

“I’ll struggle, and I’ll fall...I’ll have my days, but it’s okay” Indigenous Women Surviving the Sixties Scoop

Janani Kodeeswaran, Maggie Campaigne and Anita C. Benoit

Volume 13, Number 1, 2022

URI: <https://id.erudit.org/iderudit/1091052ar>

DOI: <https://doi.org/10.18584/iipj.2022.13.1.13570>

[See table of contents](#)

Publisher(s)

Scholarship@Western (Western University)

ISSN

1916-5781 (digital)

[Explore this journal](#)

Cite this article

Kodeeswaran, J., Campaigne, M. & Benoit, A. (2022). “I’ll struggle, and I’ll fall...I’ll have my days, but it’s okay”: Indigenous Women Surviving the Sixties Scoop. *The International Indigenous Policy Journal*, 13(1), 1–31. <https://doi.org/10.18584/iipj.2022.13.1.13570>

Article abstract

Sixties scoop survivors possess different levels of cultural knowledge. Our objectives were for Indigenous women 1) to increase their cultural knowledge through teachings and engagement with Knowledge Carriers, 2) to have other supports and resources they require identified, and 3) to participate in a Full Moon Ceremony. Community-based research principles were used to establish the study design and research process. Teaching circles and Full Moon Ceremonies were held and experiences in the study collected through focus group discussions. Five themes were identified which included the manifestations of the sixties scoop, longing for culture, (re)connecting to culture, the impacts of culture, and barriers to practicing culture. Important recommendations emerged regarding the practice of culture in ceremony and in programs.

Copyright © Janani Kodeeswaran, Maggie Campaigne and Anita C. Benoit, 2022



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

Érudit

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>



June 2022

“I’ll struggle, and I’ll fall ... I’ll have my days, but it’s okay”: Indigenous Women Surviving the Sixties Scoop

Janani Kodeeswaran

University of Toronto, Canada, janani.kodeeswaran@mail.utoronto.ca

Maggie Campaigne

YWCA, Toronto, Canada, MCampaigne@ywcatoronto.org

Anita C. Benoit

University of Toronto, Canada, anita.benoit@utoronto.ca

Recommended Citation

Kodeeswaran, J., & Campaigne, M., Benoit, A. C. (2022). “I’ll struggle, and I’ll fall ... I’ll have my days, but it’s okay”: Indigenous women surviving the sixties scoop. *The International Indigenous Policy Journal*, 13(1). <https://10.18584/iiipj.2022.13.1.13570>

“I’ll struggle, and I’ll fall ... I’ll have my days, but it’s okay”: Indigenous Women Surviving the Sixties Scoop

Abstract

Sixties scoop survivors possess different levels of cultural knowledge. Our objectives were for Indigenous women 1) to increase their cultural knowledge through teachings and engagement with Knowledge Carriers, 2) to have other supports and resources they require identified, and 3) to participate in a Full Moon Ceremony. Community-based research principles were used to establish the study design and research process. Teaching circles and Full Moon Ceremonies were held and experiences in the study collected through focus group discussions. Five themes were identified which included the manifestations of the sixties scoop, longing for culture, (re)connecting to culture, the impacts of culture, and barriers to practicing culture. Important recommendations emerged regarding the practice of culture in ceremony and in programs.

Keywords

Indigenous People, culture, sixties scoop, survivors, ceremonies

Acknowledgments

We acknowledge and thank the stewards of the land on which our research project was conducted, on the traditional territory of the Wendat, the Anishnaabeg, Haudenosaunee, Métis, and the Mississaugas of the New Credit First Nation. We want to recognize our ancestors, all those that share their cultural wisdom, and our connections to all aspects of the environment such as the water, land, animals, and plants. Our deepest gratitude to the Indigenous women who dedicated their time to our project. Their insights, personal stories, and contributions have been invaluable in understanding how the Full Moon Ceremony and teachings may contribute to the wellbeing journeys of sixties scoop survivors. We would like to thank the Grandmothers, Elders, Cultural Teacher, Grandfathers, and Fire Keepers for facilitating the weekly teaching circles and monthly ceremonies. A special thanks to Patricia Schuyler who was the former Community Engagement Worker in Indigenous Arts & Cultures at the Elm Centre, YWCA Toronto. She conceptualized the project idea in her continued dedication to promoting cultural programming. Our sincere appreciation goes to Maggie Campaigne for ensuring the project was carried out in a good way by organizing and co-facilitating the teaching circles and Full Moon Ceremony. We also want to acknowledge Danielle Nakouz, Manager of the Elm Centre at the YWCA Toronto, for supporting this project and for in-kind support.

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

“I’ll struggle, and I’ll fall ... I’ll have my days, but it’s okay”: Indigenous Women Surviving the Sixties Scoop

The Sixties Scoop and Indigeneity

In Canada, historical and current day colonial policies and practices exercise control over the lives of First Nations and Métis peoples and Inuit (collectively referred to as Indigenous Peoples within the Canadian constitution 1982) (Cardinal, 2016; Lewis, 2015; McKenzie et al., 2016; Woolford & Benvenuto, 2015). The “Sixties Scoop,” which took place from the 1950s to 1980s, is an example of policies and practices that displaced and disrupted Indigenous Peoples and their families from connecting to culture and community (Cardinal, 2016; McKenzie et al., 2016). At least 20,000 Indigenous children were forcibly removed from their birth families and communities and placed into non-Indigenous foster care or adoptive homes in Canada, the United States, and overseas (Cardinal, 2016; Johnston, 1983; Sinclair, 2007). As an extension of the political agenda of residential schools, the Sixties Scoop promoted cultural genocide and forced assimilation into European culture (Kirmayer et al., 2014; Spencer, 2017). Consequently, Sixties Scoop survivors removed from their families, communities, and nations do not readily have access to the teachings and ceremonies of their nations (Cardinal, 2016). Also, many Sixties Scoop survivors experience adverse determinants of health while searching for their cultural narratives (Alston-O’Connor, 2010; Fachinger, 2019).

Destabilization of indigeneity, including its attempted erasure from the Canadian cultural landscape, has led to identity struggles for Sixties Scoop survivors. Although, there are diverse understandings of indigeneity, it may be characterized for Indigenous persons as “intergenerational system[s] of their place-based relationships connecting humans and nonhuman beings (e.g., plants and animals), entities (e.g., spirits and sacred shrines), and systems,” an ancestral connection to the first inhabitants of a geographic location, as colonized peoples, or as peoples with no other homeland than the one they occupy (Gregg, 2019, pp. 828-829; Kobayashi & De Leeuw, 2010; Smith, 1999).

Sixties Scoop survivors were forced to acculturate into a middle-class, white western society while being denied exposure to their Indigenous cultural and ancestral roots (Cardinal, 2016; Fournier & Crey, 1997; Kulusic, 2005; Milner, 2001; Nuttgens, 2013; Sinclair, 2007; Spencer, 2017). Some survivors were torn from their culture by their adoptive parents through physical, sexual, or psychological abuse (Choate et al., 2019; Milner, 2001; Spencer, 2017). Predominantly white adoptive parents were unable to provide Indigenous children with the resources, support, and ethnic identity role modelling to cope with discrimination and prejudices experienced outside the home (Bagley et al., 1993; Bensen, 2001; Nuttgens, 2013; Sinclair, 2007). Even if survivors adopted the culture of their non-Indigenous families, they still grappled with multiple forms of discrimination and identity conflicts occurring from being unable to envision what being Indigenous meant (McKenzie et al., 2016; Nuttgens, 2013; Sinclair, 2007). Some survivors also experienced “Native shame,” which led to internalized racism (Cardinal, 2016; Nuttgens, 2013).

Sixties Scoop survivors have expressed how significantly their health and wellbeing has been compromised, resulting for some in poor mental health, substance use, or lowered social connectedness (Blackstock et al., 2004; Choate et al., 2019; Fournier & Crey, 1997; Johnston, 1983; McKenzie et al.,

2016; Sinclair, 2007; Spencer, 2017). Low connectedness has been associated with experiences of loneliness, anxiety, anger, depression, poor coping behaviours, and low self-esteem (Carriere, 2005; Spencer, 2017). Adverse health outcomes and poor coping strategies resulting from low social connectedness was found among Indigenous peoples (Lee et al., 2000; McCormick, 2000; Spencer, 2017). A Sixties Scoop survivor attributed his drug use to being taken away from his family as a child, being constantly moved around while in foster care, and not having contact with his parents (Spencer, 2017). To cope with the negative emotions and trauma associated with their experiences, some Sixties Scoop survivors have reported substance use as well as dropping out of school and even attempting suicide (Choate et al., 2019; Sinclair, 2007).

(Re)connecting with Indigeneity

(Re)connecting with indigeneity as a Sixties Scoop survivor has not been fully explored in the literature (Cardinal, 2016; Nuttgens, 2013). Survivors' journeys of reconnecting with their culture through their birth families, communities, and the land are distinct, varied, complex, and often a continuous process (Cardinal, 2016; Varley, 2016). (Re)connecting has been described as a reawakening of their spiritual selves (Carriere, 2005; Varley, 2016). However, many survivors were hesitant to reconnect due to their unfamiliarity with the language, traditions, and customs (Carriere, 2005; Sinclair, 2007). Reconnecting was also difficult for those who were unable to identify their birth families and communities, and without a clear path were unable to envision how to reconnect and the significance of doing so (Carriere, 2005; Nuttgens, 2013). (Re)connecting with indigeneity has been described as protective against adverse health outcomes and useful for a holistic sense of wellbeing, which may be beneficial to Sixties Scoop survivors (Brown et al., 2016; Carriere, 2005). Information on the process of cultural reconnection and its implications for wellbeing is limited.

Cultural knowledge for achieving wellbeing from the intergenerational trauma of the Sixties Scoop and other colonial practices is an important resource (Black et al., 2019; Kirmayer et al., 2003; Kulusic, 2005; Menzies, 2008). Cultural activities have included sweat lodges, vision quests, fasting, and engaging with various Knowledge Carriers (e.g., Elders, cultural teachers, grandmothers) to restore or reinforce ties to the larger dimensions of Indigenous cultures such as history, ceremony, land, family, and community (Lavallée & Poole, 2010; Menzies, 2008; Roy, 2014). Cultural knowledge presents an opportunity for survivors to reconnect to their indigeneity (Lavallée & Poole, 2010; Sinclair, 2007). Indigenous healing practices have been beneficial to health for many Indigenous Peoples compared to solely relying on the biomedical model of health (Benoit et al., 2003; Marsh et al., 2015; McCormick, 2000). Indigenous healing models recognizes that healing, particularly for intergenerational trauma, occurs at the individual, family, and community levels, and allows the individual to work through their memories of painful experiences more deeply (Menzies, 2008; Roy, 2014). Carriere (2005) reviewed the significance of connectedness to Indigenous cultures as a resource for health and wellbeing, as well as a form of affirmation through discussions with Sixties Scoop survivors (Carriere, 2005). Cultural knowledge and Indigenous healing approaches nurture and support the reconnection to indigeneity, an integral part of the healing process for intergenerational trauma (Kirmayer et al., 2003).

Previous literature has focused on understanding the perspectives of Sixties Scoop survivors and has yet to engage with them on how Indigenous healing models and practices can benefit survivors (Carriere,

2005; Milner, 2001; Nuttgens, 2013; Spencer, 2017). While there may be overlapping experiences of the Sixties Scoop, different gender experiences and implications on health and wellbeing may arise, due to unique experiences of discrimination for Indigenous women, girls, and 2SLGBTQQIA+ people compared to Indigenous men and boys (Allan & Smylie, 2015; Halseth, 2013). Applying an intersectional lens highlights the idea that Indigenous women, girls, and 2SLGBTQQIA+ people are vulnerable to multiple systems of oppression compared to their male and non-Indigenous counterparts (Allan & Smylie, 2015; Crenshaw, 1989, 1991; Maddison & Partridge, 2014; MMIWG, 2019). They are significantly more likely to experience multiple systems of violence and poorer health outcomes, such as physical and psychological violence and abuse, HIV, and depression resulting in part from racialized gender violence (Bingham et al., 2019; Chmielowska & Fuhr, 2017; Garcia-Del Moral, 2018).

The overall purpose of our qualitative research project was to establish an environment where reconnecting to culture was facilitated. Teaching circles were held culminating in a Full Moon Ceremony for Indigenous women who are Sixties Scoop survivors. Our objectives were for Indigenous women to 1) increase their cultural knowledge through teachings and engagement with Knowledge Carriers, 2) have other supports and resources they require identified, and 3) participate in a Full Moon Ceremony.

Methodology

Community-Based Research Principles

Project concept. Community-Based Research (CBR) principles were followed in developing and facilitating this research project (Israel et al., 1998). The project idea stemmed from the community partner's Indigenous Community Engagement Worker, who noted that many women she supported were also Sixties Scoop survivors. She worked in an urban housing facility in Toronto, Ontario, that provided housing to Indigenous women and their children and delivered mental health and wellbeing programs including cultural programming. The women shared with the Community Engagement Worker their differing levels of connection to their communities, families, and their cultures, which sometimes led to tension between the women. The Community Engagement Worker suggested that creating a space for sharing cultural knowledges through teachings and working with Knowledge Carriers could build individual and collective cultural knowledges, leading to cultural bridges between the women with shared information. Through several in-person meetings between the academic researcher with the Community Engagement Worker, a research proposal was written, submitted, and successfully funded. During the time between submitting the proposal and receiving funding, a new Community Engagement Worker in Indigenous Health and Wellness was hired while the original worker had to go on leave. The new Community Engagement Worker agreed to engage in all aspects of the research process from determining the recruitment strategy, designing the study, and facilitating research activities with the support of her employer, the community partner. The research team consisted of the Principal Investigator (academic researcher), Research Assistant, and the Indigenous Community Engagement Worker.

Study design. Using flyers, participants were recruited from an urban housing facility for Indigenous women in Toronto, Ontario. Eligible participants wanting to learn more about the project were directed

to either contact the principal investigator or to attend an information session with the research team held in the building's communal kitchen. Once participants were enrolled in the project, a meeting with them was held prior to initiating study activities. The purpose of the project was reiterated, a general outline of the anticipated study activities was presented, and any questions or concerns participants raised were addressed. The women also provided feedback on the study activities by for example recommending Knowledge Carriers and by requesting the study design include alone time with the Knowledge Carriers without the presence of the research team. Also, to promote a safer, comfortable, and mutually understanding space during the teaching circles, the women established a series of statements outlining how they would function as a group in the circles. These statements also ensured that every participant was honoured, individual voices respected, and encouraged solidarity (Kirmayer et al., 2003).

Prior to initiating study activities, the Indigenous Community Engagement Worker made requests to Knowledge Carriers to facilitate teaching circles or Full Moon Ceremonies. Her requests were made with tobacco and gift offerings in-person and by phone. She shared the purpose of our project and who the project was intended to benefit. She also asked the Knowledge Carriers what she could prepare for them once they accepted the request. Some Knowledge Carriers also shared their protocols which aided the research team in preparing for their visit. The teachings that were shared were determined by nine Knowledge Carriers (e.g., Grandmothers, Elders, Firekeepers, Cultural Teachers, and Grandfathers) with the overall purpose of the project in mind. Six Knowledge Carriers were Anishinaabeg, one of the Knowledge Carriers identified as Tahltan and Cree, another as Mushkego Cree, and one was Poptí.

Study facilitation. The project consisted of two 8-week cycles of sessions with each cycle including six 2-hour teaching circles, one Full Moon Ceremony, and finally a focus group for the participants to discuss their experience in the project. One cycle was conducted from June 2019 to July 2019, and the other cycle was conducted between September 2019 to October 2019. Women in the first cycle were welcome to participate in the second cycle and some did. The sessions were delivered in the communal kitchen space.

A session began by the women sharing a meal prepared by the research team with a participant or research team member smudging the food and preparing a spirit plate. A study participant who identified as Ojibwe requested that we smudge the food and prepare a spirit plate prior to eating and other participants agreed with the idea. Several participants also requested that a smudge bowl be prepared and available for women to use upon entering the room if they chose to smudge. The Knowledge Carrier arrived during the meal and was introduced to the participants. The women had the option to smudge prior to eating, but frequently smudged prior to beginning the teaching circle with the Knowledge Carrier. The research team prepared the circle by arranging chairs in a circle and placing a medicine bundle next to the Knowledge Carrier along with other items requested by the Knowledge Carrier. The Community Engagement Worker opened the teaching circle by once again introducing the Knowledge Carrier and inviting them to lead the circle. Each Knowledge Carrier came with their own sets of teachings, stories, and approaches to wellbeing. The first hour of the circle consisted of sharing teachings which research team members also attended. Before a break, the Community Engagement Worker presented each participant with a gift (e.g., copper goblet, abalone shell, feast bundle, medicines,

long skirt) to add to their bundles along with the cultural significance of the item. The contents of the bundles were intended to support them on their wellbeing journeys as well as participate in ceremony for our study and in the wider community. After a short break, the circle continued with the Knowledge Carrier and only the study participants for an additional hour. Members of the research team stepped out for this portion of the circle so that participants could have personal discussions with the Knowledge Carrier. The two sessions focusing on Full Moon Ceremonies were hosted by a Knowledge Carrier, the Indigenous Community Engagement Worker, and other members of the research team. A Firekeeper was essential to the Full Moon Ceremony and was present to start and close the fire. Firekeepers protect the sacred nature of the fire within the ceremony by following specific cultural protocols and teachings (M. Campaigne, 2019 personal communication).

Study Population

Eligible study participants self-identified as First Nations, Métis, or Inuk Sixties Scoop survivors. As previously mentioned, participants lived in an urban housing facility for Indigenous women and their children in Toronto, Ontario. The housing facility is serviced largely by non-Indigenous staff for health and social support as well as housing concerns.

Data Collection and Analysis

Data was collected from the participants through focus groups at the end of each cycle. One-on-one interviews were conducted for women unable to attend the focus group. The duration of each focus group was between 1 ½ hour to 2 hours and the interviews lasted between 30-minutes to 1-hour. The discussions were audio-recorded and facilitated by the Research Assistant. Participants reflected on their experiences. They described what they learned during the teaching circles, their plans to maintain the teachings, and how the teachings prepared them for ceremony. They also discussed how they felt after attending the teaching circles and ceremony, the impact of culture on their wellbeing, and the importance of cultural exposure as Sixties Scoop survivors. Other questions focused on areas of improvement in the study.

Focus group discussions were analyzed using inductive thematic analysis, which consists of coding the transcript line by line to formulate descriptive themes (Braun & Clarke, 2006). Two authors separately coded the transcripts and compared their codes. Codes were grouped under themes in a table of findings and relevant quotes were derived from the transcripts. Similar codes were compared and grouped under the same theme if applicable. Relevant quotes were also discussed with participants who read the manuscript to provide feedback. Reliability was established by both the Research Assistant and Principal Investigator finalizing and re-evaluating themes with confirmation from the study participants and the Community Engagement Worker during in-person meetings.

Our study was reviewed by the Women's College Hospital Research Ethics Board and the University of Toronto Research Ethics Board in Toronto, Ontario. Study participants provided verbal and written informed consent prior to beginning any research activities.

Findings

Characteristics of Study Participants

A total of 8 Indigenous women participated in our project with half attending all sessions from both the first and second cycle. All the women self-identified as being Sixties Scoop survivors. No additional personal identifying information was collected from the study participants.

Qualitative Results

Five main themes emerged from the data. The women shared their thoughts on the impacts of the Sixties Scoop, their longing for culture as Sixties Scoop survivors, (re)connecting to culture, and the positive impacts of culture. In addition, several recommendations emerged from discussions on restrictions to practicing culture.

Culture meant engaging in ceremonies, working with Elders or Healers; smudging; having tobacco, sage, and other medicines; speaking the language; having specific food and certain items or clothing present.

Impacts of the Sixties Scoop

The women described several symptoms of the Sixties Scoop. Poor health, specifically mental health, was the most frequent concern raised. Other conversations were on their heightened awareness of the intergenerational impacts and traumas of the Sixties Scoop such as the millennial scoop, a present threat in their lives either from their personal experiences or that of family members' involvement in the Canadian child welfare system. The millennial scoop is the current overrepresentation of Indigenous children in the Canadian child welfare system beginning in the 1980s.

Various traumas and hardships extended beyond the women's childhoods and played a role in their lives. A few women discussed substance use, including alcohol, as a way of coping with challenges in their lives and their mental health concerns such as anxiety, depression, and post-traumatic stress disorder. Also, hardships associated with being Indigenous in a society that marginalizes them, were some of the reasons for their ongoing mental health issues.

I feel that it's really, really hard to be an Indian . . . alone, you know, trying to accept everything, uh traumas that you have gone through or, you know, community has gone through . . . um . . . you just gotta keep strong . . . right? –Respect [participant pseudonym]

The women shared that managing their mental health concerns, including trauma and substance use, is an iterative and ongoing process in which there had to be room for setbacks since the process of walking in a good way was not linear. These setbacks were also framed as essential learning opportunities. The women also described that working towards their wellbeing included focusing on the medicines, living in the present, openly expressing their emotions, acknowledging, and shifting negative thoughts and attitudes, and not judging themselves for past events. One woman described her feelings on experiencing setbacks, and that hiding from society was not an option neither was wanting to relive past actions to get things 'right'. Pushing forward and focusing on the medicines were critical for her.

I can't shelter myself from society even though I wish I could. I wouldn't have enough uh sowing material or *laughter* everything like I would wanna just . . . to do the whole part over and over again right. But I can't do that here, so I just focus on this: try to do the good walk and I'll struggle, and I'll fall . . . and I'll have my days but it's okay, you know, but I can't keep it . . . but I can keep picking up the medicines, picking it up, picking it up. If I don't touch them [medicines] that's okay, cause I can't judge myself anymore. I've judged myself for so many years now and it's like, I can't do that anymore. –Wisdom [participant pseudonym]

Although the women had various experiences of the Sixties Scoop and mental health concerns, the impacts of the millennial scoop weighed on them quite heavily. Some women described that regardless of the changes and progress made in their lives, they continuously had to revisit their Sixties Scoop experiences because of the millennial scoop. This included conversations around being involved in the Canadian child welfare system and resulting childhood trauma, as well as the thousands of other Indigenous children that have, and continue to be, negatively impacted by the Canadian child welfare system.

Despite having been forcibly discouraged from learning more about their indigeneity and culture through their upbringings, all the women believed that this project was an opportunity to immerse themselves in culture and learn more.

Longing for Culture

The desire to learn more about and engage in culture was unanimous among the women. They also discussed learning from the ceremonies and teachings in a way that was different from mainstream approaches.

Anishinaabe and Cree teachings were shared with the women along with personal stories of the Sixties Scoop. Anishinaabeg Knowledge Carriers shared teachings on the four medicines, strawberry teachings and other plant teachings including their use in ceremonies, the female life cycle and rites of passage teachings and discussed related ceremonies, and full moon teachings including all phases of the moon. A Cree Knowledge Carrier discussed the role of the Firekeeper, provided water teachings, and discussed the roles and responsibilities of Cree men and boys. A Poptí Cultural Teacher discussed spirituality and the Haudenosaunee creation story that she had learned from her mother who was from that nation. Also, several Grandmothers and a Grandfather discussed how they came to know and became a source of knowledge and support to their communities. Many of the Knowledge Carriers weaved their teachings into their respective life journeys along with valuable lessons, such as communication and ways to express emotions. These examples permitted the women to envision how the teachings could also be part of their life journeys.

The desire to learn more about culture and the newfound knowledge through the project motivated some of the women to attend other ceremonies taking place in the community. The women were so eager to learn more about their cultures that there was almost a sense of urgency expressed.

And um but it's not enough I want more, I just want a lot more, I just . . . its wet my appetite and it's just, it's it is just so dang healing . . . um it, but I need more. –Bravery [participant pseudonym]

I went to full moon ceremonies before I really understood a lot, and, and so the more, the more I came here, the more I understood. The more knowledge I got you know from all the teachings: the water teachings, the berries, the medicines, the firekeeper um . . . especially the water teachings. –Bravery [participant pseudonym]

Learning more about culture was critical for the women, but they also expressed that the Indigenous men in their communities likewise had cultural responsibilities and teachings that could be beneficial in assisting them to address the pain from intergenerational trauma. Some women wanted to learn more about the role of the Fire Keepers, a role which they often associated with men. In general, teachings for men were important to learn given they could play a role in passing down this knowledge as well. Although, gender spectrums have long existed among Indigenous Peoples (Robinson, 2020; Tharp, 2016), the women in our study only discussed the role and responsibilities of women and men. This is unsurprising given we did not focus on this in our study or have questions about gender. In addition, our study participants all identified as women and were focused on teachings specific to their own gender. One Grandfather and a Fire Keeper provided teachings that were related to their roles and responsibilities as men and boys, and this may be why the women shared some of their thoughts on teachings specific to men or boys.

I like the way she um ... the way she explained the, the life cycle of people . . . and uh like the way she talked about the moon and our connectedness to it and our water, like I wanna learn two more water songs. –Truth [participant pseudonym]

We wanna stay Indigenous, I wanna stay Indigenous. I wanna stay Ojibwe, I want my grandchildren to stay Ojibwe and have our teachings. Cause that other way doesn't work." –Wisdom [participant pseudonym]

Men, our men have to be reached out too and I know they have different ceremonies but like I don't know much about what they do. I know they have . . . there are some firekeepers or have someone teach our young men who are out here in pain, you know. –Wisdom [participant pseudonym]

According to the women, the ways in which they were learning were unique and a significant aspect of the process. Unlike mainstream approaches to learning and understanding, the women describe the process of learning through the circles as "taking things in," "shifting perceptions," as well as having experiences feeling akin to "skin to skin" contact.

I'm just kinda taking things in, in like . . . kinda like osmosis. It's not intellectual it's just uh, it's a different way of learning and knowing, I guess. Its leading me into you know different kind of um . . . whereas before like . . . where do I start now. I have a kind of like a, oh! a pathway. –Bravery [participant pseudonym]

For the women, the teachings brought about a new sense of awareness and understanding of not only the world around them, but also themselves. They expressed taking away different life lessons that they connected back to their lives. They also expressed learning a lot about themselves spiritually and mentally and were able to better understand their path and readiness for ceremony. Teachings through the circles, ceremonies and storytelling in our project were expressed by the women as being useful in their journeys in walking for a good life.

(Re)connecting to Cultures

Attending the teaching circles and Full Moon Ceremonies provided an opportunity for the women to fulfill their desires to (re)connect to culture. Through the process of (re)connection, the women began to remember aspects of their culture, and were even more adamant about cultural renewal, and passing down cultural knowledge to others including their children and grandchildren.

More specifically, some women described being better equipped to connect to culture outside of the project and the study site because they had established relationships with the visiting Knowledge Carriers. Community connection was not restricted to their blood relatives, but also to the community of Indigenous women living at the housing facility. Despite leading different lives, the women shared similar traumas that brought them closer together.

We can relate and interact about it, we don't hold onto this we just go *phew* it's gone, that's how I feel when I'm here . . . for me I see myself going back and forth to different parts of my life and I feel more . . . I guess loved by this community. I feel part of the community and when I go to different parts of trauma like with, Love [participant pseudonym] went through hers I could see what happened to her and I just wanted to get up and grab her and hold her . . . –Bravery [participant pseudonym]

They were also encouraged to connect to their specific clans and communities to further explore their indigeneity. One woman shared her thoughts on connecting to her community, which she was inspired to do during the project:

“Lot to learn about my own particular culture, you know um Mohawk, and uh so I'm gonna travel there to that reserve to that land and try to. So, I would say that, that inspiration has come from these 8 weeks and so its just lighting the fire and I'm so grateful.” –Bravery [participant pseudonym]

Renewing and remembering their connection to culture looked different for every woman. While some women were able to more immediately identify with aspects of culture, others were not able to do so. Sometimes, this created hesitancy with engaging in certain aspects of the ceremony, Indigenous languages, and teachings. Below are two quotes, one from a participant feeling strongly about her cultural skills, and another describing hesitancy due to an inability to communicate in her ancestral language.

There's some teachings that come along from different people, from Knowledge Carriers and Wisdom Keep-, Keepers that it's . . . renewing I guess my Ojibway language to the whole process, and like in the medicine for the women to it's, like I'm sharing that knowledge with my relatives like to use it . . . and some of it has come back to me from, from my mother's use and my uh, relatives back home, and about the sacred fire when you use it . . . that's still um reaffirming how my dad taught me with that, when we do uh ceremony and honouring their, I guess their feasts of when they passed on. –Wisdom [participant pseudonym]

I liked it when, when the Elders came, I, I sat there although I don't keep eye contact with anybody, it's just me and my upbringing, but um, I hear . . . and I like when, people start out with their name and their Anishnaabe name and where they're from. I wish I could say that, so I say nothing at all... cause if I say it, I might say it wrong . . . but I guess there's no right or wrong? Truth [participant pseudonym]

The teachings and stories shared by the Knowledge Carriers and the participants themselves were valuable to the women. Each woman gained different messages from the teachings that they could apply to their lives and that allowed them to connect or deepen their cultural connections.

Impact of Cultures

Engagement with the Knowledge Carriers and learning from the teachings had a tremendous impact on the women. There were multiple uses for medicines and teachings which included coping with their health concerns, decision-making, and general guidance.

The study participants discussed their use of each of the four medicines for dealing with difficult circumstances and giving them strength. The women learned that it was necessary to stop judging themselves, and that using the medicines even if they were not 'in a good way' was acceptable. One participant described how she incorporated cedar in her life:

Cedar helped me quite a bit 'cause I know that with the different teachings, for myself, that I've been given, and through different groups that there's just so many ways that you can use the cedar for uh, from smudging a home, for sacred fires, along with your tobacco, but also, for, for protection from energies. –Wisdom [participant pseudonym]

Another participant described how medicines aided her in decision-making.

I forgot to mention the medicines how much I learned about the medicines like learning about the sweet grass for clear mind and good decisions, so I've been using that when I needed to make decisions. Just lighting the sweet grass, it really helps it does help . . . –Bravery [participant pseudonym]

The women felt that they could let go of their emotions, cry, and openly express their sadness or frustration in the presence of others in the circles. Two women described how the medicines and teachings were used to 'release' their trauma and deal with mental health concerns.

I gotta release that trauma . . . myself, ‘cause I can’t keep it in my . . . I gotta give it away and let the creator take care of it, using the medicines. –Respect [participant pseudonym]

PTSD is really a hard one. I remember that because at any moment you can be anywhere. You can be right back to wherever and you can really try to think you know, trying to grab onto those medicines and you know what, I get really angry with them at times, I still get angry with them. But I think, as long as I have them present, they’re there and acknowledging them that they’re there, its okay, I’m doing okay. –Wisdom [participant pseudonym]

Recovery and staying strong was not only important for themselves, but also for their children, grandchildren, and other people in their lives. One participant touched upon the seventh generations principle as she discusses her reasons for maintaining her wellbeing.

Have to think, okay I need to be clean and sober so long. I have to think about the next seven generations ahead of me. That could be anybody, my relatives, niece, nephews, cousins whoever right? I have to think about them and how our young people are gonna need that help. –Wisdom [participant pseudonym]

One participant also highlighted the importance of staying strong with the help of the medicines for the children impacted by the millennial scoop today.

Concerning the Sixties Scoop it’s still happening no matter what they . . . no matter how it comes out it’s still Sixties Scoop no matter what we do. The children they are taking away. I’m still scared for my sister’s family, taking their children, so scared that . . . that we’re so judged that it’s gonna happen no matter what. And this is where I need to stay grounded and being an aunty, mother, sister, but especially being a grandmother that this is still gonna affect future generations but as long as I keep sober and keep clean, use these medicines, it’ll be okay. Love [participant pseudonym]

Project Strengths

In addition to the overall benefits of culture, the women described that the project created a positive space for engaging with culture meaningfully. Overall, the women described participating in the teaching circles and Full Moon Ceremony to be a “joyful,” and “uplifting” experience that allowed them to fully immerse themselves in their sessions. Participating in this study was an important step in their walks of a good life and furthering their connections to the Knowledge Carriers in the study, who are leaders in the community. With these connections, the women felt more comfortable solidifying their relationships with the Knowledge Carriers, approaching them for teachings, and attending their ceremonies.

. . . every group [attendance at teaching circles] . . . I felt uplifted. I felt full. I felt joy. I really, I really had a lightness in being and even when there was commotion or um you know, turbulent waters, it all settled finally um . . . I, again it’s really hard to put into words it’s uh . . . it’s, it’s very filling and it feels good. It’s grounding. It’s direction it’s guidance it’s . . . and things make sense. Uh, they begin to make sense, to make more and more sense. –Bravery [participant pseudonym]

A critical aspect of our project was that it provided the women with a sense of safety in the teaching circles and Full Moon Ceremony. This allowed the women to better immerse themselves in the sessions, express their thoughts, and prepare to explore ways of understanding their various circumstances and approaches to self-care. There was comfort being in the session knowing that everyone in the circles valued confidentiality, a judgement-free zone, and holistic space. Allowing for time alone with the Knowledge Carriers without the research team was also a strength of our study, as it provided them with the opportunity to openly connect with the Knowledge Carriers and other women in the circles—specifically Indigenous women. The latter contributed to creating a safer space for the women to discuss experiences unique to Indigenous women. Listening to the stories of other participants allowed them to feel connected to one another and created a sense of unity for Sixties Scoop survivors.

Coming together as Sixties Scoop survivors, Sixties Scoop and beyond because it's still going on now, coming together with those experiences, and knowing you know that's what brought us together, even though we didn't talk a lot about it. I don't know, there's something strong about that too, there's some strength in that, there's resilience, and strength and I'm getting goosebumps over that just that everybody's here. Bravery [participant pseudonym]

The women would often compare the effectiveness of mainstream programming to Indigenous cultural practices. Unlike most programs that they had previously attended, the teaching circles and Full Moon Ceremonies were described as holistic and “complete,” with one participant expressing that she would “rather have a circle with drums and singing than an antidepressant.” Some of the women discussed that mainstream mental health services, such as counselling or therapy, were not able to support them in dealing with their trauma and other stressors in their lives in a comprehensive manner.

Barriers and Facilitators to Practicing Cultural Activities

Study participants described several factors that were involved in shaping how they engaged in Indigenous cultural practices which included the space in which teachings and ceremonies were delivered, how it was delivered and who was delivering it. We also noted that some participants described self-imposed restrictions to engaging with medicines which was related to their own wellbeing.

The medicines are there like I do have my uh, vault of my medicines out... and I used to put them away, I used to um, put everything away. I'm not special, I didn't see everything, but I found out that I need to have my items out, right? But it's not you know bad to have them out, when I'm not in a good way... right? And I want that part of me to disappear because I disappear, so man, uh that's what I've learned anyways... I just can't touch the feather. Respect [participant pseudonym]

The women also discussed institutional restrictions related to access to and use of the medicines.

I have to ask to get the medicine. This..., these medicines should be, to my, to my way of thinking... an open cupboard here, with these sitting in there, with the, with their bowls, sitting there so if someone came down and didn't have any upstairs, that we should have actual access

to this, and availability no matter what they were having or what part of the evening . . .
 –Wisdom [participant pseudonym]

It is important to note that during the project, the organization increased access to the medicines by placing them in cupboards in the communal kitchen space.

The space in which cultural practices took place was very important to the women. One participant stated that the organization's housing facility space was not always right for practicing their cultural activities because of the negative connotation of being within an institution. Some of the women also discussed how ceremonies and circles would often be re-formatted and modelled to resemble the format of westernized programming. The inclusion of westernized concepts with Indigenous cultural practices often diluted and took away the focus from Indigenous cultural practices. Although the reformatting of cultural practices into programming was often done to allow for the participation of non-Indigenous people, this could take away from Indigenous women's experiences in (re)connecting to knowledge shared by Knowledge Carriers.

. . . there's just certain things that just, it's not the women, or you know my neighbours or anything like that it's just, it's very triggering um, being part of the Sixties Scoop to live in an institution so to speak, where um, much is done to us rather than with us, and so it triggers me, and um, and it's too big for me to take on it's not my place to do that, um, and so my decision is to um carry on as a tenant because that's how I see myself? Um so yeah personally, I, I um things like ceremony and um to me, they just feel really, they feel sacred and I, and I would like, I would need to do that outside of here? –Bravery [participant pseudonym]

Several women stated it was important to have a better divide between cultural content in programs, including for education versus culture as a meaningful and sacred practice within spiritual spaces. A 'better divide' involved clearly communicating the intentions of the gatherings and physically setting up the space for programs or ceremonies. According to the women, programs had a more rigid structure particularly as it concerned the learning goals with expectations that these goals should have the same level of importance to the participants. In some cases, programs also involved observation or even surveillance where a staff member would take notes on individual's actions or words which could then be inserted in their client charts. For our study, many programs occurred in the kitchen, a communal and large space which is a colonial space in contrast to longhouses and lodges which are inherently ceremonial. Therefore, we had to intentionally set up the space for ceremonial purposes. Smudging, setting up the chairs in a circle with openings in the east and west directions, having a table set up next to the Knowledge Carrier with the medicines, strawberries, a glass of water, candles, and laying out some cloth for example. The set up also required verifying with the Knowledge Carrier if they had any protocols to share with the women prior to working with them. Although there was structure during the ceremony, the participants could take what they needed from the teachings which in part is why note-taking was not permitted from anyone in the group.

In addition to how culture was included within programming, the selection of individuals included was important to the women. The 'audience' for any program shapes the message so that the content of the program is accessible, and in this case to non-Indigenous women. Some participants discussed how it

was once illegal for their ancestors to practice and now cultural practices are developed to be accessible to non-Indigenous people. She stated:

I'm all for inclusion but somehow it waters down, it makes it different. The dynamics, the dynamics are different. These are teachings and ways that we have lost, that have been systematically ripped from us. It was illegal for us to even do and practice, and I just think it, if you know so going forward, I don't know what the balance is because, you know it's good if everybody learns of course. –Bravery [participant pseudonym]

Of course, you want everybody to learn, but in what setting should that teaching take place as opposed to what we're doing here. Can it be mixed, should it be mixed? And how do we achieve the balance. I think those are important questions because I think for me it would be very different if there were non-Indigenous people in this group well then then it wouldn't be a Sixties Scoop group. –Bravery [participant pseudonym]

Inclusion was important to the participants. The women also discussed that when including culture into spaces whether it is for programming, education or to increase cultural connectedness, it was also important to consider the diversity within Indigenous groups and their respective cultural practices to avoid being pan-Indigenous while recognizing that some Indigenous people hold multiple identities.

The study participants suggested that different worldviews contributed to conflict or misunderstandings with non-Indigenous people or service providers and that it was important to consider how non-Indigenous worldviews were indeed shaping how Indigenous cultures were part of programming and how it was delivered.

The two worldviews will...will not come together. I think this [project] was a lot better than the...like we do have another circle that's done by um... a therapist psychologist once a month... I do not use the word for myself... she to me is on the borderline of having too much western views, that's why it's tough to go into that circle but here [project] it's so open and understanding 'cause we sit with the medicines. –Wisdom [participant pseudonym]

... I guess having regular sessions, regular teachings like actual teaching and healing circles and not something that dissolves into some kind of semi-social work healing circle... and it just becomes this kind of you know, beige kind of thing, but it's called a healing circle or a teaching circle and what, so I saw the difference [between culture in the project and cultural in programming]. –Bravery [participant pseudonym]

In addition to the differing worldviews between the participants and the non-Indigenous staff, lived experiences were extremely important to the women. The women participating in the study believed that those working within non-Indigenous institutions and systems (e.g., legal, medical, and education systems, housing support, and social services) were not aware of the impact that acts of colonization, such as the Sixties Scoop and residential schools, has had on Indigenous Peoples. Lack of awareness has resulted in miscommunication among service providers and the women. This has resulted in fueling traumatic experiences for the women, feeling unsafe in practicing culture, difficulties in openly

expressing themselves, and creating further disconnect from not only the Indigenous community, but others around them. Common lived experiences, as was discussed in earlier quotes, connects people. Being survivors of the Sixties Scoop allowed the women to better connect with one another.

. . . very hard to get the staff to understand where we are coming from. Um . . . it can't be put in a book or be um . . . If you didn't go to residential school then you have very little knowledge about it unless your parents went there, but you ask the generation I'm in and anybody over 50 or 45 and up well what do you think about the 60s scoop. –Truth [participant pseudonym]

The women also discussed that staff attending cultural activities also had to follow the Knowledge Carrier protocols and maintain their boundaries. Everyone in the circle is equal and listens to the Knowledge Carrier. Despite not sharing the same lived experiences, making a connection between service provider and client was important.

I think staff need to take as much of a risk as anybody else in those circles. They need to be sharing shit about themselves. Just like we have to or we do, we choose to, but to have a staff member sit in there and sit with the protection of being of this status of being staff, I'm not safe there. I wouldn't do that I wouldn't expect to see that in any community out there like at a uhm, uhm [other organization]. I don't see that you know there's uh there's a, there's a Knowledge Keeper or you know and they [other organization] conduct it but it's not therapy, like it's not, I don't know how to say the diff- there's something . . . yeah there's something sacred about it. –Bravery [participant pseudonym]

No one's gonna do a social work trip on me [in this project] or uh you know and analyze like there's always this veil of uh you're this client, you're this according to their books, according to their mandate according to the work that they're doing. It's very difficult to have a human one on one, it's very hard to make that connection. I feel that what I say is gonna be thrown back at me but in this . . . circle [project], I feel safe. That I can say what I have to say, and I'm not gonna be judged. –Truth [participant pseudonym]

Some women described difficulties accessing cultural activities in the community at large. The women suggested that the challenges of balancing the Indigenous (i.e., community) and non-Indigenous (housing facility) worldviews had impacted their ways of absorbing culture. Worldviews which consist of a set of attitudes, values, stories, and expectations of the world around us does shape how people function (Gray, 2011; Hart, 2010); the women became aware of the differing worldviews when describing 'clashes' or different views on how issues were addressed (e.g., accessibility and availability of medicines, mental health care).

In addition, some participants felt that there were not always enough details when accessing cultural activities. During our project, several Knowledge Carriers were explicit to those attending the teaching circles about not taking notes. They stated that the participants will absorb the knowledge they are ready to absorb and each of the participants might get something different from the teachings. It was important to be fully engaged in the sessions which was not possible while taking notes. The participants

heard that they had to consistently attend cultural activities and learn from the teachings. All the answers were not going to be obtained through one session.

Discussion

Summary of Findings

We examined how facilitating cultural connection through the wisdom of Knowledge Carriers impacted Indigenous women who are Sixties Scoop survivors within a space usually dedicated to programming. Five major themes were identified which we will expand upon in our discussion. The women described the wider implications of the Sixties Scoop on their lives and that of their communities. Two other important themes that arose were their longing for culture and the significance of (re)connecting to culture which included sharing and passing down knowledge. The impact and use of culture for their health and for providing guidance was a theme as was the project strengths discussed throughout. Finally, barriers and facilitators to practicing culture were discussed by the women.

Implications of the Sixties Scoop on the Women's Lives and Their Communities

In line with previous work, our study participants reported poor mental health outcomes that were attributed to their experiences as Sixties Scoop survivors (Fachinger, 2019; Kenny, 2018; Nuttgens, 2013; Spencer, 2017). Some women spoke of the enduring pain of having their childhood torn away from them. However, instead of speaking more about this, they diverted the conversation to focus on what concerned them the most, the millennial scoop. The deep cuts of the Sixties Scoop would remain open for as long as Indigenous children continued to be removed from their families and communities. This concern speaks to the legacies of historical policies and practices and its permeation into present-day society (de Leeuw et al., 2009; McKenzie et al., 2016). McKenzie et al (2016) explored the continuities of past colonial discourses, such as the Sixties Scoop and the residential schools, and their roles in contemporary discourses on pathologizing Indigenous Peoples. The connection between such policies and practices has contributed to the state's over-involvement in Indigenous families' lives, as well as on the number of Indigenous children in the Canadian child welfare system (McKenzie et al., 2016). De Leeuw, Greenwood and Cameron (2009) have argued that the contextualization of Indigenous Peoples through historical policies and practices continues to inform current policies supporting the Canadian child welfare system. The current over-representation of Indigenous children in the Canadian child welfare system, referred to as the "Millennial Scoop," exemplifies the continued legitimizing of "government destruction of Indigenous families" (Halseth & Greenwood, 2019; Kenny, 2018, p. 305). As of 2010, approximately 27,000 Indigenous children were in foster care in Canada, a number that is continuing to grow and may one day surpass the number of children taken into residential schools and the Sixties Scoop (Vowel, 2016). The millennial scoop is an extension of the Sixties Scoop which further exacerbate the collective and intergenerational traumas of Indigenous Peoples (Kenny, 2018).

The varying levels of traumas and hardships expressed by the women were also discussed as extending beyond the self and that intergenerational trauma is also experienced at the community level whether it be in rural and remote communities or in the urban setting where the women in our study live (Bombay

et al., 2014; Hoffart & Jones, 2018; Roy, 2014). One participant stated how being Indigenous was difficult and coming to terms with the traumas that both herself and her community faced required her to 'keep strong'. Being Indigenous was hard because she felt alone. As previously discussed, loneliness is associated with low connectedness (Carriere, 2005; Spencer, 2017) which some of the women clearly articulated at the onset of our study. The women never referenced their traumas without also acknowledging the traumas and hardships of the community. The connections between the impacts of colonization to contemporary hardships that Indigenous people face is not a novel finding (Dodgson & Struthers, 2005). Referred to as the historical traumas of lived marginalization, Struthers explains that their participants discussed the impact of historical events on the "current welfare of their families and tribes" (Dodgson & Struthers, 2005, p. 341). The interrelated effects of the women's traumatic experiences highlighted the importance of considering the "larger context in which these traumatic events rest" that look beyond the individual effects of trauma (Aguiar & Halseth, 2015; Bombay et al., 2014, p. 321; Menzies, 2008). Acknowledging the historical and contemporary traumas of Indigenous Peoples, particularly for those directly involved in the Sixties Scoop or residential schools, can provide a comprehensive understanding of the complex interplay of traumas (Aguiar & Halseth, 2015; Hadjipavlou et al., 2018). If it is important to recognize the Sixties Scoop as historical trauma with intergenerational and ongoing effects, it is also important to recognize the millennial scoop as contemporary trauma with lasting effects (Bombay et al., 2014; Cunneen & Libesman, 2000; Frideres, 2008; Kreig, 2009).

Longing for and (Re)connecting to Indigenous cultures

The longing for culture was undeniable for all the women and something noteworthy was the innate aspects some women possessed for absorbing cultural knowledge. They appeared to be reconnecting to something they had within themselves. Our project was able to facilitate survivors' (re)connection to Indigenous cultures whose experiences were part of a broader agenda of cultural genocide by the Canadian government (Cardinal, 2016; Sinclair, 2007). Some women in our study initially expressed feeling hesitant around engaging in ceremony and not knowing how or where to start their journeys in connecting to culture. Nevertheless, their willingness and interest in learning more about culture reflects the broader interests expressed by the Indigenous community in previous work (Hadjipavlou et al., 2018; Morcom, 2017). As Ann M. R. states, quoted in the final report of The National Inquiry into Missing and Murdered Indigenous Women and Girls (2019): "Our people, our community want to heal, they want to learn their culture. They want to go on the land. That's where they want to be. That's where they want to heal... culture has to be lived." (Ann, 2019, p. 146). Meeting Knowledge Carriers was a critical step for some of the women in our study to enhance their connection to their cultures and to further their journeys in (re)connection. Hadjipavlou et al. (2018) showed that patients accessing services including Elders for their mental health and wellbeing viewed their interactions with the Elders as not only important in providing a "sense of belonging," but also an opportunity to bridge them to other communities and relationships (Hadjipavlou et al., 2018, p. E611). In fact, in our study, women described how they were made to feel more comfortable accessing cultural events such as ceremonies in the community at large by being introduced to Knowledge Carriers in our study. The connection to various Grandmothers, Grandfathers, Elder, and a Cultural Teacher were invaluable to the women. Opportunities to connect must be understood as being a long-term goal as opposed to short-term and

temporary given that the process of (re)connection is a lifelong journey which was shared by the women (Black et al., 2019; Cardinal, 2016; Carriere, 2005; Carriere & Richardson, 2009).

Lavallée and Poole (2010) have argued that work around cultural identity is crucial for healing, as colonization and identity disruption are at the root of adverse health outcomes among Indigenous people. From an attachment theory perspective, Carriere and Richardson (2009) discuss the importance of culture, identity preservation, and spiritual transformation for the wellbeing of Indigenous children, families, and its importance in assisting survivors in dealing with social challenges such as racism. One study participant's reclamation of herself and the community wanting to stay Indigenous can be an act of resistance to the dominant colonial structures that worked towards assimilating Indigenous Peoples. Gregg (2019) has discussed how indigeneity can be a political tool to work against advancing the "particular interests of a range of different self-identifying groups" (p. 836). The reclamation of indigeneity is not simply an important aspect of individual identity, but rather a collective call for reclaiming what has been stolen from Indigenous Peoples – identity, culture, language, community, and land- and protecting and revitalizing what has been stolen (Gregg, 2019). Given Canada's history of delegitimizing the practice of Indigenous cultures and ceremonies through the Indian Act, and thus disrupting the "transmission of intergenerational knowledge" necessary for developing a positive cultural identity, establishing spaces and opportunities for (re)connection must be taken up as a responsibility at all levels of government (Frideres, 2008; Goulet & McLeod, 2002, p. 355).

The Importance of Cultural Practices for Health and Healing

The women's experiences with the Full Moon Ceremony and teaching circles highlighted the significance of Indigenous cultures, teachings, and healing approaches for working through trauma and other mental health issues. Our findings are in line with previous research that found that cultural knowledge and Indigenous healing approaches were beneficial for Indigenous Peoples in promoting wellbeing (Ghislaine et al., 2013; Hadjipavlou et al., 2018; Maar et al., 2009). As in other studies, our participants described the sessions as being holistic, complete, and leaving them with feeling hopeful about the future (Hadjipavlou et al., 2018; Hunter et al., 2006; Struthers et al., 2004). Previous work focusing on Indigenous healing, Indigenous knowledge systems, as well as spirituality have also demonstrated their importance for Indigenous people to work through intergenerational trauma, addiction, and other mental health concerns (Hunter et al., 2006; Maar & Shawande, 2013; Robbins & Dewar, 2011). In our study, the Knowledge Carriers modeled how the teachings guided them in their lives. This was important for some women who needed more assistance in understanding how the teachings could translate to their lives. The various teachings were able to assist the women in working through personal struggles and challenging situations. Furthering our understanding and a wider acceptance of how Indigenous teachings and storytelling can be used to address mental health situations simultaneously enabling women to connect to their cultures and walk in a good way. Some of the participants also discussed that mainstream health services (e.g., psychologists, therapists) were not always as effective in addressing their mental health concerns and how this project seemed to be more beneficial in navigating their mental health concerns and discussing their trauma in a supportive space. Previous work has also suggested that western therapeutic projects and behavioural change frameworks are inconsistent and incongruent with many Indigenous cultures and can serve as a form of colonization

(Barker et al., 2017; Hodge et al., 2009; Mundel & Chapman, 2010). Mainstream services can be limited in understanding and addressing the realities of Indigenous Peoples, the role of colonization in impacting the health and wellbeing of Indigenous Peoples, and collectivism as an underpinning in Indigenous cultures (Chino & Debrun, 2006; Rosile et al., 2016). For example, some studies that have explored the inclusion of Indigenous healing and culture practices with mainstream mental health services and showed a benefit to their combined use, as opposed to mainstream approaches alone when addressing mental health for Indigenous Peoples (Eagle, 1998; Marsh et al., 2015; Marsh et al., 2016). While using both western and Indigenous views in addressing mental health and healing has been shown to be effective in previous work and for health service providers when working with Indigenous communities, our participants signaled the importance in the exclusive focus on ceremony and culture as being sufficient for some to work through trauma and strengthen their identity (Marsh et al., 2015; Marsh et al., 2016). Given a history of actively suppressing Indigenous cultures through colonial structures and practices in Canada, establishing a setting that had an exclusive focus on Indigenous teachings and ceremonies is important to consider (Maar et al., 2009; Robbins & Dewar, 2011). As discussed in the Truth and Reconciliation Act (2015), “the preservation, revitalization, and strengthening of Aboriginal languages and cultures are best managed by Aboriginal people and communities” (Truth and Reconciliation Commission of Canada, 2015, p. 2). This signals the importance of Indigenous-led and Indigenous-exclusive spaces, and the responsibilities of non-Indigenous peoples and organizations to recognize, respect, and support such spaces.

Facilitators and Barriers to Engaging in Cultural Practices

There is an overall lack of culturally relevant and safe services for Indigenous Peoples which has been discussed in previous literature (Boksa et al., 2015; Wexler & Gone, 2012). This works against addressing the needs of Indigenous women, but also reinforces the divide between Indigenous Peoples and services that further marginalizes the community (Boksa et al., 2015; Wilson, 2008). Different worldviews may also reinforce the divide. Despite having several descriptions, Indigenous worldviews have commonalities specifically as it relates to the environment. Importantly, distinct nations do have relationships with distinct aspects of the environment (Hart, 2010; McKenzie et al., 2016; Simpson, 2000). Simpson (2000) specifically has described seven principles that encompasses Indigenous worldviews. She states the following: ‘First, knowledge is holistic, cyclic, and dependent upon relationships and connections to living and non-living beings and entities. Second, there are many truths, and these truths are dependent upon individual experiences. Third, everything is alive. Fourth, all things are equal. Fifth, the land is sacred. Sixth, the relationship between people and the spiritual world is important. Seventh, human beings are least important in the world.’ The spiritual world is for many Indigenous peoples a critical feature of holding Indigenous worldviews which is often experienced through cultural practices such as in ceremony and teachings. Spirituality is part of everyday life and everything has spirit. Spirit has been referenced in many situations. For example, during purification ceremonies participant in a circle will open with a smudge and call upon the spiritual Grandmothers and Grandfathers (Lavallée & Poole, 2010). The medicine wheel teachings for many Indigenous peoples reflects the balance between four interconnected ‘realms’: spirit, mind, body, and emotion (Lavallée & Poole, 2010). Many Indigenous cultures involve thanking the spirit of animals and its relationships to it and the land during a hunt (Cunsolo et al., 2020; Prosper et al., 2011).

In our study, some women may simultaneously hold different sets of competing values arising from being Sixties Scoop survivors which causes them to shift between non-Indigenous and Indigenous values or even worldviews depending on context to fit in or to placate others (Gray, 2011; Hong et al., 2000) that could result in fatigue for the women and some communication challenges with the staff (McCluney et al., 2019). Nevertheless, conversations that the women had around resources they needed to encourage their walk of a good life indicated the importance of centering Indigenous worldviews in health literacy and promotion programming, social gatherings, and community building activities (e.g., diabetes and food preparation, parenting and childcare, healing through the arts, mental health support). It also requires that professionals ranging from frontline to policy work to understand the historical and contemporary systems of oppression against Indigenous Peoples, requiring them to actively interrogate mainstream practices and ways of 'knowing' that can perpetuate and reinforce systemic inequities (Hunting & Browne, 2012). Multiple approaches can be taken to centre Indigenous worldviews in health service and support practices and programming at various levels particularly with people recognized as allies by Indigenous Peoples. Provided that individuals and communities take ownership and control over their own health, it is reasonable to conclude that Indigenous communities identify what is needed in their walk of a good life and non-Indigenous peoples, communities, and institutions respond to and support that space (Kickbusch, 2002; Mundel & Chapman, 2010).

In addition, service providers must be transparent about their roles and responsibilities when culture is being used in specific settings given that this may impact whether clients are stepping into a space of ceremony or a program. During our project on several occasions, the Knowledge Carriers expressed that note taking was not permitted because the teachings the women retain will reflect what they are able to retain or what they need to retain. Oral traditions were important. Also, in a circle everyone becomes equal, and thus service providers part-taking in ceremony must join as participants as opposed to workers. Workers taking notes may appear to be conducting surveillance and are going directly against the request of Knowledge Carriers at least in the case of the nine Knowledge Carriers in our study. Culture in ceremony and in programming are important but lead to different levels of engagement and respond to different needs of the user.

Relationship building is critical for working with Indigenous Peoples, including for service providers. Locating oneself and forming connections has been included in several health service processes including in mental health care interventions for Maori People in New Zealand whereby service providers connection to people and places to establish trust and relationships are critical (Kopua, 2019; Mathieson et al., 2012). Introducing oneself through family name or origins as opposed to professional and academic credentials can foster a stronger relationship and alleviate power dynamics at play. Further, connectedness, an essential value for many Indigenous Peoples, can be observed among several mental health interventions and programs for Maori, American Indians in the US, First Nations youth, as well as in a conceptual nursing framework in Native American culture in the US (Bennett et al., 2014; Kopua, 2019; Lowe, 2002; Mathieson et al., 2012; Sabbioni et al., 2018; Snowshoe et al., 2017). It is also important to highlight that we ask people seeking care to let their guard down and become vulnerable in such instances and therefore a reciprocal act of trust is needed by service providers. In fact, sharing stories has been described as gifting treasures (Kopua, 2019). Similarly, among guiding principles shaping culturally informed health practices in Australia with Aboriginal youth, was the importance of

centering family and kinship in health services because of their role in contributing to wellbeing and being a source of strength (Sabbioni et al., 2018).

At the organizational level, there is a responsibility to create spaces and opportunities for service providers and other staff to learn about historical and current colonial acts such as the Sixties Scoop and the millennial scoop to achieve a growing understanding of its ongoing impact on their clients and Indigenous communities at large. Moreover, anti-oppression, anti-racism, and cultural safety workshops and trainings for example should be part of onboarding and even having spaces for residential school and Sixties Scoop survivors to share their experiences may contribute to the ongoing learning and reflection process required by those working with Indigenous Peoples. Furthermore, there is a requirement for organizational and institutional leaders to understand and explore how their policies and programming reinforce colonization and how they can dismantle colonial structures and center the voices and perspectives of Indigenous Peoples to alleviate systemic forms of oppression, particularly for Indigenous women (Kubik et al., 2009).

Other important questions for organizational and institutional leadership are: Who are we making Indigenous cultures accessible to and is it to the detriment of Indigenous clients? How can Indigenous cultures be made accessible to non-Indigenous clients and meet the expectations of Indigenous clients? Historically and in many current spaces, there are limitations on the extent to which Indigenous people can practice their cultural activities for healing and teaching for example. Today in many non-Indigenous spaces or spaces under non-Indigenous leadership, the importance of making culture accessible to non-Indigenous people supersedes the needs of Indigenous people. Having a space for healing that is exclusive to Indigenous Peoples and the community is critical. Non-Indigenous peoples need to recognize, respect, and support the creation of these spaces. Another way non-Indigenous peoples may support Indigenous Peoples is to ensure there are opportunities for Indigenous Peoples to develop their own solutions as opposed to imposing or providing those solutions (King et al., 2009). This can include Indigenous leadership from service users on projects and programs. Moreover, it is important for culture within program or services to recognize the diversity of their Indigenous clients. This diversity should be reflected in the leadership as well as in the delivery of services. Although it may be beneficial to establish a relationship with a Knowledge Carrier this may be more useful to the organization itself in contrast to the clients. The clients would benefit from Knowledge Carriers with diverse skills representing different First Nations, Métis, and Inuit nations who possess different worldviews some of which may align with the client's worldviews. In our project, each Knowledge Carrier brought with them stories of where they come from and their nations and frequently work with women from different nations in urban settings. It is important to note that our study in an urban setting included women from several nations. As Sixties Scoop survivors, they access more diasporic communities learning from different nations which contributes to their own identity. Part of the reclamation journey may not immediately or always involve their specific nations because they may not know from which community they are from, have access to Indigenous communities, or even nation-specific Knowledge Carriers (M. Campaigne, 2019 personal communication).

Study Limitations

Finally, there are limitations in our study. Although eight women participated throughout the two cycles, four women consistently attended all the weekly circles and Full Moon Ceremony. The women's attendance throughout the sessions can possibly speak to their perceived preparedness to part-take in ceremony and be in a space where discussions around the Sixties Scoop are present. Since every woman had different levels of preparedness with engaging in ceremony, the perspectives of those who were more prepared to engage in (re)connection to Indigenous cultures could have been more represented in the data. While the focus groups were an opportunity to facilitate deeper discussion on certain topics and ideas, the dynamics of the group as well as preparedness to engage in discussions could have allowed for certain participants to elaborate more on their ideas compared to others.

Conclusion

Our study has provided insight into the experiences of urban Indigenous women in reconnecting to culture. It is important to note that our work took place in an institutional setting where cultural programming is available. Throughout our study, the women shared several differences between culture as ceremony and culture as programming which we believe are critical to further describe as actionable items for future consideration focusing on the roles and responsibilities of service providers and recognizing differences in the spaces for services and programs versus ceremony. These considerations are necessary to meet the needs of Indigenous clients, to avoid further colonization of Indigenous cultural practices or even dampening the impacts of culture on individual and community health and connectedness which shapes cultural identity.

References

- Aguiar, W., & Halseth, R. (2015). *Aboriginal Peoples and historic trauma: The process of intergenerational transmission*. The National Collaborating Centre for Indigenous Health. https://www.nccih.ca/495/Aboriginal_Peoples_and_Historic_Trauma_The_process_of_intergenerational_transmission.nccih?id=142#:~:text=The%20first%20report%20in%20the%20is,trauma%2C%20injustices%2C%20and%20oppression
- Allan, B., & Smylie, J. (2015). *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous Peoples in Canada*. <https://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf>
- Alston-O'Connor, E. (2010). The sixties scoop: Implications for social workers and social work education. *Critical Social Work, 11*(1), 53-61. <https://doi.org/10.22329/csw.v11i1.5816>
- Bagley, C., Young, L., & Scully, A. (1993). *International and transracial adoptions: A mental health perspective*. Avebury.
- Barker, B., Goodman, A., & DeBeck, K. (2017). Reclaiming Indigenous identities: Culture as strength against suicide among Indigenous youth in Canada. *Canadian Journal of Public Health, 108*(2), e208-210. <https://doi.org/10.17269/CJPH.108.5754>
- Bennett, S. T., Flett, R. A., & Babbage, D. R. (2014). Culturally adapted cognitive behaviour therapy for Māori with major depression. *Cognitive Behaviour Therapist, 7*, 1-16. <https://doi.org/10.1017/S1754470X14000233>
- Benoit, C., Carroll, D., & Chaudhry, M. (2003). In search of a healing place: Aboriginal women in Vancouver's Downtown Eastside. *Social Science & Medicine, 56*(4), 821-833. [https://doi.org/10.1016/S0277-9536\(02\)00081-3](https://doi.org/10.1016/S0277-9536(02)00081-3)
- Bensen, R. E. (2001). *Children of the dragonfly: Aboriginal American voices on child custody and education*. The University of Arizona Press.
- Bingham, B., Moniruzzaman, A., Patterson, M., Sareen, J., Distasio, J., O'Neil, J., & Somers, J. M. (2019). Gender differences among Indigenous Canadians experiencing homelessness and mental illness. *BMC Psychology, 7*(1), 57. <https://doi.org/10.1186/s40359-019-0331-y>
- Black, C., Frederico, M., & Bamblett, M. (2019). Healing through connection: An Aboriginal community designed, developed and delivered cultural healing program for Aboriginal survivors of institutional child sexual abuse. *The British Journal of Social Work, 49*(4), 1059-1080. <https://doi.org/10.1093/bjsw/bcz059>

- Blackstock, C., Trocmé, N., & Bennett, M. (2004). Child maltreatment investigations among Aboriginal and non-Aboriginal families in Canada. *Violence Against Women, 10*(8), 901-916. <https://doi.org/10.1177/1077801204266312>
- Boksa, P., Joobar, R., & Kirmayer, L. J. (2015). Mental wellness in Canada's Aboriginal communities: Striving toward reconciliation. *Journal of Psychiatry & Neuroscience, 40*(6), 363-365. <https://doi.org/10.1503/jpn.150309>
- Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian residential schools: Implications for the concept of historical trauma. *Transcultural Psychiatry, 51*(3), 320-338. <https://doi.org/10.1177/1363461513503380>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Brown, R. A., Dickerson, D. L., & D'Amico, E. J. (2016). Cultural identity among urban American Indian/Alaska Native youth: Implications for alcohol and drug use. *Prevention Science, 17*(7), 852-861. <https://doi.org/10.1007/s11121-016-0680-1>
- Cardinal, S. W. (2016). A framework for Indigenous adoptee reconnection: Reclaiming language and identity. *Canadian Journal for New Scholars in Education, 7*(1), 84-93. <https://jhistsex.org/index.php/cjnse/article/view/30693>
- Carriere, J. (2005). Connectedness and health for First Nation adoptees. *Paediatrics & Child Health, 10*(9), 545-548. <https://doi.org/10.1093/pch/10.9.545>
- Carriere, J., & Richardson, C. (2009). From longing to belonging: Attachment theory, connectedness, and Indigenous children in Canada. In S. McKay, D. Fuchs, & I. Brown (Eds.), *Passion for action in child and family services: Voices from the prairies* (pp. 49-67). Canadian Plains Research Center.
- Chino, M., & Debruyn, L. (2006). Building true capacity: Indigenous models for Indigenous communities. *American Journal of Public Health, 96*(4), 596-599. <https://doi.org/10.2105/AJPH.2004.053801>
- Chmielowska, M., & Fuhr, D. C. (2017). Intimate partner violence and mental ill health among global populations of Indigenous women: A systematic review. *Social Psychiatry and Psychiatric Epidemiology, 52*(6), 689-704. <https://doi.org/10.1007/s00127-017-1375-z>
- Choate, P. W., Kohler, T., Cloete, F., & CrazyBull, B. (2019). Rethinking *Racine v Woods* from a decolonizing perspective: Challenging the applicability of attachment theory to Indigenous families involved with child protection. *Canadian Journal of Law and Society, 34*(1), 55-78. <https://doi.org/10.1017/cls.2019.8>

- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139-167. <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8/>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299. <https://doi.org/10.2307/1229039>
- Cunneen, C., & Libesman, T. (2000). Postcolonial trauma: The contemporary removal of Indigenous children and young people from their families in Australia. *Australian Journal of Social Issues*, 35(2), 99-115. <https://doi.org/10.1002/j.1839-4655.2000.tb01088.x>
- Cunsolo, A., Borish, D., Harper, S. L., Snook, J., Shiwak, I., Wood, M., & Herd Caribou Project Steering Committee. (2020). "You can never replace the caribou": Inuit experiences of ecological grief from caribou declines. *American Imago*, 77(1), 31-59. <https://doi.org/10.1353/aim.2020.0002>
- de Leeuw, S., Greenwood, M., & Cameron, E. (2009). Deviant constructions: how governments preserve colonial narratives of addictions and poor mental health to intervene into the lives of Indigenous children and families in Canada. *International Journal of Mental Health and Addiction*, 8, 282-295. <https://doi.org/10.1007/s11469-009-9225-1>
- Dodgson, J. E., & Struthers, R. (2005). Indigenous women's voices: Marginalization and health. *Journal of Transcultural Nursing*, 16(4), 339-346. <https://doi.org/10.1177/1043659605278942>
- Eagle, G. T. (1998). Promoting peace by integrating Western and Indigenous healing in treating trauma. *Journal of Peace Psychology*, 4(3), 271-282. https://doi.org/10.1207/s15327949pac0403_5
- Fachinger, P. (2019). Colonial violence in sixties scoop narratives: From in search of April Raintree to a matter of conscience. *Studies in American Indian Literatures*, 31(1), 115-135. <https://doi.org/10.5250/studamerindilite.31.1-2.0115>
- Fournier, S., & Crey, E. (1997). *Stolen from our embrace: The abduction of First Nations children and the restoration of Aboriginal communities*. Douglas & McIntyre Ltd.
- Frideres, J. (2008). Aboriginal identity in the Canadian context. *The Canadian Journal of Native Studies*, 28(2), 313-342. <http://www3.brandonu.ca/cjns/28.2/05Frideres.pdf>
- Garcia-Del Moral, P. (2018). The murders of Indigenous women in Canada as feminicides: Toward a decolonial intersectional reconceptualization of femicide. *Journal of Women in Culture and Society*, 43(4), 929-954. <https://doi.org/10.1086/696692>
- Ghislaine, G., Weber-Pillwax, C., Cote-Meek, S., Madill, H., & Wilson, S. (2013). Hand drumming: Health-promoting experiences of Aboriginal women from a Northern Ontario urban community. *International Journal of Indigenous Health*, 4(1), 72-83. <https://doi.org/10.18357/ijih41200812317>

- Goulet, L., & McLeod, Y. (2002). Connections and reconnections: Affirming cultural identity in Aboriginal teacher education. *McGill Journal of Education*, 37(3), 355-370.
<https://mje.mcgill.ca/article/view/8643>
- Gray, A. J. (2011). Worldviews. *International Psychiatry*, 8(3), 58-60.
<https://doi.org/10.1192/S1749367600002563>
- Gregg, B. (2019). Indigeneity as social construct and political tool. *Human Rights Quarterly*, 41(4), 823-848. <https://doi.org/10.1353/hrq.2019.0063>
- Hadjipavlou, G., Varcoe, C., Tu, D., Dehoney, J., Price, R., & Browne, A. J. (2018). "All my relations": Experiences and perceptions of Indigenous patients connecting with Indigenous Elders in an inner city primary care partnership for mental health and well-being. *CMAJ*, 190(20), E608-E615. <https://doi.org/10.1503/cmaj.171390>
- Halseth, R. (2013). *Aboriginal women in Canada: Gender, socio-economic determinants of health, and initiatives to close the wellness-gap*. https://www.nccah-ncccah.ca/Publications/Lists/Publications/Attachments/77/AboriginalWomenCanada_Web_EN.pdf
- Halseth, R., & Greenwood, M. (2019). *Indigenous early childhood development in Canada: Current state of knowledge and future directions*. <https://www.nccah-ccnsa.ca/docs/health/RPT-ECD-PHAC-Greenwood-Halseth-EN.pdf>
- Hart, M. A. (2010). Indigenous worldviews, knowledge, and research: The development of an Indigenous research paradigm. *Journal of Indigenous Social Development*, 1-16.
<https://core.ac.uk/download/pdf/5103717.pdf>
- Hodge, D. R., Limb, G. E., & Cross, T. L. (2009). Moving from colonization toward balance and harmony: A Native American perspective on wellness. *Social Work*, 54(3), 211-219.
<https://doi.org/10.1093/sw/54.3.211>
- Hoffart, R., & Jones, N. A. (2018). Intimate partner violence and intergenerational trauma among Indigenous women. *International Criminal Justice Review*, 28(1), 25-44.
<https://doi.org/10.1177/1057567717719966>
- Hong, Y., Morris, M. W., Chiu, C. Y., & Benet-Martinez, V. (2000). Multicultural minds: A dynamic constructivist approach to culture and cognition. *American Psychologist*, 55(7), 709-720.
<https://doi.org/10.1037/0003-066X.55.7.709>
- Hunter, L. M., Logan, J., Goulet, J. G., & Barton, S. (2006). Aboriginal healing: Regaining balance and culture. *Journal of Transcultural Nursing*, 17(1), 13-22.
<https://doi.org/10.1177/1043659605278937>

- Hunting, G., & Browne, A. J. (2012). Decolonizing policy discourse: Reframing the 'problem' of fetal alcohol spectrum disorder. *Women's Health and Urban Life*, 11(1), 35-53.
https://tspace.library.utoronto.ca/bitstream/1807/32417/1/11.1_Hunting_Browne.pdf
- Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173-202. <https://doi.org/10.1146/annurev.publhealth.19.1.173>
- Johnston, P. (1983). *Native children and the child welfare system*. Canadian Council on Social Development.
- Kenny, K. S. (2018). Mental health harm to mothers when a child is taken by child protective services: Health equity considerations. *The Canadian Journal of Psychiatry*, 63(5), 304-307.
<https://doi.org/10.1177/0706743717748885>
- Kickbusch, I. (2002). Health literacy: A search for new categories. *Health Promotion International*, 17(1), 1-2. <https://doi.org/10.1093/heapro/17.1.1>
- King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: The underlying causes of the health gap. *Lancet*, 374(9683), 76-85. [https://doi.org/10.1016/S0140-6736\(09\)60827-8](https://doi.org/10.1016/S0140-6736(09)60827-8)
- Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal Peoples. *Australasian Psychiatry*, 11, S15-S23.
<https://doi.org/10.1046/j.1038-5282.2003.02010.x>
- Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma. *Transcultural Psychiatry*, 51(3), 299-319. <https://doi.org/10.1177/1363461514536358>
- Kobayashi, A., & De Leeuw, S. (2010). Colonialism and the tensioned landscapes of Indigeneity. In S. J. Smith, R. Pain, S. A. Marston, & J. P. Jones III (Eds.), *The SAGE Handbook of Social Geographies* (pp. 118-138). <https://doi.org/10.4135/9780857021113>
- Kopua, D. M. (2019). Factors that facilitate and constrain the utilization of a Kaupapa Māori therapeutic approach with Mahi-a-Atua. *Australasian Psychiatry*, 27(4), 341-344.
<https://doi.org/10.1177/1039856218810158>
- Kreig, A. (2009). The experience of collective trauma in Australian Indigenous communities. *Australasian Psychiatry*, 17, 28-32. <https://doi.org/10.1080/10398560902948621>
- Kubik, W., Bourassa, C., & Hampton, M. (2009). Stolen sisters, second class citizens, poor health: The legacy of colonization in Canada. *Humanity & Society*, 33(1-2), 18-34.
<https://doi.org/10.1177/016059760903300103>

- Kulusic, T. (2005). The ultimate betrayal: Claiming and re-claiming cultural identity. *Atlantis: Critical Studies in Gender, Culture & Social Justice*, 29(2), 23-28.
<https://journals.msvu.ca/index.php/atlas/article/view/1044>
- Lavallée, L. F., & Poole, J. (2010). Beyond recovery: Colonization, health and healing for Indigenous people in Canada. *International Journal of Mental Health and Addiction*, 8(2), 271-281.
<https://doi.org/10.1007/s11469-009-9239-8>
- Lee, R., Lee, S., & Draper, M. (2000). Social connectedness, dysfunctional interpersonal behaviors, and psychological distress: Testing a mediator model *Journal of Counseling Psychology*, 48, 310-318. <https://doi.org/10.1037/0022-0167.48.3.310>
- Lewis, A. (2015). Living on stolen land. *Alternative Journal*, 41(5), 28-33.
<https://www.alternativesjournal.ca/policy-and-politics/living-stolen-land>
- Lowe, J. (2002). Balance and harmony through connectedness: The intentionality of Native American nurses. *Holistic Nursing Practice*, 16(4), 4-11. <https://doi.org/10.1097/00004650-200207000-00004>
- Maar, M. A., Erskine, B., McGregor, L., Larose, T. L., Sutherland, M. E., Graham, D., Shawande, M., Gordon, T. (2009). Innovations on a shoestring: A study of a collaborative community-based Aboriginal mental health service model in rural Canada. *International Journal of Mental Health Systems*, 3, 27. <https://doi.org/10.1186/1752-4458-3-27>
- Maar, M. A., & Shawande, M. (2013). Traditional Anishinabe healing in a clinical setting: The development of an Aboriginal interdisciplinary approach to community-based Aboriginal mental health care. *Journal of Aboriginal Health*, 6(1), 18-27.
<https://doi.org/10.18357/ijih61201012342>
- Maddison, S., & Partridge, E. (2014). Agonism and intersectionality: Indigenous women, violence and feminist collective identity. *Research in Social Movements, Conflicts, and Change*, 37, 27-52.
<https://doi.org/10.1108/S0163-786X20140000037000>
- Marsh, T. N., Coholic, D., Cote-Meek, S., & Najavits, L. M. (2015). Blending Aboriginal and Western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal Peoples who live in northeastern Ontario, Canada. *Harm Reduction Journal*, 12, 14.
<https://doi.org/10.1186/s12954-015-0046-1>
- Marsh, T. N., Cote-Meek, S., Young, N. L., Najavits, L. M., & Toulouse, P. (2016). Indigenous healing and seeking safety: A blended implementation project for intergenerational trauma and substance use disorders. *The International Indigenous Policy Journal*, 7(2), Article 3.
<https://doi.org/10.18584/iipj.2016.7.2.3>

- Mathieson, F., Mihaere, K., Collings, S., Dowell, A., & Stanley, J. (2012). Maori cultural adaptation of a brief mental health intervention in primary care. *Journal of Primary Health Care*, 4(3), 231-238. <https://doi.org/10.1071/HC12231>
- McCluney, C. L., Robotham, K., Lee, S., Smith, R., & Durkee, M. (2019). The costs of code-switching. *Harvard Business Review*, 12. <https://hbr.org/2019/11/the-costs-of-codeswitching>
- McCormick, R. M. (2000). Aboriginal traditions in the treatment of substance abuse. *Canadian Journal of Counselling*, 34(1), 25-32. <http://136.159.200.199/index.php/rcc/article/view/58635>
- McKenzie, H. A., Varcoe, C., Browne, A. J., & Day, L. (2016). Disrupting the continuities among residential schools, the sixties scoop, and child welfare: An analysis of colonial and neocolonial discourses. *The International Indigenous Policy Journal*, 7(2), Article 4. <https://doi.org/10.18584/iipj.2016.7.2.4>
- Menzies, P. (2008). Developing an Aboriginal healing model for intergenerational trauma. *International Journal of Health Promotion and Education*, 46(2), 41-48. <https://doi.org/10.1080/14635240.2008.10708128>
- Milner, A. (2001). The sixties scoop thirty years later. *Inroads: A Journal of Opinion*, 10, 154-165. <https://www.thefreelibrary.com/The+Sixties+Scoop+thirty+years+later.-a076702598>
- MMIWG (2019). *Reclaiming power and place: The final report on the national inquiry into missing and murdered Indigenous women and girls*. https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf
- Morcom, L. A. (2017). Self-esteem and cultural identity in Aboriginal language immersion kindergarteners. *Journal of Language, Identity & Education*, 16(6), 365-380. <https://doi.org/10.1080/15348458.2017.1366271>
- Mundel, E., & Chapman, G. E. (2010). A decolonizing approach to health promotion in Canada: The case of the urban Aboriginal community kitchen garden project. *Health Promotion International*, 25(2), 166-173. <https://doi.org/10.1093/heapro/daq016>
- Nuttgens, S. (2013). Stories of Aboriginal transracial adoption. *The Qualitative Report*, 18(2), 1-17. <https://eric.ed.gov/?id=EJ1004997>
- Prosper, K., McMillan, L. J., Davis, A. A., & Moffitt, M. (2011). Returning to Netukulimk: Mi'kmaq cultural and spiritual connections with resource stewardship and self-governance. *International Indigenous Policy Journal*, 2(4), 7. file:///C:/Users/HP/Downloads/ReturningtoNetukulimk1_IIPJ1.pdf <https://doi.org/10.18584/iipj.2011.2.4.7>

- Robbins, J. A., & Dewar, J. (2011). Traditional Indigenous approaches to healing and the modern welfare of traditional knowledge, spirituality and lands: A critical reflection on practice and policies taken from the Canadian Indigenous example. *The International Indigenous Policy Journal*, 2(4), Article 2. <https://doi.org/10.18584/iipj.2011.2.4.2>
- Robinson, M. (2020). Two-spirit identity in a time of gender fluidity. *Journal of Homosexuality*, 67(12), 1675-1690. <https://doi.org/10.1080/00918369.2019.1613853>
- Rosile, G. A., Boje, D. M., & Claw, C. M. (2016). Ensemble leadership theory: Collectivist, relational, and heterarchical roots from Indigenous contexts. *Leadership*, 14(3), 307-328. <https://doi.org/10.1177/1742715016652933>
- Roy, A. (2014). Intergenerational trauma and Aboriginal women: Implications for mental health during pregnancy. *First Peoples Child & Family Review*, 9(1), 7-21. <https://doi.org/10.7202/1071790ar>
- Sabbioni, D., Feehan, S., Nicholls, C., Soong, W., Rigoli, D., Follett, D., Carastathis, G., Gomes, A., Griffiths, J., Curtis, K., Smith, W., Waters, F. (2018). Providing culturally informed mental health services to Aboriginal youth: The YouthLink model in Western Australia. *Early Intervention in Psychiatry*, 12(5), 987-994. <https://doi.org/10.1111/eip.12563>
- Simpson, L. (2000). Anishinaabe ways of knowing. In J. Oakes, R. Riew, S. Koolage, L. Simpson, & N. Schuster (Eds.), *Aboriginal health, identity and resources* (pp. 165-185). Native Studies Press.
- Sinclair, R. (2007). Identity lost and found: Lessons from the sixties scoop. *First Peoples Child & Family Review*, 3(1), 65-82. <https://doi.org/10.7202/1069527ar>
- Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. Zed Books Ltd.
- Snowshoe, A., Crooks, C. V., Tremblay, P. F., & Hinson, R. E. (2017). Cultural connectedness and its relation to mental wellness for First Nations youth. *The Journal of Primary Prevention*, 38(1-2), 67-86. <https://doi.org/10.1007/s10935-016-0454-3>
- Spencer, D. C. (2017). Extraction and pulverization: A narrative analysis of Canada scoop survivors. *Settler Colonial Studies*, 7(1), 57-71. <https://doi.org/10.1080/2201473X.2016.1152651>
- Struthers, R., Eschiti, V. S., & Patchell, B. (2004). Traditional Indigenous healing: part I. *Complementary therapies in Nursing and Midwifery*, 10(3), 141-149. <https://doi.org/10.1016/j.ctnm.2004.05.001>
- Tharp, A. N. (2016). *Gender Spectrum Theory*. University of New Haven.

- Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action* http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf
- Varley, A. (2016). "You don't just get over what has happened to you": Story sharing, reconciliation, and grandma's journey in the child welfare system. *First Peoples Child & Family Review*, 11(2), 69-75 <https://doi.org/10.7202/1082339ar>
- Vowel, C. (2016). *Indigenous writes: A guide to First Nations, Métis & Inuit issues in Canada*. Portage & Main Press.
- Wexler, L. M., & Gone, J. P. (2012). Culturally responsive suicide prevention in Indigenous communities: Unexamined assumptions and new possibilities. *American Journal of Public Health*, 102(5), 800-806. <https://doi.org/10.2105/AJPH.2011.300432>
- Wilson, S. (2008). On the research journey. In *Research is ceremony: Indigenous research methods*. Fernwood Publishing.
- Woolford, A., & Benvenuto, J. (2015). Canada and colonial genocide. *Journal of Genocide Research*, 17(4), 373-390. <https://doi.org/10.1080/14623528.2015.1096580>