The Journey:
Learning to listen, listening to learn

By

Debra Shirley Pynn
BScN, University of Victoria, 2002

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Supervisory Committee

Dr. Joan MacNeil, (School of Nursing)
Assistant Professor, Supervisor

Dr. Gweneth Doane (School of Nursing)
Professor, Associate Dean, Graduate Studies
Committee Member

Jacqueline Jones
Community Health Nurse, Committee Member

Supervisory Committee

Dr. Joan MacNeil, (School of Nursing)
Assistant Professor, Supervisor

Dr. Gweneth Doane (School of Nursing)
Professor, Associate Dean, Graduate Studies
Committee Member

Jacqueline Jones
Community Health Nurse, Committee Member

Abstract

This paper describes the development and content of a workshop in the orientation of novice nurses to the aboriginal health nursing setting. While it uses the context of remote area nursing to act as the backdrop for the orientation, it is the author's contention that the material could easily be transitioned and applied to First Nations health centres in the urban and community health setting.

The project uses a metaphoric canoe journey, story telling and role play as pedagogical tools to enhance and challenge nurse's ways of knowing and ways of being within this unique context. It contests the historical, mechanistic, biomedical worldview that has predominated health care delivery in First Nations communities with one that is more contextually appropriate and addresses relational practice, embodiment, self awareness and contextual understanding (i.e. cultural, historical, social, ecological and political context) as foundational building blocks for remote area practice in First Nations.

Acknowledgement

I would like to thank my family, colleagues and friends who have patiently stood by me as I have gone on this journey of self discovery, healing, knowledge development and reflection. To the elders who patiently taught me not “to hurt their ears” I will be forever grateful for helping me learn the lesson “I am because we are, we are because I am.”

To the Health Directors, nurses and First Nation’s community members who have listened to the stories and the concepts and who have added their voice to the need for change I hope I have honoured what you shared with me within these pages.

To my project committee for their wisdom, patience, and support I would like to extend my deepest gratitude for the lessons I have learned over the past months and your assistance in helping me grow both professionally and as a human being. You have each in your own unique way helped plant the seeds that have helped enhance my human consciousness.

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Chapter One: Description and Justification for the Project:

The Skills in These Hands	
'Twas the night before I left To go to that distant place My thoughts were scattered Worry written across my face What if the skills I need? Are not present in these hands What more do I need to learn To help me work in their lands These people of many nations Have resilience, strength and pride There have been so many hardships For some their languages have died I am a nurse who works with First Nations Both on urban streets and in their lands There is so much for me to learn To reach out a healing hand While there I will bear witness To the struggles they go through While there I will hear their stories And take guidance from them too	I know that there is history A nation is not proud of I know that there were laws That took the children they so loved To the schools and to other people They took the children away Denying the youth their language And learning their traditional ways I bear witness to the ghost of history Embodied by each inside I bear witness to the social injustice And the tears that so many have cried I ask myself so many questions How does one help a wounded soul Legislation, school and reserves Have taken their greedy toll I reach out my hand and heart Trying to understand New ways of knowing and of being Skills I need while working in their lands -Debbie Pynn April 15, 2008

Part One: Introduction

To surmount the situation of oppression, people must first critically recognize its causes, so that through transforming action they can create a new situation on which makes possible the pursuit of a fuller humanity. The struggle to be more fully human has already begun in the authentic struggle to transform the situation (Paulo Freire cited in Hagedorn 1995, p.7)

Background

Oppression is defined by the Encarta online dictionary as a form of domination which 'is both hard and cruel to a person or people'. Their supplementary definition is to inflict stress, 'being both the source of worry, trouble and stress to someone'. Encarta list alternative words including domination, coercion, cruelty, tyranny, repression and subjugation and the antonym of oppression as liberty.

Resilience is defined by the Encarta online dictionary as the ability 'to recover quickly from setbacks' and the ability to 'spring back after being bent, stretched, or deformed'. They list alternative words for resilience as flexibility, spirit, hardiness, toughness and resistance with its antonyms being rigidity and defeatism.

Within Canada, there are nations of people who have faced oppression and responded with resilience. They are the indigenous peoples of the "fourth world". The fourth world refers to places where original peoples and their traditional territories have been surrounded and colonized by a nation state. It is a place where centuries of historical policies and events have lead to both visible and invisible losses to a people, a way of life and a way of knowing (Turner, Gregory, Brooks, Failing, & Satterfield, in press).

On the periphery of mainstream nursing, there are many smaller specialities including ones that go on quietly on the urban streets, in the rural and remote communities of this country. Aboriginal health nursing is one such distinct speciality and is characterized by how care is

provided to aboriginal clients (Nowgesic, 1999). It is a complex area of expertise which is influenced by historical colonization, federal policies, social inequities, marginalization and a shifting disease profile; all a result of and influenced by their evolutionary pasts (Browne, 1995; Browne & Fiske, 2001; Minore, Boone, Katt, Kinch, & Birch, 2005; Nowgesic, 1999; Tarlier, Browne, & Johnson, 2007; Tarlier, Johnson, & White, 2003; Vukic & Keddy, 2002).

Health services for First Nations have historically been delivered from a paternalistic and biomedical standpoint that is constituted and situated within the historical, political, social and environmental milieu of Aboriginal people's lives (Browne, 1995; Browne & Fiske, 2001; Browne & Smye, 2002; Tarlier, Browne, & Johnson, 2007; Vukic & Keddy, 2002). It is in this context that nurse-client encounters occur; human interactions that are influenced not only by colonial history, and social inequities[1] but encounters that bear witness to the health disparities[2] that are embodied within this population (Adelson 2005).

Purpose of Proposed Project

This project will focus on the initial preparation of nurses to work within these unique settings that are challenged not only by social inequities, but also by historical factors which have impacted First Nations lives. I posit that an initial grounding of nurses within this domain should begin from a contextual standpoint with an emphasis on relational practice, embodiment, self awareness and contextual understanding (i.e. cultural, historical, social, ecological and political). Not only would such a standpoint contest the historical, mechanistic, biomedical worldview which has predominated health care delivery in these

[1] I define the term health inequities and similarly social inequities as Falk-Rafael (2005) does, referring to differences in health or social conditions that are "unnecessary, avoidable and unfair and unjust (p.215).

[2] I define the term health disparities as Falk-Rafael (2005) does "a difference in health status" (p.215).

fourth world settings, but it would also lay the groundwork for critical examination, authentic discourse and transformative action thereby creating a new paradigm from which to influence change.

The project will examine closely and translate into action, the role of relational practice, embodiment/embodied engagement, self awareness, cultural/social/political/contextual understanding in the area of aboriginal health nursing, using remote area practice in First Nations communities, as the backdrop and context for our discussions.

Locating Relational Practice and Obligations in Remote Area Nursing

Relational nursing practice is defined by Hartrick-Doane and Varcoe (2005) as the way in which nurses "view and approach the world through a relational lens, always assuming and looking for how people, situations, contexts, environments, and processes are integrally connecting and shaping one another" (p. 51). In other words, nursing should not only recognize and honour how each individual is unique in how they are situated and constituted, but evolve their practice further by figuratively stepping into and comprehending the context of their client's lives.

Human existence has always been in relationship with something else, whether it is another human, animals, nature or disease; our ongoing survival and growth depends on our ability to evolve within these relationships, responding and adapting to change. Further, it is how we have embodied these experiences that contribute to our present day narrative and influences not only the story we bring to the table of life but the lens in which we filter life, action and knowledge itself.

While our ways of being and ways of knowing are influenced by our relationships and lived experiences, our willingness to be open to and engage in authentic discourse and

multidimensional perspectives speaks to our abilities to evolve and shape our practice further. It is from this standpoint of multiple ways of knowing and multiples points of view, that nurses can explore and challenge hegemonic influences in the areas of education, policy and practice (Hartrick Doane & Varcoe, 2005; Vogel, 2007; Vukic & Keddy, 2002).

Embedded knowledge is characterized as wisdom that "accrues over time in the practice of an applied discipline" (Tarlier, Johnson & White, 2003, p. 181). Within remote area practice, these authors position experienced nurses as the best source in understanding the issues that influence their practice. This phenomenological study suggests that nurses not only evolve in their role through the biomedical primary care competencies and education, but also in relation to the context in which they practice.

Against a contextual background of cultural/cognitive imperialism, power binaries[3], health disparities and social inequities, these authors posit experienced nurses as actively seeking out, building and maintaining responsive relationships; their embedded knowledge leading these nurses to suggest that relational practice should be considered a leading competency for nursing in First Nations.

Othering, Social Distancing, Discontinuity of Care and Relational Disengagement

The lived narrative below is from a nurse who has worked with First Nations for over thirty years, both in the remote north and the urban south. When asked about one of her most valuable learning experiences within her nursing career, she related her embedded knowledge and experience with a view to relationships, trust and othering in a remote community.

[3] Oppression creates power based binaries including us/them, insider/outsider, coloniser/colonized, oppressed/oppressor, premodern-primitive/modern-scientific, and center/periphery (Mudimbe-Boyi, 2008).

A nurse's story of "othering", trust and respectful relationships

I have been very fortunate to have had profound learning experiences throughout my life. My story is set in an Isolated Northern First Nations Community. I was the 27 years old and the nurse in charge of a large nursing station. I had been in the community for three years and I felt that I had successfully integrated into the community. I had lots of community members as friends. I felt that I was a great nurse and that I had gained the acceptance of everyone.

It was spring clean up in the community and I had organized a competition with the school. The students were asked to make posters of a clean community that we could hang up in the nursing station and around the community. The Hudson Bay Manger had donated 2 bicycles one for the top winning girl and one for the top winning boy. The competition was underway.

The posters were all in and judging went off without hitch. The top winning boy who was 7 years old had produced a lovely poster. I asked if I could hang his poster at the nursing station. After school the young boy proudly brought his poster to the nursing station. I sat down with the boy to take a closer look at his poster and began to ask him questions. I noticed that the houses were all close together except two. The two houses were not within the community, one house was in the top left corner and the furthest from the community, the second house was close to the first house only a little closer to the community, On looking at the poster it did not really look like the community as all the houses were in fact spread out and not so clustered together. I asked boy who lives in the two houses outside the community, the boy answered the house in the far corner was the priest's house and the second house was the nurse's house.

The impact of this boy's message touched me deeply. My first reaction was shock, I thought why has he placed me so far away , The nursing station was in fact in the middle of the community. I watched the little boys face as he looked at me with a puzzled look and in that moment I realized that this boy placed me where he felt I should be related to his perception of his world. I was the outsider. This experience taught me a valuable lesson around trust and acceptance that it takes time to develop. That one needs to create positive and respectful relationships and it is okay to be humbled.

At my stage of life I truly believe in that saying "when the student is ready the teacher will come"

Copied here with permission from M.P. personal conversation (2008).

The above story is an example of a nurse taking a life lesson from an experience of othering. Several studies indicate that the experience of nurse as 'other' can be far reaching and actually, have a domino effect on health care services. Canales (2000) positions the process of 'othering' with two distinct sides, each based on power within the relationship. Whereas exclusionary 'othering' is founded on domination and subordination, inclusionary 'othering' can use the power within a relationship for transformation and coalition building.

To rephrase her contention, it is how power is used within a relationship that can lead to the subjugation of someone who is different than ones self or being valued for the difference others bring to the context.

Studies indicate that trust and respect, both intricate components of receptive relational practice, are of paramount importance in First Nations communities, a fact that is influenced by the historical and political context of health care services in the north (Browne, 1995; Browne & Fiske, 2001; Tarlier, Johnson, & Whyte, 2003; Vukic & Keddy, 2002). Vukic & Keddy (2002) advance the concept of the nurse being perceived as an outsider or 'other'. They position the lack of trust that forms from this 'othering' as potentially limiting a nurse's ability to foster positive nurse-client relationships.

Being cast in the role of outsider not only impedes the opportunity to cultivate a responsive relationship, but Tarlier, Browne & Johnson's (2007) findings suggested that it could lead to "patterns of social distancing...and constrain the nurses' ability to engage in practice that promotes continuity of care…in some cases, social distancing took the form of exclusionary 'othering' practices and social disengagement[4] from patients" (p.127).

Exclusionary othering, geographic isolation and social distancing have profound implications for both nurse and client. For the nurse, the isolation from professional, personal and social supports leads not only to "culture shock", but affects his/her ability to build a trusting nurse-client relationship and creates issues in the areas of staff turnover and retention.

In the presence of ongoing staff turnover and cumulative factors including those at the nurse-client interface, there is a cascading effect when it comes to the continuity of client care

[4] I use the term social disengagement as Tarlier, Browne & Johnson (2007) do. They define "social distancing as nurse-patient interactions that are characterized by a sense of disengagement in nurse's feeling of disconnection from the broader social context of Aboriginal community and patient's lives" (p.129).

and the physical/relational integrity of the health services. The dominos continue to fall resulting in discontinuity of care and fragmented health services influencing not only the client/families/communities disengagement from the health centres, but having a linear effect on outcomes including morbidity and mortality rates (Minore et al., 2005; Tarlier, Johnson & Whyte, 2003; Tarlier, Browne & Johnson, 2007; Vukic & Keddy 2002).

Research (Minore et al., 2005; Tarlier, Johnson & Whyte, 2003; Tarlier, Browne & Johnson, 2007; Vukic & Keddy 2002) suggests that those working within a First Nations and remote context require not only a complex array of skills, but a thorough grounding in cultural competence and the ability to establish and maintain responsive relationships with both the community and client.

Remote area nursing practice occurs at the intersection of First Nations lives, government policies and clinical guidelines. The triad of educational preparation driven by the medical model, onsite care dictated by mandatory programming and clinical guidelines leave little room for collaboration, emancipatory practice, advocacy or self determination. In fact with the triad being developed and regulated from the outside, restricting First Nations community's participation and control, one could argue that this in fact contributes to, perpetuates and reinforces a disease oriented and at times oppressive health care system.

While all of the studies (Minore et al., 2005; Tarlier, Johnson & Whyte, 2003; Tarlier, Browne & Johnson, 2007; Vukic & Keddy, 2002) identify a need for intervention, Vukic & Keddy (2002) go one step further in supporting the call of both nurses and First Nations for a shift in the preparation of nurses. By making visible the invisible work of northern nurses, including relational skills, Vukic & Keddy (2002) argued that in order to "initiate emancipatory knowledge" for those in the role of employers, educators and policymakers, we

must "enable nurses working in this context to clearly define their practice in order to promote appropriate education, practice and research" (p. 543).

Tarlier, Browne & Johnson (2007) had similar findings, but added the reflections and voice of First Nations band administration and First Nations health team members. Nurses needed to develop relational competencies and be "prepared to work within the context, culture and enculturated social conditions" of a First Nations community (p. 138).

As Freire (cited in Hagedorn 1995) suggests, we need to first critically recognize the cause in order to initiate emancipatory knowledge and create a new situation. While the lack of preparation in relational practice and the skill set needed to work in areas of social inequities is only part of the web of causation for discontinuity of care, retention and disengagement of clients from the health center setting in First Nations communities, I believe it is a first step in beginning that authentic struggle to change the situation.

A second step can be taken by assisting nurses who are new to working in aboriginal health to enhance their awareness of the invisible losses to original peoples, as a result of colonization. This would result in their, not only gaining a new understanding of the relational complexities present in today's aboriginal communities, but becoming aware of the tensions underlying the power binaries and subaltern voices [5]that have resulted from the process of marginalization[6] and oppression itself.

Through gaining a new understanding in the areas of relational practice, embodiment, historical/cultural/social/political/environmental awareness and critical self reflection, nurses

[5] Subaltern voices are those silenced or marginalized through a means of oppression or subjugation

[6] The process of marginalization is based on the power binary of centre/others. The process identifies who is center and therefore those who are different than the mainstream; "the process of othering is then used to reinforces and reproduce positions of domination and subordination, creating and maintaining margins" (Vasas, 2005, p. 196).

will have the opportunity to challenge the mechanistic standpoint in the preparation of nurses working in aboriginal health nursing with one that is more contextually oriented and has an emancipatory interest at its foundation.

It is hoped that nurses will be able to draw on their new knowledge not only to enhance their ability in developing contextually appropriate programs, but also to demonstrate a willingness to authentically recognize and engage epistemology and ontology from a multidimensional perspective. In other words, it would honour the ways and knowing of the many and not the monologue of the one. This would be a third step in hearing the voices of the dispossessed.

Part Two: Curriculum Development

> Education is not to make the strange seem familiar, but to make the familiar seem strange. It is seeing the wonderful that lies hidden in what we take for granted that matters educationally
> -Kieran Egan, 1989.

Postcolonial Lens and Situation Specific Theories

Battiste (1998) maintains that a "a postcolonial framework cannot be constructed without indigenous people's renewing and reconstructing the principals underlying their own world view, environment, languages and how they construct their humanity" (p.8). In preparing for this project, two articles have caused me to pause and reflect on my philosophical and theoretical understanding of nursing in this unique setting. One suggests that indigenous renewal must take place first before a postcolonial framework for education and knowing can be developed (Battiste, 1998) and the second, questions the imposition of western nursing theories/models on the nursing lifeworld of others (Santos Salas, 2005).

Santos Salas (2005) questions the importation of western nursing theories and models into the lifeworld of other countries and cultures, suggesting that "nursing practices influenced by

their own local context are judged in terms of the imported theory and sadly, not the theories in terms of the local context" (p.20). Therefore, if we fail to open ourselves and expand our understanding of the lifeworlds, complex realities and cultures of all, including nursing, than it could be argued that we are enacting exclusionary othering. These lifeworlds include those who nurse in contexts unfamiliar to the traditional westernized setting that is the foundation for many theories and educational endeavours. Complex realities, compounded with poverty and oppression, leads nurses and others to vision, and "implement together with the community affordable and sustainable solutions" (Santos Salas, 2005, p. 20).

Similar to Santos Salas's standpoint, Doane & Varcoe (2005) argue, from a pragmatic standpoint, that theory, in and of itself, must increase our responsiveness to people at that moment and within the context in which they live out their lives. Im and Meleis (1999) add to the debate by positing that theories, models and frameworks that are not founded in the true realities and context in which nursing occurs, are of little use, and "the humanity of the nursing encounters cannot be well articulated theoretically" (p.12).

Im and Meleis (1999) further suggest that conventional approaches to theory and knowledge development "depend on the assumption of homogeneity, normality, and statistical reliability rather than coherent reflections of diverse human experiences" (p.13). The authors support a situation-specific theories approach which is relevant to the context at hand, reflects multiple ways of being and knowing, and considers the historical, socio-political and cultural context which shapes the nurse/client encounter.

Upon critical reflection of Santos Salas (2005), Doane & Varcoe (2005), and Im and Meleis's (1999) work, I have come to the conclusion that there is a high degree of truth in what they say. My readings, imbedded knowledge, and lived experience suggest that what

would work in one situation, would not necessarily work in another and that pragmatically, other alternatives for theory/framework/model development need to be explored.

While critical social theory, of which the postcolonial lens is one, addresses the issue of respect for diversity, historical context and present day sociopolitical constructs, Im and Meleis's (1999) work suggests that it lacks pragmatic modeling; that is "critical theory disagrees with classical social and economic theories which consequently limits it's empirical application" (p.15). The authors suggest that the roots of situation-specific theory should be influenced by the philosophies of critical social theory, as it addresses historic and sociopolitical contexts, but is not based on it.

While the authors argue about empirical application of critical social theory, I contend that there is relevance of the postcolonial perspective in any theory, situation-specific or otherwise, when working within the aboriginal health nursing setting. Browne, Smye & Varcoe (2005) reason that while postcolonial theories are new to nursing, they provide a "powerful analytical framework and vocabulary for understanding how health, healing, and human suffering are woven into the fabric of the socio-historical-political context" (p. 19).

Browne, Smye & Varcoe (2005) posit that a postcolonial lens can guide nursing research and praxis from four interdependent ways: a) collaboration and voice, b) reflection and action, praxis, which is committed to an understanding of health and social inequities, c) how the historical past shapes present day nurse/client encounters and the health care system, and d) that nursing practice and research have the potential to perpetuate the power binary of the colonized/colonizer. In my opinion this standpoint supports Im and Meleis's (1999) argument that a philosophical foundation can be found within a postcolonial lens, but I believe that Im and Meleis's situation specific theory takes into consideration that each tribe's encounter with

colonization is unique. This posits each nation/tribe/community as uniquely constituted and situated in their lived experience of the colonization process, and as such, a situation specific framework could indeed inform the development of relevant health care programming and praxis.

Hartrick Doane & Varcoe (2007) stipulate that two of the three nursing obligations are to be mindful, and reflexive of the personal and contextual elements that are shaping the moral space at the nurse client interface, and to "act at all levels to improve health and healing" (p. 200). I would suggest in the area of aboriginal health nursing and remote area praxis, that there is an obligation to explore situation-specific theories, models and frameworks that have a philosophical foundation in postcolonial theory and discourse as a means, in part, to answer that obligation. While such an exploration is beyond the scope of this project, I would suggest that it is the humanity of the human encounter and the context that shapes it, that is one of the missing pieces in the preparation of nurses in this speciality area.

I would argue that there is no panacea of epistemology and ontology among the diverse nations of original peoples. This coupled with the understanding that there was an overarching policy of colonization and dehumanization, but that each Nation's experience of and resistance to that process was different, and thus it can be argued, as above, that each nation and individual within its boundaries is uniquely constituted and situated with that process.

With the knowledge that indigenous and tribal epistemology is driven by context being unique to a particular people through their language, their cognitive processes, their healing ceremonies, their contextual reality, their spiritual beliefs and their subsistence methods (Daes, 1993); it follows that while a framework and theory can be developed, it must be done

in such a way that allows for pragmatic application and flexibility (Hartrick Doane & Varcoe, 2005). Through the reflexive process and intentionality, in the area of culture and theory, I have come to understand that relational practice is, in part, about knowing culture and context from a heterogeneous lens, and, it is that lens that is foundational to how aboriginal health nursing practice is brought to original peoples, not original peoples brought to nursing.

As I developed *The Journey: Learning to listen, listening to learn,* I have worked in relation with several First Nations elders, Health Directors and nurses. While the creation of the curriculum is in part based on analytical reasoning of the research, inclusive of the oral narratives of others, it is also based on critical reflection of my embedded experience of working with forty various nations over eighteen years. These nations have taught me, during my time with them not only the heterogeneity of ontology and epistemology, but the definition of resistance, resilience and renewal. It is the lessons of these oral based societies and the lived experience of working within the context that has lead me to understand that each situation is different, and thus propose a situation specific framework and curriculum which has at its foundation flexibility and adaptation. It is my contention that such a curriculum and framework maybe of use in guiding nursing practice in a First Nations setting.

Curriculum Revolution and Remote Area Practice

Individuals differ in how they learn, how they explore and how they understand the world. With this in mind, the development of an orientation curriculum that is meaningful to all must not only address content, but also address the ways in which people acquire, analyze and incorporate that knowledge into their present day epistemology and ontology.

As Vukic & Keddy (2002) have pointed out, the training of nurses for remote areas has historically been paternalistic and developed from a biomedical standpoint. They have also

noted that the education and support tools in this unique field influence nurses to act in a prescriptive, and at times, decontexutalized manner. In addition, policies limit their discretionary decision making. One could argue that as nursing curriculums were going through the 'curriculum revolution' of the 1980s, where the underlying pedagogy shifted from the empiricist/behaviourist model, to one that would transform and emancipate, (Hartrick Doane, 2002; Randall, Tate & Lougheed, 2007), the preparation of remote area nurses has remained stagnated.

While the new ideologies and discourses of fostering the "development of a more critically conscious nurse" (Hartrick Doane, 2002, p. 521) prepared nurses to challenge the biomedical model of nursing practice and positions the patient/client/community as expert; education in remote area practice has continued to be developed and regulated by the outsider, with minimal consultation with the "experts" on their own health (Minore et al., 2005; Tarlier, Browne, & Johnson, 2007; Tarlier, Johnson, & White, 2003; Vukic & Keddy, 2002).

In this project, I am advocating for a relevant 'curriculum revolution' for remote area practice in aboriginal settings. I have come to believe that the true experts of original people's health are aboriginal peoples themselves. If you couple this belief with a shift in standpoints from a biomedical model with an emphasis on the technical skills, to one of a contextual worldview with an emphasis on relational practice, we would in fact create the powerful underpinnings for the preparation of nurses working in this unique setting.

Nursing praxis, engaging in a continuous cycle of action-reflection-action, is founded on diverse ways of knowing and ontological approaches. Praxis is informed action characterized by self-determination, creativity and rationality (Freire, 1970). While the 'curriculum revolution' is slowly making inroads in the preparation for many nurses, Vogel (2007)

believes that nursing still "ascribes to and privileges knowledge consistent with the medical paradigm. Empirical knowledge trumps personal, aesthetic, and ethical knowing in professional discourse" (p. E75).

Decolonization

Vogel (2007) maintains, and Hartrick Doane & Varcoe (2005) support the idea, that reflective practice, authentic dialogue, and relational processes, serve as the counternarrative to the dominant reality. Battiste (2002) believes that educators have a role in decolonizing education, " a process that includes raising the collective voice of indigenous peoples and exposing the injustices in our colonial history, deconstructing the past by critically examining the social, political, economic and emotional reasons for silencing Aboriginal voices in Canadian history" (p.20). I would suggest a similar decolonization process should exist for health care as it relates to the original peoples of Canada and as Battiste (2002) contends, that this is not just about bridging different epistemologies and ontologies, it is about "engaging decolonized minds and hearts".

> Today the Aboriginal people and other Canadians stand on opposite shores of a wide river of mistrust and misunderstanding. Each continues to search through the mist for a clear reflection in the waters along the opposite shores. If we are to truly resolve the issues that separate us, that tear at the heart of this great country…then we must each retrace our steps through our history, to the source of our misperception and misconception of each other's truth.
>
> –Nishga First Nations Rod Robinson cited in Battiste (2002).

I believe that reflexivity, dialogue and relational practice will allow us not only to construct new knowledge which challenges mystified concepts[7] in practice, thereby dissipating some of

[7] I define mystified concepts as Tenold, Kynoch and Wilson (2001) "Those ideas, notions, assumptions and/or categories of information that have been normalized by dominant society…concepts that have become so deeply familiar that they are rarely questioned. "

the mist, but moves us to the integration of knew information through critical reflection and thereby in part, the decolonization of present day practice.

It is my intention to use a transformative approach within the two day workshop that supports the following characteristics:

- Activities which ask participants to learn and reflect on their lived experience within aboriginal health nursing.
- Activities which ask participants to articulate their present day practice and to envision their aboriginal health nursing practice in the future.
- Activities which ask participants to learn and reflect on the lived experience of others.
- Activities which ask learners to increase their knowledge and ask new questions and explore new explanations of old story lines.
- Activities that allow for diverse voices to be heard, valued and events to be examined from multiple perspectives.
- Activities that enhance individual outcomes not standardized ones for all, by building on the learner's prior knowledge and current responses.

It is my intention by working through cognitive processes including analytical reasoning, intuition and narrative (Tanner, 2006) to develop pedagogical tools that allows for learning through the visual, auditory and the tactile senses. It is hoped that by creating a space for the subaltern voice to be heard, for subjugated knowledge to be valued and through periods of reflection before doing (Battiste, 2002), that the initial foundation of a counternarrative can be created.

Through the application of decolonising strategies which seek local sources of knowledge and protocol; critiques course material and integrates a variety of instructional methods which

give rise to diverse voices and ways of learning I hope to create a opportunity for transformational learning (Battiste, 2002; Tenold, Kynoch & Wilson, 2001). That is to say, through intra/interpersonal activities such as talking/sharing circles, dialogue/narrative, experiential learning, journaling and story telling participants will be able to critically reflect, apply and understand the paradigm shift and transformation that occurs when practicing for a relational stance and a contextual worldview.

Experiential Learning and Multiple Intelligences

As the curriculum was developed, Kolb's (2008) approach to experiential learning was coupled with the various forms of intelligence proposed by Gardner (1993). Kolb (2008) states that in order to reach each individual in the class, you need to provide various opportunities and activities to learn. As each individual acquires knowledge in their own way it is imperative that there be a breadth and depth to each learning style in order to create the space and opportunity for reflection and comprehension.

Table 2: Kolb's (2008) cycle of experiential learning:

Learning styles	Activities that assist in knowledge acquisition	Strategies used in "The journey; listening to learn, learning to listen."
Diverger Standpoint (Concrete experience/ reflective observation)	Learn through observing and doing	-Power point presentation of the *Eagle and Raven* -Reflective exercise of *"The Raven as self"* -Role taking in the *Salmon, the boulders and the river.* -journaling, talking circle
Assimilator standpoint (Reflective observation/ abstract conceptualization)	Learns best from a concise, analytical reasoning approach to the subject matter.	-precourse readings -suggested readings
Converger	Learn best through experimentation, or	-Role taking in the *Salmon, the boulders and the river*

(Abstract conceptualization/ active experimentation.)	simulations	
Accommodator(Active experimentation/ concrete experience)	Learner relies on intuitive knowledge and prefers the practical and experiential approach	-Role taking in the *Salmon, the boulders and the river* - talking circle

Every individual has a learning style with which they are most comfortable learning from, and everyone has the ability to engage in knowledge acquisition through the various forms of intelligence proposed by Gardner (1993; Lane, 2008). While all individuals are able to use various forms of intelligence to some degree, they are influenced both contextually and culturally in which way predominates. In other words, individuals understand, learn and influence their world in different ways (Gardner, 1993; Lane, 2008).

Table 3: Adapted from Lane: Distance Learning Technology Resource Guide (2008)

Form of intelligence	Ways of Learning
Visual-Spatial: aware of their environments	-drawing, daydreaming, verbal, physical imagery, T.V., texts with pictures/ charts /grafts
Musical: sensitive to sound both in the environment and musically	-can be taught through music, speaking rhythmically, multimedia
Interpersonal: learn through interaction with others.	-learn best through group activities, dialogue, video conferencing, writing, time and attention from instructor
Intrapersonal: learn independently	-intuitive learners who can be taught through reflective learning activities, and diaries.
Linguistic: learn through words	-reading, story telling, poetry, lectures
Logical-Mathematical: analytical and abstract re reasoning	-experiment, explore patterns and relationships, form concepts prior to exploring details.
Bodily-kinaesthetic: body awareness	-sensitive to body language, taught through role playing, hands on activity and physical activity.
Naturalist Intelligence: Nature Smart	-activities that incorporate nature into learning practices.
Existential intelligence: looks at deeper life questions	-propose questions for reflection

I posit as I move forward in the development of the curriculum that the various activities not only reflect content, but address the various ways in which people learn, remember, perform and understand their world. That understanding is influenced by an established value system and the individual's lived narrative. It is my intention to facilitate a workshop that asks each individual to challenge the familiar with the unfamiliar and to question how they construct, transmit and enact that knowledge in their lifeworld.

Part Three: Indigenous Knowledge and Epistemology

Indigenous ways of knowing and ways of being are diverse, and while there are common issues faced by all, each nation should be honoured for their individual epistemology and ontology. Language, stories of origin, protocols, ceremonies, spirit helpers, ecological practices, traditional governance structures are all examples of how original people differ from one another. Recognizing and internalizing this fact is important in any form of decolonization of education, and knowledge development.

Battiste (2002) points out in her submission to the National Working Group on Education that indigenous knowledge and pedagogy is the cognitive "other" to Eurocentric epistemology within the present day education system. In other words, cultural and cognitive imperialism create the dominant narrative of mainstream society, and assist in creating what is known and valued at the center. She contests the power binary of center/periphery by suggesting that the integration of aboriginal ways of knowing and being within the present day system offers new vantage points by which knowledge is acquired, interpreted, and transmitted.

Keeping in mind Canales (2000) conceptualization of the exclusive and inclusive 'other', we can extrapolate that Battiste's (2002) suggestion of the inclusive cognitive 'other' could

indeed lead to transformative epistemology and ontology. It would ask people to accept heterogeneity and diversity as the norm, thereby rethinking pedagogy, ways of knowing and ways of being. To take that thought one step further; what if we valued not only the analytical reasoning that is so predominant within today's praxis, thought and action, but evolved, harnessed and gave equal weight to the intuitive and narrative ways of knowing? Would this harnessing of what can be explained and what cannot be explained create a more holistic and humanistic epistemology and ontology for nursing practice?

Part Four: The Journey

> As we develop our curricula, let us not pack it so tightly with scientific content to be applied to clinical practice. Let us make space for students to approach the field as scientists who are open to new learning and ready to have their theories challenged by the evidence in practice. Let us make space for students to listen and interpret clients' stories, not simply walk through the steps of the routine nursing history. Let us create learning activities that promote active engagement and that plant the seeds for deep understanding of what it means to be nurses (Tanner, 2003, p. 288)

Lugones (1990) describes a nursing learning activity which she named "world traveling". This is a process in which you travel to another's world, figuratively or through immersion, in order to understand who they are, where they come from and to look through their eyes at the world around them and through their eyes look back at us. It is a concept that relies on role taking in which the participant is allowed to engage at an intimate level and gain an appreciation of a person, a people or a nation which is different from ones own.

As I have developed this orientation curriculum, I have been on a journey at times "world travelling", trying to gain a greater sense of things from another's perspective. It has been a journey of discovery, of reengaging with my creativity not only at a human level but in nursing as well. While the journey has taught me new lessons, it has also rekindled old ones

and raised my critical consciousness to a higher level. As I have researched new ideas, reflected upon various concepts and reconceptualized them as part of the curricula in poetry, in story, and in role taking, I have come to appreciate once again that wisdom can come not only from the academic world of the sciences and humanities, but also from the embedded knowledge of others including the elders, the knowledge keepers and individuals of land based societies.

Storytelling, Creativity and Critical Consciousness

In the *American Journal of Nursing (1936)* there is an article on the "useful art of story telling" by Frances Bacon. She contended that in order to be an artful storyteller there were several simple rules in the preparation and the telling. Those effortless steps included the following: like your story, know your story, adapt your story, see your story in pictures and finally be natural. She maintains that an experienced story teller can help the audience forget the teller and remember the story. She describes how the story teller must be free to cast a spell on the listener through tone of voice, facial expressions and gestures until the story is "the thing and gradually even the personality of the story teller is lost in it as the words make fast-changing pictures (Bacon, 1936, p. 1201)."

While Bacon's (1936) article related a useful tool in distracting paediatric patients in this early era of nursing, a review of nursing literature today reveals that story telling is a creative process and pedagogical method to foster both cultural competency and the emerging critical consciousness of nurses (Battiste, 2002; Eshleman & Davidhizar, 2006; Hartrick Doane 2002; Schanche Hodge, Pasqua, Marquez, & Geishirt-Cantrell 2002). Legends, fairy tales, narratives, fictional stories, poetry, myths, puppets and role play vignettes can all be used as a

means to examine and enhance a nurse's understanding of the human experience (Eshleman & Davidhizar 2006).

Story telling has at its foundation opportunities not only for creativity, and inspiration, but reflexivity, allowing the reader to enter into the inner world of self in which there is an opportunity to examine life and the lived human experience through a different lens. Story telling can also take the form of 'world travelling' by allowing the listener to explore another way of being, another way of knowing and another's lived experience. If we subscribe to the belief that learning is a life long process, storytelling is one of many opportunities for the individual to listen for the lesson that is meant for them at that moment in their life. .

Hartrick Doane (2002) maintains that creativity is a means to raise the human consciousness and advocates for "developing pedagogy that nurtures not only the caring and the critical but also the creative spirit of nursing" (p. 521). She further posits that a critical consciousness, human caring and creativity are foundational to ethical nursing practice (p. 522).

This project is, in part, a response to that call to creativity. It is meant to assist nurses to carve out a new way of being within aboriginal health nursing practice that can be obscured by the paternalistic, biomedical model of the present day training of nurses working in this setting (Tanner 2003; Vukic & Keddy 2002). It will put forward other ways of knowing, and other ways of being, valuing them as equal to western epistemology and ontology, being inclusive of the 'cognitive other' (Battiste, 2002), heterogeneity and being open to the transformative.

The Eagle and the Raven

> The traditional way of education was by example, experience and storytelling. The first principle involved was total respect and acceptance of the one to be taught, and that

> learning was a continuous process from birth to death. It was total continuity without interruption. Its nature was like a fountain that gives many colours and flavours of water and that whoever chose could drink as much or as little as they wanted to whenever they wished. The teaching strictly adhered to the sacredness of life whether of humans, animals or plants -Art Solomon, Ojibwe Elder, and Residential School Survivor (cited in Battiste, 2002).

Battiste (2002) describes stories about animals which convey messages about behaviour, morals and insight into human existence. Storytelling that involves animals often "have magical and supernatural powers, they usually speak and act as humans do and sometimes transform from animals to humans and back to animals again by taking off their skins" (Malcolm cited in Hodge, Pasqua, Marquez and Geishirt-Cantrell 2002, p. 8).

Instead of using the traditional objectives, content, evaluations format for the entire curriculum, I have chosen to use story telling, poetry, journaling, music and role taking as part of my teaching strategies. "Storytelling has been described in the nursing literature as a powerful vehicle for communication, recreation, entertainment, education and to pass on cultural learning" (Eshleman & Davidhizar 2006). The story form model has five steps "identifying importance, finding binary opposites, organizing content in story form, conclusion (resolving conflict of binary opposites), and evaluation (Egan, 1986, p. 452).

Within this project, I propose a framework for aboriginal health nursing. I reflect on the multiple ways of knowing through the metaphoric carving of a cedar canoe; a lens in which to filter both knowledge and action with the creation of a slow match, and finally, an ontological approach through the cedar blanket. Together they form the foundation for praxis, a time of reflection, action and reflection again, within a First Nations setting. The framework is supported by learning activities which blend theories of knowledge and learning processes. Within the workshop I have chosen not to change the imagery of the cedar canoe journey, but to enhance both it and the content to support the framework.

With the Eagle and the Raven (Appendix A), I have attempted to explore through story telling a nurse's, the Raven, entry into an aboriginal community seeing her/him initially, through the eyes of an indigenous elder, the eagle. The concepts of 'world travelling' through role taking, trust, respect, othering and historical context are also introduced. As the story continues, I propose to explore the evolving story of the relationship between the Eagle and the Raven within a talking circle and engage the nurses in conversation around entering into community and relational practice.

I have chosen to deliberately develop the storyline outside the clinic setting, to demonstrate that relational practice, and as I argue a leading aboriginal health nursing competency within remote areas and in community, evolves both inside and outside the health centre walls. As I have developed this story line, I have consistently sought input from First Nations sources, as it is my intent to honour the storytelling process as a format to convey information and to be open to suggestions that may enhance the message to the participants.

The story will take two stances; the first is from the perspective of the Eagle, an elder and knowledge keeper who observes the arrival of the new nurse and gives us insight to the concepts of trust and respect. The second standpoint is that of the Raven, a nurse who has experience, and participated in the training available, but is a novice to aboriginal health nursing. As the story evolves we will watch as she explores self, and begins to understand the relational complexities within the context of a First Nations community.

While is not my intent to establish conformity, it is my intention to help participants to begin a journey of growth and to challenge the dominant norms by encouraging them to take risks in examining their approach to practice, the lens through which they see people, and their ability to understand the uniqueness of how people are both constituted and situated.

By creating a journey that provides opportunities for creative reflection on their authentic selves, values and beliefs I am hoping to create a learning environment that allows each to drink as little or as much as they want and the opportunity to question the status quo. As Dr. Rollo May (1909-1994) contends "the opposite of courage in our society is not cowardice, it is conformity". Further this is a journey that is meant to support the individual in their uniqueness, creating a safe space to express their thoughts and ideas, allowing them to listen to their own way of being and seek to honour the embodied knowledge they bring to this space.

Part Five: Ethical Considerations

True relational practice is ethics in action and is founded on the relational themes of environment, embodiment, engagement and mutual respect (Bergum, 2004). While environment and embodiment will be discussed in depth later within this paper, I believe the concepts of engagement and mutual respect have guided what I have done to date and will continue to guide me as the workshop evolves.

I have been conscious as I have worked through my master's programme and this project that I am a non aboriginal nurse exploring aboriginal health nursing issues. I have been concerned about my ability to reflect and articulate the lived experience of nursing in a First Nations setting and I have come to the understanding that my eighteen years of working in First Nations communities, eleven of them in isolation does accord me embedded knowledge that maybe of value. I have sought within this project to explore two sides of the same story that of community and that of a nurse entering into practice. I have spoken at length with an elder around my concerns re: the use of storytelling and the optics of discussing issues that are germane to another society. The elder advised me "not to worry, if you do this with a respectful and caring heart than it will work out well" (personal conversation April 2008).

Mutual respect is an appreciation and valuing of self and others, including the differences that gender, race, culture, class and history can bring to the forefront. "The word mutual directs attention to the interactive and reciprocal nature of respect" (Bergum, 2004, p. 495). Mutuality asks that we understand and look for ways to coexist, each allowing and valuing the others way of knowing and way of being.

I have, at the various stages of developing the metaconcepts engaged and asked for guidance from indigenous elders, health directors, community members, First Nations nurses and non First Nations nurses with aboriginal health nursing experience. I continue to develop in relation with various members of the First Nations community, recognizing that each interaction offered a kernel of knowledge that has not only contributed to the workshop but to my growth as well.

All stories and poetry that I have developed have been shared with a minimum of ten First Nations people including elders, community members, health directors and nurses from three different nations to ensure that they appropriate and honour the storytelling tradition.

I have endeavoured to ensure that any stories, photos or other media that are shared by nurses, elders or community members in the development of the curriculum or used within the program itself to meet the learning needs of the participants will be treated with the utmost respect and their source acknowledged as requested by the teller.

It is my intention as the workshop evolves, to present it to a First Nations and Inuit Health Nursing group and I have been invited by two separate bands to submit my project for their review and support in moving it forward. I would like to use these opportunities to further engage First Nations in the ongoing evolution of the workshop and to adapt the themes, content and framework with their input through oral and written (Appendix E) feedback.

Evaluation

While I have provided a means for written feedback for the evaluation, I believe that the true evaluation of the workshop will be in how it engages and moves nurses and health care professionals in the discussion of relational practice, self reflection, embodiment and contextual understanding.

Just as I believe in life long learning, I also believe that this workshop is a work in evolution. In other words it should reflect the true reality of what is, and be kept abreast of developments both within aboriginal health nursing and in relation to the government and social policies which influence the context in which nurse/client interactions take place.

Chapter Two Outline of the Workshop

> Oh the cedar tree! If mankind in his infancy had prayed for the perfect substance for all material and aesthetic needs, an indulgent god could have provided nothing better.
> –Bill Reid Master Haida Carver (cited in Stewart 1989, p. 9.)

Introduction

We are about to begin a journey into a new way of being. It is based on the tradition of story telling in which we "awaken and honour spiritual forces. Hence almost every story does not explain; instead it focuses on the process of knowing" (Battiste & Youngblood, 2000). Stories told are enfolding lessons, which hold both the teller and the listener in its embrace; unfolding gently for those who take note to expose the lesson meant for them. Stories transmit lived experiences, bear witness to an event, and not only validate but they also give rise to the opportunity to renew.

As in all journeys of self reflection and renewal, each individual must prepare the vessel that will transport them, the right clothing to wear on their travels, a source of light used to explore and illuminate new paths, and the supplies needed to see them to their destination. All of this can be found in the forest and the sea and it is for the individual to determine how they will carve, what they will wear and the light that will guide them on their way as they launch their craft into the river of aboriginal health.

Aboriginal health nursing, in an isolated northern community, is more than the proficiency in the technical skills of remote area practice. It reaches far beyond competence in advance histories and physicals and the capability to follow clinical guidelines and dispense the right medication. Aboriginal health nursing in remote settings, in its truest sense, is about the ability to forge relationships, to understand the embodiment of the lived experience of original peoples and their nations, and the capacity to work within the complex context in which First

Nations live. Furthermore it is about the ability to know ones self. Who we bring to the nurse/client interface is more than our beliefs, values, strengths and limitations but we also carry with us the metanarratives of others, our lived experiences and the areas in which we need healing. In other words, it is the human behind the nurse that is present in each interaction.

The *Cedar Blanket Framework* is a way to proceed in exploring the process of knowing in the areas of relational practice, embodiment, self awareness, and historical/cultural/social/ political/ecological understanding and how they relate to nursing in an aboriginal health setting. Each concept forms the fibrous cedar strips which intersect to form the foundation of aboriginal health nursing practice. The introduction of each metaconcept will serve to enhance the participants understanding of the fibrous strip while the story *The Eagle and the Raven* allows a deeper exploration of the concepts of relational practice, embodiment and self awareness; the role taking exercise *The Salmon, the Boulders and the River* further explores the concept of contextual understanding.

The passage to a new way of knowing begins first with the construction of a vessel for the journey. It is an opportunity to ask others to join in the work of critically reflecting on where and who we are today, and assisting in the creation of a vessel that will help us in the exploration of a new understanding and way of being. This exploration encourages us to examine how we create meaning, who and/or what influences the nursing narrative we bring to the bedside, and how do we enact our practice in the day to day.

Our ability to move forward and examine dark places is dependent on the wick and light source we carry with us. Similar to Nightingale's lamp, the *slow match* illuminates and questions our ways of knowing and the status quo. It metaphorically asks what we know, how

we came to know it, and is there another way of knowing that could lead us to a greater understanding. The *slow match* challenges not only our process of knowing, but how we transmit knowledge to others. Do we do it in an emancipatory way that respects other forms of epistemology or do we do it in a way that denies others the liberty of knowing and thereby restricting their freedom to think and act without constraint.

As we begin this metaphoric journey, with the selection of the tree for our vessel, the gathering of fibres and bark for our match, and the harvesting of the cedar strips for the blanket, we must recognize that we are each at different stages of growth in who we are as both professionals and human beings. This journey is meant for both the novice and the expert. The curriculum can be adapted to fit the needs of the audience, taken in part or as a whole. It is not meant to dictate a prescribed outcome of what aboriginal health nursing looks like, but it is the creation of an opportunity for each of us individually and together, to examine our ways of knowing and ways of being in this unique area of nursing practice. It is an opportunity to explore other paths in hopes of creating a new understanding of what is and what could be.

I have chosen the cedar, "the tree of life" to those indigenous to the northwest coast (Stryd & Feddema 1998), because it plays a vital role in culture and the day to day needs of the First Nations in the coastal areas. I sought to bring to life the intimate role of the cedar in the lifecycle of the individual and community, meeting the needs of many from birth to death. It somehow seemed fitting that as the tree bears witness to the life and history of all so do those who practice aboriginal health nursing.

Come take my hand as we step into the forest, it is time for the journey to begin and there are people waiting to help us on our way.

Part One: The Carving of a Cedar Canoe

"From the moment the seed is released from a cone until, more than 500 years later, the tree lies on the forest floor as a nurse log, giving life to ferns, mosses, hemlocks, even as its own life is ending" (Suzuki & Grady, 2004, p. 179).

In your minds eye, I want you to picture a great cedar forest. You can smell the cedar rise up from the path on which you step, sometimes your step giving way to the moss beneath your feet. See the light streaming down between the great canopies above you, feeling both the warmth of the sun and the coolness of the shade. Listen to the song of the birds, to the sound of the water and the swaying and creaking of the trees. Let your senses come alive with the possibilities as you search, looking up, and examining each cedar in turn.

You are looking for the cedar that will sacrifice itself to help you build a canoe to continue your journey to a new understanding of what the art of aboriginal health nursing can be. "When you find it, you first test it to see if it is sound, the tree tells you" (David Frank of Ahousat, Elder); if it is hollow when you tap it, you know to move on as it is not the tree you seek. But if it is solid, of the right length and width you thank your spirit helper for bringing you here and then the cedar for what it will bring to you (Stewart, 1984), the opportunity to explore and examine both the old and the new.

As you watch the tree fellers burn through the base you think of the people, the wisdom and the time that goes into creating a vessel for a voyage such as yours, realizing that the carving of a canoe is an art, takes patience, and is not one to be taken lightly. As David Neel (1997) alludes "carving a canoe is a big responsibility; the carver takes the lives of future travellers in his or her own hands" (personal communication, 2007).

The Co-creation of Meaning

As you carve, people will come with their own wisdom; their ways of knowing, and ways of being. They will teach by example, by participation, by stories or through special prayers and ceremonies but in reality what they are doing is adding their ontology and epistemology to yours in order to help guide you on your way. The canoe you build, the way you build, how you prepare, the float test and your finial launch is your co-creation of meaning between the written text of some, the oral words of others and your observations of the world around you.

As you listen, it is my hope that you reflect on these three questions: What type of vessel do you need to carve in order to safely see you on your way? Is there a way to carve that will help your canoe to navigate calm waters and rough seas that are a part of every journey? What wisdom has this person brought to my life?

The type of vessel you choose to carve in collaboration with others, maybe meant for long journeys to isolated places, or possibly to pole upstream to gather medicines and plants from local areas, or maybe the canoe you need is meant for general travel. Canoes are made by skilled hands, incorporating the wisdom and strength of many and with time when you take paddle in hand, you take control and responsibility for your way of knowing, your way of being and your willingness to be open to others.

Elders maintain that people and events come into your life for a reason, with each person and event there is wisdom to be gathered, but it is for you to choose how much and what is harvested. They also believe there are lessons you are meant to learn in this life, and that they will be presented to you time and again until you have received the meaning that was meant for you (personal conversations I. J., M.T., D.M. and J.M. 1995-2008).

They may help you plot out on paper the possible routes you will take, what landmarks to watch for, special places to explore and gather; places with a richness of resources but few know of them. Some will teach you about the supplies to take, sustenance for your journey, plants to gather and medicines to carry. As the day approaches when you will leave the shores and your learning community, you hoist the canoe on your shoulder to test its weight. You have carved your paddle, practiced your strokes and eventually you developed your own cadence, your own way of being. You make adjustments while you are still there within safe harbour, where there are those that can still hear your concerns and offer a hand in creating the stability and balance needed to journey safely away from the shores.

Your role, in part, in this journey is to be open to your embodied way of knowing as well as the words and insights of others. Where story telling is part of a nursing skill set, story listening also requires skilful nursing practice in which the nurse seeks to authentically listen to the narrative of others. It is through listening and echoing back your understanding that you can clarify meaning meant –meaning interpreted.

Wisdom about the human condition comes through the cocreation of meaning between yourself, the written text and the oral narration of others (Hess, 2003). Knowledge and understanding is not only gathered through analytical reasoning but also through lived experiences, embodied knowing, and the narrative of others (Tanner, 2006). Within aboriginal health nursing indigenous stories, professional experiences, individual and family narratives will all contribute to new insights and open you to new ways to interpret old storylines. It is only through a willingness to listen, to reflect on what we hear, and to acknowledge silenced realities that our journey to a new understanding, a new way of knowing and a new way of being in the world begins.

There is an African proverb which fits well "I am because we are: we are because I am," (Haegert, 2000, p. 492). That is to say you will grow because of those who journey with you, whose narratives touch yours and they will grow because of the journey you are taking.

Part Two: A Light for the Journey

Light has always been associated with a means of illuminating the dark, thereby making it possible to see what is hidden within the shadows. It can cast a glow, light the way, or reveal something. It can allow us to see things for what they truly are, or to see in a new light and thereby consider new possibilities. Light sources are not new to nursing. The lady with the lamp, Florence Nightingale, shone her light on the need for change in Victorian era health care. She fought on different battlefronts. From the fields of the Crimean War, to the modernization of nursing she saw healthcare in a different light and argued for new possibilities.

> Nursing is an art; and if it to be an art, it requires as exclusive a devotion, as hard a preparation, as any painter's or sculptor's work. It is one of the Fine Arts; I had almost said the finest of the Fine Arts – Florence Nightingale (cited in Bridge & Knowles, p. 54).

Aboriginal health and remote area nursing similarly needs a light to shine forth. This unique field needs to make visible the invisible, to challenge the status quo, to reveal what truly is and to allow us to consider different possibilities. There is a tale among the Nlaka'pmx (Turner, 2005, p. 86) that talks about the making of a "slow match", a means of moving fire and light from one camp to another during a long journey. It is made of the fine fibres from the western red-cedar which can be dried and woven into a long rope; you cover it with a tougher outer bark to allow it to burn longer and slower (personal communication, Pynn, 2007).

The Slow Match: The Inner Fire

> The government of Canada only understands the 26 letters of the alphabet.
> -Gary Gottfriedson Secwepemc Poet and Horse Breeder

Like the fine fibres of the red cedar where the fire or light is transported within a slow match, theory, and the means to acquire nursing knowledge that guides practice is gathered through a process, noticing, interpreting, responding and reflecting (Tanner, 2005). Tanner suggests that nurses uses analytical, intuitive and narratives patterns of reasoning as a foundation to shine light on the clinical situation before them. While I support her clinical model and it rings true to me in a remote setting, I also believe that we must move forward and be truly open to other ways of knowing. That is to say if we fail to open ourselves and expand our understanding of the life worlds and cultures of all, adding the fibres of their epistemologies to those we presently understand, than we limit ourselves to the 26 letters of the alphabet.

To limit ourselves to the alphabet, and only the alphabet, is a form of cognitive imperialism which assumes superiority of one way of knowing, one way of being and creates hegemonic norms for healthcare and well being. Of the red cedar fibres within the soft core Battiste (1998a) says it best when she alludes to the fact that First Nations ways of knowing, indigenous epistemology "cannot be the doctor if it is still the disease."

If we are to support a contextual worldview with an emancipatory interest and acknowledge that there area other ways of knowing which are of value, we would soon become "critical learners and healers within a wounded space" (Battiste, 1998a). We would admit the existence of both emic (insiders) and etic (outsiders) knowledge which includes healing practices at the nurse/client interface. In my opinion this standpoint not only begins

the decolonization of health care in an aboriginal setting, but opens aboriginal health nursing to a world of possibilities.

Just as knowledge is obtained in various ways, it should be transmitted in various forms. Whether through pictograms, photo voice, video, oral narration, dance or song, nursing cannot rely only on the written word at the nurse/client interface. To do so is to consciously choose to deny knowledge to others and it is the transfer of knowledge which allows for individual autonomy.

The topologies of domination, including cultural and cognitive imperialism, have torn at the social and cultural fabric of indigenous communities. From their languages to their healing practices, colonization has attacked the core of which original peoples are, their ways of knowing and their ways of being. A step of ethical resistance would in effect mean that we could and would examine how we transmit knowledge, and open ourselves to other ways of knowing. Battiste (1998a) maintains in the conveyance of education and knowledge you can choose to either "maintain domination or liberate….sustain colonization in neo-colonial ways or it can decolonize…be a site of reproduction or a site of change".

Ethical nursing practice "invites nurses to embody caring practices that meet and empower the vulnerable others. Such practice requires commitment to meeting and helping in ways that liberate and strengthen and avoid imposing the will of the caregiver" (Benner, 2000, p. 5). I endorse the contention that we need to move beyond the surface within the nurse client interface to assist the "vulnerable other" within the contextual reality that shapes their world. Through setting aside our service provider's need to control and perceived expertise we can assist the client in shaping their response to the experience, situation and context thereby allowing the true expert to surface. In order to do this we must engage voices once silenced,

creating opportunities for dialogue with the marginalised and embracing the heterogeneity of lived experiences, ways of being and ways of knowing.

By acting as a conduit for information and providing it in various formats that engages others in their form of epistemology and ontology, we act as a site for change in that others are able to perceive, access, internalize, interpret, learn and make sense of their world through a means meaningful to them; that is to say if we open ourselves to the heterogeneity of knowing, and we are indeed acting to liberate.

The Slow Match: The Tough Outer Bark

> The real voyage of discovery consists not in seeking new lands,
> but in seeing with new eyes -Marcel Prous

Like the fine fibres of the red cedar where the firelight is transported within a slow match, the hard outer bark ensures that it is protected and endures during the journey. This tough outer bark is made up of nursing obligations, decolonization and postcolonial discourses. It is the outer bark that allows us to illuminate and challenge existing education, laws, policy and structures that have their foundation in our colonial pasts, and continue to privilege cultural/cogitative/ecological imperialism and racism. It is the outer bark, a construct that responds to the historical legacy of colonization that will allow us to challenge the true causes of poverty and oppression among First Nations (Battiste 1998a, 1998b, & 2002; Browne & Fiske 2001; Browne & Smye 2002; Browne, Smye & Varcoe 2005).

The act of decolonizing unjust systems and processes is not just for the benefit of indigenous peoples but creates new discourses for diversity for all. The postcolonial lens challenges our hegemonic understanding of social and cultural norms of what is known and how it is known. It is a transformative step which allows us to examine policies and practices

that in the past have degraded ways of knowing, ways of being, indigenous medicine, healers and healing practices.

Nursing Obligations

Nursing has certain obligations that support all nursing actions and relationships (Hartrick Doane, & Varcoe, 2007). These obligations assist the nurse in not only shining a light in dark places but encourage nurses to create a moral space in which those who live in part or fully in darkness are seen and those who have been silenced have voice. This requires the nurse to intentionally lean into relationships, searching beyond what is visible to the invisible. This leaning into the relational space is not about taking space or to impose being but it is to assist us in listening authentically to the truth of the other.

Not only is there intentionality and consciousness within the moral space, but a mindfulness of the personal and contextual elements that are shaping that space through "a reflexive process of intention, attention, interpretation, critical scrutiny and reconstruction" (Hartrick Doane, & Varcoe, 2007, p. 200). Through reflexivity, we move forward to acting "at all levels to affect health and healing (p. 202); that is to say we act not only at the bedside but at the meso and macro levels of society and within the profession itself.

Post Colonial Lens and Decolonization

In the case of nursing in First Nations, a postcolonial lens can give voice to the knowledge of the marginalised, reject the hegemonic one voice, one way, one knowing and open up the narrative for many ways of knowing and being to be valued. As Hess (2003) points out, to speak of others in a monologue only creates the vision of the speaker, not those whose worlds and ways of being are at issue.

A postcolonial lens is the first step in the transformation of practices and policies, it can assist in making legitimate once again that which was made illegitimate through the colonization process. It can give voice to the knowledge of the marginalised and reject ongoing neocolonization[8] of indigenous epistemology, but a postcolonial lens should be critically engaged and scrutinized for both its strengths and limitations.

> What makes this discourse especially pertinent to nursing science is that it focuses our attention on the process of dehumanization and human suffering through history and gives us a context for understanding health inequities. It brings to the forefront the issue of "race" and makes explicitly how this socially constructed category has been used in the colonizing process and the effect this has had on people's lives and live opportunities (Anderson, 2004, p. 240)

Decolonization of research, methods of inquiry, epistemology is yet another step towards diversity and support of indigenous humanities, thought, ontology and theory of knowledge (Prior, 2007). The failure to understand the need for the decolonization of ways of knowing and of research can in fact leave the soft inner wick of our 'slow match' vulnerable to the harsh environment of neocolonization. The failure to address the topologies of domination, cognitive, cultural and ecological imperialism is a failure to understand how they perpetuate colonisation and the need to move forward. To put it in terms of our metaphor, failure to change can affect the balance and stability not only of your cedar canoe but others, leaving the ever present threat of flooding not only the vessel which carry each of you but the life journey of both (personal communication, Pynn, 2007).

It is my belief that the obligations of nursing ask that we move forward, not only in exploring and engaging post colonial discourse and decolonization, but in considering how we

[8] I take my definition of neocolonization from Browne, Smye & Varcoe (2005 p. 18) "Neocolonial means, literally "new colonialism". The term is widely used to refer to any and all forms of control of prior colonies or populations such as indigenous peoples who continue to live under conditions of internal colonialism. In post colonial discourses, it is generally acknowledged that neo-colonialism is more insidious and more difficult to detect and resist than older forms of over colonialism."

both frame and develop aboriginal health nursing in partnership with original peoples. From a pragmatic stance, in relation to knowledge and knowledge development, decolonization and post colonial discourse offer a lens that is responsive to the issues of power, oppression, culture, racism, poverty and social inequities that are a reality for most First Nations; it is the antithesis of the dogma of colonization. It not only addresses the domination of one culture by another, but it also allows us to "critique the social order…serving as a catalyst for enlightenment, empowerment, emancipation and social transformation" (Hartrick Doane & Varcoe, 2005, p. 62).

Part Three: The Cedar Blanket

> Garments made from cedar are said to be pliable, soft to touch and worn to shed the rain protecting those underneath. I would suggest by anchoring aboriginal health nursing to the four intersecting concepts of relational practice, embodiment, self awareness and historical/ cultural/social/political/ecological context we would be able to weave the core of a blanket of cedar which has similar qualities, providing a safe place to rest, a gentle touch of caring and protection for those sheltered underneath (personal communication, Pynn, 2007).

In your mind's eye, take another journey into the forest and picture strips of cedar, being taken gently from the south side of the tree. The south side is chosen as this is the side that faces the sun and it is the sun that helps the tree heal after the bark is taken. Each strip is lifted a little at a time and never stripped clean, the tree must survive. Cedar is a healing medicine among original peoples and has many uses but for our purposes, this time, the strips will be dried, examined for suitability and cut into fibrous strips, as our intention is to weave a blanket that will honour, support and reflect both the art and science of aboriginal health nursing.

Just as you gathered the soft inner bark fires for the slow match, just as when you gathered the tough outer bark and just as you chose the tree that is being transformed into the vessel for

your journey you give thanks to the tree, to the earth for you have taken what she has provided. Your harvesting will leave a mark, a scar that will heal over time, a sign you had been, that you existed and gathered here (Personal experience and communication 2007; Turner, 2005, p. 167).

In the years to come these marks made by those of generation past will provide a living history to the traditional territories, ways of knowing and ways of being of the original peoples of coastal British Columbia. These will not be written on paper but the tree itself will stand as a testament just the same, their scars embodying and bearing witness to the past, providing living testament to the present.

You remove the tough outer bark and work the cream leather inner pieces with your hands, softening it. You cut it into strips, gather it and wait for the time when you will begin to weave. You search out the roots, taking only a few from any once cedar, it is a sustainable harvest and again no harm should come to the tree (Personal experience 1990, 1991, 2007; personal communication 2007; Turner 2005, p. 166).

You gather your harvest, bundling it together and take it with you from the forest. The weaving of a blanket using cedar is an art and one that should be learned from those who know, it is hard on the hands and you must get the intersecting foundational strips just right in order to bring balance to what you weave. First you watch the experienced hands of others at work, asking questions, seeking guidance when you stumble, being corrected when needed. You are reminded once again about the interconnectedness there is with the earth and each other (Personal experience 1990, 1991, 2007; personal communication 2007; Turner 2005).

The foundational threads are many but each will be described in turn. Each strip is fibrous like the strains of a rope. Each acts as an anchor for the other providing strength, flexibility

and durability. The first of this fibrous foundational material to be placed is relational practice which has at its core the values of respect, empathy, compassion, openness, authentic listening, honesty, equality, willingness and is non-judgmental. It is followed by the individual strips of embodiment, self awareness and historical/cultural/ socio/ political/ecological understanding; each strip is anchored in the center to the others to form the core foundation from which to build.

It is on these four intersecting concepts, relational practice, embodiment, self awareness and contextual understanding that the art of aboriginal health nursing is built. In time other strips will be added such as Tanner's (2005) model of clinical judgement including analytical reasoning, intuitiveness and narrative. Eventually skill sets such as history and physicals will make their appearance and be woven into the fabric of the blanket. But it is the foundational strips; the core that must be placed first before all others, for it is from here we build our ways of knowing and ways of being in this unique speciality.

The Foundational Strip: Relational Practice

> Old knots and tangles that are in all our minds and practices must be located and untied if there are to be threads available with which to weave the new into anything like a whole cloth, a coherent but by no means homogenous pattern -Elizabeth Minnich, 1990.

If you look closely at a cedar strip you become aware that there are many fibrous strands that make up the single strip. The first of this fibrous foundational material to be placed is relational practice which has the core values of respect, empathy, compassion, openness, authentic listening, honesty, equality, willingness and is non-judgemental.

Within aboriginal health nursing, I believe that respect forms the core fibre of not only relational but ethical practice. Other fibres entwine with respect, including trust, mutuality, interdependence, authenticity, empathy, compassion, critical consciousness and caring to form

the cedar strip of relational practice. At the core of every entwining fibre is the concept of respect; as the elders content "respect comes before all else."

Browne's (1995) qualitative research described respect as a principal that addresses justice and dignity. Her findings reflected six characteristics of respect; the microfiers of this core concept include the notion of inherent worth, acceptance, authentic listening, and openness to understanding, sincerity and knowledge transference which allows for individual autonomy. Further research by Browne and Fiske (2001) supported not only the above themes but the importance of respect in encounters with nursing, "the focus of the women's discussions was not on the provider's clinical competence (as might be expected) but rather on issues of respect and trust during health care encounters" (p. 129).

Finally, a third study Pynenburg (1990), asked the question of both nurses and community members "What was important in a nursing encounter?" When the findings were correlated there was an inverse relationship to what nurses and community members valued in the encounters. The First Nations put the emphasis and rated highly the skills of communication, respect and caring as the most valued part of a clinical encounter, the technical skill set of the nurse was one of the last things they looked for in a health care interaction. Inversely, the nurses had reported the technical side of their practice, being clinically sound, being able to work autonomously, and being a team player as the most important factors of a "good clinical encounter. They listed "someone who could be responsive to clients" as the last characteristic.

We can see two different and conflicting world views on what did and did not contribute to a positive interface between a nurses and client (personal MP 2006; personal communication July 2006). Through reflexivity, "engaging the moral self and simultaneously enlisting

nursing knowledge, experience and judgement" (Hartrick Doane & Varcoe, 2005, p. 200) we pull the thread further, positing that when nursing places their emphasis on the technical side of their practice and where education, policies and clinical guidelines support this mechanistic standpoint (Minore et al., 2005; Tarlier, Johnson & Whyte, 2003; Tarlier, Browne & Johnson, 2007; Vukic & Keddy 2002), nurses, educators, policy makers and clinic clash and make small the narrative of what First Nations believe nursing should look like. That is to say nurses would be practicing in a "moral oblivion", lacking the awareness of the relational elements that are valued by First Nations (Hartrick Doane & Varcoe, 2007).

> A relational ethic opposes the disappearance of either the client or the caregiver. Both are present as moral agents, confirming or declining the meaning of health that each offers the other, until eventually a narrative is composed that both can accept and act upon in their situation together (Gadow, 1994, p. 305).

Relational practice has at its foundation the ability to be both listener and teller of the lived story. It is at this interface that the client and nurse create a moral space in which to sew the seeds of a relational narrative. This ontological relationship where "each offers the other his or her story, not for the purpose of constructing a diluted version of either of the originals, but to incorporate it as an element in the configured plot of a new story, their moral narrative (Hess, 2003, p. 142).

The new story, their moral narrative is founded on the co-authorship of possibilities and is where the strength of relational practice shines. As Gadow (1996) argues, a relational approach and narrative "expresses engagement between the nurse and patient, it combines their particular views of the good into a new view which both can be committed to…its authority begins and ends with their authorship" (p.9). Together the client and nurse through existential advocacy, create a new ontology, a new way of being, in their time together,

influencing the moral space with a new contextual epistemology that can be acted upon by both.

If we are too subscribed to authentically listening to the marginalized voice, we would realize that it is respect that is the first building block in engaging in a relational narrative that creates the alternative story. We would also realize it is at this interface where the everyday of real life with all its complexities, multiple voices, metanarratives and subtleties of both the author and the listener intertwine.

> This exchange of the 'story-spoken' and the 'story heard'-the meaning meant and the meaning interpreted - results in 'the cocreative constructing, inhabiting, and exploring of shared alternative story worlds' (Bradt 1997, p. 4).....forms both the context of the knowing and the content of what is known. Moreover, this epistemological text and the resulting story are unachievable by either individual alone (Hess, 2003, p. 141).

The Eagle and the Raven: A Learning Opportunity

A lived narrative is an expression of a worldview, a biography and a glimpse into the life of another as it is lived and expressed. Individual narratives are influenced by the oral narration of others, the written text of some and the multiple ways of knowing and being of all who have touched the individual's life; that is to say we are in part a result of the road we have travelled and those who have travelled with us. Within remote area nursing, there are two lived narratives that come together during every nurse/client[9] encounter; that of the nurse and that of the client (personal communication, 2007). While there would appear to be only two people present in most nurse/client encounters, there are other narratives that hover near, that of a parent, a partner, a community, each influence both nurse and client in thought and action.

Through the *Eagle and the Raven* (Appendix A) I have used creative writing to depict that encounter and ask the participants to demonstrate an understanding of how opposing binaries,

[9] In this instance I use the term client to represent the individual, the family or the community.

cultural, sociopolitical and historical factors shape that relationship. It is my hope that through listening to the story, the participants will emerge with a better understanding of relational practice, embodiment, and context and how they influence remote area practice. While basic concepts will be explained during the introduction of the Cedar Blanket framework, I am hoping that this follow up activity helps to broaden these principals and engage in further learning through the thoughts and narratives of the participants.

The Second Strip: Embodiment/Embodied Engagement, Bearing Witness/Ethical Resistance

> As we take time to understand the significance of what would have otherwise been difficult to articulate, we become more merciful and responsive to other people's needs. In listening to the wisdom of the body, to the significance of a traumatic event manifest on a feeling level, practitioners are called to take action on behalf of their client (Martinsen cited in Raingruber & Kent, 2003 p. 450)

I remember the first time I was asked to bear witness at a feast, a runner arrived at my door, and the young man gave the name of the clan and the host of the potlatch, requesting my presence. Within many First Nations cultures bearing witness is a concept that is embedded within cultural norms and considered by many an honour. Turning away, for whatever the reason, could be interpreted by some as an insult, a sign of lack of caring. In many instances nothing would be said, but an opportunity to show respect and be trusted would have been missed by the nurse who turns it away.

Naef (2006) describes the ability to bear witness as a nurse's moral/ethical responsibility and that the nurse can choose to be present and authentically listen to the client's vulnerability or not. Hartrick Doane and Varcoe (2007) describe the opening of the relational space for "difficulty/suffering" as one of the three obligations in relational practice. While not easy, at times bearing witness requires us to go to another's place of vulnerability being both present and an authentic listener to the narrative of the other. Bearing witness requires a decision by

the nurse to be truly present and open to the pain of another, or to turn away and leave the vulnerable in silence.

In some instances bearing witness may be at the individual level or at the level of community or nation in which disease, atrocities, violence and war have long lasting impacts. It is at these times that morally, we must find our voice, using it as a form of ethical resistance by "listening, speaking out and writing about these stories of immense suffering (Cody, 2001, p. 97). By bearing witness and through our use of our senses we can hear, see and speak as a means of making visible that which has systematically been made invisible. Through ethical resistance an opportunity arises to address the structural violence that forms methodical and concerted campaigns to restrict autonomy and silence those who would be heard (Hrycak, & Jakubec, 2006).

> While bearing witness is the act of being humanly and authentically present with an individual, its twin embodiment understands how that individual has internalized the events they have given voice to. While the former allows us to be truly present and through ethical resistance validate and give voice to the experience, the latter asks us to help the individual journey inward to how the events are experienced within the body (personal communication, D.P., 2007)

Reflecting on the concept of embodiment, Bergum (2003) called "for healing the split between mind and body- an integrative consciousness-so that scientific knowledge and human compassion are given equal weight and so that emotion and feeling are as important to human life as physical signs and symptoms" (p. 492). It is a call to give the same attention to the invisible pain inscribed on the canvas of a wounded soul of someone who has collided with life itself, maybe not in the physical sense but at the spiritual and emotional level.

Ron George (Hereditary Chief, 2007) referred to colonization as a rational-legal means of domination and an avenue that was seen to "kill the Indian, but save the man. They meant to murder the spirit and leave the empty wounded body behind." While some would think that

the embodiment of an experience takes place at the individual level alone, Adelson (2005) argues that it is the history of colonization, subjugation, paternalism, wardship and the tools of assimilation that are in fact embodied in the health disparities seen among the indigenous people of Canada today.

I would suggest that a nurse who understands that bearing witness to a lived experience and one who has the ability to engage and explore with the client its embodiment is a nurse who brings the true art of nursing to the bedside. This nurse will not only be able to take steps to mend a broken body, but also to heal a wounded soul (personal communication, 2007).

> Engagement is more than moral epistemology; it is ontology. Being engaged with patients encompasses what probably is the most important tool available to the nurse, the self in its entirety (Hess, 2003, p.146).

First Nations communities are places of layered trauma, places which have had the soicocultural fabric torn open, and as such we need to understand that we cannot strip them of their lived experiences. We cannot sanitize their embodied emotion and believe that we will be able to create the moral space that will help them move forward. It is here that we are obligated to make room for difficulty and move with them into the abyss in a hope of finding the possibilities for healing (Hartrick Doane & Varcoe 2007; Doane & Varcoe, 2005.) The abyss is the colonial history of the child that did not come home, the language lost, the land removed, and the invisible wounds that are seen by no one, but are the familiar companion of many. These are the ghosts that hover at the bedside of the community residing in the bodies of its members.

The Salmon, the River and the Boulders as a Learning Opportunity:

While the story *The Eagle and the Raven,* gives rise to the opportunity to examine the embodied experience of the eagle, the community and the nurse; the role taking pedagogical

tool of The *Salmon, the River and the Boulders* serves to highlight the context in which original peoples lived experience takes place. It is also the factors that contribute to the embodied context into which each nurse steps when they enter into community. This activity is geared to create discussion, a time for critical reflection, to raise our critical consciousness and to enhance each participants understanding of the complex context of aboriginal communities.

The Third Strip: Self Awareness

> As epistemology, narratives operate on two levels: sociocultural and personal. At the social and cultural level, community, family, religion and societal institutions create metanarratives that shape the meaning of our experiences and ultimately change our lives. On the personal level, people craft narratives which construe who they are and where they are headed with their lives (Hess, 2003, p. 137)

Just as cultural modifications tell a story of the past, the rings of a tree can give visible form to periods of significant events or challenges to its growth and formation. I believe understanding and reflecting on one's past can uncover events that can be used as markers for growth both as a professional and a human being. Similar to a tree and its interdependence with the earth, the sun and the rain, when conditions are right, and each of us are afforded the opportunity for growth, the results can be amazing.

> Friere (1993) maintains that meaningful dialogue cannot exist without the four preconditions of self awareness, humility, hope and faith in other's capacity to transform their own world.

I support Friere's contention that a meaningful narrative is not possible if authentic self knowledge does not exist. It is here that the skill of reflexivity, the critical examination of one's life and the lived experiences which shape our insight, knowledge and action, that allows us to begin to comprehend the standpoint of one member of the nurse/client dyad; ourselves (Doane & Varcoe, 2005). As a Health Director has said recently "We can only take

others as far as we have gone ourselves" (personal conversation I.J., 2008) and an elder once shared "there are areas where even nurses require their own healing" (personal conversation D.M. 1999).

The Raven as Self (Appendix B) and The Canoe Journal (Appendix D) as a learning opportunity:

The content of *The Raven as Self* is meant to assist nurses to begin that reflexivity of their practice, their ways of knowing, their ways of being and the areas where they require "their own healing." *The Canoe Journal* is a place to record that journey of reflexivity, discovery, looking, listening and learning. It is meant as an adjunct tool for those who need time for quiet contemplation and reflective observation as a means of learning.

The Fourth Strip: Contextual Understanding: Historical/Social/Cultural/Political/Ecological

> The Europeans took our land, our lives, and our children like the winter snow takes the grass. The loss is painful but the seed lives in spite of the snow. In the fall of the year, the grass dies and drops its seed to lie hidden under the snow. Perhaps the snow thinks the seed has vanished but it lives hidden, or blowing in the wind, or clinging to the pant's leg of progress. How does the acorn unfold into an oak? Deep inside itself it knows- and we are no different. We know deep inside ourselves the pattern of life (Hampton, 1995, p. 31-32).

As we continue to gather the roots of a cedar tree which will be the fourth strip to our blanket, we seek to gain contextual understandings which shape each nurse client interaction. Just as these roots give rise to the tree, supporting its growth, there are four main roots that feed each individual, family, clan, tribe, and nation. Some of these roots will be new and pliable; others cannot be harvested because of their permanence to the tree and beyond our reach.

Our understanding must reach beyond recent history and the understanding of the present day sociopolitical landscape. The Indian Act, the reserve system Bill C 31, the residential

school system and the child scoop of the 60's[10] have all had a profound affect on the recent history of First Nations but are but a recent root to the tree. There are stories, histories, ways of knowing, ways of being that reach back to the days of the floods and before (elders teaching). These are the stories that belong to the roots which we cannot reach and should not try to change. Nurses must understand that epistemology, ontology, history, healing and medicine did not arrive with Europeans. There is an original people's history of their nations, and their creation. There is indigenous knowledge, ceremonies, medicines and ways of healing that go back to time immemorial. There is another dimension to knowing within the traditional territories, communities and people of First Nations.

The impact of history, culture, sociopolitical and ecological contexts on the client cannot be overstated and must be understood if we are to engage in creating the third narrative. This foundational knowledge of cultural norms, historical moments, ecological imperialism and ongoing neocolonizing policies are the core of thread of this cedar strip.

The topologies of domination and assimilation had but one aim "we will continue until there is not a single Indian left in Canada that has not been absorbed into the politic and there is not Indian question and no Indian department" (Duncan Campbell Scott, Superintendent of Indian Affairs, 1920). It is with this in mind that it is not hard to believe that the embodiment of such policies would lead to a multitude of unheard narratives of those oppressed, marginalised, disenfranchised and exteriorized.

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[10] "The child scoop of the 60's is the widespread adoption of aboriginal children out to non-native families in the '60s, '70s and early '80s. Commonly referred to as the Sixties Scoop, the practice of removing large numbers of aboriginal children from their families and giving them over to white middle-class parents was discontinued in the mid-'80s, after Ontario chiefs passed resolutions against it and a Manitoba judicial inquiry harshly condemned it" (Lyons, 2008).

> Beyond the margins are those whose lives are exterior to the 'operative world' the so-called First World…the exteriorized have voices that are rarely heard, through which they make demands that are for the most part incomprehensible to those in the First World…the exteriorized insist that they have basic survival needs met, that their labour and homeland resources not be exploited and that they remain culturally as they are (Hall, 2004, p. 42)

It is this fibrous strip that allows us to bear witness and challenge the tools of colonization, neocolonization and that of assimilation or we can choose to knowingly leave those exteriorized to their fate. True presence in aboriginal health nursing is to be willing to journey with the marginalised, the disenfranchised and those who have been exteriorized, to hear their voices, and to join ours with theirs on a path to healing.

The learning activity of the *Salmon, the Boulders and the River* is one which I hope will help participants to begin that journey of transition to a new understanding of the context in which they practice and the resilience of the people who live within this context.

Part Four: The Float Test and Launch of a Cedar Canoe Journey

> If nursing is a world where we live, rather than a service we provide, then they (patients) and we constitute it, inhabit it, each depending upon the other to share local knowledge about where safe passage may be found. (Gadow, 1995, p. 212)

When one reads Gadow's definition of nursing being constituted by context and the interdependence of the nurse and client and the use of local knowledge, one again wonders about situation specific theory which suggests there are ways to shape your practice to engage and react within the world where you find yourself.

When you build a canoe there comes a day when you do a float test. It is the test that makes sure that you have created a vessel that is both stable and has balance while there is still time in this protected place to make adjustments before your finial launch. This project is just that part of a float test before I launch my canoe into the world of advanced leadership practice. We have travelled a short time together using metaphor, narrative, reflexivity and

analytical reasoning to examine the need for change in the preparation of nurses who will work in the speciality field of aboriginal health and the unique setting of remote area practice

As we have journeyed together, we have examined the canoe and paddle, the art and science, seeking individually to discover if we have gotten the depth right. Does the paddle feel familiar in our hand and is it sized to fit each of us, allowing us to respond safely and competently to the water as we find it?

Reflect in your mind as you run your hand along the beam and keel line of the vessel, asking yourself; have I done enough to prepare for the travels ahead? Did I build a craft that was capable of transversing flat waters? Can the same vessel allow me to freestyle, improvising at times, bringing both art and science together? Will my canoe allow me to safely navigate the whitewaters and drop offs that lie ahead?

Sit down on a riverbank and mentally go through your preparations, asking; have I done all I need to before I start my journey? Sit and look to the other side of the river, has the mist started to dissipate even a little? As you look at the shoreline, where the river meets the land on both sides, are there new thoughts and a new awareness of the currents and the tributaries ahead. As debris floats past recognize there are times that you will need to paddle upstream, against the current in order to gain a new vantage point to appreciate, good and bad, all that the river has to offer. Here you will find things that give life such as the salmon, fresh water, berries and roots but, there will also be things, manmade and natural, that can devastate those downstream like racism, neocolonization, globalization and other ideologies.

These first two trips, the float test and then the launch, must be a solo venture in which you must both steer and power the boat using the knowledge and wisdom that you have gained from others. It is a time for reflexivity on your humanness, your ways of knowing, your ways

of being, in other words it is a time to reflect on how you are am now constituted and situated in this world.

As time passes there will be the addition of other paddles in tandem with yours. It may be the paddle of a nurse asking for help with a patient or that of a new grad requesting assistance to fill a gap of knowledge or skill set. It may be a primary health care team asking for support with a policy or a community asking for consultation around a program. What is of importance is that there comes a time after the launch that you realize that you no longer paddle as a solo canoeist, you will paddle into and out of other peoples lives, hopefully leaving in your wake knowledge which was constituted within a relational space.

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Appendix A

The Eagle and the Raven

World travelling (Lugones, 1990) is a means by which you can set out on a voyage into another's world and seek to understand not only the journey but the destination. It is a concept that relies on role taking in which the participant is allowed to engage another person's space and time which is different from ones own. The creation of *The Eagle and the Raven, The Raven as Self*, and *The Salmon, the River and the Boulders* is a response to learning through the use of decolonizing strategies and the integration of instructional methods which give rise to diverse voices, ways of learning and are inclusive of the cognitive other.

It is my hope as we take this journey, another step in lifelong learning that we have the opportunity not only to nurture caring and creativity, but also the human consciousness that is foundational to the ethics of nursing (Hartrick Doane, 2002).

> In story, both listener and teller imaginatively 'leave' the constituted self to enter an alternative storyworld constructed from different hypotheses, assumptions, presuppositions, and possibilities. This imaginative journey concludes with the return to the self, but now a changed self, a self changed in and through cocreative interaction of storying with another. This storying and restorying is what ultimately makes healing and hope possible. -Brandt (1997 p. ix-x)

It is also my hope as we spend our time together, in relationship, shining our light in difficult places that I hear your narrative as you will hear mine and together we can create the third narrative that is our moral understanding of what aboriginal health nursing looks like both in thought and practice.

Key Concepts/Enhancing Understanding	Suggested Activities
Understand the Key Concepts of Canoe Journey: • Life Long Learning • Creative and Critical Thinking • Critical Consciousness • Epistemology • Ontology • Co creation of meaning **Enhanced Understanding:**	**Introduce and Explore Key Concepts** • Power point presentation The Canoe Journey **Make Personal Connections** • Where do you want to be five years from now professionally? Personally? • How do you see yourself getting there? • What do you think of the concept of hegemony and how is it influenced by society, education and media? • Do you believe there is more than one way of knowing, one way of being? **Extend Understanding** • Attend feasts, listen to stories, and indigenous ways of teaching • Participate in activities of daily life such as seaweed picking, smoking salmon; learn through participation and observation.

Reflective Questions For Canoe Journey Journal:

1. How do I enact life long learning?

2. What do I feel about the ways of knowing and ways of being of people who are different than me?

3. How do I define critical thinking and critical consciousness? Do I think they are important to aboriginal health nursing? If so how? If not why not?

4. Who do I co create meaning with in my life?

Suggested Readings:

Frank, A.W. (2000). The standpoint of storyteller. *Qualitative Health Research,* 10(3),

354-365.

Hartrick Doane, G. (2002). In the spirit of creativity: The learning and teaching of ethics in nursing. *Journal of Advanced Nursing,* 39 (6), 521-528.

Hess, J. (2003). Gadow's relational narrative: An elaboration. *Nursing Philosophy,* 4, 137-148.

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The Eagle and the Raven: Narrative

A lived narrative is an expression of a worldview, a biography and a glimpse into the life of another as it is lived and expressed. A lived narrative is influenced by the oral narration of others, the written text of some and the multiple ways of knowing and being of all who have touched the individual's life; that is to say we are in part a result of the road we have travelled and those who have travelled with us. Within remote area nursing there are two lived narrative that come together during every nurse/client[11] encounter; that of the nurse and that of the client. Between these two narratives exists a space, one that can be developed both ethically and morally by honouring the lived biographies of both and working together to coauthor the third story of how they will be together.

That moral and ethical space is also influenced by the metanarratives of others that have influenced each member of the dyad and as a result these are the ghosts that hover at the "bedside" of each encounter.

[11] In this instance I use the term client to represent the individual, the family or the community.

Key Concepts/Enhancing Understanding	Suggested Activities
Understand the concepts of Relational Practice: • Respect • Mutual Respect • Trust • Mutuality • Interdependence • Improvisation • Lived Narrative • Moral/Relational/Ethical space **Enhanced Understanding:**	**Introduce and Explore Key Concepts** • Power point presentation The Eagle and the Raven **Make Personal Connections** • Do these concepts ring true for you, if so why? If not why? • Reflect on a relationship in your life that had all of these qualities; was this relationship different than others? • What is your understanding of an ethical/moral nursing relationship? • Do you believe these concepts would make a difference in your practice within aboriginal health nursing? **Extend Understanding** • Informally ask elder, community members and other staff what they feel about is the most important part of a nurse/client relationship • Discuss or write about what makes a good relationship • Critically reflect on your nursing encounters for a day

Reflective Questions For Canoe Journey Journal:

1. How can someone's narrative be a way of knowing for others?
2. What skills do I need to learn to enhance my ability to practice in relationship?

Suggested Readings:

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Bishop, A. & Scudder, J. (2003) Gadow's contribution to our philosophical interpretation of nursing. *Nursing Philosophy*, 4, 104-110.

Browne, A. (1995) The meaning of respect: A First Nations perspective. *Canadian Journal of Nursing Research*, 27 (4), 95-109.

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Browne, A. & Fiske, J. (2001). First Nations women's encounters with mainstream health care services. *Western Journal of Nursing Research*, 23 (2), 126-147.

Canales, M. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science*, 22(4), 16-31

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Hess, J. (2003). Gadow's relational narrative: An elaboration. *Nursing Philosophy*, 4, 137-148.

Hrycak, N., Jakubec, S. (2006) Listening to different voices. *The Canadian Nurse*, 102(6), 24-28.

MeInechenko, K. (2003) To make a difference: nursing presence. *Nursing Forum*, 30(2), 18-24.

Through storytelling the *Eagle and the Raven* depicts the nurse/client encounter and asks the participant to reflect on the various concepts introduced during the Cedar Canoe Journey, the Slow Match and the Cedar Blanket framework. Through the story form model (Egan, 1986) we are able to examine more closely the evolution of that relationship examining those aspects that influence responsiveness, trust and respect:

- Identifying importance: Relational practice has been named a leading competency by those with embedded knowledge in the area of remote area nursing.
- Finding binary opposites: us/them, insider/outsider, premodern – primitive /modern-scientific
- Organizing content in story form: The story is based on the Cedar Canoe Journey, the concepts of the slow match and the cedar blanket
- Conclusion (resolving conflict of binary opposites): Finding the moral/relational space where there is mutual respect and mutuality is the foundation of the relationship; where different ways of knowing and being are respected and a third story is created on the strengths of both.
- Evaluation: Feedback from both the storyteller and the story listener on the meaning elicited through the process and the strengths of this method of instruction.

I have included in this appendix samples of the evolving story of the Eagle and the Raven as a way to demonstrate how a relational narrative evolves and is influenced by the context, and the lived biographies of both the nurse and client.

The Eagle and the Raven: The Story from the Eagles Standpoint

A long time ago in a place where the great freshwater rivers of the land eventually enters into the salt water, an eagle circled high in the sky, thinking to perch upon his favourite cedar branch and watch the activities of the day. He swooped down, lower and lower he came and just as he was about to land he saw the branch occupied by a stranger, a Raven and he chose to fly onward.

Humph he thought to himself, "Who does she think she is?" This Raven, this stranger perched there on my branch as if this is the land she would watch over, does she have no respect? Does she not know this is my job to watch over my brother the salmon, my sister the deer and the others?

Does she not know I have done this for years, as my father did before me and his father before him? As they watched they bore witness to so many changes during their time, the land, the ocean and the rivers are different now from the places they knew so different in fact they might not even recognize it as theirs. Things began to change with the coming of the others, the ones who are different from the people.

The different ones came in my grandfather's time and in the time of his father and his grandfather. They brought diseases that made the people sick, and many died. My grandfather told stories of eagles who watched over other villages during his generation, the sicknesses killed many. In some villages he said there were very few of the people left forcing them to move on and join with other neighbouring tribes. These were hard years and are still remembered by those left behind and the generations that have followed.

These others who came had no respect for the earth, they cut down more trees then they would need to build canoes and homes for their families. They cut down the trees, took many of the animals, and stopped the waters from flowing as they had for many generations. These changes have made life hard for my brother the salmon; the changes have made the rivers sick and hard for the salmon to reach their spawning grounds.

Do these others not understand if the rivers are sick, and the salmon die that both the animals and humans who rely on them will suffer? Do they not understand that if they change the land and take the trees, trampling the earth beneath their machines that the deer, the elk, the moose and the caribou will suffer and that the people will go hungry? Do they not understand as they destroy the earth, they destroy the medicine and the food of the people? Do these others not understand anything? What is this thing called greed the people talk about?

This newcomer is she like them; they left scars on the land and on the hearts of the people is she one of them? I wonder if she will understand that I know when something is wrong with those I watch over. Who is this stranger that enters into our lands as if she belongs? I had heard from the others that she was to come but why would she think we would trust her, too many have come before her? I have heard the people; they say she uses big words, words that hurt their ears. They are waiting to see if she can be trusted, they will watch and so will I. He flew higher and higher searching for his friends to spend the day with, and to watch but he would also keep an eye on her, this stranger. He glanced back once more wondering again as he spiralled upward and the world shrunk beneath him is she like the other strangers who came harming the land and hurting the people or will she be different.

-written by Debbie Pynn April 2008

The eagle, in his wisdom, asks the three important questions one can ask when entering into a relationship the questions of trust, the question of respect and the question of self awareness. Receptive relationships are based on the concepts of respect, trust and mutuality**.** Discuss these concepts in the Talking Circle.

The Eagle Bears Witness

He was born on a tributary of the river that brings the water to the people. His father, as his grandfather before him, and his great grandfather before him were responsible for watching over the people as they went about their daily lives, bearing witness to what happened among them, he was an elder and a knowledge keeper.

In his grandfather's and father's time the salmon were plenty and while the people were able to eat they had problems of a different kind, something was happening to the children of the village. Boats would come and take them away somewhere that was not making the people happy. The children did not come back to harvest with the others; they were not at the fireside or in the camps to hear the stories of the people, of their clans; they were not to hear the stories of when the great waters covered the land or how the people came to be on mother earth.

They were not learning the ways of the land, how to gather food and medicines. They were not there to witness the ways of the sea or gain the wisdom on how to move safely on the water. It saddened the hunters who could not teach the young men about the ways of the ways of the animals and how they would sacrifice themselves for the needs of the people; it saddened the knowledge keepers and hurt the hearts of the people after so many children had been taken away. At times there seemed like there were very few children in the village and as his father was teaching him to watch over them, they began to notice something was very wrong.

When these children came back they were not happy with the people, many of them seemed angry, others withdrawn and in time the trouble started. Only a few at first but then others did things to hurt themselves. They did not want to go out on the land with their parents or their grandparents, they could not speak the language of the people and in time they did not know how to prepare the foods, to be safe on the land or the sea…..the children of the people began to forget who they were and where they came from. As I grew a little older and my father was not able to travel as far anymore and I began to cover the territory watching the people. I saw sadness in the camps; first the children were not there to come and then the angry young people who came back did not want to go. They no longer spoke the language; some did not respect the land, the sea or the creatures they shared them with.

Many among the people wonder how to change what has happened to their child and what lesson such pain brings. The knowledge keepers, those whose wisdom was based on the ever evolving ways of the people and the healers understood that the place that they took the children to had burdened their spirit in many ways; and they have wondered in many of the villages how to help them lift the pain that weighs their spirit down. They wondered how to bring their healing presence and ceremonies, but knew they would have to wait until the generations of children were ready.

It was hard to bear witness to what was happening the pain of the child leaving and the parent left behind. He recognized that pain, he had felt it when his son had followed the children to bear witness to what was happening, the son who was to follow him in the tradition of keeping the wisdom of the people. His son had gone along with the others but was one of the many who did not come back. It is said he didn't come home one summer as he wanted to keep watch over the children that were not allow to leave, many were ill with tuberculosis he became ill watching over the others; no one sent for him and his child had died alone in that strange place. He had wanted to follow his son, in the beginning the pain was beyond bearing, but he realized the people still needed him, so he grieved in silence.

His talon ached, it had never been the same after he had went to see those cages where they trapped his brother the salmon, the cages made the salmon sick. He had tried to help free them but had been caught up in the net himself, ripping the talon as the others came out shouting, and charging.

He was watching over the village as he thought of the past and noticed something was wrong down at the dock, he fly to see what was happening, and how he could best help. He saw the Raven when he arrived but she left, did she not mean to help and why hide from the people, did she not know they would need her now more than ever. Did she not care?

The Eagle over time has born witness too many events including disease, the residential schools, the means of coping, the loss of a child. He has born witness not only as a community elder and knowledge keeper but as a father. Bearing witness is a human-to human way of relating, a mode of human coexistence. Bearing witness is being present and attentive to the truth of another's experience (Naef, 2006, p. 146).

Among First Nations, bearing witness is used during ceremonies, feasts, tribal meetings and during important negotiations. Your role is to watch, listen and observe, in the future you maybe asked to speak about your understanding of what happened. This concept can be translated to the nursing definition of bearing witness in "order to give testimony, or to tell, speak and write, one needs to attend first to the authenticity of what happened, of what a person, family or community has experienced (Naef, 2006 p. 147)

Key Concepts/Enhance Understanding	**Suggested Activities**
Enhanced Understanding the Concept of Embodiment: • Embodiment • Embodied engagement • Bearing Witness • Ethical Resistance	**Introduce and Explore Key Concepts** • Through storytelling the *Eagle Bears Witness* and *The Raven as Self, Embodiment, Embodied Engagement and Bearing Witness* **Make Personal Connections** • Reflective journaling about one of the following: a way in which you have embodied an event or a time in which you have used embodied engagement or an incident in which you have bore witness or a time when you engaged in ethical resistance • Using photo voice bear witness to the social inequities in your community

	Extend Understanding • Deconstruct one of the "boulders" in the "*Salmon, the River and the Boulder"* and how this maybe embodied by original peoples • Write about one of the events within the *"Salmon, the River and the Boulder"* first from your perspective and then from the perspective of someone who is affected by it, in that period of time and that place. • Read Adelson's articles listed in suggested readings and record your reflections within the journal.

Reflective Questions For Canoe Journey Journal:

1. At the nurse-client, how do you choose to act and understand the lived experience and embodiment of pain of another?

Suggested Readings:

Adelson, N. (2005) The embodiment of inequity: health disparities in aboriginal Canada. *Canadian Journal of Public Health.* 96 p. S45-S 61.

Berceli, D., Napoli M. (2006) A proposal for a mindfulness-based trauma prevention program for Social Work Professionals. *Complementary Health Practice Review,* 11(3), 153-165.

Bishop, A. & Scudder, J. (2003) Gadow's contribution to our philosophical interpretation of nursing. *Nursing Philosophy,* 4,104-110.

Canales, M. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science,* 22(4), 16-31

Hrycak, N., & Jakubec, S. (2006) Listening to Different Voices. *The Canadian Nurse,* 102(6), 24-28.

McDonald, C.,& McIntyre, M. (2001) Reinstating the marginalised body in nursing science: epistemological privilege and the lived life. *Nursing Philosophy,* 2, 234-239.

Naef, R. (2006) Bearing witness: a moral way of engaging in the nurse-person relationship. *Nursing Philosophy,* 7,146-156.

Raingruber, B., Kent M. (2004) Attending to the embodied responses: a way to identify practice based and human meanings associated with secondary trauma. *Qualitative Health Research,* 13 (4), 449-468.

Ray, S. (2006) Embodiment and embodied engagement: Central concerns for the nursing Care of contemporary peacekeepers suffering from psychological trauma. *Perspectives in Psychiatric Care,* 42(2), 106-113.

The Eagle Sets a Task

Eventually the knowledge keeper turned to the women and asked how the family was doing; one replied she didn't know, he suggested that the woman guide the nurse to their home so she could check on them. He had heard the nurse's offer to the women to help, and he would set a task that would tell him something about her. There wasn't time for him to go, so early on he had sent his wife to watch over the family. He knew there would be others there as well, it is custom among the people that a tribe cares for its members in events such as this. There would be those who would have brought sandwiches, cakes and drinks; others whose role was simply to listen and support and others who were there in case the worse should happen. He would ask his wife how she did with the family.

Not only would each have a role but each would act as witness to the family's experience. It is as it had been for generations among the people at times like these that the men searched, the women supported both search and family and the community waited for one of their own to be brought home. The Eagle knew that things did not look good, the young couple had little experience on the land and sea, the residential schools had seen to that. They would have gone to their traditional territory to gather, as their family had done for generations before them. The winds had picked up and the area the couple had gone was dangerous in this kind of weather, he turned back to listen to the search efforts and to discuss the possibilities of what to do next.

He had noticed that she did not realize that the community had mounted these searches when needed for generations; she seemed to see the outside world, the Coast Guard as the only answer to the present situation. This is something she would need to learn but he realized it would take time and he wondered if she would be there long enough.

The Coast Guard would be here soon, it always took three to four hours after they had been called, but they would find as always the things that could be done had already been done by the village men. This had not been their first search, the Coast Guard relied on them should something happen in this area to do what was needed with what they had.

The story moves on and the knowledge keeper continues to observe the nurse's way of being during this time of need. He noted she left the clinic to offer assistance, understanding she was needed and in effect it was a demonstration of human caring. He also notes that she sees the outside world, the Coast Guard, as the only answer; not recognizing the indigenous self reliance and wisdom that is an inherent asset of the community and had been since their creation.

Appendix B

The Raven as Self

> Friere (1993) maintains that meaningful dialogue cannot exist without the four preconditions of self awareness, humility, hope and faith in other's capacity to transform their own world.

Continuing our journey through the story form model (Egan, 1986) we are able to examine more closely the standpoint of the nurse entering into community. It is understood that within a relationship there are two narratives that come together, in any nursing relationship there is always one common narrative that is brought to the encounter each time; that is the narrative of the nurse themselves.

> In story, both listener and teller imaginatively 'leave' the constituted self to enter an alternative storyworld constructed from different hypotheses, assumptions, presuppositions, and possibilities. This imaginative journey concludes with the return to the self, but now a changed self, a self changed in and through cocreative interaction of storying with another. This storying and restorying is what ultimately makes healing and hope possible." -Brandt (1997 p. ix-x)

While it is understood that the nurse is the common denominator in all health care encounters, ethical nursing recognizes that neither narrative disappears, but the one the nurses can influence is their own.

> A relational ethic opposes the disappearance of either the client or the caregiver. Both are present as moral agents, confirming or declining the meaning of health that each offers the other, until eventually a narrative is composed that both can accept and act upon in their situation together. (Gadow, 1994, p. 305)

I am reminded of two personal conversations when I reflect on this aspect, one in which a Health Director advised me that people ask personal questions of a nurse because "they want to know the human being behind the nurse" (personal conversation L.I., 2007) and recently, a second Health Director who shared, "you can only help people go as far as you have yourself" (personal conversation J.J. 2008).

Key Concepts/Enhanced Understanding	Suggested Activities
Understand the concepts of Self Awareness: • Lived Narrative • Constituted • Situated • Reflexivity and self-knowing • Values, morals and beliefs **Enhanced Understanding** • Participants will be able to describe the concept of self awareness. • Learners will examine ways that self awareness can benefit practice • Learners will be have an enhanced understanding of how people are constituted and situated • Participants will be able to identify the value of incorporating the skill of reflexivity into their practice	**Introduce and Explore Key Concepts** • Through *The Raven as Self* we begin to understand the experience of entering into remote area practice through the eyes of the novice nurse to an aboriginal health nursing setting **Make Personal Connections** • Talking circle address one of these questions: The reason I started nursing in a First Nations setting was…. The reason I continue to nurse with original peoples is…. • Reflect in writing about your experience of entering into practice in a First Nations' setting. **Extend Understanding** Do you think relational practice has a role in aboriginal health nursing? If so why? If not why not?

Reflective Questions For Canoe Journey Journal:

1. How can what I am learning today enhance my ethical and moral voice?

2. How do I bring that voice and narrative to the opening chapters of a healing relationship that brings both hope and possibilities?

3. How do I join in that ontological relationship, or way of being, between a nurse and a patient that allows each of us to be both the teller and listener?

Suggested Readings:

Bergum, V. (2003). Relational pedagogy. Embodiment, improvisation, and interdependence. *Nursing Philosophy*, 4, 121-128.

Bradt, K. M. (1997) *Story as a way of knowing.* Sheed and Ward, Kansas City, MO.

Canales, M. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science*, 22(4), 16-31

Bridge, L. & Knowles, K. (2004) *The hopelessly human nurse simple strategies for overhauling your lamp.* Hopelessly Human Productions Inc. Lethbridge, Alberta.

Hartrick Doane, G. & Varcoe, C. (2005). *Family nursing as relational inquiry: Developing health-promoting practice.* Philadelphia: Lippincott Williams & Wilkins.

The Eagle and the Raven: From the Raven's Standpoint

She had come to this branch for a few moments to herself, to try to figure out what it was she doing wrong. She was well trained and she had come here to help, but no one seemed to trust her. Weeks had passed and as she sat and watched she was trying to understand why it was so difficult to fit in. She was now tired and frustrated where once she had been excited to go on this adventure and to offer her help to the village.

She had gone to school, read the books she was told to read, practiced the skills they told her she would need and was told she was ready. Now after a few weeks in the field she intuitively knew that something was missing, yet there was no one to guide her at least that is what she thought as she sat there on the branch watching the eagle swoop by without even acknowledging she was there. She had somehow wished he had stopped to talk, but few seem to want to talk to her. Sometimes it almost seemed as if they were angry with her, and she could still not understand what she was doing wrong.

She watched the flurry of activity down by the dock, her people were from the sea as well, from a place so far away, where the seas smelled saltier and turned green then grey before a storm. Her grandfather was a man of the sea like these people, and he tried to get his son to stay the fisheries were dying and her father wanted to see the world.

A Fisherman's Song

As I look down the gravel road
Past the old shed
I seen an old man
Nodding his head

As he is fishing
For his families next meal
He thinks of the young son
Who in no way feels

That the life of the sea
Or a old fishermen's song
Is the life meant for him
He thinks he will never belong

Tis the old man's last wish
Written plainly on his face
That his youngest son
Come to love this place

To become a Fisherman
Proud and Strong
But most of all to learn to sing
A Fishermen's song

-Debbie Pynn, a Fisherman's Granddaughter 1976.

Yes she knew what the life of the sea was like, she had lived it for many years of her youth, and in that respect she felt comfortable here. She also realized somewhere in the back of her mind that the activity down on the dock didn't seem right somehow, and thought she would fly over and take a closer look. If she was careful no one would notice she was there. So she flew over and in moments knew that she may be needed, a boat was overdue and two people were missing, a search party was being organized and a young girl waited for her parents to come home. She silently left and went to the clinic to get the equipment that might be needed and to get the rooms ready. She did not notice but the eagle had seen her and pondered in silence as he turned to the people to give guidance.

The Raven: Embodiment, Embodied Engagement, Bearing Witness

Her hands shook as she got the equipment out, setting up the room, at least this felt familiar; but she had never done this with so few before, and never had she taken the lead in such an event. What if she missed a step? What if she forgot something? She notified the second nurse and put her on standby, called the emergency department to let them know what was happening, notified the ambulance service that they may be needed. She went over in her head every possible scenario that she could think of, preparing herself for the worst, praying for the best and somewhere in the back of her mind she remembered another time, another young girl waiting for her family to come home.

When she was nine years old she waited on the shores of a small fishing village, on a day not unlike this one for her family to return from "food fishing". It was seven in the evening and they were to return at noon hour. Her uncles, grandfather and others, gathered with their dories to begin the search. She had stood there wondering if she would ever see them again. Her dad, the son of several generations of fishermen knew the sea; he had grown up on it, but she thought he had been gone for a long time, maybe he had forgotten. It was late when her family had come back, the motor had given out and her father and brother had taken turns at the oar, rowing for most of the day from the back side of the island. She could still taste the fear of that day and she wondered about the young girl who waited at the dock: Where was she now and who waited with her?

She had everything ready and could hear from the crackle of the CB that they were still looking. The Coast Guard had not arrived, but the searchers were asking direction from the elders, those who knew these waters and those who knew the land. She could hear the questions about the currents, the weather conditions, the activities the missing were up to that day. The couple had gone seaweed picking and were hoping to hunt or maybe do some clamming as the tide was right and if there was time. The community seemed to know where they would go, the traditional areas that were theirs to pick and to gather, and the possible routes they would take both in the going and the coming back.

She wondered what else she could offer; she had everything ready for the worst case scenario. She put coffee on and filled the thermoses that were there at the station, the men would need something warm and she could hear them calling to the women of the community to make sandwiches, soup and hot coffee; it would be along night.

She walked down past the dock, the many boats that had been there that afternoon were gone and there seemed to be no young men about the village. She took the coffee, blankets and a response bag with her down to the fire hall, hesitating to go in at first but that is when she saw him, he gestured for her to come inside. When she went inside the older men had gathered they seemed to be discussing the possibilities, each offering their wisdom and lived experience.

Two women stood quietly in the background, refilling cups, offering sandwiches. They seemed to look to the elder that had motioned her in for guidance, but he sat and listened carefully to what everyone had to say, considering each person's thoughts and ideas before speaking. She started to ask them about when the coast guard would be here to start the search, but a few looked at her and she fell awkwardly silent; she had broken another unspoken rule she suspected, but had no idea of which one.

She walked over to the women to offer the coffee and the blankets and to see if there was something else she might do to help, she would wait with them as others had waited with her those many years ago. After a time one woman picked up a second plate of sandwiches and indicated she was to follow her with the coffee. They went from person to person offering food and drink, quietly and then stepped back again into the background to wait wordlessly.

The nurse could not help but think, where was the coastguard, what was taking them so long; it had been over three hours since they had been sent for. She stood, listened and silently wondered about the little girl who was taking care of her; did she have everything she needed. The elder spoke to the woman beside her in their language and the woman nodded, turned and asked the nurse to follow her in order to check on the family and bring them word of what had been done so far.

Appendix C:

The Salmon, the River and the Boulders

Key Concepts/Enhanced Understanding	**Suggested Activities**
Enhanced Understanding of the concepts of Slow Match: The inner fibres: • Indigenous Epistemology • Tanners: Ways of knowing • Kolb's experiential learning • Gardner's Multiple Intelligences **Enhanced Understanding of the concepts of Slow Match: The Tough Outer Bark**: • Post Colonialism • Decolonisation • Situation-specific theory • Reflexivity • Intentionality • Opening the moral space for difficulty • to act at all levels to affect the potential for health and healing **Enhanced Understanding:** • Participants will examine ways of knowing, comprehending and transmitting knowledge. • Participants will openly discuss and demonstrate an enhanced understanding of the obligations of nursing in relational practice. • Learners will demonstrate an enhanced understanding of how the post colonized period continues to shape the lived reality of indigenous people today.	**Introduce and Explore Key Concepts:** • Throughout workshop using various ways of knowing to begin to decolonize presentations and engage participants in their preferred learning style and allow for access to various forms of intelligence. • Discuss in the sharing circle the obligations of nursing • Discuss in sharing circle the imposition of western nursing theories/models on the nursing life world of others. • Reflect and discuss the concepts of post colonia theory, decolonisation and situation-specific theory **Make Personal Connections:** • How can you incorporate • decolonizing practices in your program planning • Reflect on one or more ways that you can act at all levels to affect the potential for health and healing. **Extend Understanding:** • Look at your program planning, are there areas where you can incorporate some of these concepts. • What resources are available in your community which would help you indigenize your programs to the values and beliefs of your community?

Reflective Questions For Canoe Journey Journal:

1. In what ways is indigenous renewal taking place in your community?

2. What "boulders" have influenced the history of your community? How do they influence the health of the community?

3. What steps can I take to enhance my understanding of the ways of knowing and ways of being of those I enter into relationship within?

4. What are my feelings about the evolution of aboriginal health situation-specific theories?

Suggested Readings:

Canales, M. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science*, 22(4), 16-31

Hartrick Doane, G., & Varcoe, C. (2007). Relational practice and nursing obligations. *Advances in Nursing Science,* 30(3), 192-205

Im E. & Meleis A. (1999). Situation specific theories: Philosophic roots, properties and approach. *Advances in Nursing Science*, 29, 11-15.

Ingas, V. (2003). Two ways of knowing: Traditional ecological knowledge and scientific knowledge. Vancouver: UNBC.

MeInechenko, K. (2003) To make a difference: nursing presence. *Nursing Forum* 30(2) pp. 18-24.

Santos Salas (2005). Toward a north-south dialogue: Revisiting nursing theory (from the south). *Advances in Nursing Science*, 28(1), 17-24.

Tanner, C. (2006) Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education.* 45 (6) pp. 205-210.

Tanner, C. (2005) What we learned about critical thinking in nursing. *Journal of Nursing Education.* 44 (2) pp. 47-48

The learning activity of *the Salmon the River and the Boulder* will build on the shoulders of the story the *Eagle and the Raven* and on the *Raven as self,* it is an activity that is meant to introduce the participant to the concepts of historical, contextual, cultural, political and social understanding in the context of community. It has been developed to address the needs of those who come from the assimilator, accommodator and diverger experiential learning standpoints (Kolb, 2008) and address all nine forms of intelligence to varying degree (Gardner, 1991). It is my hope that the activity will engage the participant's creativity and in the process raise their human consciousness. As Hartrick Doane (2002) argues a critical consciousness, human caring and creativity are foundational to ethical nursing practice.

Materials required:

Postal paper and paint to create the river

Construction paper to create the boulders to represent significant events including: disease profile, source of nutrition, residential school, and significant events.

Construction paper to make Salmon at different parts of the lifecycle, the fry, juvenile fish (a few months to a year), fish that mature in the ocean (2-5 years), and a mature fish (who returns to their natal stream to spawn 2-6 years).

Instructions:

Divide participants into groups. Each group is responsible for creating one part of the activity, for instance one group will create the salmon at various stages of their lifecycle, another group the boulders and the third the river itself.

Each group will be given information about the purpose of this initial activity to allow them first to create the materials but second to symbolically give the river, salmon and boulders their meaning.

Key Concepts/Enhanced Understanding	**Suggested Activities**
Understand the concepts of contextual understanding • Historical • Cultural • Social • Political • Ecological **Enhanced Understanding** • Participants will examine the role that colonization has played and how it has benefited some segments of society and disadvantage, oppressed or marginalized others	**Introduce and Explore Key Concepts:** The key concepts will be introduced through participation in "*The Salmon, the River and the Boulder"* **Make Personal Connections** • *The Salmon, the River and the Boulders* • *Music: "They took the children away by Archie Roach* • *Talking Circle* **Extend Understanding** i) One thing I learned through this activity and reflection of how this influenced me ii) What does this mean for my nursing practice? iii) What more is there for me to learn in this area? iv) Examine one of the "boulders" and its ongoing impact on health today in the sharing circle.

Reflective Questions For Canoe Journey Journal:

1. How would I feel if someone took my child without my consent?
2. How would I feel if someone took my land without my consent?
3. How would I feel if someone took my right to vote away without my consent?
4. How would I deal with my anger and frustrations?
5. Write in your journal about ways in which these key concepts affect First Nations lives.
6. What does this mean for nursing within an aboriginal health setting?

Suggested Readings: Included at the end of this learning activity organized by topic and used as reference material while developing the activity *The Salmon, the River and the Boulders.*

The Salmon:

Just as humans have a lifecycle that stretches from infancy to elder, so do the wild salmon of the northwest coast. From eggs to fry to smolt, the salmon are protected in the eddies and currents of the streams and freshwater rivers until it is time to transition to the salt water During this time period the young fry go through physical changes that allow them to adapt and respond to the sea's environment. Smolting shields their bodies during this time of transition (Pacific Salmon Foundation, 2006).

> We are capable of living outside of motherhood. No parenting marks our beginning. From birth I challenged this river, and then I headed for the open sea to take it on. We are born with our eyes open, our minds sharp, and our consciousness complete, our journey set. By the time the journey downstream is complete, the map to our sector of the ocean is already clear… There is no quarrelling with ourselves about direction, destiny or duty. We find our freedom within the context we were handed with grace and dignity. It is how we are born (Maracle, 2004).

They know from the moment they leave the gravel covered nests that they have a journey to make, one that will take them down the tributaries to the rivers and eventually to the open sea. Of the 4000 eggs laid, 800 sibling fry will hatch, but only 200 smolt will make it to the

ocean, ten will reach adulthood but only 2 will return obeying their homing instinct travelling back to their natal streams to spawn; starting the lifecycle over again (Pacific Salmon Foundation, 2006).

The River:

The river and its banks represent the environment in which we all exist. Not only does water sustain life itself, but it is a juncture of life, interconnected with the trees, the fauna, the lichen, the air and the sun, river systems produce the abundance that all creatures need. It is the place where the salmon spawn, where eggs are hatched, where young fry exist, avoiding predators and feeding as they mature for the next phase of their lives.

> I know this river, every eddy, every safe spot, rest area, fall, rapid, and cold spot. I know where the sun always rests its warming light. I know where river himself captures log and debris in dangerous tangled webs of deadwood about to explode. I know where the water lies too still, becomes stagnant, its bottom weighted with things who were not meant to live there. Things you name cadmium, mercury, aluminium, tailings, waste, garbage, toxic chemicals. We have no name for them; we just know to avoid those places at all costs: filtering water such as that through our gills weakens the body. I know I require a strong body (Marcle, 2004).

What happens when the rivers become polluted, when landslides and boulders block the way? Envision for a moment the young fry who are moving downstream driven by nature, transitioning as they go from fry to smelt as they are readying to enter the estuaries and the ocean only to find the way blocked. Envision the mature salmon driven by an inner instinct to return to their natal stream to fulfill their role in the conception of the next generation only to find safe passage almost impossible. What happens when their ability to continue the lifeworld they were born into and the journey they were meant to make meets with what would be for many insurmountable obstacles?

The Boulders:

In 1913, a railway blast sent hundreds of tons of rock cascading into the Fraser River, blocking the path of thousands of returning salmon. The Fraser Valley Aboriginal people rallied for days to save their fish, carrying them one at a time over the fallen rock.

The Canadian Northern Railway was being built when a blast blocked the Fraser River at one of its narrowest points Hell's Gate Canyon. The returning salmon run were impeded and unable to reach their spawning grounds, the place where life regenerates itself. Envision what happens in a situation where sand, stones, rocks, and boulders pour down a mountain side into a river creating a barrier that hindered the progress of a species; now imagine those boulders as an accumulation diseases, legislation, land grabs, and education as a landslide into the river of life for a people. Power binaries, topologies of domination, disease, and loss of traditional territories, nutrition transition, and loss of language create just such boulders.

We will examine those boulders to see how they influenced life for Aboriginal peoples and their ability to continue on in their life worlds, ways of knowing, ways of being and thereby raise our consciousness on the historical legacy of colonization, post colonization and neocolonization and their role in present day communities.

While the sands, the stones, the rocks and the boulders are many in a landslide that can choke off life giving water I have chosen the following to research and present here. This is not meant to be an exhaustive representation of the construct of a landslide but an examination of the largest boulders which clog the waters and create the barriers to its movement thereby impeding those whose lives depend on the very river that is now slowed at times to a trickle. The shifting in disease profiles, residential schools, land claims, nutrition and legislative policies that influenced day to day life will be examined and there present day fall out will be presented for discussion.

Residential School:

- Between 1831 and 1998, at least 130 industrial, boarding, and residential school, including hostels, operated in all territories and in all but three provinces (New Brunswick, Prince Edward Island and Newfoundland.)In 1991, it was estimated that approximately 105,000 to 107,000 Aboriginal people were alive who had attended residential school. Today, the number is about 86,000. Recent extrapolated figures indicate that approximately 287,350 Aboriginal people have experienced intergenerational impacts. This means there are, at minimum 373,350 individuals whose lives have been intimately touched by residential schools (Dion Stout, & Harp, 2007 p. xi).

Disease Profile:

- At the time of contact there were an estimated 1.8 million indigenous population living north of Central Mexico, by the mid 1800's there are less than 546 thousand left. Eighty percent of First Nations in British Columbia will succumb to acute communicable diseases from the early.
- Both Hackett (2005) and Adelson (2005) point out that this period of profound loss of life was complicated by periods of famine and decreasing time frames, inter-epidemic, between outbreaks. In other words aboriginal peoples had little time to recover from one "epidemic depopulation" to another.
- While this period of devastation was coming to an end it would be followed by another killer and an era of chronic infections shifts the disease profile. Now chronic infections such as tuberculosis lead the mortality rates (1870's to 1940's). As sanitation, access to medication and improved housing take hold, rates of tuberculosis decline during the late 20th centaury (Adelson, 2005; Hackett, 2005; Kelm, 2001).
- But another epidemic waits in the wings, and yet another shift in disease profile that is no less deadly than the past. Lifestyle diseases have risen rapidly in the last four decades and in effect are the next epidemics that aboriginal people are facing. Diseases such as diabetes, high blood pressure and heart disease previously unheard of are making their slow progression onto the pages of leading causes of morbidity and mortality (Hackett, 2005; Adelson, 2005; AFN, 2006; Conti, 2006; Turner, 2003).

Nutrition Transition:

- I use the term nutrition transition as defined by Popkin and Gordon-Larson (2004) "the shift in nutritional concerns, from excess malnutrition and even starvation, to overweight and obesity as predominant nutrition patterns among members of a population, based on large shift in diet structure related to economic and social factors...this transition is often concurrent with the epidemiologic transition characterized by a rapid shift in morbidity and mortality patterns from infectious disease to noncommunicable diseases such as diabetes"
- Food sovereignty is the right of peoples to access healthy and culturally appropriate food that is produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture system.

Legislation/land claims:

- Policies that impact the day to day life of originals people from who they are, to what they are allowed to do and how they are allowed to do it. First Nations people are some of the most "legislated people" in the world, from the "cradle to the grave".

Sample of boulders Pre-contact Prior to 1492:

Disease profile:

- Population: 1.89 million (this is north of Central Mexico)
- life expectancy 25 years, low juvenile mortality rate (70 percent lived to age of 15, and a low fertility rate.
- Causes of death malnutrition, injuries related to hunting gathering lifestyle, injuries related to warfare, endemic diseases such as tuberculosis, no evidence of European diseases prior to the mid 1630's
- Estimation of FN population in the northwest coast region of BC prior to contact 100.000 "the densest aboriginal population in Canada"

Nutrition:

- Depends on the geographical location on the northwest coast the based on different fish, shellfish, animals and birds. Many types of plants involved in food and drink. Plant foods ranged from seaweed, to mushrooms to root vegetables and berries. More than 135 different plants were involved in the traditional diet. Several having a role in famine foods, ones sought when food was scared such as the early spring. (Turner, 2003)
- In other traditional territories food was cultivated and raised for both supply and trade. Corn, beans and squash known as the three sisters among the Iroquois and Huron. Fish roots, nuts and game would supplement their diet (Kelm, 2001; Conti, 2006; Turner, 2003).
- Buffalo among the prairie First Nations and of the Northwest Territories
- Pit cooking a common enhanced mineral content through minerals in soil
- Medicines found among many of the plants and foods traditionally consumed, traditional medicines often taken in the form of teas

Indigenous education:

- The traditional way of education was by example, experience and storytelling. The first principle involved was total respect and acceptance of the one to be taught, and that learning was a continuous process from birth to death. It was total continuity without interruption. Its nature was like a fountain that gives many colours and flavours of water and that whoever chose could drink as much or as little as they wanted to whenever they wished. The teaching strictly adhered to the sacredness of life whether of humans, animals or plants -Art Solomon, Ojibwa Elder, and Residential School Survivor.
- Education was a life long process, many lessons shared during the summer camps and the winter feasts. During the summer camps safety on the land and sea were

taught by the grandparent to the grandchild as they worked within the camp, preparing and preserving food. Uses of plants and medicine were explained during the gathering. Creations stories and stories that taught proper behaviour were also shared during this time.

Indigenous ways of knowing and ways of being (Legislation/Land claims):

- Customary laws and protocols are central to the very identity of many Indigenous, local and other traditional communities. These laws and protocols concern many aspects of their life as communities. They can define rights and responsibilities of community members on important aspects of their life, culture and world view: customary law can relate to use of and access to natural resources, rights and obligations relating to land, inheritance and property, conduct of spiritual life, maintenance of cultural heritage and knowledge systems, and many other matters.
- Maintaining customary laws and protocols can be crucial for the continuing vitality of the intellectual, cultural and spiritual life and heritage of many communities. One recent study concluded that customary protocols with respect to intangible property are prevalent throughout Aboriginal communities in Canada, and that they have been and continue to be important socially, economically and politically. Customary laws and protocols can define how traditional cultural heritage is shared and developed, and how traditional knowledge systems are appropriately sustained and managed within a community.

Sample of boulders during the time period of 1860-1880:

*Disease profile**:*** Population: 546 thousand in the same geographical area (north of Central Mexico). Acute communicable diseases are the leading cause of mortality.

- catastrophic depopulations were caused by epidemics of European disease.
- little agreement on exactly when these occurred because of vast distances separating indigenous peoples.
- In British Columbia 1884 population 40,000, in 1862 smallpox epidemic alone 14,000 people died. Eighty percent of the indigenous population of BC would perish as a result of disease in less than 100 years.
- It is during this period, here in British Columbia, that communities were overcome and band members moved to other tribes in order to survive, one third of the total First Nations population would not survive. Among the Haida and the Seewepeni Nations ten villages would be brought to their knees by one disease alone, the smallpox epidemic of 1862 (personal conversation with elders and health directors).

Implications of depopulation:

- Reduction in ability to obtain food (at times of epidemics, famine followed as hunters and gathers unable to access foods from the land)
- Loss of key providers
- Tribes lost political and economic power
- Redistribution of populations

- Political Instability
- Loss of voice
- Tribal structure challenged
- Social and cultural knowledge

Residential Schools:

- Assimilation of Aboriginal peoples' through education became official policy (1837 House of Commons report "FN children would be best served if they were removed from their families." 1842: Bagot commission recommends agriculture-based boarding schools, placed far from parental influence; Egerton Ryerson's study of Indian education recommends religious based government-funded industrial schools)
- 1879: Nicolas Flood Davin report submitted to Sir John A. Macdonald, makes 13 recommendations concerning the administration of industrial boarding schools
- 1887: The great aim of our legislation has been to do away with the tribal system and to assimilate all people in all respects with the other inhabitants of the Dominion, as speedily as they are able to change. -Prime Minister of Canada Sir John A. Macdonald, Return to the Order of the House of Commons May 1887 quoting a Memorandum dated 3 January 1887
- 1892: Federal government and churches enter into formal partnership in the operation of Indian Schools

Nutrition:

- To the Plain Indians, the animal [buffalo] furnished a preponderantly large proportion of their daily necessities in food, together with clothing, housing, fuel, tools, weapons..." (Roe, 1951: 197). After 1830, the era of 'systematic estruction', which was triggered and sustained by the fur trade, culminated in "the shocking holocausts [of the buffalo] of 1870-74 in the south and in the final one of 1880-93 in the northern habitat" (Roe, 1951:191)**.** During the winter of 1886-87, remarks Horaday (after Roe, p. 484), "destitution and actual starvation prevailed to an alarming extent among certain tribes in the Northwest Territory who once lived bountifully on the buffalo.
- 1876 The *Federal Fisheries Act* is extended to BC.
- 1888: Federal policy creates food fishery, Indians are not allowed to fish commercially
- 1897: Indian fishing devices destroyed by federal officials
- Introduction of potatoes, turnips, carrots, beets, cabbage, rhubarb, tomatoes….traditional diet being slowly colonized. At the same time this is occurring traditional territories are under pressure, decreasing in size through various legislative policies.

Legislation/Land claims:

1857: The Gradual Civilization Act:

- Allowed FN to voluntarily become enfranchised; it was yet another step in the process of the government deciding who was and who was not Indian.

- Enfranchisement of a man automatically meant enfranchised of his wife and children. The consequences for the wife could be devastating, since she not only lost her connection to her community, but also lost the right to regain it except by marrying another man with Indian status.
- By virtually abandoning the Crown promise, implied by the *Royal Proclamation of 1763* and the treaty process, to respect tribal political autonomy, the *Gradual Civilization Act* marked a clear change in Indian policy, since civilization in this context really meant the piecemeal eradication of Indian communities through enfranchisement. In the same way, it departed from the related principle of Crown protection of the reserve land base. Reserve lands could be reduced in size gradually without a public and formal surrender to which the band as a whole had to agree. No longer would reserve land be controlled exclusively by tribal governments.
- Finally, the tone and goals of the *Gradual Civilization Act*, especially the enfranchisement provisions, which asserted the superiority of colonial culture and values, also set in motion a process of devaluing and undermining Indian cultural identity. Only Indians who renounced their communities, cultures and languages could gain the respect of colonial and later Canadian society. In this respect it was the beginning of a psychological assault on Indian identity that would be escalated by the later *Indian Act* prohibitions on other cultural practices such as traditional dances and costumes and by the residential school policy.

1861 *Pre-emption Amendment Act*:

- A proclamation or ordnance which allowed people to purchase land tracts….when First Nations attempted in 1862 then Governor Douglas stated “there can be no objection to your selling lands to the natives on the same terms as they are disposed of to any purchasers in the Colony, whether British subjects or aliens” (Exell 1990, p. 870).

- Increasingly the evidence was of denial. Indians began to plead that the white man was putting up figurative fences, if not actually pushing them off of the lands they had traditionally used and occupied, but the situation worsened when Joseph Trutch became Chief Commissioner of Lands and Works (1864-1871). He put a halt to the “generous reserve” allocations and reverse’s Douglas’s policy by cutting back on existing reserves claiming the lands the Indians claimed were not made use of and that this interfered with the settlement and cultivation of the land.

1866: *Pre-emption ordinance* bars FNs from pre-empting land (to 1953)

1867: *Constitution Act s.91 (24).* Canada responsible for Indians and lands reserved for Indians.

1867: Legislative Assembly of BC asks England for funds to extinguish aboriginal title: denied.

1869: *The Gradual Enfranchisement Aact:*

- Added new measures to hasten the assimilation process, including involuntary enfranchisement of Indian women who married non-Indian men.
- Added blood quantum of 25%
- Allowed Indian affairs officials to intervene in tribal governments and remove elected leaders for their "dishonesty, intemperance and morality" the definition of the terms were left to Ottawa.

1870: Crown can take lands to build roads

1871: The terms of the Union of 1871 made no reference whatsoever to Indian title, and also confirmed that the colonies practices in relation to the establishment of reserves would continue after BC became a province. (Of note B.C.'s liberal reserves worked out to be 10 acres per Indian, whereas the prairies the figure was usually 128 acres).

- Trutch becomes Lieutenant-Governor (to 1876)
- Schedule of All Indian Reserves (Surveyed) in the province of BC
- BC enters into confederation

1872: BC joins Canada passed the *Qualification and Registration of Voters Act of 1872*

- Strips FN of the right to vote in a provincial election (of interest at the time Aboriginal peoples were in the majority in the province and had the right to vote.)
- Indians in western Canada were not allowed to vote, however, because, in the words of the minister of Indian affairs of the day, David Mills, that would have allowed them to go "from a scalping party to the polls". (In 1889 the law would change to include all Aboriginal peoples including those in the east).
- In 1949 FN in British Columbia would be allowed to vote in provincial elections
- In 1960 FN have the right to vote (and maintain their status) in federal and provincial elections.

1872: *The Dominion Homestead Act*:

- Opens the West to Immigration. Settlers pay $10 for 160 acres of land providing they build a residence and cultivate some of the land within three years.

1874: *BC Land Act:*

- lets province alienate land without regard for aboriginal title
- FN from the Fraser Valley send a petition to the Federal Indian Superintendent Powell " they are beginning to believe that 'the aim of the white men is to exterminate us as soon as they can, although we have been always quiet, obedient, kind and friendly to the whites.' (Exell 1990, p. 874.)

1877:

- The situation has become so acute in the province that received a telegram from the Minister of the Interior "Indian rights to soil in British Columbia have never been extinguished. Should any difficulty arise, steps will be taken to maintain the Indian claims to all the country where rights have not been extinguished by treaty" (Exell, 1990)

1878:

- 48 mile wide Railway Belt from Yellow head pass to Burrard Inlet is set appropriated

1880:

- *Amendment to the Indian Act* which prohibits Indians from assembling (in effect to 1927)

1884:

- The potlatch, the feast (Gitskan) and the great deed (Cowichan) are outlawed by the Indian Act. This ceremony was a way in which the Pacific Coast tribes showed status and bore witness to changes in status through marriage, birth, death or coming of age. Generally lasted for weeks and was a means in which FN came together to discuss issues of the day (in effect until 1951). For many tribes this is an integral part of their government (Exell, 1990)

1895:

- Department of Indian affairs start mandatory band elections through the parliamentary amendment of the Indian Act.

Sample of boulders during the time period of 1909-1930

Disease profile:

- Communicable disease continues to devastate but there is a shift now to chronic communicable diseases, Tuberculosis becomes the leading cause of death
- 1909 Bryce Report notes a mortality rates range from 24 to 50% in some residential schools (leading cause of death Tuberculosis)
- 1913 BC FN population at 21,489 (McKenna-McBride Royal Commission)
- Spanish Influenza of 1918 1,000 FN in BC perish.
- 1920's BC First Nations population reaches lowest point
- 1927 the Medical Service Brach is born
- 1928 Influenza epidemic in Mackenzie Valley. Many deaths

- In B.C. general population infectious diseases in the first three decades of the 20th century accounted for 12% of the deaths for non-First Nations and decreased to 10.4 percent.
- In the same period the same diseases accounted for 38.5 to 43.7 percent (20% were children under the age of 1) of the deaths. Thirty one percent of Aboriginal deaths were attributed to Tuberculosis.
- Kelm documents in her book *Colonizing Bodies* that many FN lives were punctuated by perpetual grief and a multitude of losses.

Residential Schools:

- 1907 Dr. P.H. Bryce Medical Health Officer for Indian Affairs visited western Canada's residential school and found 24-50% mortality rate in the schools. Attributes findings to inadequate funding, poor school construction including ventilation, inadequate sanitation, diet and medical care. Leading cause of death tuberculosis (Bryce 1922 p. 75). For File Hills Boarding School the only one to keep detailed statistics the mortality rate was 69%. (Sproule-Jones 1995, p. 217)
- 1908 Samuel H. Blake Toronto lawyer and a member of the Missionary society of the Church of England to investigate the work of the missionaries among the native people. Blake sends a letter to Archdeacon J. W. Tims, principal of Calgary Industrial School and one of his strongest opponents, Blake asked:
  How in the world you can be satisfied with statistics which show that out of from 900 to 1,000 children which pass through our Indian schools 300 of them pass out of our hands to the grave within ten or twelve years I cannot conceive except upon the hypothesis that we grow callous amidst such a frightful death rate. Letter from Blake to Tims, 9 January 1908, Anglican Church Archives, School Files, 1908.
- 1908,1909 Bryce continues to submit damaging reports to while action is being taken and conditions improve somewhat by 1913 Bryce is told that his annual reports were not required as the costs of compiling the statistics far outweighed the benefits
- 1914 Bryce relieved of his duties as the medical officer of health for Indians; he continues to serve until his retirement the immigrant population of the west.
- 1916 Duncan Campbell Scott is Superintendent of Indian Education
- 1919 parliament decides not to add native medical health services to the department of health
- 1920 Duncan Campbell Scott makes it mandatory for FN children (7-15) to attend school
- 1922 Bryce, he published a scathing review of the management of native affairs in Canada. Entitled The Story of a National Crime, the 18-page pamphlet outlined what were, in Bryce's opinion, deliberate attempts by the Department of Indian Affairs to keep information on the health of the native people from Canadians. Bryce argued that Duncan Campbell Scott, in particular, had consistently failed to acknowledge and address native health needs.

Infection Diseases, Lejac Residential School 1925-35 from Kelm's Colonizing Bodies	
Whooping cough and colds	December 1925
Pneumonia	March 1927
Influenza and broncho-pneumonia	March 1928
Measles and broncho-pneumonia	Fall 1928
Mumps, Chorea, and pneumonia	March 1930
Influenza, whooping cough	Fall 1930
Chicken pox	July 1931
Influenza	August 1931
Mumps	January 1932
Measles	Nov 1934
Measles	Nov 1935
Tuberculosis (several children died)	Nov 1935
Measles and whooping cough	Winter 1936

Nutrition:

- Molasses and sugar are introduced to many first nations community's (personal discussion with elders, 1999). Before potatoes, sugar and wheat were introduced the amount of carbohydrates within a traditional diet was very limited (Turner 2003). The introduction of new foods, the decreasing land base is accompanied by a reduction in use of traditional foods and vegetables. Traditional balance of food a) water and nourishing drinks, b) a good source of protein (the four legged and finned ones), c) gathered plants, berries, nuts, and d) cultivated crops is deteriorating further (Conti, 2006).
- 1912 BC Fish & Wildlife Branch requires the registration of traplines
- 1912 Indian fishing devices destroyed by federal officials
- 1913 onward "it became increasingly difficult for Indians to carry on their traditional activities of hunting, fishing, trapping and gathering as both federal and provincial governments brought forth wildlife regulations. In 1913 the *Game Protection Act* was applied to the original peoples….it was felt that it would be to the eventual benefit of the Indians if there was less reliance among them on traditional food sources (Exell, 1990, p. 16).
- 1914 Railway construction causes slide at Hell's gate and contributes to Indian famine
- 1920 Seine licences not granted to Indians until now as a matter of departmental policy Indian Water Claims Act (BC) The documents and records in this section may provide useful background about the history of your community's water rights. However, there is limited documentation on Indian water rights until 1921. This is because the provincial government controlled water licensing and it did not acknowledge any Indigenous community's right to water until the 1921 *Water Claims Act.*

Legislation/Land Claims:

- 1907 Nisga'a for Nisga'a Land Committee

- 1909 Petition by Cowichan Tribes to the King of England. Referred back to Canada (Exell, 1990).
- 1910 a non-Indian lobby called "The Conference of Friends of the Indians of British Columbia present a memorial to then Prime Minister Sir Wilfred Laurier asking for recognition of aboriginal rights to land and requesting a judicial decision form the Imperial Privy Council. Laurie is willing to co-operate and ten questions are developed for the Supreme Court of Canada; the questions were not approved by Premier McBride, there would be no recognition of Indian title (Exell, 1990, p. 12).
- Indian Rights Association formed in BC (1916)
- 1910 BC refuses to submit question of aboriginal title in BC to British Privy Council
- 1910 Interior Chiefs sign declaration setting out their position on aboriginal title and rights
- 1910 Burrard Power Co. vs. Regina clarifies Indian water rights
- 1911 Amendments to the Indian Act
- 1911 An act respecting the taking of lands for highway purposes
- 1912 BC premier asserts province's reversionary interest; calls for readjustment of Indian Reserves
- 1912 McKenna-McBride agreement will eventually recommend the "creation of new reserves, the enlargement of some reserves and the reduction of others. When the reductions, or "cut-offs' as they became known, were finally made several years later over Indian objections, a new political problem was created in British Columbia.
- 1912 Delegation of Interior Tribes travels to Ottawa to discuss land matters with the Prime Minister
- Nisga'a Land Committee petition presented to the British Privy Council
- 1913 Nass Indians sign declaration "The claims which we make in respect of this territory (the Nass Valley) are clear and simple," the Nisga'a said, "we lay claim to the rights of men." (Exell, 1990, p. 13)
- 1913 McKenna-McBride agreement means Nisga'a petition not referred to Judicial Committee
- Nisga'a delegation to Ottawa
- 1915 The Allied Tribes are formed by several interior tribes and the Nisga'a. The group would eventually Lobby parliament in 1926 for assistance in obtaining an independent decision on aboriginal rights a joint committee of senators and members of parliament which eventually ruled that the "petitioners have not established any claim to the lands of British Columbia based on aboriginal title or other title" (Exell, 1990, p. 15). The committee recommended that the raising of funds for land claims activities be outlawed and thus done through an amendment to the Indian Act.

*Sample of present day boulders***:**

Disease Profile: The introduction of antibiotics, improved sanitation and housing conditions saw a decrease in incidences of tuberculosis conditions decline by the latter half of the 20th century. The disease profile shifted yet again from chronic infections to chronic disease and

the new epidemics sweeping First Nations communities today include diabetes, cardiovascular disease, HIV, intentional and unintentional injuries.

Table: 3 Infant Mortality and Life Expectancy (adapted from Kelm 1998, Health Council of Canada (2002)

Date	Infant Morality	Life Expectancy
Pre WW 2	200 per 1000	36 years of age
1960	90-90 per 1000	56 years of age
1990	12 per 1000	69 years of age
Present Day (BC 2001)	4.1 per 1000	69.0 (M) 75.4 (F)

- British Columbia**:** In 2001, the mortality rate for status First Nations was 1.5 times the general population. The five leading causes of death for First Nations in BC are: ischemic heart disease, motor vehicle accidents, accidental poisoning, suicide and cerebral vascular disease (British Columbia, 2002)
- British Columbia: During the period 1997-2001, status Indian males in BC had an average life expectancy rate of 69.9 years, which is eight years less than the non-Aboriginal male BC population, and status Indian females had a life expectancy rate of 75.4 years compared to other females in BC whose life expectancy was 82.0 years.
- Pandemic Planning begins in 2001 for against this historical context and background First Nations, along with all Canadians, have been asked to prepare themselves for another influenza pandemic. First Nations and Inuit Health has sited the potential impact for British Columbia's aboriginal peoples as being twenty six thousand First Nations clinically ill with the virus; 600 needing hospital care and as many as 200 could die (FNIHB, 2003).

Residential Schools:

Song Lyrics: Took the Children Away
by Archie Roach

This story's right, this story's true
I would not tell lies to you
Like the promises they did not keep
And how they fenced us in like sheep.
Said to us come take our hand
Sent us off to mission land.
Taught us to read, to write and pray
Then they took the children away,
Took the children away,
The children away.
Snatched from their mother's breast
Said it was for the best
And they took us from our family.
Took us away
They took us away
Snatched from our mother's breast
Said this was for the best
Took us away.

Told us what to do and say
Told us all the white man's ways
Then they split us up again
And gave us gifts to ease the pain
Sent us off to foster homes
As we grew up we felt alone
Cause we were acting white

Took them away.

The welfare and the policeman
Said you've got to understand
We'll give them what you can't give
Teach them how to really live.
Teach them how to live they said
Humiliated them instead
Taught them that and taught them this
And others taught them prejudice.
You took the children away
The children away
Breaking their mothers heart
Tearing us all apart
Took them away

One dark day of Framingham
Come and didn't give a damn
My mother cried go get their dad
He came running, fighting mad
Mother's tears were falling down
Dad shaped up and stood his ground.
He said you touch my kids and you fight me
Yet feeling black

One sweet day all the children came back
The children come back
The children come back
Back where their hearts grow strong
Back where they all belong
The children came back
Said the children come back
The children come back
Back where they understand
Back to their mother's land
The children come back

Back to their mother
Back to their father
Back to their sister
Back to their brother
Back to their people
Back to their land
All the children come back
The children come back
The children come back
Yes I came back.

- 1998 Minister of Indian Affairs makes statement of reconciliation re: residential school abuse
- 1998 United Church apologizes for it involvement with residential schools
- Intergenerational trauma
- Lump Sum Payments
- Truth and Reconciliation.
- PM formal apology June 10, 2008

Nutrition:

- Ideologies of globalization, and privatization. Exploration for minerals and resources, including water, are clashing with traditional land use needs. “On a political level, indigenous food sovereignty can be described as the act of counterbalancing the negative impact of contemporary land use that exclude indigenous food values and economies and give priority to industrial economic activities.”
- For many First Nations foods come predominately from market or commercial sources and to a lesser extent from food programs a) Drinks contain added sugar and/or alcohol b) meats are processed with added fat and less protein, c) access to and consumption of fruits and vegetables is poor, and d) grains are highly process and often fried (Conti, 2006).

- Loss of traditional exercise and daily activities involved with hunting, gathering and cultivation.
- Knowing how, when and where to harvest these foods, how to process them and the proper ways to serve them is important cultural knowledge. However because of the drastic changes to peoples' cultures and environments since European contact (and again in the present as environmental change and economic globalization takes hold), the use of many traditional foods and the knowledge required to maintain and prepare them is disappearing. Younger people seldom know or use traditional food to the same extent as their parents and grandparents. -Turner & Ommer (2003 P. 23)
- For indigenous and local peoples, dietary transformation has been especially radical, as people have moved, often over the course of the single lifetime, from a diet in which the majority of nutrients that were drawn from local and regional food to a more generic of store-bought food, most of which was produced far away, in some cases on the other side of the world (Turner & Ommer, 2003).
- It is my position that in order to make visible the invisible losses that an examination of colonization and the topologies of domination including cultural and cognitive imperialism are imperative. I situate the process of colonization in itself as a health determinant for aboriginal peoples and from that standpoint argue that it is the major underlying factor that has contributed to the perfect storm for the onset of this epidemic.
- I believe that the cumulative losses that have been suffered by Canada's First Peoples have had a cascading effect to the present situation. It is therefore my stance that nurses who work within aboriginal settings must reorientate their understanding of linear causality in the case of diabetes in order to provide culturally appropriate and effective intervention and prevention measures in collaboration with their health care teams.
- I posit three factors nutritional transition, food sovereignty and historical trauma as core concepts that contribute to the perfect storm of this epidemic. These three factors when viewed through the lens of a contextual world view and post colonial theory may give rise to an alternate understanding of the epidemic we are presently seeing. From an altered standpoint of knowing and through the use of clinical reasoning patterns including analytical, intuitiveness and narrative we may arrive at different possibilities for healing in the area of this disease.
- First Nations voices are articulating that "our languages, land, foods and people exist as one in an interconnected web of life in the same way that all human beings were created as one." (Morrison 2006)
- Groups of hunters, gathers and harvesters are advocating for restoration of the health of Indigenous food systems: The land nourishes us in all ways: physical, spiritual, mental and emotional. The health and security of our people is vitally dependent on continued and improved access to sufficient amounts of healthy indigenous foods and medicines on the land and in the forest and waterways. (Morrison 2006, p.10)
- Working with family and community to hunt, fish, gather or prepare indigenous foods can increase mental and emotional health through bonding and creating memories that help to rebuild or enhance relationship. We believe that many

of the food related illnesses can be attributed to social factors such as high levels of stress, trauma, depression and low self esteem that is characteristic of poor mental and emotional health. (Morrison 2006, p.12)

- I would posit that the aboriginal diabetic is no less a victim of the policies of colonial subjugation and assimilation than the survivor of residential school. It is through the lose of sovereign control of traditional territories and access to traditional foods we have seen a transition in nutrition. Through the topologies of domination and cultural/cognitive imperialism we see the root of the layered and endemic trauma that resides in many villages. Through the present day ideologies of globalization, privatization and corporatisation we see greed triumph need as lands are flooded, deforested and waterways polluted. Altogether they have created the perfect storm for the appearance of the next epidemic lifestyle diseases such as diabetes. The question is if we understand the root causes of the perfect storm are we willing in nursing to put hand to paddle, in collaboration with aboriginal people and follow the cadence they set to help calm the rough seas and reach safe harbour where a nation and a people can heal.
- 1990 R. vs. Sparrow clarifies constitutionally protected aboriginal fishing rights (SCC) in other words the Sparrow case dealt with the aboriginal right to fish for food, the Supreme Court of Canada determined that aboriginal rights in BC were unextinguished.

Legislation/land claims:

- 1982 Canada Constitution Act recognizes existing aboriginal title and treaty rights (s. 35)
- 1985 Bill C-31 An Act to Amend the Indian Act passes, ending discrimination against Indian women who married non-Indians
- 1990 abandons 119 year old policy of refusing to acknowledge aboriginal title
- 1990 Indian Self-government Enabling Act (BC)
- 1990 BC joins the Nisga'a and Canada in the negations of the Nisga'a Comprehensive Claim. This is the first time BC agrees to negotiate a Comprehensive Claim. BC still refuses to acknowledge Aboriginal Title.
- 1991 Canada establishes a Royal Commission on Aboriginal Peoples to examine the relationship between Canada and Indigenous peoples.
- 1994 Native Residential School Task Force created
- 1995 Federal Government acknowledges First Nations inherent right ot self-government
- 1996 The Royal Commission on Aboriginal Peoples releases its Finial report
- Delgamuuk'w vs. British Columbia upholds aboriginal title (SSC). On appeal from previous BC Court decisions, the Gitxsan and Wet'suwet'en hereditary chiefs amend an original assertion of ownership and control over their territories, replacing it with claims of Aboriginal title and self-government. BC argues that Aboriginal Title does not exist or alternatively Aboriginal Title is not a right of ownership but a right to engage in traditional subsistence practices such as hunting and fishing.
- 1999 Supreme Court decides that off-reserve members should have voting rights

in on-reserve elections-Corbiere Decision.

- 2000 The Nishga'a Finial agreement becomes Canadian law. The Nishga'a surrenders 92 percent of their territory in exchange for expanded reserves lands and $190 million cash.
- 2005 BC continues to aggressively promote oil and gas drilling, ski resort development, logging, mining and other forms of resource extraction in Indigenous territories.
- 2005 Kelowna accord signed: Of the themes under discussion, health care was perhaps the most challenging. In particular, questions of jurisdiction remain to be worked out with respect to providing health care to Inuit, Métis, and First Nations living in cities and/or on reserves. At the time of the FMM, the incidence of Aboriginal infant mortality was almost 20% higher than for the rest of Canada. Aboriginal people were three times more likely to have Type 2 diabetes. Suicide rates, especially among Inuit, were from 3 to 11 times more frequent.(25) A 29-page *Blueprint on Aboriginal Health*, containing overarching principles and approaches and three distinct frameworks for First Nations, Inuit, and Métis, was presented at the FMM as a work in progress. It is an explicitly political commitment that is not legally binding. In total, $1.315 billion over the next five years was pledged to reduce infant mortality, youth suicide, childhood obesity, and diabetes by 20% in five years and by 50% in ten years and also to double the number of health professionals by 2016 (from the present level of 150 physicians and 1,200 nurses). (http://www.parl.gc.ca/information/library/prbpubs/prb0604-e.htm#4health)

- 2005 Transformative accord actions and processes set out herein are guided by the following principles.

1. Recognition that aboriginal and treaty rights exist in British Columbia.
2. Belief that negotiations are the chosen means for reconciling rights.
3. Requirement that consultation and accommodation obligations are met and fulfilled.
4. Ensure that First Nations engage in consultation and accommodation, and provide consent when required, freely and with full information.
5. Acknowledgement and celebration of the diverse histories and traditions of First Nations.
6. Understanding that a new relationship must be based on mutual respect and responsibility.
7. Recognition that this agreement is intended to support social and economic well-being of First Nations.
8. Recognition that accountability for results is critical.
9. Respect for existing bilateral and tripartite agreements.

The parties to this Accord acknowledge the importance of First Nations' governance in supporting healthy communities. Actions set out in this Accord and in subsequent action plans will reflect this reality.

- A New Relationship". This document is the result of discussions with senior provincial government officials on how to establish *a new government-to-government relationship based on respect, recognition and accommodation of Aboriginal title and rights.*

1. This unity of purpose was strengthened on March 17, 2005 with the signing of an historic Leadership Accord where the First Nations Summit, the Union of BC Indian Chiefs and the BC Assembly of First Nations committed to work together for the benefit of all First Nations in British Columbia.

- Tripartite Health agreement : The Honourable Tony Clement, Federal Minister of Health, Premier Gordon Campbell of British Columbia (B.C.) and the British Columbia First Nations Leadership Council today signed Canada's first-ever Tripartite First Nations Health Plan with the goal of improving the health and well-being of First Nations in British Columbia, closing the gaps in health between First Nations people and other British Columbians, and ensuring First Nations are fully involved in decision-making regarding the health of their peoples.

1. In the 10-year trilateral agreement, all three parties have committed to action in four priority areas:

   Governance, Relationships and Accountability;
   Health Promotion and disease and injury prevention;
   Health services; and
   Performance Tracking

"First Nations people in Canada deserve quality, accessible and timely health care, and they have valuable insight to share that will improve health services in their communities," said Minister Clement. "By signing this tripartite agreement - which is the first of its kind in the country - our goal is to ensure that First Nations in British Columbia can have an effective role in the design and delivery of health care services for their people, and they have responsibility for achieving results."

- 2007 Declaration on the Rights of Indigenous Peoples:

The United Nations *Declaration on the Rights of Indigenous Peoples* was adopted by the United Nations General Assembly during its 61st session at UN Headquarters in New York City on 13 September 2007. While as a General Assembly Declaration it is not a legally binding instrument under international law, according to a UN press release, it does "represent the dynamic development of international legal norms and it reflects the commitment of the UN's member states to move in certain directions"; the UN describes it as setting "an important standard for the treatment of indigenous peoples that will undoubtedly be a significant tool towards eliminating human rights violations against the planet's 370 million indigenous people and assisting them in combating discrimination and marginalization.

Reference List for this activity and where to learn more:

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Residential Schools:

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  Residential School publications @ http://www.ahf.ca/publications/residential-schools-resources
  Research Series of publications @ http://www.ahf.ca/publications/research-series

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Key Concepts/Enhanced Understanding	Suggested Activities
Understand the concepts of float test and launching: • Life Long Learning • I am because we are, we are because I am. **Enhanced Understanding:** • Participants will demonstrate an understanding of the interconnectedness of all human being and the importance of developing inter-relational skills	**Introduce and Explore Key Concepts** Sharing Circle to bring closure to the workshop and contemplate where do we go from here? **Make Personal Connections** • Make a self care plan • Work on a learning plan with both immediate and long term goals for your evolution as a person and as a nurse **Extend Understanding** • Step outside the walls of the clinic and examine issues which impact the social inequities of aboriginal health

Reflective Questions For Canoe Journey Journal:

1. Do I need to take a journey of self reflection to revamp my practice, and if so where do I begin?

Suggested Readings:

Bridge, L. & Knowles, K. (2004) *The hopelessly human nurse simple strategies for overhauling your lamp.* Hopelessly Human Productions Inc. Lethbridge, Alberta.

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Appendix D

The Canoe Journey Journal

> My father, Bill Mason, taught me that a canoe trip, be it an afternoon paddle or an expedition north of 60 degrees is not a race. Nor is it another check mark on a 'river-to do' list. It's a journey, a journey of looking, listening and learning; a journey of discovery. And like him I find that canoeing can take you on a voyage of creativity, where stored experiences are there to treasure for a lifetime
>
> - Becky Manson (Gullion, 1999)

I have posited the carving of a cedar canoe as a metaphor for life long learning and development in the area of aboriginal health nursing and remote area practice. I have alluded to those who will add their epistemological understandings and ontology to each of our growth, enhancing our understanding of other ways of knowing and being. At times they will bring to our consciousness multiple truths, interpretations, experiences and perspectives that we may not have previously considered.

They came in all shapes, sizes, walks of life, and degrees of education to demonstrate that what we know is only surface knowledge that the deeper knowledge and processes for healing are elsewhere. These gentle teachers will not only willing to share their understanding of their lives, but quietly they showed each of us what the nurse/client relationship could be like at this deeper depth of knowing. This deeper depth will call into question some of older ways of knowing and ways of being.

As I developed the curriculum I have envisioned a journal that would compliment the workshop and would begin with the seed, the emergence of the cedar, it growth and self knowledge, its destiny to be of service to others and to provide a means of passage, a light in the storm of life or a blanket to shelter under. The artistry, at the bottom corner of the pages, would reflect all the stages of growth and its finial sacrifice to become the canoe, the source of the slow match and the cedar blanket. Each page would reflect a stage of growth, a place to

reflect on individual learning, reflective questions and recommended readings. A sample of the *Canoe Journey Journal* and the pages will be presented in the finial manuscript.

Appendix E
The Journey: Learning to listen, listening to learn
Let us hear what you have to say

When you build a canoe there comes a day when you do a float test. It is the test that makes sure that you have created a vessel that is both stable and has balance while there is still time in this protected place to make adjustments before your finial launch. Today's workshop is the float test of "The Journey: Learning to listen, listening to learn" your feedback is important to me as it is my opportunity to interact with your embedded knowledge and experience working in Aboriginal Health Nursing to improve the format and content.

	Strongly disagree				**Strongly Agree**
Circle one number for each statement					
The content was appropriate Comments	1	2	3	4	5
The information would help me in my Practice Comments	1	2	3	4	5
The content and discussions allowed me to reflect on my practice Comments	1	2	3	4	5
My knowledge in this area has grown List other questions you feel should be addressed Comments	1	2	3	4	5
The content will influence my practice Comments	1	2	3	4	5
The content was presented in a creative and innovative way Comments	1	2	3	4	5

Things I would have like more information on:

_____

_____

Things I would have liked less information on:

_____

_____