the participants’ choice to grow up around addictions. It was there, and they had to deal with it. In our communities, addictions are a fact of life. Whether we

ourselves suffer from addictions or not there is always someone who we are close to us that suffers from issues with addictions. We all know someone who needs rehab or who has been there several times and someone who has died too young of an overdose. In our communities, it is too common for young people to use heavy drugs, to shoot up, and to commit suicide. A few years ago, when joining a friend at a drugstore for their daily drink of methadone, I was appalled at the lineup of young people from my First Nations community, waiting for their turn. As so many of us spend a lifetime harming our bodies, it is almost unheard of to live past the age of 60. That is why, when it comes to the use of substances in Indigenous communities, there is no grey line. You are either all in or you are all out. This divide creates the occasion for us to judge one another, just as the confused children did when they returned home from residential school to be reunited with their “savage” families. This divide creates heartache in families; unequal opportunities for the children who have not had a choice in their circumstances.

The Red Road is an Indigenous concept of wellness (Jean, 2003). Walking the Red Road means doing your best to live a healthy life; taking care of your mental, spiritual, emotional and physical self, and taking care of all of your relations (Jean, 2003). Indigenous peoples often refer to themselves and others who abstain from substances, as walking the Red Road. The Black Road, on the other hand, is sometimes used to describe someone who suffers from addictions and is walking the path of destruction. Many of our brothers and sisters either chose to go down the Red Road from day one, or surrender to its refuge after a long and tireless battle with addictions. The Elder who facilitated the Sharing Circles remembers growing up around family who walked the Red Road:

My parents went to residential school, I went to residential school and growing up on the reserve when I was with my parents, there was never alcohol in the house,

ever, ever, ever. My mom and dad did not drink. I had aunties and uncles that drank, but those closest to us, like my mom's sisters and my dad's brothers, there was sort of like a clan of the family that didn't drink, and that was the bunch that stayed together. We would go on picnics, the uncles and dad would make teams and we would play ball, and we would have wiener roasts and all that. But that being said, where there was no alcohol in the house, my parents didn't know how to parent either, because they grew up in residential school, and when it came to punishment for something you did, it's corporal punishment.

As the participants shared their stories, I felt their anger toward drugs and alcohol for the way it impacted their lives. I felt the fear that they had for their children. They had zero tolerance toward alcohol and drugs when it came their children's exposure to it. Participants felt obligated to protect their children from the negative impacts of addictions; a life they knew all too well: "That's one thing I said I would never do to my children. It's why I don't drink, so I don't really want it around my children either."

In one way or another, substance abuse impacted the lives of every participant. Some of the more extreme stories of addictions are shared below. It should be noted that fictitious names were used in order to protect the confidentiality rights of the participants.

Wasoweg's Story

Given her upbringing, Wasoweg has no time for alcohol and drugs. She and her siblings never had a stable life. She lived in her First Nations community until her father died tragically. "I was young when my dad died, he committed suicide, like, he was an alcoholic. My mom claims she didn't drink, but she could drink...she turned into an alcoholic." By the time she was seven years old, Wasoweg, her siblings and their mother moved at least 10 times into shelters,

with friends, family—wherever they could, to have a roof over their heads. Along with having to adjust to new environments frequently, Wasoweg and her siblings had to look out for each other because their mother was not there for them. “My mother was always out drunk somewhere, she recalled.”

Wasoweg walks the Red Road: “I’m still close to my brothers and sisters...not all of them because they chose different lifestyles than I want for my children, or even myself.” Still, she and her children were not immune to the impact of addictions. Wasoweg’s partner suffers from addictions. “He would come home smashing stuff.” She struggles with the fear of exposing her children to addictions, but she loves her partner, and he is the father of her children. Her fear of knowing how powerful the impact of addictions can be, and her protective instinct for her children drive her to make a courageous decision. “I’ve had enough of this, this is just bullshit. My kids don't need this, I don’t need this.” She takes her children to safety at a women’s shelter, where they would begin to re-stabilize their lives again.

A few months pass and Wasoweg and her children have their own place. The father comes into the picture again. He assures Wasoweg that he is sober; Antabuse helps him maintain his sobriety. Antabuse is a prescription drug designed to help individuals abstain from alcohol. Because of its intense effects when used with alcohol, the decision to use it comes as a last resort. Sadly, it is all too common in Indigenous communities. Even with the smallest amount of alcohol (a sip), the drug produces unpleasant reactions such as flushing, sweating, nausea, neck and chest pain (WebMD, 2018). When Antabuse and large amounts of alcohol are used together, severe symptoms will occur and can cause death. After stopping the medication, Antabuse stays in the body for several weeks, therefore alcohol should be avoided during this timeframe to avoid any possible risk of side effects. Wasoweg weighed the risks and benefits of taking the father of

her children back. She decided to give their family another chance: “He’d never had a family, and I didn't have a family, so I wanted my kids to have that family. At the end of the day, it’s all about the children.”

Rosie’s Story

Rosie and her siblings grew up around drug addicts. She lived with her parents, her siblings and “a bunch of random junkies.” She described her home being like a hostel for drug users; new, crashed out addicts with each rising of the sun. Rosie’s parents were too busy with their drug lifestyle to be parents, so the older sister looked after her siblings. Among the many afflictions that come with living in such an environment, Rosie remembers her father physically abusing her mother. When she was a teen, she left home and moved in with her abusive boyfriend. Realizing the impact that her father had on her choice of relationship, Rosie reflects: “It doesn’t quite teach you when you're a girl what you are supposed to be looking for in a relationship.”

Given their experience growing up, Rosie and her siblings chose to walk the Red Road. Today, her parents are separated. One has been following the Red Road for years while the other still struggles with addictions. Not surprisingly, Rosie’s children have a closer relationship to her older sister than to her parents, because that is who raised her. Rosie was not sheltered growing up; she knew way more than a child should know. While she cannot shelter her children from everything bad in the world, Rosie does her best to ensure that her children have the childhood they deserve. She does not expose them to drugs or alcohol, and she does not plan on telling them about her parents until they are much older. The children love their grandparents, and Rosie wants her children to develop their own opinions about them:

I don't want my opinions and reflections of them to—I want them to develop their own sense of who these people are, and not just have what mommy says. But I like to believe my kids are happy and well loved.

Charlene's Story

Charlene grew up in a home with her mother, father, siblings and foster siblings. Her father was a severe alcoholic who invested all of his earnings on the bottle. Her mother had to work several jobs just to make ends meet. With both parents unavailable, Charlene's older sister raised her and her siblings:

When it came down to it, all of the children looked out for each other. There were times that there wasn't enough money because he drank it all. So we used to have to wait for him to pass out, and take money out of his pockets to go get milk for the little ones. Yeah, it wasn't a good situation at all. The family was most happy when dad went to work. It was happy when dad wasn't home. He worked on a boat, and we were glad when the boat would leave. [When he was home, they never knew when he would explode in anger.] You could go to bed and there were walls, but when you woke up, if the drinking had gotten really bad, the walls would be—there would be no walls, and it was just a life no kid should have to live.

Charlene chose a life free of alcohol. Her grandchild was a toddler when they came to live with Charlene. The parents were not responsible enough to take care of their child. The child was like a toy that was fun to play with, but when responsibility came along, it was not there. Both parents have issues; severe mental health and addictions issues. Her grandchild, she says, is not close to the biological parents in the least. The child gets anxious when she knows that both

her parents are coming to visit. Every time they are both in the same room, there is a big blow up. With a court order in effect that allows the parents visitation, all that Charlene can do is seek psychological help for her grandchild every time a blow up happens.

Vicky's Story

Vicky grew up in a First Nations community. Being too much to deal with, Vicky decided to move into her grandparents at the age of nine. "My childhood sucked. I lived with two addicted parents, extreme alcohol and drug abuse...I said: 'You guys are crazy, I'm out of here'." Today, Vicky struggles with her own issues. She is living in the city, and while she would like to return home to be with family in the First Nations community where she grew up, there are too many issues there. "I have my family on the reserve, but I can't go home. It's chaos. I tried. It was a big fail."

Then, there were the happy drunks, the once drunks-now-sober, the abstinent and strongly opposed—when it came to addictions, every participant had a story about the impacts that they had on their lives.

Researcher's Reflections

Instability was a way of life for me growing up. I have many childhood memories of parties, fights and hangovers; my mother could sleep all day on the couch, until it was time for Bingo. I remember being left at home, having to clean last night's mess. I must have been no more than six years old, standing on a chair so I can reach the sink to do dishes. My dad was not much of a drinker, but my mom, she liked to party. At the age of six, I believe, is when my parents separated. My mother got her own apartment; my brother, who is biologically my half-brother, lived with her, and I stayed with my dad. Aside from the unsettling feeling of visiting a new place, I had some normal childhood memories of playing outside, scraping my knees,

walking to the store to buy candy, but then there were very traumatic and chaotic events. My mother was always drunk. On a few occasions, I remember her frothing at the mouth, barely breathing. She had taken so many pills, trying to kill herself. “Uncle, you need to come get us again,” I said over the phone. Once, at the age of seven, maybe eight, I remember doing whatever I could do to try to stop my mother from throwing herself into the street, to try and get hit by oncoming traffic. I have come to realize that she was unable to cope with the separation. My parents got back together when I was eight years old. Then, we had a new edition to the family, my sister. I was not told until later in life that my sister was actually supposed to be given up for adoption, but my father couldn't go through with it. It was not until years after my mother passed that I came to find out my mother was going to give her up because my father was not the biological father. There are speculations as to who might be, but with mother departed, there is no way to know for sure.

My mother became a widow when I was nine. I remember that dark, gloomy spring day like it was yesterday. I was playing in the mud puddles with my friend when suddenly, while I did not know why, an odd feeling had struck me and I knew that I needed to run home right away. As soon as I opened the front door and saw my mother, I already knew. She was on the phone, bawling hysterically. My brother was punching walls. When the social workers came to break the news, it was no surprise to me. After a long battle of what they called manic depression back then, my father eventually took his own life. My mother could not cope, so my siblings and I were put in foster care. I stayed with my grandparents (dad's parents—Mémère et Pépère), and my brother and sister went through the system. It was about a year later that I joined them.

In my childhood, I moved well over a dozen times. There is no such thing as a childhood bedroom or stuffy left for me. A hand full of family pictures is what I am left with. There is an

odd feeling of comfort for me, kind of like the feeling of being warm under a blanket in a storm, when safety from a traumatic event takes place. This realization reminds me of the children at residential school, whose new stability became dysfunction. Perhaps they too, felt a strange sense of comfort in the familiarity of trauma.

Behind these stories of instability and addictions, stands strong women. Sisters, grandmothers and mothers are instrumental in protecting children. This research has shown that Indigenous women have remained the foundation of strength that keeps our families surviving.

The next theme, Melkikina'tijik E'pijik—Ankweyukik Kinijaninaq (Strong Women, Protecting Our Children) is explored.

Melkikina'tijik E'pijik—Ankweyukik Kinijaninaq (Strong Women, Protecting Our Children)

A nation is not conquered until the hearts of its women are on the ground. Only then, it is done. No matter how brave their warriors nor how strong their weapons

—*Cheyenne Proverb.*

Traditionally, children were honoured in their sacred abilities to be the bearers of Indigenous peoples' legacy. Childrearing was a communal responsibility. Children were raised through the wisdom of the Seven Teachings: wisdom, love, respect, bravery, honesty, humility, and truth (SGEI, 2015). These shared roles contributed to the healthy upbringing of children, and to the well-being of the community overall.

Indigenous peoples knew that children had a lot to teach us, as they reminded us to see the world through a lens of purity. Colonizers did not have the same perspective about children. “Spare the rod, spoil the child” and ‘children should be seen and not heard,’ were common sayings. Children were not worthy of the same respect as adults because they were not yet molded into the knowledge and experience that was acceptable to the nuclear family model. The

goal of raising children to be proper adults was done by instilling in them the superiority of men and teaching young boys and girls to behave according to their respective gender roles done through gender roles.

Since colonization, the protective role of Indigenous women has shifted. This shift has had significant impacts on Indigenous ways of raising children. Traditionally, they had the opportunity to protect their children proactively with the cooperation of their communities. Since colonization, Indigenous women protect their children by reacting to their negative impacts; their roles in doing more singular than before.

Today, Indigenous grandmothers are increasingly taking custody of their grandchildren. Indigenous mothers are expected to do it all. Aunties are silenced by Western laws and policies. Sisters are forfeiting childhoods of their own as they bear the responsibility of raising their younger siblings. No longer can Indigenous women afford to dedicate the same wisdom and patience that they could in traditional times (personal communication, Elder Musqua, April 2, 2018). Nevertheless, they strive to raise their children in the healthiest ways possible.

Nukumij (Grandmothers)

This research has found that the protective roles that grandmothers had against the systemic intergenerational impacts of assimilation practices were usually directed at the children's parents, many of whom suffered from addictions/mental health issues: "My parents were extreme addicts. If it wasn't for my grandparents, I don't know where I would be today. They taught me to be a better person with their support." Two of the women who participated in the Sharing Circles were raising their grandchildren. They share about their roles as protectors:

"We do everything to make her happy, to let her know she is safe...my whole thing is to protect her from what I call abuse [from the parents]." "Her father, he thinks he knows how to

parent but he doesn't. We want her to know that she's got us no matter what, and that she will always have that soft place to fall."

Kwej'ji'jk (Sisters)

If it was not for the support of older sisters, many of the participants may not have had the opportunity to become the people they are today: "My older sister looked out for us...if it wasn't for my older sister, I don't know where I'd be today...I might have taken the opposite path in life." Older sisters, forfeiting a childhood of their own, took on the responsibility of caring for their younger siblings' day-to-day emotional and physical needs; including making sure they were fed and dressed to sheltering them from trauma and chaos. Younger siblings could always count on their big sisters: "My older sister pretty much brought us up, and she still is, to us, she's a gem. She's just wonderful, and she did the best she could, and she missed out on a lot of her own life raising us." Older sisters provided their younger siblings with the mothering relationship they needed: "I was closer to my sister in that mother role...she was always quick to say [about the participant's children] those are my grandchildren."

Nkijinaq (Mothers)

The lack of support and resources that single mothers encountered meant that they had to work extra hard to meet the needs of their children. "My mom didn't have a very healthy home, but she tried not to do that with me." Although she has several other (half) siblings, Anna grew up, just her mother and herself. By her father, many other moms and their children were left in a similar situation as hers and her mother's. "He was Indigenous, he liked white women...same story...single moms, trying hard to provide." By the time she was a teen, she and her mother moved nearly twenty times. Growing up, the relationship she had with her father was limited, his

time with her, sporadic. She recalled that every time he picked her up, she would be dropped off at her grandmother's while he left to go use drugs:

He had me every weekend and then every second weekend, then to just never. But yeah, when he did take me, he'd come pick me up, of course I was a kid and I loved my dad. I was like, yay! But the house was fun. My grandmother, she had seven kids, so then all my cousins and the grandkids, we would have fun. But then once I started getting older and started paying attention, that's when it was like, okay, I'm done. I'm done here, and I don't want to be around this anymore. [She recently tried to re-establish a relationship with him, but that did not last.] "He just sobered up, but still not mentally there...he's just—it's not there."

Lori shares about the struggles that she and her children lived through to find stability. The father of her children was abusive. The cycle of violence continued off and on for about a decade, until finally, she found the strength to leave for good. The strength of this participant was felt in her tone, as she told how she finally escaped an abusive relationship. Off and on for about a decade, the cycle continued:

It was really, really hard when I first got away because everybody was traumatized—me and all my kids. It was really, really hard. I felt like my life just shattered into a million pieces, and I had to pick up what I was going to keep, and what I didn't want in my life.

Lori's youngest child was having the most difficulty adjusting. For about a year, the little girl would burst into tears for no apparent reason; crying inconsolably, sometimes until she passed out. One day, she held the child firmly; looked her straight in the eye and said: "No one is ever going to hurt us again." And just like that, the outbursts stopped. Reassured that her mother

was going to protect her, the little girl finally felt safe. “She melted in my arms, and that’s all it took.” Lori owes her strength to the connection she shares with the land:

I take them—part of my, how I got through all the abuse is I would take them to parks and by the river, and me and my kids would just hang out together, and that was our safe haven. And thank god I did that because I think that helped them grow stronger and have like a closer bond.

Research’s Reflections

Women’s roles are significant in my life, too. My grandparents raised me during two periods of my childhood; both times for over a year. The first as I mentioned, I was nine years old. Then, at the age of 15, I left what I felt was a broken home. Life was quite different chez Mémère et Pépère. Mémère was always there for me; she met my needs consistently. Stability, fair rules, age appropriate activities, regular meals...that is the kind of lifestyle I hope my daughter can take for granted. Although I struggled with the concept of respect my whole life, I look back now, and I know that I have always respected my grandparents. Sadly, as of December 4, 2017, my sweet Mémère departed to join her best friend, my Pépère, to the spirit world. For the love and knowledge that she shared during her time on Earth, I will be forever grateful. Mémère, tu fais partie de mon âmes, je t'aimes pour toujours...reposes en paix.

As the oldest sister of the family, the middle child, my responsibilities came before my youth. I was responsible for looking out for my family, from cleaning, cooking and laundry, to watching my sister, going to pay the bills, solving family conflict, and helping to care for my ailing mother. The combination of the other health problems, along with the fateful accident she had, led to a progressive deterioration of her health, and eventually to her death. I remember the few nights before she passed away. She was holding my hand as I sat beside her in the bed. “I

was looking up at the moon...I want you to take care of t'us when I am gone." That night, she had gone into a coma, and a few days later as we stood around her in the hospital room, she took her last breath, and shed a tear in her left eye for us. As I relive that moment through these words, my heart sinks because I know she was not ready to leave us behind. See, my mother had a rough life from day one, from neglect to physical and sexual abuse, physical illnesses...one regret that I carry with me is that she had so much sufferance in her short life...while my siblings and I went through a rough childhood, my mother did the best with what she knew. Ask anyone, they will tell you that her heart was golden; she taught us that love and kindness transcend all—thought by some to be a weakness, I have learned that the role of wearing my heart on my sleeve is needed on Earth. When I was 21, and my sister 13, I became her legal guardian. She moved from our First Nations community to the city with me. We were both learning to cope with this immense change. I know I did my best to raise my sister, but sometimes I wonder if I could have done better. Though, I was nearly a child myself when I became her sister-mom, and I know in my heart that I did my best, and that I will continue to do my best to support her until the day I leave this world.

While the impacts of assimilation practices were tremendous on Indigenous families, the power and resiliency that continues to flow through the veins of Indigenous women has kept Indigeneity alive. Their roles of protection shielded our children, and colonizers' every attempt to eliminate our ways through them was unsuccessful. Indigenous women are the key to our survival. Our roles of protection will continue to evolve to ensure the health and survival of our children, and ultimately, our peoples. The next theme explored, shines a light on the critical role that community has in helping Indigenous families re-stabilize their lives as they continue to navigate the impacts of assimilation practices.

Re-stabilizing the Lives of Indigenous Families through Community

Given the state of our communities, we are faced by, yet another obstacle placed in our path by assimilation practices. Either we stay in the communities we have come to know and love or leave them in search of better opportunities. Just as the parents of children who went to residential school felt they had little choice, so do many contemporary Indigenous people when it comes to leaving their communities for better opportunities.

According to Statistics Canada (2016), just over half (52 percent) of Indigenous people live in urban areas. This number is even greater (56 percent) for First Nations Indigenous peoples (Statistics Canada, 2016). Despite the substandard living conditions that exist in First Nations communities, the attachment that Indigenous people feel to their communities makes the decision to leave a very difficult one:

Family is so different, I find. I grew up, there were six kids, so I grew up with a big family. I did live with my grandparents, but my parents' house was a few houses down, so I was in both houses all the time. But I had a big family, like cousins next door. My dad lives here, my aunt lives here, my uncle lives here, my aunt lives here, my uncle lives here, my uncle lives here. It's a circle. And all our family is there, so growing up, our cousins were there, you know, everybody was there all the time. I would come home after school, there's cousins there, and my mom had to feed an army, and that's what I liked about my childhood growing up because there was always somebody there. Not just one person, there was five people there, never mind even one person to talk to about your problems. There was five people. So coming to the city and not having that family, I'm hurt by it. I

want my family. So yeah, family is different these days than it was back in the day. Family size is getting smaller.

The cornerstone of a healthy family is one in which the members feel connected, respected, loved, and supported. It was apparent that participants felt this way about belonging to the Indigenous community support centre. Some of the participants shared compelling statements to that effect:

I have adopted this place as my family...this place is my family, it's my home.

The support is here. This place is magical and wonderful. I was introduced to the centre here, and that was like a huge life change for me because I met really awesome people here, and I've got the support that I really needed, that I was missing for so long. If it wasn't for the centre, I don't know where I'd be because [you] need that support when you're going through a tough time. Lately I've been going through a tough time, and it's good to come here and feel like normal, and forget about my life for a little bit.

The Indigenous community centre also offers its family members a safe place to learn, share and be proud of their culture:

To me, the white part of us, you get it every day...This is what matters, and for her to know this and know the rightness of it, and not like it is in the history books, and to know these wonderful people have made such an impact in our lives.

Researcher's Reflections

When I first moved to the city from my First Nations community, I found it difficult to connect with people. It was not until I was introduced to the Indigenous community support centre that I started to feel confident about who I was. I started working a menial job there, and

before long, I was representing Indigenous youth on a national level. I owe the centre for a lot of my success. The people there were supportive; they fostered confidence in me. I look back after 16 years of being introduced to the urban Indigenous community and I am grateful for the lifelong friendships I made. I consider many of the community members my family, and we continue support each other and our children to this day.

Returning to this thesis' fundamental question on what attachment means to contemporary Indigenous families, the answer lies in them reclaiming their ways and practicing them in today's world. I have heard many people respond to the issue of colonialism and Indigenous ways of knowing by saying that we cannot go back in time; "you would no longer be living in tepees, walking around instead of taking your cars." Cultures evolve, except that the evolution of Indigenous cultures was forcefully influenced by colonialism. Seeing that contemporary Indigenous families still believe in the principles of MSIT No'Kmaq, the way to foster healthy attachments in contemporary Indigenous is begins with this. The next section of this thesis discusses the findings from an Indigenous researcher's perspective while using the bioecological model as a framework for analysis.

Discussion

From the findings of this research, three main points of discussion emerged. The first and most important finding is that contemporary families still believe in, and practice elements of the traditional, universal, Indigenous philosophy, MSIT No'Kmaq. Second, is a discussion on the impact that assimilation practices have had on contemporary Indigenous families. Lastly, the resilience of Indigenous families carried on through the strength of their women, is discussed.

MSIT No’Kmaq

This research has found that contemporary Indigenous families believe in the traditional indigenous philosophy, MSIT No’Kmaq, that understands life as a broad and complex interconnected process; where time and forces of energy constantly interact. That is, human development is seen as but a small piece of this endless puzzle. Contemporary Indigenous family systems are a reflection of this understanding of life. This research highlights the communal aspects of childrearing, practicing culture, and connection to the land as important elements in raising healthy, happy children. Through their collective family systems, healthy attachment relationships are fostered in children by teaching them about the belief in life as a complex and evolving system of interrelationships. The concept of the Seven Generations is a universal Indigenous belief. Through this concept, it is the belief that any decision you make not only was impacted by the Seven Generations that preceded you, but that your decisions must be carefully considered as they will impact the next Seven Generations to follow (Davis et al., 2014). For example, one must ensure that their choices are driven by respect; respect for self, Elders and Mother Earth. “Running on Indian time” is a common phrase used by Indigenous peoples. It is used in the context of tardiness; someone who is running late. However, it would make sense that it likely stemmed from the notion of careful decision making.

The attachment theory and Bronfenbrenner’s bioecological model are the two mainstream child development theories discussed in this thesis. Rooted in Eurocentric beliefs, these theories are fundamentally different than MSIT No’Kmaq in their approach to understanding life. Initially, I chose the bioecological model as a framework for analysis due to its similarities to the Medicine Wheel. However, after finding that contemporary Indigenous families believe in principles of MSIT No’Kmaq, I have come to the realization that the bioecological model is

limited in the ability to understand attachment from an Indigenous lens, as it centers healthy child development outcomes on relationship dyads. In the bioecological model, proximal processes, which drive human development, are established through the dyadic relationship between a child and the primary caregiver. Reflecting on nuclear family values, Bronfenbrenner (1989c) suggests the dyad be supported by another caring adult, preferably of the opposite sex:

The establishment and maintenance of patterns of progressively more complex interaction and emotional attachment between parent and child depend, to a substantial degree on the availability and involvement of another adult, a third party, who assists, encourages, sleeps off, gives status to, and expresses admiration and affection for the person caring for and engaging in joint activity with the child. It also helps but is not absolutely essential, that the third party be of the opposite sex from that of the other person caring for the child, because this is likely to involve the child in a greater variety of developmentally instigative activities and experiences (p. 11).

Similarly, the attachment theory focuses on emotionally loaded patterns of interchange between an infant and their primary caregiver, that sets the foundation for the child's internal working model (Bowlby, 1969). The foundation set in the child's internal working model will determine how that child interacts with others throughout life (Bowlby, 1969).

The concept of a "primary caregiver" is foreign to, and therefore non-existent in Indigenous languages. Instead, concepts of interconnectedness that reflect the values of Indigenous peoples are built into their languages. "Aboriginal languages are directly linked to indigenous peoples' traditional knowledge, traditional territories, collective identities, cultures,

customs and traditions, personal identity and spiritual well-being” (Metallic, 2016, p. 245).

Mi’kmaq is the Indigenous language of the territory of Mi’kma’ki, “Mi’kmaq is a language based on verbs—actions and motion, a state of flux” (Benjamin, 2014, p. 220). For example, the English word “goodbye” signifies an end. No such word does exist in the Mi’kmaq language. In Mi’kmaq, we say nemultes when parting company. In English, nemultes would be translated to “until we meet again.” By saying nemultes, the Mi’kmaq acknowledge that the universe keeps us connected. Another example of the fluidity of the Mi’kmaq language is its classification of colours as verbs (Bernie Francis, Personal communication, 2005). I am not sure of the exact year or month even, but I remember it was at the Indigenous centre around the year 2005.

It is argued that creation stories guide the social construction of societies (Davis et al., 2014). Thomas King (2006) traces Indigenous peoples and dominant society’s differences back to our creation stories. Most of us are familiar with the Christian creation story of Adam and Eve, but aside from in chapter two of this thesis, who has heard the Indigenous creation story about Sky Woman? She falls from the sky onto the Earth, that is nothing but water. The sea animals help her to gather mud and make land. Sky Woman, who was pregnant with twins, gave birth to them. The twins and animals helped Sky Woman to create the mountains, the plants, the rivers, other animals, and the humans. Christianity understands God as powerful and all-knowing man. Elements of Genesis in the Bible create a “universe governed by a series of hierarchies—God, man, animals, plants—that celebrate law, order and good government” (King, 2006, p. 23). In Indigenous creation stories, including that of Sky Woman, “the universe is governed by a series of co-operations...that celebrate equality and balance” (King, 2006, p. 24).

Eurocentric languages reflect paternalistic, nuclear family model values where men are regarded as superior. This is evidenced with words like fisherman, manslaughter, mankind, and

so on. In the French language, a group of people defaults to a masculine pronoun the moment a man is present. For example, if there is a group of 100 women, they will be referred to as *elles*. All it takes is for one man to join the group for them to be referred to as *ils*. While there are words for man (*ji'mn*) and woman (*e'pit*), gender specific pronouns do not exist in the Mi'kmaq language; *nekm* is the universal pronoun to refer to someone regardless of gender. The misapplication pronoun used in the English language that my aunt, whose mother tongue is Mi'kmaq, is less funny to me now, than it is logical. It was odd to me that she would typically refer to males as “she” and females as him. “Oh, he’s so pretty!” was my aunt’s initial reaction the first time that she met my little girl.

We understand life in the context of what we are brought up to believe, and we communicate our beliefs through language. Given the diversity of humanity, it is critical to be open to truths other than our own. This includes the truths about Indigenous family attachments. Stemming from colonialism, English is the language of dominant society and is imposed upon the world. Considered the global language, it is also the most sought-after language in the world. English is the most widely used language in entertainment, news, publishing, and diplomacy worldwide (Northrup, 2013). If your mother tongue is English, there is little systemic pressure to consider learning other languages. Seeing that worldviews are reflected through language, people whose mother tongue is English are not pressured to consider the worldviews of others, which increases the possibility of cognitive imperialism. Cognitive imperialism, or cultural racism, is the imposition of one worldview on a people who have an alternative worldview, with the implication that the imposed worldview is superior (Battiste, 2000). When I learned that colours were classified as verbs in Mi'kmaq, the concept seemed so foreign, almost wrong. “A flamingo walking” makes sense, but a flamingo pinking?

Providing a holistic approach to understanding human development, the belief in MSIT No'Kmaq is that all of the land/universe, through time and space, is always interacting with us. Its complexity renders it the potential to be a model of its own. If it were a model, what would MSIT No'Kmaq look like? Would it look like the Medicine Wheel? Certainly, the broader forces of interaction would play a more central role in the understanding of human development than in the bioecological systems model. My vision of MSIT No'Kmaq came to life thanks to the talent of an Indigenous artist; my sister:



Figure 2. MSIT No'Kmaq. Drawing by Natasha Root

As her aunty was drawing, my daughter decided to create her own version of MSIT No'Kmaq. She entitled her piece, "Mother Earth."



Figure 3. Mother Earth. Drawing by Gabrielle Root.

Despite its limitations in the context of Indigenous belief systems, the bioecological model can provide valuable insight into the impacts of assimilation practices on Indigenous family attachments. In the next point of discussion, the impacts of assimilation practices on contemporary Indigenous families are discussed from a bioecological perspective.

Impacts of Assimilation Practices on Indigenous Families—A Bioecological Perspective

The bioecological model is a complex system, in which each of its elements—person, process, context, and time—are mutually interacting to shape human development (Bronfenbrenner, 2005). From a bioecological perspective, the findings about the impacts of assimilation practices on Indigenous families is discussed.

Bronfenbrenner & Morris (2007) argue that proximal processes are the driving force of human development. "Proximal processes cannot function effectively in environments that are

unstable and unpredictable across space and time” (Bronfenbrenner & Morris, 2007, p. 820).

This research has found that contemporary Indigenous families continue to experience instability in their lives as a consequence of assimilation practices. It was found that the leading source of instability in their lives was manifested by environments of addictions. Interconnected microsystems reinforce each other, affecting higher systemic levels. The greater the reinforcement, the greater development is said to be jeopardized (Bronfenbrenner & Morris, 2007). The instability jeopardizes the proximal processes of Indigenous children, as they are interacting with a series of microsystems filled with traumatic, and chaotic events; drinking, drugging, physical, emotional, spiritual and mental abuse. This reinforces the negative stereotypes of Indigenous peoples as the children grow to face a disproportionate number of determinants of social health, including addictions, mental health problems, overrepresentation in the judiciary system, lower socioeconomic status and lower life expectancy. Further, the processes of interaction that occur between an individual and their more distal settings, influence that individual by altering aspects of more progressively proximal environments (Bronfenbrenner, 1979b). The ubiquitous forces of assimilation practices, engrained in dominant society’s culture, founded on prejudice assumptions of Indigenous peoples, manifest themselves in the lives of Indigenous children and thus, compromises the healthy development of each new generation of Indigenous children born.

In Canada, a significantly greater number of Indigenous peoples aged twelve and over report being heavy drinkers, compared to all Canadians in the same category (PHAC, 2016, Statistics Canada, 2012). Further, the top challenge for community wellness identified by First Nations communities in Canada is alcohol and drug misuse (PHAC, 2016). Alcohol is the greatest risk factor for disease for all Canadian people aged 15-49 (PHAC, 2016). Ironically,

society portrays alcohol as fun and refreshing; the key to a playfully, lustful, social good time; seemingly harmless. In reality, alcohol destroys lives because of the fact that it is a depressant. Society dismisses the truth about alcohol because it is legal and accepted. Instead, it is easier to place blame on marginalized populations, including Aboriginals, who struggle with alcoholism. As mentioned, the myth of the “drunken Indian” continues to be perpetuated in the media despite the impacts of social determinants that drive addictions in Aboriginals (Lee, 2016).

Western society’s cultural norms, values, and languages are constructed from a colonial perspective. The “American Dream” is considered the gold standard of living. From one child, one mother, one family, one community, to several children, several mothers, several families, several communities in several nations and several generations, colonial norms and values are woven into the fabric of society; from the culture, history, and government, to the media, law, health care and school systems, to our doctors, lawyers, nurses, teachers, friends, neighbors and family, even our own perspectives:

I used to think to be a family, there had to be a mother and a father, like the white picket fence thing, but after all I went through, I realized that family is just everybody loving each other. It does not have to be a mom and a dad.

While dominant cultural norms, values, and languages are considered macro systemic forces of interaction with human development—second nature and engrained—Indigenous cultural norms, values, and languages do not afford that privilege. Indigenous peoples must navigate through the distal systemic environment of Western culture by practicing their languages, norms and cultures at a more intimate systemic level. They advocate from the grassroots up, for their right to re-ingrain their ways of knowing at higher systemic levels in society.

Despite all adversity, this research has shown that contemporary Indigenous women continue to carry on their traditional roles of power by protecting their children. This continued drive to protect their children is discussed in the next section.

Indigenous Resilience

I see a strength in them; it came out of all the trouble, and they did not have the closeness I had with everyone doing everything, because there was so much abuse in my relationship with their father.

—*Participant.*

Stable surroundings invite manipulation and exploration in a supportive environment, serving “as a buffer against the disruptive influences of disorganizing events” (Bronfenbrenner & Morris, 2007, p. 815). Despite the powerful wrath of destruction left by assimilation practices, the power of Indigenous resilience is stronger. Indigenous women have a quest to restore the self-worth, dignity, and pride that was stolen from their peoples. The seeds of resilience that their grandmothers planted generations ago, continue to flourish in Indigenous children today. This is evident in the drive that the participants of this research have to protect their children against the ill effects of the instabilities that they faced in their childhoods. Through unconditional love, and by fostering in their children the very Indigenous beliefs that assimilation practices are aimed at destroying (communal childrearing, cultural traditions, connection to the land). Participants are fighting the instabilities created by colonization and are contributing to the ongoing quest of Indigenous identity restoration.

It is human nature for us to want to give our children better lives than we had growing up. For Indigenous families, there is the impediment of the lasting impacts of assimilation practices going against this innate need to better future generations. Through their power, this research has

shown that contemporary Indigenous women refuse to surrender to this impediment, as they fight to re-stabilize their children's lives, despite all that was and all that continues to be thrown at them.

In the final chapter, the implications, limitations and final thoughts of this research project are shared.

Chapter Five

Implications

While the longstanding social issues affecting Indigenous children is a complex and multifaceted issue to resolve, this research has shown that something as simple as a safe place for Indigenous families to go where they feel loved, welcomed and at home, can go a long way in helping them foster healthy attachments in their children.

MSIT No’Kmaq, is key to understanding how to foster healthy attachment outcomes in contemporary Indigenous children. Through this understanding, the field of childcare could create holistic models using principles of the philosophy MSIT No’Kmaq in order to implement educational programs and government services that would be reflective of the needs of Indigenous children. Stemming from an Indigenous approach rather than with a traditional Western approach would give Indigenous children the right to the healthy beginnings that they deserve. Further, the role of Indigenous women in raising their children could be fostered through the same Indigenous principles of MSIT No’Kmaq.

Limitations

The Indigenous male caregiver perspective was not included in this study. While the research project was open to all caregivers in the urban Indigenous community, only women participated in sharing their stories. Also, although smudging was not planned, it is believed to offer purity of thought, and it was only offered to the first group of participants. Further, despite the added element of respect in Sharing Circles, the urban Indigenous community is tightly knit; therefore, participants still may have felt apprehensive to share intimate details of their stories for fear of being judged and/or becoming the source of gossip.

Lastly, while “two-eyed seeing” helps to create a balance between Indigenous and Western ways of knowing there will always exist a limitation in academia when doing research in Indigenous contexts, as the holistic essence of Indigenous ways of knowing cannot be fully captured through the dissection of information that is, research.

Final Thoughts

Have you ever heard the saying, “If it ain’t broke, don’t fix it?” Colonizers were convinced that “Indians” were flawed, so they took it upon themselves to fix them. Strategized, calculated, attempt after attempt, colonizers could not eliminate the “Indian” in Indigenous people, so in their frustration, they thought up ways to eliminate them. After all, when something cannot be fixed, it is time to throw it out, right? Wrong. The reality is that Indigenous people were never broken in the first place. Pre-colonized Indigenous peoples were as sure as the sun will shine, about the truth of connectedness of the principles of MSIT No’Kmaq. Colonization though, cast a shadow on that certainty; the rancid effects still lingering today.

As colonizers attempted to “reinvent the wheel” of Indigenous ways of knowing, they permanently complicated Indigenous peoples lives. Traditionally, it took a community to raise a child, and this research has shown that this still holds true today. Thanks to the strength of their women, Indigenous peoples have been able to hold onto their collective wisdom, and albeit not as bright as pre-colonial times, the light of perseverance continues to shine. After the rain, comes the sun, then comes a rainbow of opportunity. This research has shown that the principles of MSIT No’Kmaq are essential in guiding the path to fostering healthy attachments in Indigenous children.

While it is true that trust, once broken, can never again be pure, relationships are capable of repair. The key to rebuilding trust among this nation becomes a collective effort to reconcile

the impacts of assimilation practices and move forward, for Indigenous and non-Indigenous peoples alike. Since the release of the ninety-four calls to action made by the Truth and Reconciliation Commission of Canada (TRC, 2012), promising efforts are being made by the government, the health and education systems, and the media, in attempts to redress the impacts of assimilation practices on Indigenous peoples in Canada. For example, Blanket Exercises are being given at various government offices and institutions across Canada to show the displacement impacts that colonization has had on Indigenous peoples. Curriculum across school boards and secondary schools are being revamped to include truth in history. In Nova Scotia, the provincial government, municipal governments and the Mi'kmaq leadership are collectively working with the Mi'kmaq communities to implement reconciliation efforts in Mi'kma'ki. For example, at the Halifax Stanfield International Airport you are greeted in both Canadian official languages, as well in Mi'kmaq. Some provincial offices, (i.e., Nova Scotia Legal Aid) offer services in the Mi'kmaq language. Mi'kmaq flags are being permanently erected at post-secondary institutions in Nova Scotia. The Isaac Walton Killam Children's Hospital translated books in their Loving Care Program for newborns, to Mi'kmaq. Even the renowned children's book author, Robert Munsch, has agreed to have his books translated into Mi'kmaq and other Indigenous languages. In addition, more positions are being created to ensure that reconciliation efforts are sustained. While we are still but at the tip of the iceberg with reconciliation efforts, we are headed in the right direction. It is evident that we are doing something right, because while we are still the youngest and fastest growing population in Canada, we are growing older (Statistics Canada, 2016)!

It is important to note that reconciliation is not about dwelling on the past. It is not a matter of who is right and who is wrong. It is a matter of collectively doing what is right as a

nation, Indigenous and non-Indigenous people alike. No longer is it acceptable in society to force upon one another our beliefs. Instead, we must try to understand one another's differences, and to be respectful of them. This research has shown that for Indigenous people, respect for one's self and others, begins with MSIT No'Kmaq.

Given this emotional journey of searching for answers, and listening to the stories of pain and survival shared by the strong Indigenous women who participated in this research, I cannot help but wonder what life would have been like had colonizers not been so determined to conquer everything. What if their perspective had been more open, even just respectful enough to have let our nukumij's (grandmothers) and niskamij's (grandfathers) live their lives in the way they wanted to? What if colonizers adopted some the elements of the Indigenous philosophy of MSIT No'Kmaq that drives the Indigenous way of life in their everyday lives? I imagine a life more fruitful for all—less of the need for abstractions like money, and more of a drive for true wealth—air, water, trees, healthy, and loving relationships. Both colonizers and Indigenous peoples working collectively, to ensure that our Mother Earth, remains alive and healthy for our future generations to thrive in. I can daydream about these “what ifs” all day, but it will not change the blatant truth. We have sold out much of our Mother Earth's resources for monetary gain. The state of the world is questionable. Will life on Earth survive much longer? As quoted by Poole (1972), Alanis Obomsawin speaks a powerful truth to that effect: “When the last tree is cut, the last fish is caught, and the last river is polluted; when to breathe the air is sickening, you will realize, too late, that wealth is not in bank accounts and that you cannot eat money” (p. 43). The prophecy of Seventh Fire says that in this time, we are given the opportunity to reclaim our ways (Passamaquoddy Tribe at Pleasant Point, 2003). However, reconciliation is key; the right choice with Mother Earth's interest must be made. Perhaps that by reclaiming attachments our

way, that in Seven Generations to come, our nji'jk (grandchildren) will no longer have to worry about the state of our Mother Earth, nor the question of the existence of humanity.

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Appendix A

Letter of Introduction and Invitation

Dear Participant,

My name is Danielle. I am a graduate student in the Child and Youth Study Program at Mount Saint Vincent University. This study is part of my graduate thesis, and my supervisor is Dr. Mary Jane Harkins, Faculty of Education at Mount Saint Vincent University. This study explores what attachment means to Indigenous caregivers. I would like to invite you to participate in this study.

The purpose of this study is to explore the meaning of attachment in the context of Indigenous families and caregivers. This is important for many reasons, including that Indigenous ways of knowing, including our traditional childrearing practices, have been silenced and even forbidden for generations through colonial practices, including but not limited to the Indian Act, and the residential school system. By allowing Indigenous families and caregivers to exercise their inherent right to have their voices heard, it is my hope that this study will help to enhance society's understanding of what attachment means to Indigenous families and caregivers. Through understanding, it is my hope that acceptance and appreciation of indigeneity will enhance.

If you agree to be a part of this study, you will be asked to participate in a Sharing Circle with semi-structured questions where you will be asked to share your experiences with family relating to attachment. This session will be approximately 60-90 minutes and will be conducted at the [REDACTED]. Sessions will take place between May and August and before the [REDACTED] closes for their annual program planning month.

Participants must be over the age of 19 and must, have cared for, or be caring for a child, or children under the age of 19. Care means that they were responsible for the child(ren)'s basic needs, including shelter, clothing, food, health, discipline, caring, and all other aspects of the child's basic needs. Adhering to the familial philosophy of the [REDACTED], child care will be offered for the participants to be able to attend the Sharing Circles. In addition, an Elder will be present at each session. Participants without transportation will be offered bus tickets. Light snacks will be provided during each session.

All Sharing Circles will be audio recorded and once transcribed, all identifying information will be removed. If a participant withdraws from the Sharing Circle, all of their information gathered from the session will be deleted and will not be used in the study. Once the session is recorded and transcribed, the recording on the digital tape is deleted and all information related to a participant who withdraws from the study will be deleted from the transcripts. Further, participants will have 10 days after the session(s) to withdraw from the study and have their information deleted.

The results of this study will be used for future presentations at conferences and other educational venues, as well as submission to peer reviewed journals for publication. Your name and any identifying information will not be used, nor will it be used in any publication or presentation of the study results. All information collected for the study will be kept confidential, however, you need to be aware that if you reveal information causing the researcher to feel that anyone is subject to abuse or neglect, or is engaged in illegal activities, the researcher will have the responsibility to report this to the proper authorities. All audio recordings will be destroyed after the transcriptions have been transcribed and reviewed. All transcriptions will be stored

electronically on a password protected computer. These electronic files will be deleted upon completion of the graduate thesis.

There are no known risks for participating in this study. Benefits to the participants relate to the opportunity to voice their beliefs and experiences of family-hood. Each Sharing Circle will give the participants an opportunity to share what family and attachment means to them, which could improve societal understanding and appreciation of Indigenous family values.

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions, or withdraw from the study at any time without consequence. Only the researcher, her thesis committee members, and a confidential transcriber will have access to the original data. If you have given your email contact information on the letter of consent, a brief summary of the results of the study will be emailed to you, or you may contact the researcher at the email address below to request a hard copy.

If you have any questions or concerns about this research project, please contact Danielle Root by phone at [REDACTED] or by email at danielle.root@msvu.ca or my supervisor, Dr. Mary Jane Harkins (maryjane.harkins@msvu.ca or [REDACTED]). If you have questions or concerns about how this study is being conducted and wish to speak to someone who is not directly involved in the study, you may contact the Chair of the University Research Ethics Board by phoning 902-457-6350 or by email at research@msvu.ca. You may also contact the Mi'kmaq Ethics Watch by phoning 902-563-1871 or by email at donna_christmas@cbu.ca. This letter is yours to keep for future reference.

Appendix B

Guiding Questions for Indigenous Caregivers

1. How was family life like growing up as a child?
2. Who did you live with as a child?
3. Who were you close to?
4. As a caregiver, tell me about your children. What is their family life like? Who else do they live with? Who are they close to?
5. What does “family” mean to you?
6. Is there something else that we haven’t talked about, that you would like to mention?

Appendix C

Consent Form

My name is Danielle. I am a graduate student in the Child and Youth Study Program at the Mount Saint Vincent University, and my supervisor is Dr. Mary Jane Harkins in the Faculty of Education at Mount Saint Vincent University. I am conducting a research study on what attachment means to Indigenous caregivers. I would like you to participate in this study.

The purpose of this study is to explore the meaning of attachment in the context of Indigenous families and caregivers. This is important for many reasons, including that Indigenous ways of knowing, including our traditional childrearing practices, have been silenced and even forbidden for generations through colonial practices, including but not limited to the Indian Act, and the residential school system. By allowing Indigenous families and caregivers to exercise their inherent right to have their voices heard, this study will help to enhance society's understanding of what attachment means to Indigenous families and caregivers through understanding, acceptance and appreciation of indigeneity.

I agree to be a part of this study, and will be asked to participate in a Sharing Circle with semi-structured questions, where I will be asked to share my experiences with family relating to attachment. This session will be approximately 60-90 minutes, and will be conducted at the [REDACTED]. Sessions will take place between May and August before the [REDACTED] closes for their annual program planning month.

I am over the age of 19 and have cared for, or am caring for a child, or children under the age of 19. Care means that I am responsible for the child(ren)'s basic needs, including shelter, clothing, food, health, discipline, caring, and all other aspects of the child's basic needs. Adhering to the familial philosophy of the [REDACTED], child care will

be offered for the participants to be able to attend the Sharing Circles. In addition, an Elder will be present at each session. Participants without transportation will be offered bus tickets. Light snacks will be provided during each session.

All Sharing Circles will be audio recorded and once transcribed, all identifying information will be removed. If I withdraw from the Sharing Circle, all of my information gathered from the session will be deleted and will not be used in the study. Once the session is recorded and transcribed, the recording on the digital tape is deleted, and all information related to a participant who withdraws from the study will be deleted from the transcripts. Further, I will have 10 days after the session(s) to withdraw my information.

The results of this study will be used for future presentations at conferences and other educational venues, as well as submission to peer reviewed journals for publication. My name and any identifying information will not be used, nor will it be used in any publication or presentation of the study results. All information collected for the study will be kept confidential, however, I need to be aware that if I reveal information causing the researcher to feel that anyone is subject to abuse or neglect, or is engaged in illegal activities, the researcher will have the responsibility to report this to the proper authorities. All audio recordings will be destroyed after the transcriptions have been reviewed. All transcriptions will be stored electronically on a password protected computer. These electronic files will be deleted upon completion of the graduate thesis.

There are no known risks for participating in this study. Benefits to the participants relate to the opportunity to voice their beliefs and experiences of family-hood. Each Sharing Circle will give me an opportunity to share what family and attachment means to me, which could improve societal understanding and appreciation of Indigenous family values.

Participation in this study is voluntary. I may refuse to participate, refuse to answer any questions, or withdraw from the study at any time without consequence. Only the researcher, her thesis committee members and a confidential transcriber will have access to the original data. If I have given my email contact information on this letter of consent, a brief summary of the results of the study will be emailed to me, or I may contact the researcher at the email address below to request a hard copy.

If you have any questions or concerns about this research project, please contact Danielle Root by phone at [REDACTED] or by email at danielle.root@msvu.ca, or her supervisor, Dr. Mary Jane Harkins at [REDACTED] or maryjane.harkins@msvu.ca). If you have questions or concerns about how this study is being conducted and wish to speak to someone who is not directly involved in the study, you may contact the Chair of the University Research Ethics Board by phoning [REDACTED] or by email at research@msvu.ca. You may also contact the Mi'kmaq Ethics Watch by phoning [REDACTED] or by email at donna_christmas@cbu.ca. Signing below indicates that I understand the information on this form, have considered the implications of participating, and am willing to participate.

Participant Signature

Researcher Signature

Date (day/month/year)

Date (day/month/year)

Please check one of the following:

Please send me a summary of the results at the end of this study.

Do not send me a summary of the results at the end of this study.

Name: _____ (please print)

Email address: _____

Appendix D

Permission for Digital Recording

I am giving my consent for this Sharing Circle to be audio recorded. I realize that once the recording is completed, that the recorder will be transported in a locked carrier to the Aboriginal Student Centre at Mount Saint Vincent University, and then will be transferred to a password protected computer. Once the recording is transcribed, the digital recording will be deleted.

Participant Signature

Date (day/month/year).

Researcher Signature

Date (day/month/year)

Appendix E

Dear [REDACTED] and [REDACTED],

I am proposing to conduct a supervised research study entitled, “Aboriginal Families: Fostering Attachment Our Way.” This proposed research is part of the requirements of my Master of Child and Youth Study degree at Mount Saint Vincent University.

The purpose of this research is to provide urban Aboriginal caregivers with the opportunity to share their beliefs and experiences on family and attachment, and what it means to them. It is hoped that this research will demonstrate the importance of looking at familial attachment through an Aboriginal lens and that from there, research on it continues to grow. It is hoped that a better understanding of what familial attachment means to Aboriginal populations will have systemic implications, for example, in the fields of health and education.

I am proposing to recruit approximately 12-18 Aboriginal caregivers between the ages of 19-65 who are part of the urban Aboriginal community of [REDACTED]. With your approval and assistance, I am asking to recruit Aboriginal caregivers to participate in Sharing Circles where they will be asked to share their experiences and beliefs about family and attachment. Upon agreeing to participate in the study, a consent form will be signed by the participants.

I plan on having three separate Sharing Circles. Each Sharing Circle will have four to six participants, including an Elder, and will last 60-90 minutes. The sessions will be audio recorded. Participants will be made aware of this through the consent forms prior to each session. I would like to have the Sharing Circles, downstairs in your centre, where many of your other programs take place. I would also like to offer child care while participants are in the sessions, as well as snacks for the families, so I am asking for use of a room for child care, as well as dishes from the kitchen, if needed. I will be providing bus tickets for transportation.

If you have any questions about this study, please contact me, Danielle Root at [REDACTED] [REDACTED] (email: danielle.root@msvu.ca), or my thesis supervisor, Dr. Mary Jane Harkins, at [REDACTED] [REDACTED] (email: maryjane.harkins@msvu.ca). This research has met the ethical standards of the University Research Ethics Board at Mount Saint Vincent University and the Mi'kmaw Ethics Watch. If you have questions or concerns about how this study is being conducted and wish to speak to someone who is not directly involved in the study, you may contact the Chair of the University Research Ethics Board by phoning 902-457-6350 or by email at research@msvu.ca. You may also contact the Mi'kmaq Ethics Watch by phoning 902-563-1871 or by email at donna_christmas@cbu.ca.

I appreciate and look forward to your support for my research. Thank you for your time.

We'lalin,

Danielle Root
Graduate Student

Appendix F

Recruitment Poster

What does family mean to you? Exploring the meaning of attachment for Aboriginal families.

I am looking for members of the urban Aboriginal community of [REDACTED] to participate in a study exploring Aboriginal caregivers' beliefs on family and attachment. If you are interested in contributing to this important research, are part of the urban Aboriginal community of [REDACTED], are between the ages of 19-65 and have been or currently are a caregiver for a child/children under the age of 19, come and share your story about what family means to you! Participants will be given the opportunity to share their stories with an Elder, the researcher (myself) and other caregivers through a Sharing Circle.

When, Date, Location: [REDACTED]

[REDACTED]. Transportation in the form of bus tickets will be offered to participants without access to a vehicle. Child care and light snacks and refreshments will be provided. For more information, contact Danielle Root at [REDACTED] (email danielle.root@msvu.ca).

Appendix G

Transcriber Confidentiality Agreement

As a research assistant/transcriber, you will be in possession of personal, and at times sensitive, information about individuals, possibly including their identities, locations, as well as their study data. You are expected to keep all information confidential, and understand and abide by the ethics policy as described in the Tri-council Policy Statement (<http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/>).

Confidentiality Agreement

• I understand that participant information will not be discussed or shared in any form or format with anyone other than the research team, except as necessary in performing my duties as a research assistant/transcriber. When required to discuss participant information with individuals outside of the project team, I will do so in a discreet and professional manner.

• I will ensure that when not working on the data it will be kept in a secure location. I will not work with the data in an area that may compromise participants' confidentiality or anonymity. When transferring data in hard copy or electronic form, I will also ensure their security.

• All participant data, in any form or format, is to be deleted, destroyed or returned to the research team once I have completed the research tasks. Participant data is not to be copied unless specifically requested by the research team. Data are the property of Danielle Root.

• I agree to notify the research team immediately if any unexpected or adverse events occur in the conduct of the research, data analysis, or other review that can have a possible negative impact for the participants.

• This non-disclosure agreement is permanent. I will not discuss participant information with others even after the project is complete or when I have finished working with the research team.

I have read and understood the Confidentiality Agreement, understand what constitutes confidential materials, and I agree to maintain the confidentiality of the research materials. I accept the terms and conditions for my involvement in the project.

Name (print): _____

Date: _____

Signature: _____

Appendix H

MSVU Certificate of Research Ethics Clearance



University Research Ethics Board

Certificate of Research Ethics Clearance

Effective Date	August 25, 2016	Expiry Date	August 24, 2017
File #:	2016-043		
Title of project:	Aboriginal Families: Fostering attachment our way		
Researcher(s):	Danielle Root		
Supervisor (if applicable):	Mary Jane Harkins		
Co-Investigators:	n/a		
Version :	1		

The University Research Ethics Board (UREB) has reviewed the above named research proposal and confirms that it respects the Tri-Council Policy Statement: *Ethical Conduct for Research Involving Humans* and Mount Saint Vincent University's policies, procedures and guidelines regarding the ethics of research involving human participants. This certificate of research ethics clearance is valid for a period of one year from the date of issue.

Researchers are reminded of the following requirements:	
Changes to Protocol	Any changes to approved protocol must be reviewed and approved by the UREB prior to their implementation. Form: REB.FORM.002 Info: REB.SOP.113 Policy: REB.POL.003
Changes to Research Personnel	Any changes to approved persons with access to research data must be reported to the UREB immediately. Form: REB.FORM.002 Info: REB.SOP.113 Policy: REB.POL.003
Annual Renewal	Annual renewals are contingent upon an annual report submitted to the UREB prior to the expiry date as listed above. You may renew up to four times, at which point the file must be closed and a new application submitted for review. Form: REB.FORM.003 Info: REB.SOP.116 Policy: REB.POL.003
Final Report	A final report is due on or before the expiry date. Form: REB.FORM.004 Info: REB.SOP.116 Policy: REB.POL.003
Unanticipated Research Event	Researchers must inform the UREB immediately and submit a report to the UREB within seven (7) working days of the event. Form: REB.FORM.008 Info: REB.SOP.115 Policy: REB.POL.003
Adverse Research Event	Researchers must inform the UREB immediately and submit a report to the UREB within two (2) working days of the event. Form: REB.FORM.007 Info: REB.SOP.114 Policy: REB.POL.003

*For more information: <http://www.msvu.ca/en/home/research/researchethics/policies/default.aspx>



Appendix I

Mi'kmaq Ethics Watch



September 14, 2016

Danielle Root, Master of Arts, Child and Youth Study
Mary Jane Harkins
Devi Mucina
Mount St. Vincent University

Dear Ms. Ms. Root:

I wish to inform you that the Mi'kmaw Ethics Watch committee has reviewed and approved "*Aboriginal Families: Fostering attachment our way.*"

As your project moves forward with the approval of the Mi'kmaw Ethics Watch, I must note that individual communities have their own perspective on research projects and it is your responsibility to consult them to ensure that you meet any further ethical requirements. Governments, universities, granting agencies, and the like also have ethical processes to which you might have to conform.

When your project is completed, the Mi'kmaq Resource Centre at Unama'ki College would be pleased to accept the results in a form that could be made available to students and other researchers (if it is appropriate to disseminate them). Our common goal is to foster a better understanding of the Indigenous knowledges.

If you have any questions concerning the Mi'kmaw Ethics Watch review of your project please do not hesitate to contact me and I will forward them to the committee members.

Sincerely,



SJA/dmc