Maggie Rodman, "Inner Landscape," Resin, 52 x 45 x 8 cm.

Maggie Rodman began studying art in the early 1970s. She earned a BFA from York University and a M.Sc. in Art Education from the State University of New York. She continued her education taking courses at the Ontario College of Art and Design, the Toronto School of Art, Seneca College and the University of British Columbia. Maggie taught Visual Art in high school for the Toronto School Board, retiring in the late 1990s, and now conducts only a few adult workshops upon request. She has exhibited her sculptures in major centres both in Canada and the United States. Maggie can be reached at: mrodman@sympatico.ca.

Aboriginal Women at Midlife

Grandmothers as Agents of Change

LYNN M. MEADOWS, WILFREDA E. THURSTON AND LAURA E. LAGENDYK

Les auteurs ont consulté des histoires sur le mitan de la vie des Autochtones et ont découvert que leur santé et bien-être ne pouvaient être dissociés du contexte colonisateur. Les auteures croient que si on accroît les capacités des Autochtones .les femmes pourront développer des habiletés personnelles au niveau de la communauté.

Aboriginal women play a vital role in the health of their communities and families as mothers, workers, and community leaders (Health Canada). Yet, in spite of that growing body of knowledge at a population health level, the local contexts and causality of health disparities that affect the day-to-day well-being of Aboriginal women in this population are under-researched and poorly understood. While there is no lack of documentation on the multiple oppressions experienced by Aboriginal people and the effect of those oprressions on health and well-being (Romanow; Stout and Kipling; Tjepkema; Young; Cardinal, Schopflocher, Svenson, Morrison and Laing), as well as on the particular vulnerabilities of Aboriginal women who have high rates of multiple risk factors including poverty, violence and substance abuse (Colman; Romanow; Stout, Kipling and Stout), strategies for advocacy and action to improve Aboriginal women's health will continue to lack the relevancy and community grounding needed to remedy the current situation (Thurston and Potvin). Including Aboriginal perspectives about the underlying factors that affect their health, such as social context (e.g., racism and socio-economic differences), are critical (Ellerby, McKenzie, McKay, Gariépy, and Kaufert; O'Neil, Reading and Leader) but often overlooked (Young) as plans for health interventions or community programs are developed. Furthermore, women's perspectives may also be overlooked if a gendered analysis and inclusion of women is not deliberate (Deiter and Otway; Dickson; Gittelsohn *et al.*; Sayers and MacDonald; Anderson; Thurston).

Our study of midlife Aboriginal women thus focused on the question, "What are the mechanisms through which health determinants affect women's day-to-day experience of well-being?" We sought women's narratives that described their health and the life circumstances that affected it, and wanted to provide an opportunity for descriptions of a holistic view of health focused on physical, spiritual, and emotional well-being (Svenson and Lafontaine). In our study of over 40 women in several Aboriginal communities, there is evidence to suggest that women who focus on the future for either themselves or their grandchildren may be changes agents that help improve health not only for themselves but for their families and communities as well.

Design and Methods

This qualitative study used elements from ethnography (Creswell) to explore Aboriginal women's experiences and perceptions of health and well-being at midlife, defined in our program of research as ages 40 through 65 years. The Conjoint Health Research Ethics Board at the University of Calgary granted approval for the research. Techniques to enhance the rigor of the study included methodological congruence and methodological purposiveness (Meadows, Verdi and Crabtree; Morse and Richard). Strategies of ensuring validity included situating the study in the literature, bracketing, sampling strategies, and methodological cohesion (Meadows and Morse; Meadows, Verdi and Crabtree; Patton).

In each location in which we spoke with women permission for data collection was obtained through a process of community engagement and review by the appropriate authorities; (Meadows, Lagendyk, Thurston, and Eisener). Purposive sampling was used to include women both on and off reserves, in rural and urban areas (Kuzel) with potential participants identified using multiple strategies (Meadows, Lagendyk, Thurston, and Eisener)) such as attending health fairs, snowball sampling (Kuzel) and

opportunistic encounters. Aboriginal and non-Aboriginal interviewers were employed to conduct the group and individual interviews, using an interview guide that was revised as new issues arose or contexts differed. Where possible interviews were audio recorded with permission of the participants, and transcribed verbatim. Textual data were read into a qualitative analytic software program (QSR N6®) to aid in data summary, management and analysis (Meadows and Dodendorf). The multidisciplinary team met frequently to discuss the analysis, contributing to within-project validation (Denzin; Kuzel and Like; Lincoln and Guba; Meadows and Morse). Data analysis and interpretation progressed through a number of stages: immersion/crystallization to identify general issues and topics (Borkan; Crabtree and Miller 1999a); identification of relationships and the contingencies that affected them among identified areas; and, further examination for alternative interpretations, to reconcile discrepancies, and situate interpretation in the literature (Borkan; Crabtree and Miller 1999b; Meadows, Verdi and Crabtree).

"I didn't know how to be a parent. And then, when I was on my journey, I did find out that what I missed at the school was 'love.' How to love another person.... I was in that school for eight years, and I was very lonely growing up."

Results

The data used in this analysis were collected in group, focus group, and individual interviews conducted in English with over 40 women who lived in a variety of locations including on reserves, urban or rural areas throughout Alberta. We found that women's discussion of health and wellness, consistent with existing data was not always merely individual but connected to their community and their family (Meadows, Thurston, and Melton; Adelson; Svenson and LaFontaine).

One of the most strikingly different aspects of this study compared to our previous research in midlife women's health (Meadows, Thurston, and Berenson; Meadows, Thurston and Melton; Meadows and Mrkonjic) was that many of the participants were grandmothers,[1] and great-grandmothers at what seemed to us a relatively young age. For many of the women interviewed assuming the role of grandmother was marked by reflection that included consideration of their own well-being as well as that of their families. Women also reported committing to decisions that enhanced their well-being such as seeking formal training or education to give them tools for change and expand the choices in their lives. Some explored traditional knowledge and ways, and began to teach others in their communities about them as a way of healing.

We also illustrate a strong positive role for women in promoting well-being within themselves, within their families and within their communities.

Racism and Cultural Harm

The Aboriginal women in our study talked about health in the context of residential schools[2] and their ongoing sequelae. The great harm and multigenerational effect on physical, spiritual, and emotional well-being of children being torn from their families of origin was evident throughout the data. Some of the experiences were personal and direct such as feelings of constant hunger and sparse meals of "burnt porridge and sour milk," being forced to scrub floors with toothbrushes, having their knuckles scrubbed until they bled, and humiliated over natural processes as the onset of menarche. Several women also reported experiences of sexual abuse. Others spoke of the cultural harm perpetrated at the residential schools by being forbidden to speak their own languages and instead forced to learn and speak English. Many of the women who attended residential schools reported the schools' minimal emphasis on formal academic education, often stopped at grade eight or earlier. Although some women credited the schools with teaching them the basics of housekeeping, personal hygiene and self-discipline, many felt the schools limited women's education by emphasis on non-academic skills.

It took women years to recognize and overcome these experiences, and many felt their understanding of what had happened to them came too late for them to be able to make a difference in the lives of their own children.

> *I wasn't told anything about parenting, being a parent. I didn't know how to be a parent. And then, when I was on my journey, I did find out that what I missed at the school was "love." How to love another person.... I was in that school for eight years, and I was very lonely growing up. I was sexually abused in the residential school.* (Mary)

Women talked about the consequences of their experiences that resulted in adult addictions and a perceived inability to parent well and therefore saw their actions as having consequences for the lives and well-being of their children and grandchildren.

> *I put my daughter and my older kids into all this alcohol scene. I was drinking at that time and, and I used to come home drunk, you know, and I used to yell at them and everything. They were terrified of, you know, of me. But, now, I don't drink. I don't do anything. I'm trying to be a good mother. Whereas I should have done that*

when I was young. Right from the start. But that's where the residential school has a ripple affect on our children. Like, my grandchildren still feel that affect. 'Cause I didn't teach my kids parenting. I started to learn [parenting] as an adult.... (Mary)

Even women who did not attend residential schools were able to critically reflect on the more subtle, indirect effects for subsequent generations.

When I asked [Mom] about her experience, she said that she never experienced anything really negative in school. But as a child, as her child now, I think, yes, she did experience some things. But she doesn't recognize, you know, what it was. And some of the things that I've picked out of that, is like, for instance, not teaching us the language. I think that has a lot to do with her experiences with the school system. As well as, um, hugging! Like hugging's something that, I'm sure as Native people we had before ... it's just something that she doesn't realize what was taken away from her. (Barb)

Many women spoke of the lack of respect for Aboriginal ways of life and perceived or visible differences between Aboriginals and non-Aboriginals, sometimes exacerbated by socioeconomic circumstances, and the ways in which this impacted on their sense of well-being.

We were one of two Indian families that lived in the town and that was really, really not a great experience cause we suffered a lot of discrimination and whatnot. So that wasn't great but also being kinda from a poorer family it was tough... not having what everybody else had and, you know, not even having the proper equipment and supplies and whatnot that we needed for school and all of that kind of thing. (Doreen)

Some women recalled struggle to deal with a hostile and racist environment and the challenges of mastering school work or obtaining higher education in their youth.

...[B]ecause we were stupid Indians, my cousin and I wanted to take matric [university entrance courses] and we were told "Natives just do general programs." And my cousin and I said, "We're taking matric. And, we showed them.... So (small chuckle) I was very defiant. And I know I carried this rage, and this anger for years. (Marge)

Racism was common and also had direct implications for the women's physical health and well-being, as one participants indicates.

When I lived in the city, this one doctor, would give you, he'd just always give prescription for pills ... basically like, "Just get out of my office, you know? Who cares? Who cares that you're got a hole in'your lip, and your eye's black," you know? He didn't even check to see if I had eye damage or anything, just wrote me up these prescriptions for drugs.... And, I told him [how I got the injuries] ... he just right away wrote me a prescription ... which I threw in the garbage as I walked out of his office. (Cilli)

As women reflected on how these experiences affected their lives and their well-being they revealed how these attitudes and behaviour persist even today.

If you are exposed to racist comments enough times, I think it affects your self-esteem. Even my own daughter experienced it already. And, I, you know, as her mother, I have to explain to her that there are people out there that see different, [that see us] as different, and they can't accept that it as anything similar. So ... she even said to these girls one day, they were calling her, [and] they said, "We don't like you because you're native." And she said, "But, you don't even know me." And they said, "So, you're just native, we don't need to know you." (Barb)

Women described for us the life-long impact of cultural harm and racism experiences including in their encounters with people in both educational and medical roles. Thus, those who could potentially be health resources were at times instead detriments to their health. Yet, at midlife many women reconciled the experiences, moved past them, and were also determined to mediate them for others.

"She said that she never experienced anything really negative in school. But I think, yes, she did. Like hugging's something that, I'm sure as Native people we had before ... it's just that she doesn't realize what was taken away from her."

(Grand)Mothering

In our sample one 49 year-old woman already had 22 grandchildren and a few women were great-grandmothers before their 60th birthday. Women's narratives described their involvement with their grandchildren as a "new start," improving on their past parenting practices.

It's my fault that you guys [referring to her children] don't know how to do parenting, 'cause I didn't show you how.... And, it's not too late....Sure I didn't do that for you guys but I do accept it and I accepted the blame but, it's never too late for me to start telling you how to take care of your children. (Mary)

Women also described how their relationship with their grandchildren was different from the relationship they had with their children:

The elderly, they say, "Once you become a grandparent, you love your kids but there's a greater love with your grandchildren." And I see that now. (Millie)

My kids always get jealous of my grandson, hey? (Clara)

The only difference between a grandmother and a mother, is the grandmother didn't have the labour having the baby, and they get the labour after *the baby (laughs).* (Dorothy)

Some women took on a parenting role for their grandchildren because their own children did not have the means (whether for health reasons, addictions, or low-income) to care for the children themselves. Other women struggled with a dilemma that invoked memories of their own separation from their parents at residential school.

I don't know what to do. I don't want to let him go, yet I feel that he should be with his mother. Because, he'll be going through what I went through. Not being, you know, being at the school [and] not being with my mom. We had no bond. That's what I feel like, you know Maybe I should let him go back. But, then she'll leave him all over the place [because she won't be able to take care of him]. (Mary)

As women entered midlife however, they took inventory, and consciously made decisions that would enhance their well-being and help encourage the physical, spiritual and emotional well-being of their families as well.

And that's what I want to be healthy for, cause I want to be around for my grandkids. (Lila)

And, that's what I teach my grandchildren. I want to make sure that my grandchildren are very healthy. Are in good health. I don't want them to go through what I went through. (Lila)

Oh, I just hope to be, to be healthy enough to enjoy my grandchildren. Because some of my little, my little granddaughters are shocked that I can even run. And, they find out I can run if I have to chase them. (Laughing) Oh, I have fun with them. (Ila)

Some reflected on past practices and circumstances that were detrimental to their health that they changed after becoming a grandmother.

I used to drink, too. That is different when you start having grandchildren... and especially when I'm a great grandma now. (Dorothy)

"I take part in traditional ceremonies, so that part of my upbringing, I still keep and I'm passing it onto my two sons and my grandchildren. And now I have great grandchildren so, I'm more or less role modeling it because I don't want my family to lose it."

When describing her past and her thoughts of suicide after the death of five of her seven children, one woman said:

I still look forward, look ahead, to old age. Because I'm not only thinking of myself, I'm thinking of my two sons, my grandchildren and now my great grandchildren. 'Cause they have nobody to call Kokum [grandmother], if I decide to lay back and give up. Who's going to be there for them? (Evonne)

Women's narratives demonstrated their desire to break old patterns themselves and work with their families and communities for change.

I'm helping other women understand their past. Where they came from. Their hurt, their pain. The abuse they witnessed. And that they can still be happy and content with their life and go on. And not the exact same cycle. (Linda)

Oh we would learn lots of things, like how to ah, look after yourself ah, like how to be, and how to ah, oh, and then we were expected to come back home and teach our families. Other people listened to me, but my kids didn't. (Elaine)

I take part in traditional ceremonies, so, that part of my upbringing, I still keep it and I'm passing it onto my two sons. And my grandchildren and now I have great grandchildren so, I'm more or less role modeling it because I don't want to lose it, I don't want my family to lose it. (Evonne)

Ultimately women wanted to encourage a supportive

environment that could promote and enhancef the health and well-being of their families, their communities and themselves.

Discussion

The findings of this study illustrate the complexity of the determinants of health across the lifespan as they have affected the health and well-being of our sample of Aboriginal women at midlife. For many of the women in our sample positive influences on their healthy child development, education, physical environment, and culture were systematically eroded through experiences and institutional realities of their youth. Yet in midlife women were using their gendered roles and their life knowledge to create positive experiences and environments that mediated these effects on their own well-being, and that of their families and communities, allowing them to work toward healthier futures.

Previous research has shown that women can use adult insight to reconcile past experiences including abuse (Meadows, Thurston, and Lackner), evidenced again in the current study and the stories women have shared with us. There was also evidence that women were tired of repetitive cycles of poverty, lack of education and lost traditions, and that they were determined to redress the past through educating themselves and their families for the present and future.

In our study, women acknowledged the harmful effects of past experiences and but they have also embraced attitudes and actions that celebrate future potential. These women saw that they had a second chance to be parents of a healthy Aboriginal community. They turned their primary attention to their grandchildren, but they continued to love and teach their own children, as well as pursue opportunities that enhanced their own health and well-being. Somehow the effects of discrimination and loss of traditional roots and values, personal or family experiences with residential schools, substance abuse, violence or death have become an impetus to focus on a healthier approach to life, and/or a decision to move beyond the past and into the future.

Kirmayer, Brass and Tait discuss at length the need for identity development and community empowerment in Aboriginal youth, as well as strategies to engage youth in community development. This study suggests that grandmothers may play an important role in creating the personal skills that youth will need in order to participate. The challenge is to recognize the potential these resourceful, strong, and determined women have and work with them in their communities. The increasing self-confidence apparent in some of the women with whom we talked has already increased their community capacity, but needs to be systematically harnessed and joined with other assets in the community (whether people, resources or knowledge) (Thurston, Scott, and Vollman, 2003) to strengthen the existing social capital.[3]

There is an on-going need for increased capacity building in Aboriginal communities, to add to the skills and competencies that women in our study have pursued individually at community levels (Thurston, Scott And Volman; Deiter and Otway; Dickson; Gittelsohn *et al.*; Sayers and MacDonald; van Uchelen, Davidson, Quressette, Brasfield, and Demerais; Voyageur; Walters and Simoni).

Among these communities, with their on-going disparities in health and well-being,0 the grandmothers are pockets of resilience and improvement. These positive aspects of their lives and potential for health improvements should be complemented by formal resources for further education and partnering with health care professionals (Browne and Fiske; Browne and Smye; Colomeda and Wenzel; Stout and Kipling). In the process of health promotion and community mobilization the history and consequences of colonialism must be acknowledged and taken into account, along with the other complex and interacting determinants of health such as gender (Moane; Deiter and Otway; Dickson). Together with Aboriginal communities as partners and as community perspectives on health issues are identified, we can work together to make small movements toward health add up and positive change within communities sustainable.

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[1]We are using "grandmother" here in the formal sense of familial relationship. In Aboriginal culture often unrelated children are called grandchildren.

[2]In Canada residential schools existed from about 1920 to 1998. See Law Commission of Canada; Schissel and Wotherspoon; Milloy for a description of the residential school system.

[3]Social capital is defined variously as "the quality and

quantity of social relations embedded within community norms of interaction (Coleman) and "the norms and networks that enable people to act collectively" (Woolcock and Narayan 226).

References

Adelson, N. "Health Beliefs and the Politics of Cree Well-Being." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine 2* (1998): 5-22.

Anderson, K. *A Recognition of Being: Reconstructing Native Womanhood.* Toronto: Second Story Press, 2000.

Borkan, J. M. *Immersion / Crystallization.* Thousand Oaks, CA: Sage Publications, 1999.

Browne, A. J. and Fiske, J. "First Nations Women's Encounters With Mainstream Health Care Services." *Western Journal of Nursing Research* 23 (2001):126-147.

Browne, A. J. and Smye, V. "A Post-Colonial Analysis of Healthcare Discourses Addressing Aboriginal Women." *Nurse Researcher* 9 (2002): 28-41.

Cardinal, J. C., Schopflocher, D. P., Svenson, L. W., Morrison K.B., and Laing, L. *First Nations in Alberta: A Focus on Health Service Use* Edmonton, AB: Alberta Health and Wellness, 2004.

Coleman, J. S. *Foundations for Social Theory.* Cambridge, MA: The Belknap Press of Harvard University Press, 1990.

Colman, R. *A Profile of Women's Health Indicators in Canada* Prepared for the Women's Health Bureau, Health Canada, 2003.

Colomeda, L. A. and Wenzel, E. R. "Medicine Keepers: Issues in Indigenous Health." *Critical Public Health* 10 (2000): 243-256.

Crabtree, B. F. and Miller, W. L. "The Dance of Interpretation." *Doing Qualitative Research.* Eds. B. F.Crabtree and W. L. Miller. Thousand Oaks, CA: Sage Publications, 1999a. 127-144.

Crabtree, B. F. and Miller, W. L. *Doing Qualitative Research.* 2nd Edition. Thousand Oaks, CA: Sage Publications, 1996b.

Creswell, J. W. *Qualitative Inquiry and Research Design: Choosing Among Five Traditions.* Thousand Oaks, CA: Sage Publications, 1998.

Deiter, C. and Otway, L. *Sharing Our Stories On Promoting Health and Community Healing: An Aboriginal Women's Health Project* Winnipeg: Prairie Women's Health Centre of Excellence, 2001.

Denzin, N. K. *Interpretive Interactionism.* Newbury Park, CA: Sage Publications, 1989.

Dickson, G. "Aboriginal Grandmothers' Experience With Health Promotion and Participatory Action Research." *Qualitative Health Research* 10 (2002): 188-213.

Ellerby, J. H., McKenzie, J., McKay, S., Gariépy, G. J., and Kaufert, J. M. "Bioethics for Clinicians: 18. Aboriginal Cultures." *Canadian Medical Association Journal* 163 (2000): 845-850.

Gittelsohn, J., Harris, S. B., Thorne-Lyman, A. L., Hanley, A. J. G., Barnie, A., and Zinman, B. "Body Image Concepts Differ by Age and Sex in an Ojibway-Cree Community in Canada." *Journal of Nutrition* 126 (1996): 2990-3000.

Health Canada. *Closing the Gaps in Aboriginal Health.* Health Policy Research Bulletin [5], 2003.

Kirmayer, L. J., Brass, G. M., and Tait, C. L. "The Mental Health of Aboriginal Peoples: Transformations of Identity And Community." *Canadian Journal of Psychiatry* 45 (2000): 607-616.

Kowalsky, L. O., Verhoef, M. J., Thurston, W. E., and Rutherford, G. E. "Guidelines for Entry into an Aboriginal Community." *The Canadian Journal of Native Studies* 16 (1996): 267-282.

Kuzel, A. "Sampling in Qualitative Inquiry." *Doing Qualitative Research.* Eds. B. F.Crabtree and W. L. Miller. . Thousand Oaks, CA: Sage Publications, 1999. 33-46.

Kuzel, A. and Like, R. "Standards of Trustworthiness for Qualitative Studies in Primary Care." *Primary Care Research: Traditional and Innovative Approaches.* Eds. P. G.Norton, M. Stewart, F. Tudiver, M. J. Bass and E. V. Dunn. (pp.). Newbury Park, CA: Sage Publications, 1991. 138-158.

Law Commission of Canada. *Restoring Dignity: Responding to Child Abuse in Canadian Institutions: Executive Summary.* Ottawa: The Commission, 2000.

Lincoln, Y. S. and Guba, E. G. *Naturalistic Inquiry.* Newbury Park, CA: Sage Publications, 1985.

Meadows, L. M. and Dodendorf, D. M. "Data Management and Interpretation - Using Computers to Assist." *Doing Qualitative Research.* Eds. B. F.Crabtree and W. L. Miller. . Thousand Oaks, CA: Sage Publications, 1999. 195-218.

Meadows, L. M., Lagendyk, L., Thurston, W. E., and Eisener, A. C. "Balancing Culture, Ethics and Methods in Qualitative Health Research With Aboriginal Peoples." *International Journal of Qualitative Methods* 2 (2003). Article 1. Available: http://www.ualberta.ca/~iiqm/backissues/2_4/html/meadows.html.

Meadows, L. M. and Morse, J. M. "Constructing Evidence Within the Qualitative Project." *The Nature of Qualitative Evidence.* Eds. J. M. Morse, J. M. Swanson, and A. Kuzel. Thousand Oaks, CA: Sage Publications, 2001. 187-200.

Meadows, L. M. and Mrkonjic, L. "Breaking: Bad News: Women's Experiences of Fractures at Midlife." *Canadian Journal of Public Healt,* 94 (2003): 427-430.

Meadows, L. M., Thurston, W. E., and Berenson, C. A. "Health Promotion and Preventive Measures: Interpreting Messages At Midlife." *Qualitative Health Research* 11 (2001): 450-463.

Meadows, L. M., Thurston, W. E., and Lackner, S. "Women's Health Study: Women's Reports of Childhood Abuse." *Health Care Women International* 22 (2001): 439-454.

Meadows, L. M., Thurston, W. E., and Melton, C. "Immigrant Women's Health." *Social Science and Medicine* 52 (2001): 1451-1458.

Meadows, L. M., Verdi, A. J. and Crabtree, B. F. "Keeping Up Appearances: Using Qualitative Methods in Dental Research." *Journal of Dental Education* 67 (2003): 981-990.

Milloy, J. S. *A National Crime: The Canadian Government and the Residential School System, 1879-1986.* Winnipeg: University of Manitoba Press, 1999.

Moane, G. *Gender and Colonialism: A Psychological Analysis of Oppression and Liberation.* London: Macmillan Press Ltd., 1999.

Morse, J. M. and Richards, L. *Readme First for a User's Guide to Qualitative Methods.* Thousand Oaks, CA: Sage Publications, 2002.

O'Neil, J. D., Reading, J. R., and Leader, A. "Changing the Relations of Surveillance: The Development of a Discourse of Resistance in Aboriginal Epidemiology." *Human Organization* 57 (1998): 230-237.

Patton, M. Q. *How to Use Qualitative Methods in Evaluation.* Newbury Park, Ca: Sage Publications, 1987.

Romanow, R. J. *Building on Values: The Future of Health Care in Canada - Final Report* Commission on the Future of Health Care in Canada, 2003.

Sayers, J. F. and MacDonald, K. A. "A Strong and Meaningful Role for First Nations Women in Governance." *First Nations Women, Governance and the Indian Act: A Collection of Policy Research Papers.* Eds. J. F.Sayers, K. A. MacDonald, J.-A. Fiske, M. Newell, E. George, and W. Cornet. Ottawa: Status of Women Canada, 2001. 1-54.

Schissel, B. and Wotherspoon, T. *The Legacy of School For Aboriginal People: Education, Oppression, and Emancipation.* Don Mills, ON: Oxford University Press, 2003.

Stout, M. D. and Kipling, G. *The Health Transition Fund Synthesis Series: Aboriginal Health* Ottawa: Health Canada, 2002.

Stout, M. D., Kipling, G. D., and Stout, R. "Aborginal Women's Health Research." *Canadian Women's Health Network* 4/5 (2002): 11-12.

Svenson, K. A. and Lafontaine, C. "The Search for Wellness." *First Nations and Inuit Regional Health Survey.* First Nations and Inuit Regional Health Survey National Steering Committee, 2003.

Thurston, W. E. and Potvin, L. "Evaluability Assessment: A Tool for Incorporating Evaluation in Social Change Program." *Evaluation* 9 (2003): 453-470.

Thurston, W. E., Scott, C. M., and Vollman, A. R. "Developing Healthy Public Policy: The Role of The Public." *Canadian Community as Partner.* Philadelphia: Lippincott Williams and Wilkins, 2003. 124-156..

Thurston, W. E. "Effective Public Participation: Effective For Whom?" Submitted for publication, 2004.

Tjepkema, M. "The Health of the Off-reserve Aboriginal Population." *Health Reports* 13 (2002): 1-17.

van Uchelen, C. P., Davidson, S. F., Quressette, S. V., Brasfield, C. R., and Demerais, L. H. "What Makes Us Strong: Urban Aboriginal Perspectives On Wellness and Strength." *Canadian Journal of Community Mental Health* 16 (1997): 37-50.

Voyageur, C. J. "Contemporary Aboriginal Women in Canada." *Visions of the Heart: Canadian Aboriginal Issues* (2nd ed.).Eds. D. Long and O. P. Dickason. Toronto: Harcourt Canada, 2001. 81-106.

Walters, K. L. and Simoni, J. M. "Reconceptualizing Native Women's Health: An 'Indigenist' Stress-Coping Model." *American Journal of Public Health* 92 (2002): 520-524.

Woolcock, M. and Narayan, D. "Social Capital: Implications for Development Theory, Reserch, and Policy." *The World Bank Research Observer* 15 (2000): 225-249.

Young, T. K. "Review of Research on Aboriginal Populations in Canada: Relevance to Their Health Needs." *BMJ* 327 (2003): 419-422.

LOLETTE KUBY

FACING THE MAGDALENS

Out here the water is like liquid land
and the wind out of the north never dies,
and I am not myself. The seaside woods
seems a city throng held in a green spell
by the wand of the thirteenth godmother—
the one who undoes the evil—
held so long passive and peaceful that if
it were kissed into dance, the dance would
be
of passivity and peace. I know how
the forest feels from my childhood game
of statues, when I would whirl and whirl
out of myself, out of my child worry
and child solitude and freeze a while
in a happy enthrallment of angel
or gargoyle or princess or buffoon.

Dr. Kuby is a freelance editor living in Thornhill, Ontario. This is the third time her poems have appeared in CWS/cf. Her new collection, "Inwit," is forthcoming.