

2012-07-19

# Stories of hope: conversations with aboriginal women who have experienced incarceration

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Radtke, J. L. (2012). Stories of hope: conversations with aboriginal women who have experienced incarceration (Master's thesis, University of Calgary, Calgary, Canada). Retrieved from <https://prism.ucalgary.ca>. doi:10.11575/PRISM/27883  
<http://hdl.handle.net/11023/124>

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UNIVERSITY OF CALGARY

Stories of Hope:  
Conversations with Aboriginal Women who have Experienced Incarceration

by

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A THESIS  
SUBMITTED TO THE FACULTY OF GRADUATE STUDIES  
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE  
DEGREE OF MASTER OF NURSING

FACULTY OF NURSING  
CALGARY, ALBERTA

JUNE 2012

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## **Abstract**

The purpose of this research study was to explore the meaning of hope for Aboriginal women who have experienced incarceration and to offer an opportunity for their voices to emerge. Conversations with six Aboriginal women provided descriptions of how hope influenced their lives before, during, and after incarceration. van Manen's (1990) phenomenological research design guided this study together with a feminist perspective. The colonization and assimilation of First Nations people by Canada's early settlers changed the fabric of their lives and created an inherent burden that is distressingly evident to this day. Aboriginal women, once respected and valued, struggle daily to meet the demands of a society that has oppressed them for decades. Yet, somehow, these brave women have found the strength, resilience, and survival skills to meet another day. This thesis presents their stories and discusses the underlying themes as well as the implications for nursing and future research.

## **Acknowledgements**

This thesis is the result of a journey I embarked upon six years ago. The path that has brought me to this place has not been smooth but my belief is that obstacles are placed along our life road to help us grow stronger; as are certain people, whom I would like to honour and thank at this time.

First, I want to thank my husband, Thomas, for his heart-felt support, tireless patience, and true love. He has never even suggested that I should clip my wings and for this, I am so grateful.

Dr. Gayle E. Rutherford, my thesis supervisor, uncountable thanks for your guidance, wisdom, strength, and encouragement. You were truly a beacon during my times of darkness, worry, and self-doubt about whether I could actually do this. Thank you for the stimulating conversations that paved my path with certainty and fortitude.

Sincere thanks to my committee members Dr. Janice Kinch and Dr. Annette Lane who challenged any doubts I might have had and helped guide me back to my path. Your feedback during my writing process was invaluable – thank you.

Dr. Carol Ewashen, thank you for lighting a flame in my heart and soul early in my master of nursing journey. Your influence and guidance was instrumental in changing my direction and for this, I am so very grateful.

Thank you to my mother, Carol, who has always walked my path with me, for teaching me so many things about life and for offering so much encouragement and unconditional love. To my children, Danielle and Jordan, your love and respect for my journey has not gone unnoticed, thank you. Linda and Gail, thank you for being my sisters and believing and listening from afar.

Finally, I want to acknowledge my beloved kitties that have come and gone during this journey. It may seem strange to thank my feline friends but their presence was often just what I needed. I miss those of you who have died, some untimely, others not and am grateful for those who are with me today.

## **Dedication**

To begin, I dedicate this thesis to the six Aboriginal women who trusted and shared their lifeworlds with me through their stories. They opened a doorway into their lives and shared their hopes, dreams, trials, and tribulations with a person they did not know. For this, I am eternally indebted and cannot express enough gratitude. Each of your stories was an inspiration and I am truly honoured. I have endeavoured to honour each of you and in turn, I hope that your journeys will lead you to places where you will find everything you need to feel whole and complete. It is also my hope that I have represented your lifeworlds with integrity and reliability and that your words might motivate others to listen and actually hear what you have to say.

Next, I dedicate this thesis to two very precious Aboriginal women I consider true warriors and friends, Viviane Theriault and Charlene Hellson. Both women have influenced my thoughts and writing more than they will ever know.

Finally, I dedicate this thesis to all Aboriginal women who have gone before and those who will come after. The red road is long, winding, and full of potholes and obstacles. Those before have endured the Aboriginal woman's burden with steadfast resolve so that Aboriginal women today and those ahead might continue the fight for a better tomorrow. May you know and experience peace, love, and harmony. All My Relations.

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### **Epigraph**

The woman is the foundation on which nations are built.

She is the heart of her nation.

If her heart is strong and her mind is clear  
then the nation is strong and knows its purpose.

The woman is the centre of everything.

Art Solomon, Ojibwa Elder

(Excerpt from an unpublished poem entitled “The Woman’s Part” and cited in Turpel,  
1993)

“A nation is not conquered until the hearts of its women are on the ground. Then it is  
done, no matter how brave its warriors nor how strong their weapons.”

Cheyenne Proverb

## **CHAPTER ONE**

### **A Short Story**

She is a First Nations Cree woman who writes beautiful poetry. She is fierce and loyal. She loves her culture but is lost to it most of the time. She is two-spirited and has worked the streets off and on for many years to get by. She is addicted to drugs and alcohol and is HIV and Hepatitis C positive. She struggles to straighten out and pull herself together and then something happens and she finds herself without a home and eventually locked up in jail.

She does her time and upon release hits the streets again with new purpose and a goal to make things work this time. An ember of hope flickers deep in her soul. She has hope for something better, more fulfilling, and more rewarding. She yearns for inner peace and a sense of belonging. She wants to respect herself and in turn feel respected. She finds a place to live, a place to call home and begins to feel some degree of comfort. She meets someone to share things with and finds a part time job. The ember of hope is now a flame burning with warmth, light, and the promise of better things.

Then suddenly she finds herself in the wrong place at the wrong time, making the wrong choices. She loses her housing. She is back on the streets. She is alone. She is hungry. She is vulnerable. She is violated. She sinks into an abyss of despair. The flame of hope barely flickers, left behind in a place that feels foreign and unfamiliar. She finds herself incarcerated once more and her cycle begins yet again.

### **Purpose of the Study**

The purpose of my research study was to explore the meaning of hope for Aboriginal women who have experienced incarceration and to offer an opportunity for

their voices to emerge. It was my intent to provide a lens through which mainstream society may glimpse the plight of oppressed women; women whom some regard as hopeless, without a chance, a smudge on the surface of society, worthless, and undeserving. My hope is that Aboriginal women will eventually feel more respected and understood regarding their lived experiences. Conceivably, through their participation in my study, they have gained insight into what hope means for them and the role it plays in their lives. Finally, nurses are often situated where the opportunity to listen, support, and stimulate change exists. For nurses and other health care professionals this study might offer new insight into the lives of Aboriginal women who have experienced incarceration and perhaps provide new ways to better understand their lifeworlds.

Aboriginal women have faced a multitude of challenges in their lives. Historically, every aspect of their lives has been influenced by external factors beginning with colonialism and forced assimilation into the mainstream populace (Martel & Brassard, 2008). Residential schools are an excellent example of how paternalistic governance usurped individual responsibility and liberty of choice for Aboriginal peoples. “Over-incarceration is one of the consequences of the enduring fragmentation and loss of identity that Aboriginals experience due to colonization” (Martel & Brassard, 2008, p. 341). The number of incarcerated Aboriginal women is disproportionate to the number of imprisoned non-Aboriginal women at all levels of the Canadian criminal justice system (Correctional Service Canada, 2007; La Prairie, 2002; Martel & Brassard, 2008; Monture, 2006; Sangster, 2000; Yuen & Pedlar, 2009). According to Public Safety Canada (2011), the number of incarcerated Aboriginal women steadily increased from 98

in 2001-02 to 182 in 2010-11 (p. 61). This was an increase of 85.7% over the last ten years and currently Aboriginal women represent 31.9% of all incarcerated women (p. 51).

There is a wealth of information about the causes and effects of particular behaviours, rates of recidivism, and the reasons Aboriginal women find themselves behind bars (Boyd & Faith, 1999; Hanselmann, 2001; LaPrairie, 1995; Monture, 2006; Pollack, 2003; Yeager, 2000). With the exception of literature and discourse related to Aboriginal healing lodges, many of the studies have focused on the negative aspects or risk factors that contribute to the incarceration of Aboriginal women. Unfortunately, this inconsistency has resulted in a generalization that endorses the assumption that Aboriginal women endure second-class status compared to non-Aboriginal women (Leah, 1995). The intention of this study was not to further victimize Aboriginal women but rather to provide the necessary historic, contextual, and structural form to gain understanding into how Aboriginal women define hope in their lives.

There are multitudes of factors to consider when working with people on the margins of society. The content of their lives is like an onion, waiting to be peeled back layer after layer, to reveal the person who resides within. The more you peel the more it stings and the more one cries (V. Theriault, personal communication, May 20, 2012). It is a complex and time-consuming process. At times, this work feels frustrating, wearisome, and thankless. Most often, however, it feels rewarding, gratifying, and heart-warming. I believe that somewhere an ember of hope burns in everyone and one has only to fan the flame in the right way and a fire will ignite. Through my years of working with marginalized people, I have come to believe that without hope, a human being has

nothing. Without hope, a human being may consider that even the most final of solutions, suicide, is an alternative. This has caused me to ask; does the Aboriginal woman who struggles with personal demons emerge from prison intact or broken? Does hope play a factor and if so, how can nurses and other health care providers increase their knowledge and sensitivity to the burdens of Aboriginal women?

### **The Research Question**

I have taken a phenomenological journey and position to study the meaning of hope for Aboriginal women who have experienced incarceration. “Phenomenological research is the study of lived experience” (van Manen, 1990, p. 9) with the goal of gaining deeper understanding of the meaning of everyday experiences from another person’s existence or lifeworld. The objective is to gain insight into real life experience pre-reflectively: before analyzing, classifying, or conceptualizing the experience. Phenomenology strives to situate the lived experience from one person to another through rich description, and text; it is the proverbial walk in another’s shoes (van Manen, 1990). How does one come to know and understand the perspectives, feelings, and beliefs of another human being? Perhaps there is a place where lived experience and understanding fuse together to increase the knowledge of the meaning of another person’s lifeworld.

The over-representation of Aboriginal women within the prison system has led me to an interest in addressing how Aboriginal women define the phenomenon of hope and apply it in their daily lives or lifeworlds. Is hope a critical element for Aboriginal women while incarcerated and do they rely on hope once released from prison? Is lack of hope present before, during, or after the experience of incarceration? What effect does hope have on how they perceive the future? I was interested in unveiling that which is

not known about how Aboriginal women who have experienced incarceration define the concept of hope. Therefore, the research question that guided this study was “What is the meaning of hope for Aboriginal women who have experienced incarceration?”

## **Background**

### **Culture**

The online American Heritage New Dictionary of Cultural Literacy defines culture (n.d.) as “the sum of attitudes, customs, and beliefs that distinguishes one group of people from another. Culture is transmitted, through language, material objects, ritual, institutions, and art, from one generation to the next”. These groups include but are not limited to ethnic populations, homeless people, religious sects, politicians, entertainers, youth, and people with mental illness, addiction, and chronic disease. Culture is everywhere.

### **My Journey to the Question**

I have always had an inherent interest in different cultures, customs, heritage, and traditions. The beginning of my interest in nursing with and among different cultures began in 1993 during my post RN degree program at the University of Lethbridge, in Alberta. I was fortunate to have an independent study professor who was instrumental in awakening that inherent hunger to learn more about the people with whom we share our earth. Together we developed a cross-cultural video to educate nursing students and practicing nurses about cross-cultural health issues. Working with three Central American women who lived in the community, we presented scenarios that might occur during an interaction within a public health setting as well as an emergency room (Kulig

& Radtke, 1996). I believe this experience prepared me to deliver nursing care to everyone equally regardless of skin color, race, traditions, customs, or values.

In the year 2000, I had the opportunity to complete a tour of duty in the High Arctic in the Territory of Nunavut. I can remember wondering how I would feel in an isolated community where the majority of people were Inuit and if this would influence how I interacted with the townspeople. Would skin color, culture, or traditions influence me in any way? It took me a number of days to revisit that contemplation because, frankly, as I poured myself into my work it was as if I had forgotten where I was. Of course, this was impossible given the extreme nature of the geographic setting. Nevertheless, I was with people who required health care and I was there to deliver it. I remember deliberately thinking about cultural differences but it made no difference. It felt natural to be there, like coming home. When it was time to leave all I wanted was to return but I never have, yet. I believe this experience primed me for the next decade of my nursing journey, which has taken me further down the cultural road.

Over the last ten years, I have had the privilege to work with marginalized and disadvantaged people on the edge of life; people who for one reason or another do not have the same advantage or opportunity as others. They frequently endure the stigma of mental illness, addiction, race, and poverty and others often consider them hopeless. I continue to be amazed at how people in certain situations maintain hope. I say privileged because I have been entrusted with others' deepest, darkest, most humiliating and degrading life experiences. For years, many people have shared their stories hoping that I might help them climb out of the void in which they exist. Throughout my journey on



the front lines, I have had the honour of being trusted with many different stories and anecdotes from individuals searching for a better existence or lifeworld.

In this chapter, I have introduced my study and discussed the purpose and research question. I have presented the significance of the study for Aboriginal women and shared my personal journey with cultural nursing. I have briefly acquainted the reader with my chosen research design and invite the reader to walk a mile with the Aboriginal women who have so graciously shared their lifeworlds with me. In the next chapter, I present a cursory review of the literature regarding the phenomenon of hope. As well, I set the historical context to position the reader in the lifeworlds of the women in my study.

## **CHAPTER TWO**

### **Review of the Literature**

A review of the literature is a necessary component of any research project, quantitative or qualitative. Often, with quantitative investigation the literature review is conducted at the beginning of the study in a thorough and comprehensive manner. This helps the researcher validate “the necessity for the study and provides a discussion of the area of interest and related topics” (Streubert Speziale & Rinaldi Carpenter, 2007, p. 26). With qualitative inquiry, some feel that too extensive a literature review “may impede the researcher from truly listening, observing, and remaining open to new concepts and ideas” (Frankel & Devers, 2000, p. 255) therefore resulting in bias, prejudice, and preconceived notions of the phenomenon under study. A cursory literature review is intended to identify gaps in the knowledge of a particular phenomenon not confirm or argue existing findings (Streubert Speziale & Rinaldi Carpenter, 2007). It is essential, however, to conduct a detailed literature review after analyzing the data to “place the findings of the study in the context of what is already known” (Streubert Speziale & Rinaldi Carpenter, 2007, p. 26).

An initial review of the literature may reveal that there is not much written about the topic or the particular population under study. Therefore, it is the responsibility of the researcher to locate and listen to the participants to gain deeper understanding about a particular topic or phenomenon. In this way as the data are gathered and analyzed, the body of knowledge regarding a particular phenomenon increases and greater understanding is fulfilled (Streubert Speziale & Rinaldi Carpenter, 2007).

Therefore in this chapter I offer an overview of the phenomenon of hope and a brief history of Aboriginal oppression. This will provide and set the background and context for my study as well as identify gaps in the literature.

### **Overview of Hope**

The perception of hope for people experiencing the hardships of life has been studied and researched and much has been written regarding hope and illness, disease, death, poverty, and other significant but often negative life events (Fitzgerald Miller, 2007; Hammer, Mogensen, & Hall, 2008; Masera, 2010; Moore, 2005; Partis, 2003; Stephenson, 1991; Sullivan, 2003). Hope finds its origins as far back as biblical times and, indeed, is one of the three Christian virtues: faith, hope, and charity. A frequently used quote from psychologist Erik H. Erikson (1902-1994) described hope as follows: “Hope is both the earliest and the most indispensable virtue inherent in the state of being alive . . . if life is to be sustained hope must remain, even where confidence is wounded, trust impaired” (cited in Capps, 2008, p. 7). He believed that hope is an essential part of early human development and that an infant is born anticipating. Erikson included hope in the first stage of human development as an outcome of basic trust versus mistrust. He alleged that early experiences with trust and security versus attachment and separation contributed to later life experiences of hope and anticipation versus despair (cited in Partis, 2003).

Distinctive features of hope appear repeatedly in the literature and include

- That hope is future-oriented but linked to the past;
- Embracing a positive and optimistic attitude regardless of adverse conditions;

- Anticipation for something desired and an expectation that it will be achieved;
- An association with meaning and value in life;
- That hope is a prerequisite to adaptation and coping;
- Feelings of doubt and uncertainty (Bland & Darlington, 2002; Fitzgerald Miller, 2007; Partis, 2003; Stephenson, 1991).

There is virtually nothing in the literature that speaks to how incarcerated Aboriginal women define the concept of hope; nevertheless, they continue to find the strength, resilience, and the survival skills to meet another day. Does an ember of hope flicker that someday things will be different? On the other hand, perhaps hope is absent or lies dormant until a certain point in time occurs.

**The phenomenon of hope.** The word hope comes from the Latin root *sperare* meaning ‘to hope’, and has been used both as a noun and a verb (Stephenson, 1991). Used as a noun, hope describes a feeling, cause, or source of hope while the verb tense describes the expectation or intention that something will happen (Compact Oxford English Dictionary, 2005). Indeed, as Jevne and Miller (1999) offer, “Hope is amazing. You can’t touch it but you can definitely feel it. You can’t physically see it by itself, but you can hold it and carry it. Hope doesn’t weigh anything but it can ground you and anchor you” (Jevne & Miller, 1999, p. 6). These powerful statements regarding the idea of hope as described above have the power to “sustain us through some of life’s most difficult circumstances” (Moore, 2005, p. 101).

When hope is present in a person’s life a more positive outlook is possible. As Cutcliffe and Herth (2002) stated:

To the person who has hope and who experiences a sense of hopefulness, it is likely to be the most logical, sensible thing. If hope provides one with a sense that one has a future, and also enables one to cope with events in the present, then (if one wishes to preserve one's existence) it is a logical state of being. (p. 835)

Hope has been described as “an active process with the intent and possibility of fulfilment and an assessment of what can and what cannot be changed” (Downman, 2008, p. 428). It carries the assumption of looking forward and is considered realistic hope (Downman, 2008). At the other end of the hope continuum is hopelessness or the inability to identify what can and cannot be changed. It carries the assumption of negativity and incites despair and a sense of failure or giving up. Hope is an active process whereas hopelessness is passive acceptance (Downman, 2008).

Hope – the possibilities are endless. Hope for a better future. Hope for a miracle. Great white hope. Not a hope in hell. Where there is life there is hope. Hope against hope. Hope for a better tomorrow and hope to forget yesterday. “Hope is not about everything turning out alright. It is about being alright, no matter how things turn out” (Jevne & Reilly-Williams, 1998, p. 164).

### **A Brief History of Aboriginal Oppression**

The purpose of this study is to reveal how the concept of hope influences Aboriginal women who have experienced incarceration and is not intended to debate the actions of the government of Canada. However, the historical journey of First Nations people and specifically Aboriginal women is deep-rooted in a complicated succession of government interference over the last 150 years. Therefore, it is necessary to identify the historical context from which the women in my study originate.

The purpose of this section is to provide historical content to outline the journey undertaken by the indigenous peoples of Canada and specifically, Aboriginal women. It covers four basic periods: (a) pre-European contact, (b) pre-Indian Act legislation, (c) the Indian Act, 1876, and (d) amendments to the Indian Act and beyond.

### **Pre-European Contact**

The word “Indian” did not exist prior to the arrival of Christopher Columbus. On his sailing quest to find a shorter route to the Orient, Columbus arrived in Florida. When he saw the inhabitants of the land, he called them “Indios” (Harry, 2009, p. 13) as he assumed he had reached the shores of India. Although this was not accurate, the word held and to this day, the indigenous peoples of North America are referred to as Indians (Harry, 2009).

Prior to the arrival of Europeans to Canada, the indigenous or Aboriginal people lived in organized and structured communities across the country (Harry, 2009; Truth and Reconciliation Commission of Canada, 2012). Although there were a number of different cultural practices, traditions, and languages between tribes, there are several common generalizations concerning all Aboriginal societies.

The indigenous people of Canada had a strong connection to the land they lived on (Harry, 2009). They had a deep respect for the earth’s natural resources including the animals, fish, and plants they relied on for sustenance. Their strong spiritual beliefs and practices were associated with their relationship to the creator and mother earth.

Traditions and customs were passed down from generation to generation – through rich oral storytelling and modeling of behaviour. Men and women held different roles within the community however, both were considered equally important and necessary in the

day-to-day lives of the community (Harry, 2009; Truth and Reconciliation Commission of Canada, 2012).

The political structure within many eastern Aboriginal communities often followed matrilineal heritage and gave clan mothers the responsibility of deciding who should be chief (Blair, 2005; Canada in the Making, 2004). Daily decision-making rested with the men, however, if the clan mothers later decided they no longer approved of their choice for chief they had the right to revoke his power and assign it to someone else. Most of the prairie communities followed a patriarchal line of power and control but maintained equality between genders by holding fast to the belief that their women deserved respect and protection (Canada in the Making, 2004; Harry, 2009).

### **Pre-Indian Act Legislation**

Initially, the first settlers to Canada depended on relationships with the indigenous people so they might learn how to live in this new land (Makarenko, 2008). Harry (2009) reported, “North America was colonized largely by ‘displaced and marginal white men,’ whose survival – via trade – depended on integration into Indigenous communities through intermarriage with Aboriginal women” (p. 7). In 1763, King George III of Britain issued the Royal Proclamation. One of the goals of the proclamation was to implement strategies of cohabitation between the settlers and indigenous communities to enhance peaceful relations (Harry, 2009; Makarenko, 2008). The proclamation also established distinct divisions between Indian and British territory and developed specific treaties to govern these divisions. Relationships between the Aboriginal people and the settlers gradually broke down as the Europeans began to exert more power over the acquisition of land and authority over Aboriginal people. Thus, began a pattern of

hierarchical, paternalistic control that would continue to present day (Harry, 2009; Makarenko, 2008).

In 1850, the introduction of the first legislative Acts directed at Aboriginal peoples changed relationships between the settlers and the indigenous people forever (Makarenko, 2008). These Acts included laws designed to protect indigenous land and property in Upper and Lower Canada, and resulted in the creation of reserves. This legislation also introduced the definition of who was an Indian and established restrictions on where Indians could live.

In 1857, the gradual civilization Act was introduced to encourage the enfranchisement of Indians who had sufficient education to manage their own affairs (Makarenko, 2008; Moss & Gardner-O'Toole, 1987). The Europeans considered enfranchisement a privilege for Aboriginal people. The goal of enfranchisement was to strip the Aboriginal person of their Indian status and become full British subjects. Enfranchisement was voluntary and only men could seek it. They had to be over age 21, be able to read and write, be free of debt, and have a good moral character as determined by a non-Aboriginal commissioner. Once enfranchised, the man was entitled to specific land and other annuities. The man's wife and children automatically lost their Indian status whether they so desired or not (Makarenko, 2008; Moss & Gardner-O'Toole, 1987).

Over the next few years, several more Acts were introduced. The Indian Lands Act in 1860 transferred all authority over Aboriginal peoples and their land to the office of the Chief Superintendent of Indian Affairs in the Province of Canada (Makarenko, 2008). In 1867, the Province of Canada united with Nova Scotia and New Brunswick to



create the Dominion of Canada. The newly formed government of Canada based its power over Aboriginal peoples on Section 91(24) of the Constitution Act, 1867 and reassigned legislative authority to the federal Parliament, removing it from the provincial legislatures (Harry, 2009; Makarenko, 2008). In 1869, the Gradual Enfranchisement Act introduced self-government with limited bylaw powers to Aboriginals living on reserves. This Act also prohibited the sale of alcohol to Aboriginal people in an attempt to protect them from themselves (Makarenko, 2008). In 1874, amendments were incorporated making it illegal for an Aboriginal to consume or possess alcohol. An intoxicated Aboriginal would be arrested and jailed for up to a month and if he or she refused to disclose where the alcohol was obtained, an additional 14 days would be spent in jail. All of these Acts, governances, and amendments were established prior to the Indian Act, 1876 (Harry, 2009; Makarenko, 2008).

### **The Indian Act, 1876**

**Assimilation and civilization.** The purpose of the Indian Act, 1876 was to provide an explicit vision of the assimilation and civilization of Aboriginal peoples and to encourage them to leave behind their Indian status and traditional cultures (Makarenko, 2008). It incorporated previous legislation along with other additions and changes. Harry (2009) reported:

Enfranchisement became automatic for doctors, lawyers, notary publics, ministers of Christianity or holders of any university degree. It appeared that being educated was incongruent with being Indian, or that, at least once educated, an Indian was too civilized to be an Indian. (p. 17)

The Indian Act of 1876 clearly identified who could claim Indian status and provided the following guidelines. The document stated that the term Indian means: (a) any male person of Indian blood reputed to belong to a particular band, (b) any child of such person, and (c) any woman who is or was lawfully married to such person. Interestingly, a little later in the document it was stated, “the term ‘person’ means an individual other than an Indian . . .” (Blair, 2005; Indian Act, 1876). Therefore, an Indian was not a person in the eyes of the law regardless of his status.

The new laws and legislation overshadowed Aboriginal women’s rights (Harry, 2009; Makarenko, 2008). The only way an Aboriginal woman could claim status was to be directly descended from a status father or marry an Indian man. However, the Indian Act, 1876 clearly indicated that any woman who married an Indian could claim status including non-Aboriginal women. This particular Act outlined that a woman with Indian status who married a non-Aboriginal man automatically lost her status and the right to be called an Indian, live on an Indian reserve or be buried on an Indian reserve with the rest of her family (Blair, 2005). However, if a non-Aboriginal woman married an Indian man she was considered Indian and could live and be buried on Aboriginal land even though she may have had no prior Aboriginal blood relations (Canada in the Making, 2004). These laws made Indian women legally “white” and white women legally “Indian” (Harry, 2009, p. 7). Therefore, discrimination towards Aboriginal women occurred early in the roll out of legislation and set the tone for the future.

Stevenson cited in Harry (2009) described how systemic imperialism and the colonial mentality of the day dictated the way non-Aboriginal people regarded Aboriginal women. European women were regarded as fragile, pure, and weak, whereas Aboriginal

women were seen as sturdy, hardworking, and strong (Forsythe, 2005; Harry, 2009, p. 8). Aboriginal women were involved in their local politics and were financially independent when necessary while non-Aboriginal women were chaste, subservient, and dependent on men.

Paternalistic control flourished and, in time, Aboriginal men embraced a male dominant role and supported a submissive and dutiful role for women (Harry, 2009). Stephenson (1999) reported that Aboriginal women “resisted the patriarchy because it threatened to undermine their socio-economic autonomy and because it threatened the socio-cultural cohesion of their communities” (cited in Harry, 2009, p. 8). The more they resisted these changes to their identity, the more they were seen as troublemakers and “the image of the dirty and immoral squaw” (Forsythe, 2005, p. 3) embedded itself into the societal thought of the day. The lawmakers and agents for Aboriginal people generated heavy-handed policies upon the reserve women and began to dictate how they should and would live. They were taught new ways to keep house and new ways to cook. Their traditional bread, bannock, was banned in 1889 in an attempt to further assimilate and civilize the heathen Aboriginal woman. The powerful patriarchs believed Aboriginal women were incapable of running a respectable household and incompetent in the areas of motherhood and child rearing. Eventually all Aboriginal children would be forced into residential schools across the country (Forsythe, 2005).

**Residential school.** The European settlers believed they were superior in customs, values, morals, education, and religion (Truth and Reconciliation Commission of Canada, 2012). They viewed the indigenous people of Canada as primitive and savage and the goal of the various Acts was to civilize and assimilate Aboriginal people into the

Euro-Canadian culture of the day (Makarenko, 2008). One of the most significant undertakings was the creation of residential schools. Prime Minister Sir John A. Macdonald, who was also minister of Aboriginal Affairs, opened the first residential schools. He believed it was the only way to educate Indian children to become civilized citizens of Canada. In 1883, he communicated to the House of Commons

When the school is on the reserve, the child lives with his parents who are savages; he is surrounded by savages, and though he may learn to read and write, his habits and training and mode of thought are Indian. He is simply a savage who can read and write (Library and Archives Canada, Harold Daly fonds, C006513 cited in The Truth and Reconciliation Commission of Canada, 2012, p. 6).

The dominant churches of the day, including Catholic, Anglican, and Presbyterian, maintained and operated these schools.

The authorities removed Aboriginal children from their homes and placed them in these schools to become educated in Euro-Canadian ways (Truth and Reconciliation Commission of Canada, 2012). Upon arrival, the educators, mostly nuns, told the children they were no longer Indian. The children were separated from their siblings, instructed to speak only English, forced to cut their hair and wear non-Aboriginal clothing, and given new names. The schools made every effort to alienate the children from their families of origin and their culture.

Attendance at residential school was mandatory until 1951 (Harry, 2009) however some of the schools were still operating well into the 1990's. Although there are some positive accounts of the residential school experience, the majority of stories involve

domination and control over every aspect of life. Residential school survivors frequently report having experienced abuse of all kinds and at all levels within the school system. In what should have been a nurturing and safe environment these children were exposed to atrocities analogous to genocide and the extermination of an entire culture. Over the years, trust eroded, hope diminished, and eventually the children were ejected back into society broken and bruised for life (Truth and Reconciliation Commission of Canada, 2012).

### **Amendments to the Indian Act and Beyond**

Amendments to the Indian Act, 1876 occurred regularly over the following years and included the following:

1. 1885: prohibition of several traditional ceremonies such as potlatches;
2. 1894: removal of band control over non-Aboriginals living on reserves;
3. 1905: power to remove Aboriginals from reserves near towns with more than 8,000 people;
4. 1911: power to expropriate portions of reserves for roads and railways;
5. 1914: required Aboriginals to apply for official permission to wear traditional clothing in any public dance, show, exhibition, stampede, or pageant;
6. 1918: power to lease out uncultivated reserve land to non-Aboriginals if it would be used for farming or pasture;
7. 1927: prohibition of anyone to solicit funds for Aboriginal land claims, prohibition of selling agricultural products off reserve, prohibition of the use of mechanized farm equipment or iron implements, banned from slaughtering livestock for sustenance; and

8. 1930: permission for pool hall owners to refuse entrance to their establishments (Makarenko, 2008, p. 6-7).

The first comprehensive revision to the Indian Act, 1876 occurred in 1951 (Makarenko, 2008). Responsibility for and control over Aboriginal peoples was reassigned to the Department of Indian Affairs and Northern Development (DIAND). Although the new Act removed some of the restrictions on Aboriginal ceremonies and consumption of alcohol, it did little to relax the paternalistic control exerted over issues such as land rights, band council law, Indian status, and enfranchisement (Makarenko, 2008).

“From the 1950s onward Aboriginal policy in Canada entered into a complex period” (Makarenko, 2008, p. 8). The traditional policy of assimilation continued to exist and Aboriginal communities and groups began to voice the desire to assume control over their own affairs. In 1960, Aboriginals received the right to vote federally without having to give up their status and in 1961, the removal of compulsory enfranchisement laws meant Aboriginals were no longer forced to give up their Indian status. In 1969, fuelled by civil unrest in the United States, Prime Minister Pierre Trudeau along with his Minister of Indian Affairs, Jean Chretien, introduced a policy paper, better known as The White Paper, designed to abolish the Indian Act and Indian status totally. The gist of the paper was to assimilate Aboriginal people into society as an ethnic minority rather than a distinct nation. Aboriginal people were not consulted at any level and strongly opposed The White Paper and eventually the federal government withdrew from this pursuit (University of British Columbia, 2009).

In 1985, the federal government introduced Bill C-31 (Department of Indian Affairs, 1995). This legislature was a response to the introduction of the Canadian Charter of Rights and Freedoms in 1982. The Charter prohibited discrimination based on characteristics such as race, ethnicity, religion, gender, age, or mental or physical disability. Bill C-31 had the potential to change many aspects of Aboriginal life, but did not erase the years of domination and control over Aboriginal people, especially the women. Although women who had married non-Aboriginal men had their status reinstated, bands could determine their own membership and continued to exclude certain women at their discretion. This resulted in many Aboriginal women regaining status only to have no band or reserve welcome them. As a result, these Aboriginal women and, in some cases, their children had no access to band-run social programs, support, housing, or other status advantages (Harry, 2009).

It has been a long and troubled road for Aboriginal women and the impact of colonization has had extensive and destructive consequences over the decades. The transgressions and wrongdoings toward Canada's Aboriginal peoples will never disappear and the European footprint is indelibly inked into the Canadian landscape forever (Harry, 2009). Recognition and support for Aboriginal women will help increase respect on a personal level and within the community. Awareness of the past might pave their pathway to a place where tolerance and acceptance is embraced (Harry, 2009).

The genocidal approach to civilizing the Aboriginal peoples of Canada has had a profound influence on their lives that affects them to this day. The women in my study have openly and candidly spoken about issues such as colonization, discrimination, residential school, and abuse and this legacy has deeply affected the lives of each of the

women. The consequences of the steps taken to annihilate Aboriginal people has left in its wake a broken culture that may take decades to repair, if ever.

This chapter has provided an initial and cursory review of hope in the literature as it relates to Aboriginal women who have experienced incarceration. I have also provided an overview of the context from which the women in my study originate. As indicated, there is a paucity of literature directly related to this particular phenomenon. Therefore, my intention is to reveal new understanding and knowledge regarding how Aboriginal women who have experienced incarceration identify, perceive, and utilize hope in their lifeworlds.

In the following chapter, I describe the chosen research design for my thesis and include a discussion of qualitative inquiry and van Manen's (1990) approach to phenomenology. I present how I have integrated a feminist lens to view the lifeworlds of the women in the study. I provide an overview of the method, including sampling, data collection, and analysis and I discuss the ethical considerations including those specific to Aboriginal populations. Finally, I review the trustworthiness of the study.



## **CHAPTER THREE**

### **The Research Design**

“Phenomenological research is a qualitative research method that allows for examination of the meaning, exploration, description and understanding of human experience” (Dinkel, 2005, p. 7). It is the study of the lived experience and might be particularly useful to the discipline of nursing in “gleaning the experiences of diverse populations especially those who are vulnerable” (Dinkel, 2005, p. 10). Phenomenology fits well with the philosophy of nursing as a holistic practice that serves the whole person; “the interconnectedness of body, mind, emotion, spirit, social/cultural, relationship, context, and environment” (American Holistic Nurses Association, 2010).

### **Nursing and Phenomenology**

The International Council of Nurses (2010), of which the Canadian Nurses Association is a member, defines nursing as follows:

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled, and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in-patient and health systems management, and education are also key nursing roles.

This definition is consistent with the principle that the practice of nursing is a holistic human science involving care for people across the lifespan from birth to death and includes the whole person; that is, the mind, body, spirit and the environment(s) one lives and interacts within (Canadian Nurses Association [CNA], 2007).

“In qualitative research, inquirers use the literature in a manner consistent with the assumptions of learning from the participant, not prescribing the questions that need to be answered from the researcher’s standpoint” (Creswell, 2009, p. 26). One of the major reasons for conducting phenomenological research is to explore the unknown or to gain greater understanding about a particular phenomenon.

Phenomenology, as a research method for nursing, supports this premise and “allows for examination of the meaning, exploration, description, and understanding of human experience” (Dinkel, 2005, p. 7). It focuses on the lived experience of an individual and includes their conscious perceptions, judgments, and emotions. Munhall (1994) endorsed the belief that the purpose of phenomenological research is to know what a particular experience was “really” (Munhall, 1994, p. 304) like to live it, not just the person’s reaction to the experience. Connelly (2010) stated, “Nurses have been using this method for some time because it considers the whole person and values his or her experience” (p. 127). Nurses have the opportunity to explore a person’s lifeworld or lived experience through a holistic and integrated examination of humankind in the search for meaning of particular phenomena without “breaking the person into parts and piecing them back together” (Munhall, 1994, p. 7).

### **Phenomenology**

Phenomenology derives its meaning from the Greek word *phainomenon* or phenomenon (n.d.) “that which appears or is seen”. Phenomenology (n.d.) is “the study of the development of human consciousness and self-awareness as a preface to or a part of philosophy”. The goal of phenomenology is to describe and/or interpret the lived experience of a particular phenomenon (Streubert Speziale & Rinaldi Carpenter, 2007).

It is the study of essences or the fundamental nature of an identified phenomenon and is taken up mainly through descriptive analysis. Phenomenology seeks to explore the lived experience and to transform it into textual expression that conveys meaning to the reader.

Gadamer's (1900-2002) philosophical stance and Max van Manen's (1990) approach underpin this study's research question and the subsequent study. Although Gadamer is most often referred to in hermeneutic philosophy, I have found elements of Gadamer's philosophy to be useful and congruent with the phenomenological stance that I wish to take within this study. van Manen (1990) and Gadamer (1970/2007) were both concerned with how understanding is possible and offered an interpretive approach to understanding the human sciences. Through a forum of conversation and story-telling I have provided a safe space for Aboriginal women who have experienced incarceration to share their lived experiences or as van Manen (1990) prefers to call it, their "lifeworlds". "Lived experience is to the soul what breath is to the body...lived experience is the breathing of meaning" (van Manen, 1990, p. 36). According to van Manen (1990) phenomenology is:

1. The study of lived experience (p. 9);
2. The explication of phenomena as they present themselves to consciousness (p. 9);
3. The study of essences (p. 10);
4. The description of the experiential meanings as we live them (p. 11);
5. The human scientific study of phenomena (p. 11);
6. The attentive practice of thoughtfulness (p. 12);
7. A search for what it means to be human (p. 12); and

8. A poetizing activity (p. 13).

van Manen (1990) described phenomenology as a human science since the purpose of phenomenological research is to study the structures of meaning of the lived human world. It is the study of lived or existential meanings and “attempts to explicate the meanings as we live them in our everyday existence, our lifeworld” (p. 11). Thus, I have utilized the guiding principles above to explore the meaning of hope for Aboriginal women who have experienced incarceration.

In choosing phenomenology as a research approach, I was also guided by Gadamer’s (1984/2007) interpretative approach to understanding the human sciences and believed that understanding is always positioned in the historical, dialectical, and linguistic traditions (Binding & Tapp, 2008; Flemming, Gaidys & Robb, 2003). “He proposed that it is through the dialectic of question and answer . . . and genuinely open conversation that a topic may come to be more fully understood” (Binding & Tapp, 2008, p. 122).

**Bracketing.** Bracketing is a technique used in phenomenological research whereby the researcher knowingly puts aside his or her own beliefs and judgments about what has been observed or heard and remains open to the data as they are revealed (Streubert Speziale & Rinaldi Carpenter, 2007). Munhall (1994) referred to this technique as unknowing and believed the researcher must “stand before an experience with an attitude of unknowing, even and especially if you have lived that experience yourself” (pp. 54-55). Bracketing is an attempt to reach a state of mind where nothing is known regarding the phenomenon under study. However, I believe this state of mind is almost impossible to achieve while living and being in the everyday world.

Gadamer (1990) emphasized the notion of historical awareness and valued it as a positive condition for knowledge and understanding. Gadamer also believed that it is impossible to step outside of one's history and look at the past objectively (Fleming, Gaidys & Robb, 2003). Indeed, Gadamer (1966/2007) stated that

There can be no doubt that the great horizon of the past, out of which our culture and our present live, influences us in everything we want, hope for, or fear in the future. History is only present to us in light of our futurity. (p. 82)

According to Gadamer (1966/2007), we are all part of history; therefore, it is impossible to ignore our presuppositions and personal experiences and to observe the past objectively. Gadamer referred to this as prejudice or "those situations by which we encounter the world as we experience something" (Koch, 1996, p. 177). Gadamer determined that consciousness is the fusion of the individual's horizon within the prejudices of history, including those provided by people and/or texts. We take our prejudices with us into the research process and in turn, they help us to understand (Koch, 1996). As Merleau-Ponty (1962) put forth "...it is not necessary to see the light, but only what it illuminates. However, without the light nothing would be seen" (cited in Koch, 1996, p. 177). Gadamer believed that understanding could only be possible with historical awareness, and therefore carried certain prejudices (de Witt & Ploeg, 2006; Fleming, Gaidys & Robb, 2003; Holloway & Biley, 2011; Koch, 1996; van Manen, 1990). Therefore, consciousness is dependent on history and "the common humanity which researchers and participants share" (Holloway & Biley, 2011, p. 971).

**Fusion of horizons.** Gadamer (1977/2007) believed it is only through one's preunderstandings that understanding is possible. Our preunderstandings provide an

opportunity to recognize things from a different perspective and deepen our understanding of a phenomenon. Gadamer described this shift in understanding as the fusion of horizons. The Compact Oxford English Dictionary (2005) defined horizon as “the limit of a person’s knowledge, experience, or interest” (p. 487). Therefore, a horizon is understood as a field of vision that includes everything as seen from one perspective. However, as a horizon is ever changing and dynamic, the understandings of the researcher and the participants will merge to construct new understanding (Binding & Tapp, 2008; Crist & Tanner, 2003; de Witt & Ploeg, 2005; Koch, 1996; Lavery, 2003). There is dynamic movement back and forth from the position of “naïve understanding to explicit understanding” (Streubert Speziale & Rinaldi Carpenter, 2007, p. 89) that results in a phenomenon known as the hermeneutic circle. In other words, one can understand the present only in the context of the past and vice versa. Knowledge and understanding move back and forth, in and out, to and fro; “a constant heaving between the inner and the outer” (van Manen, 1990, p. 36). Perhaps this is the place where perspectives come together and integrate into shared understanding.

As human beings, we are aware of many different phenomena within our world and the most we can ask is to be conscious of any judgment or presuppositions we may have. As Munhall (1994) stated, “Be mindful. Practice mindfulness” (p. 67). She encouraged the researcher to empty his or her mind and to think about the art of unknowing and the art of listening. Thus, during the gathering of my data, I remained mindful of my own bias, consciously quieted my thoughts, and listened to the women’s stories.

## **A Feminist Perspective**

The concept of feminism identifies three basic attributes: (a) the struggle for equality between men and women, (b) valuing and respect for the individual woman, and (c) awareness of oppression of women (Allan, 1993). However, Hall and Stevens (1991) suggested there is no universal women's experience or definition of feminism due to differences in personal values, beliefs, interests, and interpretations of life knowledge. Diversity of class, race, sexual orientation, religion, education, and age influence the uniqueness of every woman. Hall and Stevens (1991) described "feminisms" as having three basic principles: (a) valuing women by validating their experiences, ideas, and needs; (b) recognizing the existence of ideological, structural, and interpersonal conditions that oppress women; and (c) a desire to create social change through societal and political action. Therefore, I have integrated a feminist lens to increase our knowledge regarding the meaning of hope for Aboriginal women who have experienced incarceration.

**Epistemological assumptions.** Epistemology is the theory of knowledge and asks the question "how do we know what we know"? In feminist research, epistemology is the basis for the methodology and women's experiences are respected as a legitimate source of knowledge. Sigsworth (1995) has clearly identified the following seven conditions of feminist methodology:

1. The research is based on women's experiences, perspectives, and truths;
2. "Artificial dichotomies and sharp boundaries are suspect in research involving women" (p. 897);

3. Contextual and relational phenomena must always be considered when designing, conducting, and interpreting research;
4. Equal importance is given to both the questions asked and the answers obtained; the research should be for women and address the questions that women want answered;
5. The research should not be hierarchical;
6. The researcher's point of view or assumptions, biases, and presuppositions are part of the research process; and
7. The researcher and the participants are partners therefore creating a bond from which knowledge gained leads to understanding.

Feminist methodology clearly states that the research is for the women who have participated in the study and addresses the questions they want answered (Hall & Stevens, 1991; Sigsworth, 1995). Although my hope is that this research benefited the women who participated, I chose a phenomenological methodology as I chose a question that guided the research and my primary intention is to inform nurses and other health care professionals as well as the Aboriginal community of the findings from the women's stories. However, I was guided by these seven feminist conditions that assisted in creating a conversational environment for the women in my study to share their voices, personal stories, and perspectives.

The previously described methodologies helped to create the foundation for responses rich in the lived experience of my participants. The women in my study were able to delve deep within their own feelings and experiences and this in turn gave credibility and legitimacy to their particular emotions. I embarked upon a journey with



the women and as a result generated themes that might provide insight and understanding for nurses and other health care professionals about the concept of hope for Aboriginal women who have experienced incarceration.

### **Method**

Method is the specific and/or systematic technique used for data collection under the philosophical assumption of a particular methodology (Streubert Speziale & Rinaldi Carpenter, 2007).

The researcher must be familiar with the philosophic underpinnings and ground the study in the approach that would offer the most rigorous and accurate interpretations of the phenomenon under investigation. Appropriateness of the method to the phenomenon of interest should guide the method choice. (Streubert Speziale & Rinaldi Carpenter, 2007, p. 82)

van Manen (1990) has suggested the following six research activities to pursue human science research:

1. Turning to a phenomenon that seriously interests us and commits us to the world;
2. Investigating experience as we live it rather than as we conceptualize it;
3. Reflecting on the essential themes which characterize the phenomenon;
4. Describing the phenomenon through the art of writing and rewriting;
5. Maintaining a strong and oriented pedagogical relation to the phenomenon;
6. Balancing the research context by considering parts and whole. (p. 30-31).

Although van Manen (1990) is adamant that “there is no definitive set of research procedures . . . that one can follow blindly” (p. 34), I have used the methodical structure

outlined above to guide my research process and to facilitate the unveiling of that which is not known.

## **Sampling**

The selection of participants for qualitative research differs from the selection of subjects for quantitative research. While quantitative research strives for large, random sampling that can be controlled, manipulated, and generalized the basis of qualitative sampling is to choose a small number of participants who have “first-hand experience with a culture, social process, or phenomenon of interest” (Streubert Speziale & Rinaldi Carpenter, 2007, p. 29). The most common type of sampling in phenomenological inquiry is purposive sampling (Ayres, 2007; DiCicco-Bloom & Crabtree, 2006). This method of sampling identifies individuals who share a common experience, understanding, or particular knowledge about a specific phenomenon, occurrence, or event. DiCicco-Bloom and Crabtree (2006) stated “the sample of interviewees should be fairly homogenous and share critical similarities related to the research question” (p. 317). This sampling is based on an iterative process with the intention of obtaining specific data that are rich and informative (Byrne, 2001; DiCicco-Bloom & Crabtree, 2006).

For my study, I interviewed six women who identified with an Aboriginal heritage and who had experienced incarceration. I initiated contact with my participants using a poster (see Appendix A) that asked women who identified with my study to volunteer for an interview. I contacted specific agencies with access to a female population who met my criteria and requested permission to post the recruitment poster. I received approval from four agencies; however, only two recruits came forward from

the use of the posters. The other method I used was word of mouth; this proved to be the most valuable method of recruitment, resulting in four of the six participants. This method is in keeping with the purposive sampling methods identified in the literature and in previous qualitative studies (Ayres 2007; DiCicco-Bloom & Crabtree, 2006; Qu & Dumay, 2011).

### **Data Collection**

I followed a semi-structured interview process and worked together with the women so they might reveal their innermost feelings regarding their individual lives and in turn, they shared their unique stories. I became better able to understand their lifeworlds and will subsequently share this knowledge in this thesis and with other health care professionals, service providers, and the Aboriginal community.

**Storytelling.** van Manen (1990) emphasized that a person cannot reflect on a lived experience while living it but must reflect on an experience in a retrospective manner. “Reflection on lived experience is always recollective; it is reflection on experience that is already passed or lived through” (p. 10). Therefore, only the women themselves were able to provide the data through their storytelling. The opportunity for their voices to emerge was essential in an effort to humanize their experiences and “focus on meaning over measurement” (Holloway & Biley, 2011, p. 969). They had stories to tell and in so doing were able to channel their innermost thoughts, regrets, yearnings, heartaches, and future desires in a safe space. Their stories were like songs that shared the depth and breadth of human suffering that has been silent for a very long time. This research study has provided an opportunity for some of the women’s voices to emerge

and to increase understanding about what the phenomenon of hope means in their lifeworld.

**Conversation.** Gadamer (1970/2007) described conversation as a mutual moment in time when understanding takes place between two people and “genuine conversation transforms the viewpoint of both” (p. 96). His position acknowledged that “through talking things out with each other to the fullest possible extent we will overcome being blocked off from mutual insight by remaining stuck within the compass of our own opinions” (p. 97 ). Therefore, I refer to the interviews as conversations in this thesis.

**Conversational interviews.** I asked the women to identify a place where they would feel comfortable and safe, including their own home or any mutually agreed upon place of their choice. I met with one woman at her home, four of the women at a local health centre, and one at a women’s emergency shelter. I met with the women for face-to-face in-depth conversations that lasted the length of time required for them to feel they had exhausted the details and descriptions of their experience, approximately one to two hours. The conversations were personal and intimate and I used open-ended questions to guide the conversations. Open-ended conversing enables the researcher to follow the participant’s lead and to ask clarifying questions as well as facilitate the expression of the lived experienced or phenomenon under study (Streubert Speziale & Rinaldi Carpenter, 2007). My guiding questions were similar to the following: What comes to mind when you hear the word hope? Tell me about a time when you felt hopeful. Tell me about a time when you felt hopeless. Describe how hope influenced your life when you were in jail. Now that you are out of jail, tell me what impact hope has on your day-to-day life.

## **Data Analysis**

Qualitative data analysis begins simultaneously with data collection (DiCicco-Bloom & Crabtree, 2006; Streubert Speziale & Rinaldi Carpenter, 2007). This simultaneity generates an emerging understanding of the meaning of the phenomenon under study. As I conducted the conversations with the women, clustered ideas or themes materialized. “Themes are structural meaning units of data” (Streubert Speziale & Rinaldi Carpenter, 2007, p. 47). These units of data served to inform me about the specific phenomenon of my study and the process of identifying themes began. van Manen (1990) described three approaches to uncovering or isolating the themes of a phenomenon; a) the wholistic or sententious approach, b) the selective or highlighting approach, and c) the detailed or line-by-line approach (p. 92-93). At the conclusion of data collection, I embarked upon an extended period of immersion in the generated data and utilized the second of these approaches to isolate phrases and words that were congruent and consistent between the conversations. This process served as a vehicle through which I was able to begin to explore the themes drawn from the data and to “use the emerging themes as generative guides for writing the research study” (p. 168). This approach to working the text was described by van Manen (1990) as a thematic approach that allows “systematic investigation” (p. 168). As themes emerge, structure of meaning occurs and “one theme always implicates the meaning dimensions of other themes” (p. 168). I have utilized this approach to explicate the women’s stories into readable text.

## **Ethical Considerations**

The very personal nature of phenomenological research results in a number of ethical considerations. In phenomenological research, it is impossible to predict what

might be disclosed or emerge during the course of an interview, therefore the issue of privacy and confidentiality is essential (Streubert Speziale & Rinaldi Carpenter, 2007). DiCicco-Bloom & Crabtree (2006) and Munhall (1994) identified the ethical considerations discussed below when conducting qualitative research.

**Unanticipated harm.** Reducing the risk of unanticipated harm is the first ethical issue to consider. Interviewing requires the researcher actively listen to what the participant is saying and then to reflect back to the participant to clarify. During this process, the respondent may experience unintended harm by re-living a particular event or memory. Munhall (1994) stated, “The therapeutic imperative of the human sciences (advocacy) takes precedence over the research imperative (advancing knowledge) if conflict develops” (p. 151). Munhall further described how the researcher must acknowledge both imperatives to balance the advancement of knowledge against justice, beneficence, and respect for participant’s rights. Therefore, I considered the possibility of unintended harm and took steps to minimize or prevent this from occurring.

My experience in working with people who have lived through events that cause distress has helped me to recognize the fragile nature of such disclosure. Two of the women displayed emotions congruent with inner turmoil and distress. I was prepared to provide written and contact information for follow up with appropriate resources. None of the women demonstrated imminent danger to themselves or others.

**Confidentiality and privacy.** Protecting public disclosure of the women’s personal information was crucial to maintaining confidentiality and privacy. As a participant recounts particular incidents or events, rapport and trust may develop to the extent the participant may want to share a secret (Munhall, 1994). The researcher must

keep in mind the purpose of the study and remind the participant that all communication is meant to be part of the study. Additionally, participants may disclose information that could possibly have a detrimental effect on their well-being; therefore, the participant must be kept anonymous and protected from any individual or situation that would pose a conflict of interest. However, an important caveat that must be verbalized is the need to break confidentiality in the event that a participant reveals intent to harm oneself or someone else (Munhall, 1994; Streubert Speziale & Rinaldi Carpenter, 2007). I reviewed and discussed these considerations with each woman during the process of informed consent.

**Intention of the study and process consent.** The intent of the study must be adequately communicated to participants through the ongoing process of consent (Munhall, 1994; Streubert Speziale & Rinaldi Carpenter, 2007). Informed consent implies a static, past tense concept and phenomenological research is a dynamic and changing process. “Over time, consent needs to be renegotiated as unexpected events or consequences occur” (Munhall, 1994, p. 156). It is also important for the researcher to ask participants to participate in more than one interview if necessary. Finally, participants must be aware that they may withdraw from the research study at any time, for any reason, without negative consequences. During the conversations, opportunities arose to review the intent of the study however, no changes to the consent needed to be made. None of the women chose to withdraw from the study and each woman agreed to a second conversation if necessary.

**Exploitation.** Participants should not be exploited for the researcher’s personal gain (DiCicco-Bloom & Crabtree, 2006). The contributions of the participants result in

the findings and possible publication of those findings. It is essential that the participants be informed regarding the dissemination of the data. During the process of informed consent, I advised the women of how I planned to disseminate the findings and also asked the women how they would like the findings of the research to be shared with other health care providers as well as the Aboriginal community. Finally, the women were informed that total anonymity could not be guaranteed as certain stories may sound familiar or be recognizable.

### **Ethics Approval and Informed Consent**

Ethics approval was obtained through the Conjoint Health Research Ethics Board with the University of Calgary. Each woman provided signed consent prior to the commencement of the conversation (See Appendix B). At the conclusion of our conversation, each woman received a Walmart gift card as a token of appreciation. Each woman also agreed to have her conversation audio taped for the purposes of transcription. I transcribed all of the interviews myself. I further explained that the only people with access to the taped conversations and subsequent written transcripts would be myself and my thesis supervisor, the principal investigator. Finally, I explained that the data collected would be stored in a locked filing cabinet or a password protected computer in a secure office for the time required by the University of Calgary and then destroyed in keeping with current secure methods.

### **Ethical Implications for Qualitative Researchers**

Keeping the previous ethical considerations in mind, researchers who are also clinicians should reflect on their role as researchers. There may be times during the



gathering of data that the researcher is compelled to revert to the role of clinician. Orb, Eisenhauer, and Wynaden (2000) agreed that:

The separation of these two roles is not easy. Clinicians usually advise and treat clients for their complaints. Clinicians, in this new role of researchers, should listen to participants about what they want to say or to observe without interfering. For someone who has been used to being in charge or helping, this apparent passivity may cause discomfort and some level of stress. (p. 96)

Furthermore, conducting qualitative research within an area where the researcher works or is known might raise other concerns. The researcher may acquire richer data as a result of knowing the situation and having the trust of participants. However, participants may also feel pressured to participate and limit their information. Identifying the researcher's role as non-clinical provides a boundary for the study while maintaining trust. It is important that the researcher know how and where to provide support if necessary during the course of the study. My experience working with marginalized individuals as a registered nurse situated me where I felt it was extremely important to keep my boundaries between clinician and researcher clearly defined. During more than one occasion, the opportunity arose to discuss where support services were available to maintain the focus of the conversation.

### **Special Ethical Considerations with Aboriginal People**

Guidelines for conducting research with Aboriginal and/or First Nations people were developed by the Ethics Office of the Canadian Institutes of Health Research (CIHR) and published in May 2007. These guidelines and the subsequent document were developed to “facilitate the ethical conduct of research involving Aboriginal people” with

the “intent to promote health through research that is in keeping with Aboriginal values and traditions” (p. 10).

Within the document, specific guidelines have been established that focus on the context of Aboriginal concepts such as sacred space, sacred knowledge, and traditional knowledge. These guidelines are comprehensive in covering all aspects of Aboriginal and First Nations research conducted by mainstream researchers. For my study the following guidelines were adhered to:

1. “Concerns of individual participants and their community regarding anonymity, privacy and confidentiality should be respected, and should be addressed in a research agreement” (p. 4). This guideline was fulfilled through the process of informed consent.
2. “Research involving Aboriginal people is susceptible to misinterpretation or misrepresentation when information about the group is analyzed without sufficient consideration of other cultural characteristics that make the group distinct” (p. 6). For the purpose of my study, I requested the assistance of a member of the Aboriginal community with whom I have known and worked for several years. She agreed to act as the Aboriginal Liaison for my study and to assist with the aspects of tradition and culture regarding Aboriginal women who have experienced incarceration.
3. Aboriginal community members “are entitled to due credit and to participate in the dissemination of results” (p. 6). I have recognized the contribution of the women’s voices as appropriate regarding dissemination of my findings.

## **Trustworthiness of the Study**

Trustworthiness in qualitative inquiry refers to the “way in which a research paradigm’s ontology and epistemology inform the interpretive framework brought to the question” (Koch, 1996, p. 178). The soundness of the knowledge claims depend on the ability to show the study as trustworthy and believable. Trustworthiness is established when a reader is able to follow the trail of decisions made for selecting the philosophy and methodology chosen. Guba and Lincoln (1989) identify credibility, transferability, and dependability as criteria for addressing the accuracy of a phenomenological study (cited in Koch, 1994). The researcher addresses the issues of credibility and dependability and the reader decides if it is believable (Koch, 1996). For my research study, I have addressed my choice of inquiry based on the context of the question and the lived experience of the women. A brief overview of the criteria follows.

**Credibility.** Credibility is the ability to produce reliable results from the data. Credibility is established by the researcher through the process of “prolonged engagement with the subject matter” (Streubert Speziale & Rinaldi Carpenter, 2007, p. 49). I immersed myself in the data over the course of eight months and had an extended period of eight weeks where I was able to immerse myself daily. Another way to enhance credibility is to consult the participants and ask if they recognize the findings (Koch, 1994 ). I spoke with two of the women on a second occasion to clarify demographic information but we did not discuss the findings of the study, as it was not appropriate to do so at that time. Toward the end of my writing, I attempted to reach out to one of the women in particular to discuss the findings however, I was not able to connect with her. At the very end of my writing I met with my Aboriginal liaison to

listen to her thoughts on the content of the women's stories and the integrity of the overall study. She provided confirmation that the stories presented an accurate, reliable, and genuine description of the lifeworlds of Aboriginal women (V. Theriault, personal communication, May 20, 2012). On the morning of my oral defence for this thesis, I met with Ms. Theriault for prayer and she once again reinforced the credibility of the stories (V. Theriault, personal communication, June 12, 2012).

**Transferability.** Transferability refers to the ability to transfer the study findings to similar situations (Streubert Speziale & Rinaldi Carpenter, 2007). Koch (1994) also refers to this as “fittingness” (p. 92) or the degree of similarity between two contexts. “The context must be described adequately so that a judgement of transferability can be made by readers” (Koch, 1996, p. 179). I have provided sufficient descriptive data in my study so that readers and other researchers would be able to apply the findings to other contexts and populations.

**Dependability.** Guba and Lincoln (1995) reported “there can be no dependability without credibility” (cited in Streubert Speziale & Rinaldi Carpenter, 2007, p. 49). Dependability speaks to the ability to present a decision or audit trail. Sandelowski (1986) stated that a study is auditable when another researcher can clearly follow the decisions made by the investigator of the study. Another researcher “could arrive at the same or comparable but not contradictory conclusions given the researcher's data, perspective, and situation” (p. 33). I am able to provide rich accounts derived from the audio tapes of in-depth conversations with the women in my study.

This chapter began with a discussion regarding the fitness of phenomenological inquiry in nursing research. I presented my methodology and method based on the

philosophies of Gadamer and van Manen and reviewed the tenets of phenomenology. I discussed the suitability of utilizing a feminist lens with which to view the lifeworlds of the Aboriginal women in my study. I reviewed my approach for sampling and data collection. I addressed the data analysis and ethical considerations including a discussion regarding special considerations for Aboriginal populations. Finally, I discussed the criteria to meet trustworthiness. In the next chapter, I present the stories of the women in their own voices following the guiding questions I used during the conversations.

## **CHAPTER FOUR**

### **The Stories**

This chapter presents the voices and lifeworlds of the Aboriginal women in my study. I now present the stories of the six women with whom I conversed. Some of the women preferred to use their own names and others provided a pseudonym. I utilized a set of guiding questions (see Appendix C) and I have incorporated them into the following stories.

#### **Kim's Story**

Kim (a pseudonym) contacted me after she saw my recruitment poster at one of the agencies. We agreed to meet at her home. Kim is a 36 year-old full status Aboriginal woman of Cree descent currently living with her male common-law partner, 9 year-old daughter, and their pet cat. Kim has a grade six education and was unemployed at the time of our conversation, but has worked in the food services industry in the past. Kim has experienced addiction, abuse, foster care, and incarceration. Kim has been clean and sober now for six years. She stated she had been in jail more than 20 times and although most of her jail time was served at the local remand centre, she was also incarcerated provincially. She stated her physical health is “good” although she is Hepatitis C positive. She admitted experiencing low mood and, at times, anxiety.

Kim greeted me at the door with a big smile. She was dressed in yoga pants and a t-shirt and asked if I would like a tour of her house. She was very proud of her home and showed me each room including the basement where her daughter was playing Wii. Her home was clean, neat, and tidy and cultural artwork and décor adorned the walls, cabinets, and tabletops throughout the house. She led me to her office where we would

have our conversation. Proudly displayed on the walls were pictures of her daughter and certificates of achievement – both hers and her daughter’s. Kim has an infectious laugh and she giggled with delight as we settled down for our conversation. The family cat made it known that I had stolen his chair and he was quite unhappy about it. We laughed together, shooed him out, and closed the door. Our conversation and journey began.

I asked Kim to tell me what came to mind when she heard the word hope:

*I was thinking about that this morning, and um, throughout my life I don’t think I had a lot of hope for future plans, it was very much in the now. . . . Well I hope I can get my next fix, I hope I can you know make it through the night, I hope that you know that I’m not dead in the morning [laughs]. . . . So, it was very basic survival through a lot of my life, just very basic, I hope that I can see tomorrow.*

I asked Kim to tell me about a time when she felt hopeful and she recalled how she had felt so hopeful when she was about to regain custody of her three-year-old daughter, her third child. She had just had her fourth daughter and was traveling between two cities regularly. She was clean and sober and she felt positive about the outcome:

*It was just a huge accomplishment . . . for me to stay sober on the outs like out in society for a year and a half and to go through the court systems . . . fighting for my other daughter to come home and I did that, and I won . . .*

*The foster parents, the day she was supposed to come home had an eleventh hour change of heart. . . . then this all turned around and I had to start fighting over again, and at that time I just wasn’t, I wasn’t able to, I couldn’t, it was too much for me to handle so I ended up going back to the streets. . . . And I just felt like a failure and I wasn’t, it wasn’t my fault what was happening right? But I took it upon myself that I’m a failure . . . as soon as I started smoking crack I ended up back out on the street cuz I couldn’t look at my baby, I couldn’t look at my husband . . . I was hopeless . . . wandering around aimlessly not feeling like I was worth anything, like I let everybody down.*

Kim's sense of shame and self-loathing led to a total loss of hope. She eventually lost her newborn and all chances of being reunited with her other daughter. She spiralled down into the darkness of despair. But somewhere deep inside was a little ember of hope, and over the years she began to pick up "tools" as she repeatedly checked herself into drug treatment and rehab centres:

*It started my journey, and I started picking up little tools . . . I went to Poundmaker's three times and each time I picked up different tools that I didn't pick up the first time. . . . Then I went to Sunrise and I picked up more tools and then I went to CA and picked up a little bit, so all of this even though it didn't happen right that second, you know, it took ten years for me to get to where I am today. . . . Little tools here and there and that was the pace I was comfortable with, and today I'm strong, I'm sober and I want to be the best person I can be, but going back to that, that was where my hope started.*

Kim described the influence hope had on her life while she was incarcerated:

*Well with incarceration . . . I did a year and that was pretty much the first time I had ever been sober for that long. I was smoking weed but I wasn't doing coke. I wasn't doing, you know, drinking or anything and it sort of cleared my head a bit, so, I guess at that time I was hopeful that you know I can do something else with my life, that I don't have to be stuck on the street for the rest of my life . . . Cuz I was a working girl for 25 years, right? So it started at 12 ½ so, yeah, and I found out I was artistic, I found out that, uh, I did 6 months in hair styling, so I knew I could learn again, and I wasn't useless. I wasn't, you know, I wasn't . . . a throw away. I guess, there was a hope that, well if I can do this in here, can I do it out there? So I was hoping I could at that time; I didn't but. . .*

*Today . . . instead of . . . oh I hope that . . . I remember walking past houses and looking at them from outside when it was pouring rain or snowing or you know minus 26 or whatever and walking past and thinking, man, oh, I really hope that I can have a place of my own again, cuz at that time I didn't, and today I have my own place, and today instead of hoping to be on the inside I am on the inside.*

*Kindred house in Edmonton is for women that work the street. It was a place, a harm reduction place . . . you didn't get preached at . . . what drew me there was the free food, what kept me there was the friendship that I had with the other girls, and what eventually got me off the street was one woman in there that didn't come and assume anything. She just listened to me and she would look out*



*and you know if I was on a corner she'd stop and say hi and say 'hey do you need a coffee or something'?. . . If I was wiggled out and I'm like, 'no I can't' . . . I'd walk away. She'd drive away, she wouldn't run after me . . . I eventually needed to sober up and I was ready; she was there for me . . . boom she got me into Poundmaker's like the next day and I had nothing. She went out to the Mustard Seed got a voucher and everything. She went clothes shopping for me and brought these clothes to me right in there. I was pregnant at that time and I was in a very abusive relationship, so, but she picked up the phone and that just made me realize that there is people out there that do care . . . cuz I didn't know anything of outreach or programs or anything . . . so it opened my eyes to a whole different . . . like I didn't end up you know staying sober at that time. . . . But it started my journey . . .*

Kim also shared an experience when she felt hopeless during her journey into sobriety. She had been clean and sober for six months and had attended a meeting where agencies met to discuss ways to support prostitutes. She recalled how she tried to share an idea:

*I had a proposal of a house sort of like Kindred House and brought that out . . . and of course that didn't fit anybody's mandates . . . I said well, I'm now six months sober I don't know what to do, I need some sort of help, does anybody have any outreach programs, does anybody . . . have anything that could help me, and not one person really stepped up to it. And so . . . right there I had a hopelessness, I had a 'oh my God' what am I gonna do now? I've got no skills, I don't know where I'm going I don't know what to do, I don't know what doors I need to knock on, I don't know anything, so I sat at that table and yeah, I had a sinking, just like wow this is all that there is to offer me?*

*Today I hope that I can be a good mother and I hope that the volunteer work and the things that I'm doing, because of my past . . . that I can spread hope out to the community and you know help women that are in that place that there is no hope. . . . And say 'you know what? If I can do it you can do it'. . . . I have a presentation, I'm doing. For me to go through this process it's really hard cuz I've had a really rank childhood, I was abused and I go more into details in my story, because I think the word, even the word "abuse" is overused and I don't believe a lot of people, they don't fully grasp the impact that has on anybody at any time.*

Kim asked if she could read part of the presentation that she had prepared to present at a local agency and I told her I would be honoured to hear it:

*My earliest memory was being on the back of a car and looking up at the roof. I remember the, the, you know how a, how a cement roof looks, in a parking garage? I remember that, um I remember it was a parking lot, I also remember looking down and seeing blood. I don't remember being in pain or anything but I do remember the blood. I would have been around two. My uncle had been raping me. I would be found by children's services later behind a bar waiting for a mother I would never know. They had suspected child abuse. At that time, I was three. So into the system I went and by the time I was five, when most children were just starting school I had already been through seven foster homes. Why I don't know. At eight years old I had been in so many foster homes I can't remember any of them.*

*All I remember is faceless abuse, all I knew was rejection, loneliness and hurt. By that time I had already started to numb my reality by drinking. . . . This is sort of my milestones, you know how other kids, you know grade 9 graduation, kindergarten graduation, so forth and so forth, mine was eight years old I had my first drink, 10 years old I ran away for the first time, 12 years old I had my first trick, 13 I had my first bad date, 14 was my first stab . . . I got stabbed, 15 was my first remand visit, 16 was my first child, 17 was my first fix – so intravenous drug use, 18 was my first OD, 21 was my first hospital trip for a ruptured ulcer; they said if I wouldn't have been there within 15 minutes, I was already coughing up the black stuff, that I would've been dead. So I've been stabbed up, I've been raped, I've been beat, is this who I am . . . unwanted, disposable just another faceless statistic? No, this is a part of my life. I'm one of the lucky ones; I wasn't found naked, beat and dead by the side of the road – nameless – as so many of my sisters have been.*

For Kim, total absence of hope would be:

*Standing on my corner and jonesing for my next fix, no home, no friends, no money, no food, waiting for a car to come by and pick me up so I can at least go to the crack shack and get warm and have a hoot so that I can stay up for the next while . . . that's absolute hopelessness.*

Kim shared how nurses and other care providers could better support and understand her lived experience and journey:

*Just listen! I think the biggest thing is to listen . . . is to not make assumptions . . . like don't be in your face and say, 'Hey, you need to go to this' . . . just listen and treat Aboriginal women or anybody just like any other person off the street. Don't have that stigmatism (sic), because believe me there is enough of it in our everyday life. . . . How can I help you? . . . Those words are so powerful . . . What do you need to be where you need to be? And if I can't do it I will try my hardest to find somebody to help you, because yeah, there are so many doors that are shut.*

### **Rosie's Story**

Rosie contacted me after seeing one of my recruitment posters at a local shelter. This particular shelter is a non-medical detox shelter and Rosie has stayed there off and on over the years. Recently, she and her male partner had been staying at a hotel but they were evicted when complaints were made to the police that her partner had assaulted one of the staff.

Rosie agreed to meet with me on a Friday afternoon at a local community health centre where I worked. Rosie is a 52-year-old full status Aboriginal woman of Cree descent. She was wearing a gray hoodie and jeans with her hygiene tended to. She maintained good eye contact, was personable, and well spoken. She is widowed and the mother of one daughter. She was homeless at the time of our conversation and involved in a relationship with a man she referred to as her common-law husband. Rosie attended residential school, eventually graduated from high school, and attended university for one year. Rosie has experienced discrimination, abuse, substance misuse, and poverty. She was employed in the past doing office work and was proud of the fact that she was the “*manager of the year 2000 upgrade*” at the turn of the current century. She currently does temporary work through placement agencies, mostly construction and job site cleanup. Rosie spent five years in a provincial prison for a federal crime. She explained

that her father knew the “right” people and had “connections” and he was able to arrange things so that she could serve her time in a provincial jail rather than the federal penitentiary. She considered her health somewhat compromised from “*living on the streets*”, reported problems with her feet, and stated she needed surgery. She was negative for Hepatitis C and HIV. Rosie stated she used to have “*real bad anxiety*” but her doctor put her on “*some herbal stuff and it worked.*” Rosie continues to use alcohol.

Rosie shared what came to mind when she heard the word hope, “*Happiness . . . happiness means I can have the things safe in my life, including my family, my daughter, my partner, my work, hopefully work, and my health.*”

Rosie described a time when she had felt hopeful:

*When my first grandson was born . . . he was ah, I don’t know he just grabbed my hand, my finger, and up until then . . . I really didn’t feel hope . . . he was born June 3rd . . . he’s six. He lives in a different town than me now. I don’t see him but, I’m trying to get back to go see him.*

Rosie associated hopelessness with the time she spent in prison and the events that were occurring in her life at that point:

*I was in uh, in prison . . . and my dad passed away and it was just horrible, and my husband was trying to commit suicide and I didn’t have my daughter at the time. So yeah I felt pretty hopeless cuz they put me in . . . segregation cuz I’d gotten into a fight when I found out my dad had passed away. [Rosie began to cry] so yep that was pretty hopeless. Like committing suicide, I wasn’t hopeless like that; I was more hopeless in the sense that I didn’t have anything . . . and I couldn’t do anything about it; and being in segregation with nothing . . . I tried not to think. . . I blanked out as much as I could cuz I think I would have gone crazy if I would’ve had to deal with what was going on at the time.*

Rosie shared how she had renewed hope after she returned from her father’s funeral:

*They let me go to my father's funeral . . . cuz of my charge, I was shackled, it was pretty hard to walk, but they let me go to his funeral and when I was at his funeral my husband was there and they actually let my husband sit with me. And my baby brother actually got in trouble while the funeral was going down because it was very hard on all of us to lose our father, because he was like, he did everything for us. He was our rock and he died , and uh, and I guess I felt really bad for my little brother cuz he always looked up to me and for him to see me shackled like that, he kind of went crazy . . . for me on the other hand it went the other way, I went from the opposite thing and being with my husband again, seeing my family again . . . it gave me hope, it gave me a reason, to carry on, to get the hell out of jail.*

*It's my hope today, since I talked to you I contacted my daughter, and . . . I'm trying very hard to get my life back together . . . I've uh got a partner who has a alcohol problem so I have to deal with that too . . . and I think that once we get a place and I don't know that you know . . . you must, Maslow's Hierarchy of needs.*

Rosie articulated how certain people or situations had helped her to feel greater or less hope and she talked about her relationship with the police:

*There's actually one nice police lady, one really mean police man. . . . It seems like every time I looked there was a police car, which is good cuz it makes everyone feel safe. . . . It also makes me feel safe too cuz sometimes we're out there at night and you never know what can happen, right? I don't know how many stories I've heard but nothing has happened to us but I think it is because of the police presence.*

Rosie described what she hoped for most in her life right now:

*We need a home so that we can start taking care of the things that we need. . . . The number one thing we need is a home. . . . That tent idea didn't work, we almost froze to death. So my number one goal first is to find a place that will actually take us, right? My hope right now is information . . . I haven't had a home since 2008 and you know he hasn't had a home for even longer than that cuz he was in jail.*

For Rosie having no hope at all would mean having no family:

*Absolutely no hope would mean no family, I mean like right now all I have is my three grandsons and my daughter and my partner. I also have my extended family but I hardly ever see them, I haven't seen some of them in years. .*

*. . . Sometimes there was just me and my daughter, sometimes there was just me; I had to hunt my daughter down, but as long as I had her I always had hope and now I've got 3 wonderful grandchildren in addition to my daughter; she gets mad at me still, as she's getting older she's understanding what I had to go through. It's taken her a while, she hated me for a while but now she's slowly understanding what I've had to go through; why everything happened the way it happened.*

Rosie shared her thoughts on how nurses and other care providers could better understand and support her and other women like her:

*Listen...cuz most people they don't listen – they just, you'll tell them something and they'll just kind of pretend, 'I hear you, I hear you' – I swear they are deafer than I am, [laughs] but they don't really listen. . . . Cuz there are a lot of people that don't listen that are in positions of authority that have the opportunity to help but they never do. . . . It's like they have no more feeling . . . because they see so much, so much, so much, they just blow you off, blow you off, blow you off, she's just another drunk, she's just another drunk or oh she's just like that . . . there's very few out there, like I said . . . it's two out of how many policemen that actually listen to me.*

### **Betsy's Story**

Betsy came to me through word of mouth from her cousin, Flo, whom I met at an event hosted by the YWCA. We met on a Saturday morning at the community health centre where I work. She was with her two cousins, whom I met with after her. I conversed with each woman privately.

Betsy is a 56-year-old full status Aboriginal woman of Blackfoot heritage. She was dressed very nicely, wearing make-up and jewellery, however, she was wearing sunglasses, and her right arm was in a sling. She explained that she had recently fallen and hurt herself quite seriously. Betsy had a very quiet tone to her speech, her mood was visibly low, and she cried very easily. Betsy was married but currently separated from her husband and this situation was the source of her low mood. Betsy has had three

children, two she has never known, and a son with whom she has a good relationship now. She attended residential school and finished grade nine. Betsy spent two to three weeks in provincial prison when she was “*very young*” for a “*robbery of violence*” that she was not directly involved in but was present when it occurred. Betsy also spent many nights “*in the drunk-tank.*” Betsy drank heavily early in her life and was in and out of the remand centre, both in Calgary, Alberta and in Fort Saskatchewan, Alberta, before Calgary had a remand centre of its own. Betsy has been sober from alcohol for over eight years now and denied any other substance misuse. She was currently unemployed but had worked in the past as an in-home support worker with First Nation families who had lost their children to the welfare system. She stated when she was working she was the happiest she had ever been and she missed working very much. She felt she was able to help other Aboriginal families who were going through something she could relate to as she had been through many similar things. Betsy described how the abuse she experienced in her life was something she once thought was “*normal.*” She is negative for Hepatitis C and HIV but stated her health “*could be better*” as she also has diabetes, arthritis, and tendonitis.

I asked Betsy to tell what came to mind when she heard the word hope and she answered despondently, “*Right now like at this point in time in my life I don’t think too much of it really.*” I asked her why she felt this way and she stated, “*My marriage.*” She explained that it was ten months since her husband had left her. I encouraged her to think about what a person with hope should be experiencing and she answered, “*Oh to have a reason to get up every day.*” At this point in her life, Betsy felt she did not have a reason to get up in the morning. I was curious if there had ever been a time in her life when she

felt hopeful and she responded by saying, “*Oh yeah*” and I gently asked her to tell me about that time:

*I was workin’ and I had a good job. I worked for child welfare for Closer to Home Community Services helping parents get their children back from the child welfare . . . in home support worker . . . for about 10 years off and on. . . . It helped me that I could help them, give them hope for their kids, to keep their kids [Betsy began to cry]. I think that was about the best time in my life when I was working at that job.*

Betsy described how she felt when she was incarcerated and the influence hope had on her life at that time:

*Oh, I spent so many nights in the drunk tank. . . . so I had . . . missed court and I got picked up here in Calgary and they took me, they flew me back on the plane to Edmonton to the remand centre up there. And I was there only two weeks but it seemed like forever, cuz I was coming off the booze and I was depressed . . . I was scared cuz I had been charged with a serious, serious charge I was charged with . . . robbery with violence . . . I had met these two people and uh, it’s crazy how it happened. I was passed out in the back seat of the car and the person that we had allegedly robbed, didn’t see me cuz I was passed out in the back seat, but I got picked up with these two other people . . . but the person I don’t know her I never seen her, but I have that on my record.*

I asked Betsy if hope was part of her life when she was in jail and she said, “*Oh, it was so long ago, I just . . . I didn’t really think about it. Like I was still very young and you know I didn’t care.*” I could see it was hard for Betsy to talk about hope at this point and the fact that she did not feel hopeful at this point in her life. I gently asked her to share what it meant to not have hope. After a long pause, she began:

*I have a real feeling of emptiness [Betsy began to cry again] ah, being abandoned. It started way back, way back when my mother died, we didn’t have . . . like I just kind of moved from family to family, so I didn’t have a, one home. . . . Stayed with extended family. So it’s been like that most of, well all of my life, like even after I got married, I thought that [sniffs] things would be better, but they didn’t get better. . . . I’m trying to get over my husband, I keep expecting him to show up but I know he’s . . . always done that to me, like I’ve been going with*



*him for about ten years, off and on, off and on, off and on, just got to be that he'd come and go, come and go and then when we got married . . . I said why, why do you want to get married for? I said is it because you know I might be having some money coming in? . . . I should have known him, I knew that but I was always having that hope . . . that he would change his ways but, you can't change anybody.*

I pointed out to Betsy that it sounded as if she did have hope even in the face of despair and hopelessness and she agreed:

*Yeah, I did have hope that he would change, and he was starting – slowly starting to change. Like he was saying no to drinking and as long as he was at home with me where it was safe, but he would start getting bored and then he'd end up going downtown . . . that's the way it was.*

I wanted to know if she still had hope that life would get better and what would have to happen for her to say that she had hope today and in the future:

*Yeah, I have that. . . . I guess . . . getting over the depression that I'm going through . . . having a reason to get up . . . this is why I'm thankful my son is with me right now, cuz he keeps me busy, talks to me.*

I strongly encouraged Betsy to follow through with her plans for counseling and to continue to seek support from her two cousins whom I could see cared very much for her and wanted to be there for her.

Betsy shared how nurses and other health care providers might better understand some of the struggles that she and other Aboriginal women had experienced:

*Um, I think uh, you'd have to be there right with us when we're going through, through a loss . . . and share our pain. And if we did speak our language, don't be offended; don't be offended when we speak our language cuz we would not be speaking about you. And we would tell you what we're talking about cuz that's how we communicate is through our language, I can't speak it but I can understand it very fluently, I lost my language when I was little. Yeah if you went through our pain with us, right there with us, just try to put yourself where we are, it might be kind of hard to do, but just think, what would you do . . . if you lost someone very dear to you, say your new grandchild that's coming, say*

*you lost her or him . . . we'd be there for you but even if we weren't there for you we'd be there for you in our mind and our spirit. We'd be phoning you letting you know that we're thinking about you and that we love you, and not to forget that even though we're not there.*

I believe that after our conversation Betsy was able to see more clearly how supported she is by her cousins. I also believe she left the interview with renewed spirit and although she may have originally come for the Walmart gift card, or to be with her cousins and not have to be alone, I think she gained more out of the interaction than she expected. Even though I guided her through some very difficult memories, she came through it intact and perhaps with the beginning of a different perspective on some of her issues.

### **Rose's Story**

Rose (a pseudonym) also came through word of mouth and is a cousin to Betsy and older sister to Flo. When the three women arrived to meet me, Rose was on her mobile phone and it was obvious all three women were upset over something. They told me a family member had been missing for several months and they were very upset because they felt the authorities were not doing enough to help them find him. They also shared that they had a new baby girl in the family and were very excited over this.

The second conversation on this day was with Rose, a 60-year-old full status Aboriginal woman of Blackfoot heritage. She was dressed very well with matching accessories. She had makeup on and wore her hair in a flattering style. Rose has had six children, is widowed, and currently single. She attended residential school and achieved a grade ten education. She had been employed doing secretarial work and also worked for a program that reunited Aboriginal parents with their children who had been placed in foster care. Rose spent three months in provincial jail and after that was in and out of

remand for mostly alcohol related offences. She did not drink when she was married to her husband and while she raised her children. After she left her husband, she returned to using alcohol for several years but has been sober now for many years. Rose stated her physical health was “fair.” She has type II diabetes, osteoarthritis, and poor circulation. She is negative for Hepatitis C and HIV. She denied major mental health concerns but did admit to having problems with grief.

Rose, cousin to Betsy, was the second woman I met with on this particular day. I asked her to tell me what came to mind when she heard the word hope and about a time when she had felt hopeful:

*Always . . . like it's always there. I have a strong faith, yeah so that's where I'm at right now. So . . . prior to, before I got to that place, yeah, I know about hopelessness, the feelings of hopelessness and not knowing how to um get out of the pit or those kind of feelings. . . . I was there for many years . . . I was brought into residential school . . . I don't remember ever having our own home, we just always lived with other families . . . I'm about 6 or 7 when they put me in residential school. I didn't have an identity . . . I hated being brown, I didn't want to be a part of that, and by the time I left there it, um I didn't waste time to take off from home. Life was really harsh, um, my mom was very abusive towards me because I had to answer for everything that went on with the younger ones, I was cooking and kept the house . . . I found a lot of times I was left alone with the younger ones, she'd be gone, I think trying to get resources for food and stuff like that and our dad was always gone – out working some place off the reserve so, um, it wasn't easy, it was very harsh and I was very abused. Like I said I didn't have an identity, I had it rough in the residential school . . . I got it really bad, at home and at the residential school. When I left the reserve I just never went back, I left there when I was 13 I would say.*

Rose spoke about coming to the city at a very young age and how this resulted in trouble with the law:

*I'd get thrown in for being drunk in a public place, but the worse part . . . I found myself on the reserve in Brocket [a town in southern Alberta] with a friend of mine and we were both drinking and I wasn't very assertive. I've always been*

*intimidated by other people, anyways this girl brought me into the store . . . she slipped a bottle of vanilla extract, and I didn't realize it but the store keeper seen that and so I got caught with it and so I got brought to jail and . . . I got sentenced to three months in Fort Saskatchewan.*

I asked if she told them she did not intentionally steal it and she replied, *"I didn't even argue. That was the way I was, so any authority that confronts me I never defend myself."* She shared how she did not realize a concept like hope even existed:

*It wasn't there at all . . . I just existed, it didn't matter. After that it was just minor stuff like . . . like I said for being drunk in a public place and sometimes they'd send me back there for like 10 days. And I remember another time I spent the whole summer in the city cell blocks. . . . I was charged for a very serious – I got caught with my cousin's boyfriend . . . she um, was going with this guy and I didn't know about his history, and apparently, I was there, I seen them fighting and all that but apparently he got charged for . . . robbery and violence . . . apparently I was part of it cuz I was there, again, I wasn't directly involved, again I didn't defend myself. But I never stepped out of that cell block for the whole summer; I didn't see daylight or night time.*

Eventually, things began to change for Rose:

*When I met my children's father – I got pregnant then – and there again, I can't say it was a good thing cuz . . . you know, you fall in love and you get married and all that stuff? I didn't experience that. I did marry him but it wasn't because we were in love. We were just, there . . . living it out, like a family . . . but the best part was my children. . . . That's where things changed – reality started – cuz they're so special and they still are.*

*We had a good home for a while, and I did foster care, I was one of the first native homes recruited back then in the early 80s. . . . That was very rewarding because it helped a lot because I could actually identify with . . . where they came from. I managed to get a certificate as a geriatric caregiver . . . so I worked at a nursing home . . . that's when I was still with my husband, and he had a good job and I was still caring for foster children. There came a time when my daughter got to the age where she was allowed to date and she just went wild on us. She met this boy older than her, I think he was 18 years old, he was already a father, and really interfered in our life and . . . took off with my daughter to Niagara Falls and oh that just broke me, that really messed me up . . . cuz she had graduated and . . . I wanted to protect her so much from what I went through.*

After her daughter returned home, Rose decided it would be best to give up the foster children and concentrate on her own children instead, but this was a very difficult undertaking:

*I just didn't want to let them go . . . but I knew I had to do something for my own kids. . . . Because the foster kids tend to take all my, you just expect your own kids to know you love them, and they were deprived of a lot of . . . what they needed from me. . . . But anyways, he [Rose's husband] went against our plan to just have our family and focus on making it healthier. . . . Anyways, with that I, whatever kept me was him all those years; we had been together for . . . little over 20 years . . . I came home from work and I told him I'm gonna pack an overnight bag and you bring me to work and I'm gone. So I left him with the kids, even with the foster boy that I hadn't been able to place.*

I asked Rose, "So you left him, you walked away?" Rose replied with conviction:

*Uh huh, cuz that's how I dealt with things, remember I left home? I didn't even know there was such a thing as hope, so I just walked away and that hurt my kids really bad and I live the consequences of it today. . . . I blame my . . . and when I asked for forgiveness they told me I had showed them the good life and the bad, so they know both. . . . I couldn't hear what they were saying right away, but they don't really blame me . . . they'd already forgiven me when I asked . . . but it still hurts.*

*My oldest son came looking for me and asked me to come home. I said, 'I'm willing, but your dad' – I said I just can't handle him anymore I'm very unhappy I have no more . . . whatever feelings I had for him were gone . . . he didn't respect any of . . . what was going on. . . . I went back and he, he behaved like I was going back to him but little did he know I was trying to do it for the kids.*

Today, Rose appears to have a more positive outlook:

*Actually . . . I have a lot of hope. My daughter's going back to school and my oldest granddaughter graduated from high school and she's working today. My healthier family environment . . . I see it now happening, actually happening. I believe, I'm more than hopeful, I'm believing . . . that we're gonna see that reality of what I wanted way back then.*

Rose shared how nurses and other care providers could better understand her experiences and those of other Aboriginal women:

*Just by hearing us – like, I feel, um, like with those psychologists I went to see I didn't feel I was heard. And that's where my hope comes in, when people are genuine and . . . are not just there for their position to better themselves, that's where my hope comes in.*

### **Flo's Story**

My third conversation on this day was with Flo. I met Flo at an event hosted by the YWCA. She had spoken about her life and how the YWCA had supported her on her journey toward a better life. I introduced myself to her and told her about my research study. I asked if she would be willing to meet with me for a conversation and she called me a few days later. We arranged to meet on a Saturday morning at the health centre. On the morning we were to meet, she called and asked if she could bring two other women with her, a sister, and a cousin. I was thrilled and when I saw the three women I was immediately impressed by their regal appearance and by how they appeared to support one another. I sensed a special bond and camaraderie between the women.

Flo is a 56-year-old full status Aboriginal woman of Blackfoot heritage. She was well dressed and wore makeup and Aboriginal jewellery. Flo has had three children, attended residential school, and has a grade ten education. She currently has custody of her 7-year-old grandson. She is a certified community health representative but was currently on stress leave due to her missing family member. She said needed a “*doctor's note*” to be able to return to work. Flo has a history of substance abuse including drugs and alcohol and had spent eight months in a provincial prison in British Columbia. She attended an addiction treatment centre and has been clean and sober now for several years. She was diagnosed and treated for Hepatitis C in the 1990s but did not finish the

treatment. She is not positive for HIV. Flo considers her physical health somewhat compromised as she still has problems with her liver. She has problems with depression but is not on any medication.

Flo shared what the word hope meant to her and talked about a time when she had felt hopeful:

*Hope, I never really had hope most of my life because being in the residential school I felt hopeless, and it's a hard word, hope. I lived on the streets of Vancouver for a lot of years, and I was near death a couple times from OD'ing and then . . . my mom phoned me and she said she needed me home because I was gonna be a grandmother, my first grandchild, then I came home. In that year I went through the 12-step program and started the healing journey . . . and I knew there was hope. I went back to church, cuz my mom turned her life around and she became a born again Christian . . . and hope, there was hope there because my mom turned her life around and most of my siblings too. So I did the 12-step program and I knew there was hope and I went to church. . . . through changing my life around I knew there was hope.*

However, Flo was also well acquainted with feelings of hopelessness:

*I went to the doctor and I found out I had Hep C . . . because of my high-risk lifestyle. I was kind of getting sick and I was hesitant to go see the doctor cuz I knew there was something wrong with me because I . . . was an injection drug user and I found out I had Hep C. So I went to a total recluse, I had suicidal thoughts. I was referred to . . . the hepatology clinic . . . the doctor said I probably caught it as early as the late 80s cuz of my liver being scarred, I have cirrhosis and Hep C . . . he told me I have to quit drinking if I want to stay alive . . . so I did, I quit drinking but I've had slips here and there.*

Flo recalled the time she spent in prison:

*I started getting in trouble with the law at the age of 12, my first time in court, juvenile court . . . I got charged with robbery of violence . . . but the guy I robbed happened to be a relative so he forgave me and he said he was gonna help me in court so those charges were dropped. Then I had another charge . . . robbery causing bodily harm in Vancouver . . . I came back to Alberta and I got picked up here . . . , on a Canada-wide warrant. B.C. sheriffs came to pick me up*

*at the old Calgary remand centre downtown; they flew me back to Oakalla [an old jail outside of Vancouver; now closed].*

*I knew a few of the woman that were in there from the streets, but at the same time I was . . . going through a lot of emotional distress. I was facing pen time because the guy just about died, and because of my addiction, that's why I did the robbery . . . I was heavy into cocaine. The guy never showed up in court. I had two co-accused; one of the co-accused sent the word out on the street to let that guy know not to show up. That's how it works on the street . . . so the charges were dropped.*

Flo spent eight months in a medium security prison waiting for her court appearance. I asked if she had any hope during those eight months:

*Yeah, I had hope. . . . I was praying a lot. I don't wanna do pen time . . . it was then I heard from a source that . . . he won't show up . . . so I had hope . . . but at the same time I felt a lot of remorse . . . for what I did and you know, after I got out I actually looked for the guy and I told him I was sorry. It was my co-accused that really did a number on him; he ended up in the hospital and that's why the charges were really serious. I did a lot of thinking. I thought when I get out I'm not gonna drink, I'm gonna go back to Alberta and finish what I started as a geriatric care attendant. . . . I had a lot of thoughts about seriously thinking of changing my life around.*

Today Flo is optimistic and has hope in several different areas of her life:

*My health; I've got grandkids . . . I've got custody of my 7-year-old and I see hope for him . . . I'm trying to give him . . . I'm not spoiling him but . . . I'm trying to give him a good home environment. I bring him to church on Sundays, and help him with his homework, and I'm showing him how to respect, cuz we've lost a lot of respect, our young generations don't have no respect for the elderly. He's learning slowly because he's seen a lot at this young age.*

I asked Flo if there were people or situations that helped her to feel greater hope:

*I go to church . . . and I really have a strong relationship with God now. He's my hope. . . . Going back to church gave me a lot of hope that I can't stay where I was before, like I didn't have any hope before, but going back to church I had a lotta hope. I hope for my children too, like I strive to be a better person today and hoping my kids would see that and turn their lives around.*



*I use my personal healing journey to share with my community and when I do that a lot of them come back to me after presentations and tell me 'how did you do it?' Like there's lots that happened to me in my life, but I just turned my life around because I got tired of it and I knew I was going to die out there if I didn't. And it helps me to stay strong, and it feels good when I can help people. . . I never . . . there's some people on my reserve that once they get behind a desk they look down at their own people, but I've never done that because I don't forget where I came from. I came from poverty.*

Flo commented on certain people or situations that caused her to feel less hope:

*Yes, the system . . . I believe they failed us in a lot of different areas. My brother being missing since June 14 of this year, we didn't get that much support . . . from the larger system . . . I'm in the process of trying to get a hold of the MLA from my community to . . . help me . . . look for my brother. . . . It angers me, like everything Aboriginals rank the highest of. They populate all the jail systems across Canada. Aboriginals are the highest on suicide rate. My 23 year old son committed suicide in 2001; there again, the day of his funeral, it was in the [local newspaper] without my knowledge – another suicide on Siksika First nation. I was so angry. I'm burying my son how come they didn't notify me first before they put it in the paper? No respect, they're so quick to put things like that on there, the negative stuff, instead of like my brother's missing right now, they're not putting him in the paper.*

Today Flo hopes that her children would do better for themselves:

*I've got two adult children that I pray for daily . . . I'm 56 years old . . . I've had a total hip replacement. I limp right now, I'm on my feet eight hours a day working . . . and it upsets me; they're well, abled bodies, both are on welfare, they could be working . . . change their lives around. I'm looking after my grandson now but I worry . . . my illness could get me deadly sick, it's coming, I feel my body, my immune system is not up to par like it should be.*

The total absence of hope would be:

*It's totally giving up on everything you have. I have stuff to do, like I've got a job, and I don't want to go back out to what I used to live . . . . Today I can enjoy um, appreciate nature, the mountains, and the autumns here, I never realized the beauty of that cuz . . . there was too much abuse going on.*

Flo thought it was important to share her thoughts on how health care professionals and others in positions of authority might better understand women who have experienced life experiences similar to her:

*Well when a person is in jail, like when I did that time in Oakalla . . . when I first got out, I didn't want to be around people . . . I went out to the street . . . it's like a shock, going back into the street and you don't know what to do . . . lose touch with things cuz in jail you're thinking a lot. . . . I was going to try hard to change my life around but I didn't. A lot of people say that when they're in jail; I'm not gonna drink, I'm not gonna do this, but . . . it's hard to do cuz you go back into the street into society and there's this feeling of just, just like fear, what's gonna happen . . . am I gonna do something again. There was nobody . . . I didn't have a home to go to. So I had to go back on the street and I was debating . . . when I first got out, what am I gonna do? And then I just went to a bar where nobody could see me . . . I secluded myself, sat in a corner, way in a corner where it was dark and I started drinking, and after I had a few drinks . . . I went back into reality. If somebody came to pick me up and gave me a place to go to, then maybe would have been different.*

### **Fran's Story**

Fran contacted me after seeing the recruitment poster at the same detox shelter as Rosie. We agreed that I would pick her up in the city and take her to the women's shelter she was staying at outside of town. Fran was animated and talkative on our drive to the shelter. She told me how she spent eight years at the Kingston Prison for Women (P4W) and was very politically involved with making changes for Aboriginal women while she was there and after her release. Fran was one of seven women who were actively involved in the development of the Okimaw Ochi Healing Lodge in southern Alberta.

Fran is a 48-year-old full status Cree/Lakota Aboriginal woman. She was married and had five children but is now divorced. She stated she had two degrees –sociology and journalism and that she had worked at many different jobs including, teaching, research, and consulting but was currently unemployed. Fran told me long and detailed

stories about raising her children in South Dakota and her struggle to teach them about their culture. She described a deep love for her husband but stated he was actively using drugs and so she left him when she became ill and returned to Canada. She stated she ended up in hospital in a coma and where she was diagnosed with “*spinal tumours.*” When she left the hospital, she was taking medication for pain and eventually became addicted to opiates and other illicit drugs. Fran said her physical health now is “*good*” and that she is in remission from her previous illness. She was Hepatitis C positive at one time, but stated she had cleared the virus from her system, which is in fact possible. She is not positive for HIV. Fran also said she did not have any mental health concerns.

I asked Fran to tell me what came to mind when she heard the word hope:

*Well I’m really big on acronyms and . . . being a word smith, and so I really put a lot of energy into thinking about what is hope with respect to survival and being an Aboriginal woman and being free from prison . . . and I thought . . . it’s Healing Of People Emotionally.*

Fran shared how hope is something with which she has a daily relationship:

*Always, every day...I have a really awesome relationship with the Creator; I pray – that’s my way of life; that’s who I am as an Indian woman. . . . that’s what hope is, and its prayer . . . if we’re good in an emotional place, and find that balance that we’re intended to have, that we inherit . . . we inherited this earth and that whole process is about balance, we can make a sin, nobody’s free of sin, we can make a sin but we have to make things right as well.*

Fran was a remarkable storyteller and described a time when she felt hopeless:

*When I got sick I left my husband, I prayed for two years to be able to leave him, cuz he was an active addict . . . and he didn’t take my sickness seriously, and I wasn’t covered in the United States. So when I knew I was sick I came to Canada to see doctors and they diagnosed me with MS and I started falling and developed a really bad speech impediment and I was in pain all the time. . . . They found tumors on my spine . . . I had surgery . . . and they removed the tumors and I woke up months later and I was less than 100 pounds and I had no hair. My Indian name is Drags His Hair, and I’ve always had long hair, right*

*down to my knees. I didn't know myself and something happened to me when I was in a coma and my spirit was broken. And I wasn't able to parent my babies. My baby always hated his dad, would blame him cuz he thought his dad took him away from me, and that wasn't the truth, I was just too sick. I was in a fuckin' wheelchair pushing a, having a pusher, like a walker and I would fall and they wouldn't come home from the park and you know, like I couldn't get down the fuckin' stairs to go get them; and you know, they wouldn't come home until it was dark and they were just little boys. And you know, little boys need constant supervision, and I just couldn't do it, it was heartbreaking. . . . And I sent them home to their dad. My oldest son flew out and I said, 'son, I can't do this, I just can't be a mom anymore' [Fran began to cry]. . . . And I was afraid it was awful, and he packed up my kids' stuff and took them home to South Dakota. My baby was six, he's 13 now. . . . I knew I was broken.*

Fran was prescribed strong opiate medications for her physical pain and over time developed not only a tolerance but also a dependence on the medications. The loss of her children and her fractured spirit took Fran down a path that would alienate her further and further from her children and loved ones. Fran was broken in all areas of her life; hopelessness, despair, sadness, grief, and loss were the cornerstones of her existence at this point:

*It was a hopeless time. I went to Sun Dance cuz I needed to see my babies and know that they were ok. I thought my time and what I had done in terms of raising my babies that I had given them prayer; that I'd given them a positive self-identity, they knew who they were, and they could make a prayer. And so, if they were going to take me it was a good day to die, like hurry the fuck up, you know cuz I'm fucking dead . . . and then my son almost dies, and then I knew it, that was a changing point, I knew. I kicked my habit, got a job, and put it together.*

I asked Fran if hope had an influence on her life during her time in prison. Her initial reaction was:

*Are you kidding? I had no hope in jail. I had an eight-year sentence to Kingston at the Prison for Women. I'd never been in trouble before, it was my first offence, my first time there. I was enraged, I was angry first of all, I wasn't educated – I didn't know anybody – and I would have never plead guilty to*

*manslaughter had I known there was a 99% chance that my sister would have been exonerated.*

However, Fran was very involved in making changes within the prison and this appeared to be a source of some hope for her:

*I created the Healing Lodge I was very instrumental in that . . . I was on the task force for federally sentenced women; I was on the steering committee . . . there were seven of us, seven Aboriginal women. So the Healing Lodge was created out of a dream and as a result of those women that killed themselves at P4W, cuz I could speak to that personally . . . they were my family, like I defended them.*

*I did every day of my eight years, I walked out on my warrant expiry date, and . . . they said I was a dangerous offender because the way that they set me up. I mean I was entitled to parole and all that stuff but I wrote, and I wrote, and I wrote and exposed injustices, and tried to advocate . . . to pray . . . I'd make deals with the fuckin' warden, let us pray . . . and he'd say you keep these girls outta trouble and stop the fuckin' stabbing . . . and I'll let you sweat in a year.*

*So . . . as leadership of Native Sisterhood, we went to every faction in the joint and said look if you guys fuck up we're gonna hurt you, you know, but we can't afford to fight and we can't afford to fuck up cuz we really wanna pray. So put your fucking weapons away, man, we're bigger than you. You know there was 30 of us on the range, you know we were really tight on a maximum security range of 100 women. Like they don't fuck with us, you know, so we said put your weapons away and we give you our word nothing will happen to you. So, we capped the violence and that's how we got weapons off the ranges. And we had to use violence, you know violent words . . . to say that, but it worked . . . we capped the violence and just prayed, and we'd go into the sisterhood every Monday and we'd use sweet grass, and sage, and cedar, and it was considered contraband, but we'd get it in and we'd pray and that's what kept us alive.*

Prison left an indelible mark on the woman Fran is today. It was not an easy task for her to remember and share her experience. Today Fran equates hope with:

*Prayer . . . good health and happiness . . . it starts in the home. I don't care about being poor, it mattered to me at one time but I really don't care about being poor anymore, because I'm rich. I'm blessed with human beings in my life, good human beings that are sincere and simple; it's not complicated to care for somebody. So I'm very rich and very blessed with human beings and with prayer, and so I rejoice in that. There's hope . . . if I'm alive, if the grandfathers saved*

*me for all these years and all the hardships and all the ugliness and all the pain . . . I have hope. I do. It lives and it breathes. . . . I was trying to define healing and I was thinking; it's internal it's not external – it's a process, a desire, an intimate need, an instinctual requirement to allow the soul to breathe.*

When I asked Fran what the total absence of hope would look like for her she replied: *"The total absence of love."*

Fran shared how nurses and other carers might better understand what she and others like her had experienced:

*I think, get culturally educated, and have a belief that our people inherited a very, very special bond to creation; and that is who we are and that is our purpose on this earth. . . . Be careful with words, and be careful what you write just in case it comes back to hurt the next seven generations to come, because that's written, and written words . . .*

In this chapter, I utilized my guiding questions to present the women's stories in their own voices. In the next chapter, I address phenomenological description and interpretation and reflect on the meaning of the lifeworlds' of the women. I have continued to use the women's voices as a way to identify an overarching theme and several sub-themes.

## **CHAPTER FIVE**

### **Phenomenological Description and Interpretation: Reflecting on Meaning**

van Manen (1984) maintained that in “doing” phenomenological research “practical wisdom is sought in the understanding of the nature of lived experience” (p. 40). Although he proposed six methodological themes or steps in doing phenomenological research, he further suggested, “one may work at various aspects intermittently or simultaneously” (van Manen, 1990, p. 34). Consequently, there is no systematic procedure to follow to present the findings. Instead, the process of unveiling that which is not known, undergoes several transformations throughout the phenomenological journey of the researcher and in turn, is shared with the reader. In the previous chapter, I presented the stories of the women in my study – their voices so to speak. It is from their stories that the essence or nature of the phenomenon of hope might be revealed. What does hope really mean to Aboriginal women who have experienced incarceration? In the remainder of this chapter, I identify an overall theme and several sub-themes. The women’s voices continued to guide me and the following is my description and interpretation of the themes I have uncovered. Finally, I have reflected on several possible meanings as revealed to me from the stories.

“Phenomenology attempts to articulate first-person experience of the lived world” (Bishop & Scudder, 1997, p. 105). However, as van Manen (1984) upheld, it is more than simply reiterating or quoting what a person has said. A well-described lived experience has the ability to reveal an experience and lift the reader to a new level of consciousness; to undergo an epiphany. “The sudden perception or intuitive grasp of the

life meaning of something” (van Manen, 1997, p. 364) enables one “to grasp the nature and significance of this experience in a hitherto unseen way” (van Manen, 1984, p. 43).

Phenomenology asks “what is the nature of the phenomenon as meaningfully experienced?” (van Manen, 1984, p. 43) van Manen (1984) further postulated that

The essential aspects, the meaning structures of this experience as lived through, are brought back . . . in such a way that we recognize this *description as a possible human experience*, which means *as a possible interpretation of that experience*. This then is the task of phenomenological research and writing: *to construct a possible interpretation of the nature of a certain human experience* (p. 44).

As a researcher and writer, my goal is to inform the reader of the “deeper significance, or meaning structures, of the lived experience” (van Manen, 1984, p. 64). In this study, the phenomenon under exploration is hope and the lived experience is revealed through the stories of the Aboriginal women.

### **Thematic Isolation**

A phenomenological theme is “an actual description of the structure of a lived experience” (van Manen, 1984, p. 60). The lifeworlds of Aboriginal women who have experienced incarceration and what hope means to them underpin this study. van Manen (1984) expressively described phenomenological themes as “more like knots in the webs of our experiences, around which certain lived experiences are spun and thus experienced as meaningful wholes” (p. 59). Phenomenological themes are powerful and transparency is achieved in a way that “permits us to ‘see’ the deeper significance, or meaning structures of the lived experience it describes” (p. 64).



Through the physical act of listening and transcribing the conversations, I became aware of commonalities between and among the women. These common threads have woven their way throughout the stories and I will now endeavour to open the eyes, ears, hearts, minds, and souls of the reader to the meaning of the women's lived experiences.

Initially, I heard the women's stories and then I listened, repeatedly, to their voices. What emerged for me were several common themes cloaked by one major theme. I will now undertake the task of interpreting these themes as they have revealed themselves to me. I must point out a very important aspect of phenomenological research; "a phenomenological description is always one interpretation, and no single interpretation of human experience will ever exhaust the possibility of yet another complementary, or even potentially richer, description" (van Manen, 1984, p. 40).

### **Themes Dwelling within the Stories**

The overarching theme that spoke to me was the inherent influence of Aboriginal culture. Each woman spoke of the effect of Aboriginal culture on her life or culture was evident in her manner and demeanour. It permeated her existence whether she chose to recognize and embrace it or not; culture radiated an ebb and flow to her being in the world. I also identified several sub-themes: a) family: the ties that bind; b) living with abuse, addiction, and incarceration; c) living with loss; d) systemic oppression; e) home and work: superficial safety; f) the healing journey: giving back; and, g) spirituality and religion.

## The Overarching Theme of Aboriginal Culture

The inherent influence of Aboriginal culture became apparent to me almost immediately in every conversation. Each woman radiated a sense of oneness with herself while maintaining a sense of unity with her culture. From their clothing and jewellery, speech patterns and intonation, physical anatomy and skin colour, to their personal stories, the influence of culture profoundly enshrouded each woman. Later, as I immersed myself in the data, closed my eyes, and listened to the women's voices I could see each woman clearly. I could sense their lifeworlds and a flood of images filled my mind. As we shall see, not all of the women were always proud of their heritage; nor did they necessarily want to be an Aboriginal woman. The lifeworlds and lived experiences of these six Aboriginal women resonate with the overall theme of culture. For example, Kim commented on the how she came to embrace her culture:

*When I turned 27, I immersed myself into my culture. I didn't grow up with family so I didn't have the elders around me to tell me that your culture is beautiful and once I started embracing my culture and who I was as a native woman and doing the sweats and going and like I've gone to churches, I've tried to find something to believe in but nothing felt right, until I did, I embraced my culture, I embraced who I was as a native woman and I found that the thing that I hated most was the thing that saved me... I'm native, I'm beautiful, so today that is one thing I hope I can pass on to my daughter, that you know, being native is nothing to be shameful about, it is so powerful and so real and this is who you are – embrace it. . . . And that is huge in my life today.*

Rose explained how she struggled with her heritage:

*I never went with my own colour . . . any race but not native...I just couldn't, I tried to go there but I felt, I was feeling how can I not go with my own people? Like and I tried and as soon as they start touching me I just couldn't, so my kids are not all pure natives they're just fifty percent.*

Flo explained how she spent many years away from her reserve and only moved back a few months ago.

*I still feel like um, I know my Indian culture, I speak my language fluently, although I've been off the reserve for many years, but I still feel connection there, like my dad's land, my siblings live on his land, and when I, I just have this connection there.*

Fran's connection to her culture wove and intertwined throughout her story.

*I also know a lot about prayer, about culture, about being a keeper of the land and what that means to Aboriginal women, being the keeper of language and what that means and how to look after that pipe and how to carry that pipe in the best way possible. . . . Aboriginal people have gone through so many historical genocidal policies via the Indian Act and the acquisition of land and so with the loss of language, being outlawed, my grandfather was one of the first people in prison in Canada. Stony Mountain was the first penitentiary. He went there, his name was Chief Piapot, he went there, he did a Sun Dance and he was one of the first five men at Stony Mountain Penitentiary, so that is my legacy.*

### **Family: The Ties that Bind**

Family connections and relationships form a dominant theme in each of the women's stories. Family ties have imparted hope, hopelessness, joy, and sorrow at different points in the lives of the women. What is most evident is that family is one of the most important things in each of the women's lives.

Kim made it very clear to me that being a "good" mother is one of the most important things in her life. She told me, "*how do you mother your children when you didn't have your own mother . . . today I hope that I can be a good mother.*" Kim feels as though she has been given a second or perhaps a third chance to be the mother she hopes to be; the mother she herself did not have as a little girl.

Rosie remembered family as the most stable part of growing up. Rosie described how she and her sister were taken away to residential school:

*They took us from my dad because my mom had to go into a sanatorium because she had tuberculosis and because we were girls or whatever, I don't know, but they wouldn't let our dad keep us or maybe because we were small, I don't know.*

She referred to him as “*such a rock*” and recalled how her father would “*rescue*” her and her sister from residential school when their mother was in hospital with tuberculosis. “*He told us to be ready and we were and he took us and we escaped to a different city.*” Rosie also described how her family was the only Native family in this new town and how as a family they had to support each other. She recalled: “*We were in that one city . . . the only Natives there for three years . . . everybody stuck together . . . we all had no choice but to stick together because of all the things that kept happening.*”

Today Rosie continues to align hope with family and stated:

*Sometimes there was just me and my daughter, sometimes there was just me. I had to hunt my daughter down, but as long as I had her I always had hope . . . Absolutely no hope would mean no family.*

The day I met with Betsy she was accompanied by her two cousins, and I could see from their demeanour, body language, and attentiveness that they were very close to each other. These two cousins walked arm in arm on either side of Betsy. Initially, they were talking about a new baby in their family, however, they also displayed distress over a family member who had been missing for months.

Betsy described a fragmented family unit as a child especially after her mother died and then, after she was married, she explained how she lost her first two children. Today Betsy has a close relationship with her youngest son. She described how after her recent fall, her son was “*keeping an eye on me*” and that she was thankful she had her son with her – “*he keeps me busy, talks to me.*”

Three of the six women came from large families of 10 or more children. Rose was the eldest girl in a family of twelve, six boys and six girls. She described how part of the burden of being the eldest was how she was held responsible for her siblings. *“I come from 12, yeah, and I’m the oldest of the girls, there was 14 but the other two died when they were babies, so being the oldest of the girls . . . I was always responsible for the others.”*

Rose left the reserve as soon as she could, about age 13. At age 19, she met her husband, who was 20 years older than she was. Rose and her husband had six children but only raised four of them. *“When I met my children’s father, I got pregnant . . . the best part was my children; there that’s where things changed, reality started, cuz they’re so special and they still are.”*

Rose continues to be very involved with her family. Family appears to be a significant part of her ongoing relationship with hope and it sustains her on a daily basis. She has a sister with cancer, another who needs dialysis, a brother with mental health issues and suicidal ideation, and a brother who is missing. She tries her best to be there for all of them whenever she can.

Flo recalled that when she needed to escape her life on the streets of Vancouver, she went home to family:

*I lived on the streets of Vancouver for a lot of years, and I was near death a couple times from OD’ing and . . . my mom phoned me and she said she needed me home because I was gonna be a grandmother, my first grandchild , then I came home. . . . And I knew there was hope . . . my mom turned her life around and most of my siblings too.*

Flo was one of the 11 children Rose felt responsible for and helped to raise. One of their brothers died two years ago and their missing brother has been an ongoing source

of distress for Flo. It has been an extremely difficult time for the entire family. Flo described how this has affected her ability to work:

*I got sent home from my supervisor because they said I was emotionally and irritable at work from my brother being missing and they want a doctor's note before I go back to work stating that I'm emotionally and physically fit to go back to work.*

To complicate matters further, this brother's daughter is also in need of family support also. Flo explained:

*I talked to her the other day . . . I brought her to court, Friday, and we had some serious talking cuz that's my brother's, my missing brother's oldest daughter, she's going to be going back to the pen again , because she was driving drunk and her brother died in that accident. . . . Like she's got children, when she goes to jail, as a family we'll have to figure out who's going to take the kids. . . . My brother will have custody of the kids, the missing brother, and now she's got nobody, and I'm being there for her.*

As important as family is for Flo, it is also appears to be a burden at times.

Nevertheless, this burden with its negative overtones also carries an ember of hope, perhaps a flame. Strength, love, loyalty, and honour have constructed the cord that weaves through these relationships and is truly a tie that binds.

Fran described a dismal childhood of her own:

*To be raised by women who were raised in residential school ... and their inability to parent and their inability to love. . . . I was never loved ... my kokum [grandmother] loved me and . . . I'm able to love cuz that woman was able to love me. . . . And then when I was in prison this old lady would come and visit me . . . she just fell in love with me and she adopted me and she would come and visit me . . . . I had no family, I'm an orphan . . . my aunt raised me and her husband sexually abused me, I was never a child. The day my mom died I was finished being a child and I was seven years old and I was trapped; helpless as a child and that's how I lived my life and I couldn't wait to get away and I ran away when I was 12 and have been on my own ever since.*

Throughout Fran's story, she connected her life to her immediate family. Everything linked back to her children, a cord of love, and she described in detail a moving account of how she gave birth to one of her children in a tipi while four horses looked on and how it was the most natural thing in the world.

*I laboured in a tipi like all night, and I knew I was gonna have my baby and I was close . . . and these four horses put their heads in my tipi at six o'clock in the morning and [she makes a sound like a horse neighing] . . . so I got up and I was rushing, [blows air out] . . . and I made breakfast for my kids and stuff and I told [her husband] I'm going to have my baby today, and . . . everybody went to ceremony and . . . I was rushing, [breathes heavily] and got down on the ground, and rushing and stuff, . . . and these horses didn't leave me all day, they stayed so close to me all day it was just amazing, and at high noon, I was so close . . . the abilities came and . . . I had him in the Sundance Arbour. . . and so it was just me and [her husband] and I knew I was close and I knew I was ready to push and I said . . . get me the belly button clamp, and . . . he couldn't find the belly button clamp but I had an eagle feather hanging and it had sinew on it and I said just bring me that eagle feather and cut that sinew and so he did and . . . I wrapped the sinew around my baby's belly button and cut his cord, sat up like right after I had him . . . and I'm rubbing his little back and I stick my finger in his mouth and I pull the plug out and he's breathing [deep breaths] and I said oh son you must be so tired, and those horses watched me have my baby, in the arbour . . . they were in the north doorway watching me have my baby . . . all four of them standing side by side.*

Years later when this child was in a serious car crash, she told him:

*We're the strongest people on earth honey and your whole family loves you and you were born at Sun Dance; everybody's going to pray for you . . . you just look at mommy and you talk, I love you son, and I didn't cry and I didn't give him panic I just gave him love.*

Fran recalled how she reached out to family when she became ill, "*I phoned one of my brothers and I said can you please come to Canada and doctor me, like I think I'm really sick and I'm gonna die, and he did.*" Family has been a conduit for hope and a better future throughout her life. With a mother's strength and conviction, she explained:

*Good health and happiness, it starts in the home. . . . I've always been able to provide for my children. . . . I wanted to raise them on the earth . . . I don't care about being poor, it mattered to me at one time but I really don't care about being poor anymore, because I'm rich , I'm blessed with human beings in my life, good human beings that are sincere and simple, it's not complicated to care for somebody.*

At the time of our conversation, Fran's greatest hope was to secure her own home so she could reunite with her children and provide for them once again. The love and devotion she has for her children is the catalyst that has helped her stay positive and move forward at this point in her life.

### **Living with Abuse, Addiction, and Incarceration**

All forms of abuse, including verbal, physical, psychological, sexual, and neglect were present, at some level, in the stories of each woman. From childhood to late adulthood, the darkness of abuse smothered the flames of hope as it infiltrated the lifeworlds of the women; their determination to carry on astounded me. Kim's chilling account of her first memory paints a fractured picture of childhood. She describes "*the brokenness that is in us*" as an integral part of the legacy of Aboriginal women. Fran also shared how her uncle sexually abused her and her only relief was to flee at the young age of 12. Five of the women experienced sexual abuse at the hands of those who should have been protectors and four of the six women shared the experience of abuse while attending residential school. Betsy told me:

*The only word I can think of is that it was the norm. That was the way it was, I didn't know it was wrong. I thought that was the way it was, that's the way it goes, it's been happening so long, and you know. . . . And it just continued so when I, when I left the reserve, that's when I came to the city and I had tons of men . . . thinking they loved me, cared for me , but they just used me, used and abused me, a few of them nearly killed me.*



There seems to be little doubt that experiences such as this would lead to alcohol and drug use, prostitution, and eventually incarceration. Three of the women recounted how “*working the streets*” was a way to survive. Rose explained how surviving meant doing “*everything that you need to do to survive, stealing, prostitution*” and numbing it all through self-medication, “*seven days a week, 24 hours until I was burned out and I would sleep for a couple of days, because my body just couldn’t carry on.*”

Flo escaped the reserve and residential school at the age of 13. Her journey led her to Vancouver where she lived on the streets and became addicted to intravenous drugs. To support her habit she turned to crime and eventually served eight months in a British Columbia judicial institution. As she sat in jail and waited for the outcome, she pondered her life at that time:

*I was going through a lot of emotional distress because the lawyer told me I was facing pen time because the guy just about died, and because of my addiction, that’s why I . . . did the robbery . . . I was heavy into cocaine.*

Kim fled at the age of twelve and a half. The abuse she endured at the hands of her protectors drove her into the streets. She was a survivor and she did whatever she could to survive another day. She speaks reflectively when she tells her story and encourages others:

*Maybe, just maybe the next time you drive past that strung out hooker on the corner, you don’t wait for them to walk through the doors of the agencies, they may not get that chance. You realize that these are women and not just clients, these are our daughters, our sisters, our mothers that are out there suffering. Haven’t they suffered enough? Stop, say hi, offer them a coffee, don’t worry nine out of 10 will probably say no, hmmm, but there is always that one that may say yes.*

For Rosie, her father and protector was the “rock” that kept her family together during difficult and abusive times. For example, when life became too much to handle on the reserve, Rosie explained how her father made the decision to leave:

*My dad um, took us away from the reserve when we were small because . . . there was a whole bunch of in-fighting and everybody was fighting over money cuz there was a lot of money that came on to this reserve that we came from. And my dad and mom got severely beaten and us kids were getting tossed around especially me because I would try to help my mom and dad and my uncle would throw me back under the bed. My dad just took us away and moved us here and then here didn't work too good . . . so then he took us to a different town and there we stayed. He had been in the army so he had all these brothers I guess you could call them. Connections with men . . . that had connections, right . . . they were white. Like when you're in the war you build up a lot of connections and what happened to him in the war he got shot with a whole bunch of his people so he had more of a connection than normal. So, that's how we wound up being [pause] urban.*

Rosie was involved in a serious crime and was charged with murder. She chose not share the details of her offence but did explain how her father was instrumental in keeping her from going to the Federal Penitentiary:

*I guess I was lucky that I wasn't put into a federal prison, I was kept in a provincial prison, again because of my father's influence, he was able to talk to the warden and get some background on me. That was my first offence, so there was a bunch of . . . they checked my mental issues, I guess you could say, to see if I qualified to stay there. And when the plane went out I missed it, so I got to stay in the provincial jail.*

Rosie was in segregation for a while in prison and described it as “three gray walls with bars, a steel toilet . . . and that was it . . . they have to let you out . . . for one hour every 24 hours I got let out to go walk around when nobody else was walking around.” She remembered how she spent her time “watching a spider . . . it was kinda

*cool to watch, what a spider does; he was in seg too, okay spider, you can get outta here, he just stayed there and built his little webs.”*

Rosie has struggled with substance abuse for many years and still actively uses alcohol.

*I do have substance abuse issues, and uh, I have a lot of problems. . . . I’ve been trying to stop drinking, well I don’t really have too much of a problem with my drinking, but it is a coping mechanism for me. I do drink, and my mom told me it’s a crutch, and she’s absolutely right! Like when I give up ahhh and I don’t even want to drink, I don’t, but I’ll use it because it’ll blank me out until I get sick and . . . I don’t want anymore.*

Fran shared, “*I should have been dead by now according to statistics,*” and how she had “*met every socially demographic status quo of Aboriginal women in terms of death, violence, prison, street, addiction, all of the above I can say yes to.*” Fran was incarcerated from 1980 to 1988 at the Kingston, Ontario Prison for Women (P4W), which closed forever on July 6, 2000 (Correctional Service Canada, 2000):

*I had no hope in jail. . . . I had an eight-year sentence to Kingston at the Prison for Women. I’d never been in trouble before it was my first offence, my first time there. I was enraged, I was angry first of all, I wasn’t educated. I didn’t know anybody and I would have never pled guilty to manslaughter had I known there was a 99 percent chance that my sister would have been exonerated . . . she was, after I pled guilty.*

Fran explained what kept her in survival mode while she was imprisoned, “*I was a mom before I was a prisoner. I was a political prisoner and my mind was different right? But in my soul I was a mom and so that kept me alive and that kept me strong.*”

Fran’s substance misuse was related, in part, to when she became ill and was prescribed strong opiate medication for pain. She signed herself out of the hospital against medical advice:

*It was the wrong thing to do, I know, and I never got follow up and I never asked questions, and I just, you know would take my morphine, and pretty soon it was oxy's and then it was codeine, and was, I just stayed wired. And then this wonderful man that I had met, before I went into the coma, was madly in love with me and he was from the street, and he used to come to my house and he would bring cocaine and he would say, 'Frannie, here smoke this, get up and walk – don't just sit there. Crack I never fuckin' did crack in my life, ever. And when I'd fall he'd pick me up and put me in the shower and get me dressed again, it was fuckin' humiliating, it was awful but everyday he'd bring me home and everyday I'd walk and everyday I'd be more determined. Cuz I wasn't gonna die like that, you know just wait from prescription to prescription.*

*I lived on the street with him, he sold drugs, and that's how we lived, and for years he was a fuckin' awesome drug dealer, you know the highest of the high in terms of that world, but that only lasts . . . like fame and glory lasts for a minute and then the addiction, the owing money, and that kind of stuff, it just erodes you. And I know the cycle and I know the deal and I just I was so, hurt and broken and I needed him, I was dependent on him, for a lot of things, he was my best friend, I fuckin' worshipped him because he stood by me and he was loyal and you know, nobody else did.*

## **Living with Loss**

Loss is a theme that resonates throughout each woman's lifeworld in a number of ways and experiences. All of the women had experienced a loss of freedom while they were in jail, whether it was for several years or a few weeks. Likewise, all of the women have repeatedly experienced loss of hope on various life levels. Each woman, to some degree experienced a loss of childhood, innocence, safety, and security.

Four of the women lost children to the system and the two sisters, Rose and Flo, each lost a child to suicide. Rosie struggled with the loss of her father and the loss of her husband. Betsy's loss of her current husband shattered her world to such a degree it continued to deeply affect her ten months after he had left. Rose, Flo, and Betsy were consumed with the disappearance of their family member.

Three of the women spoke about a loss of identity and language after attending residential school. This common experience had the power to strip a child of all that was familiar and known to them. It was the beginning of loss for many Aboriginal people and for some of the women in my study as well. Loss paved the pathway of the future to such a degree that it became normal to live with loss. In the end, the emergence of hope through the experience of loss might be realized by some of the women.

### **Systemic Oppression**

**Residential school.** The oppressive control of the system had extensive negative effects on the lives of the women in my study. Four of the women attended residential school and not one of them had positive memories of their experience. Rose shared how she was *“about six or seven when they put me in residential school”* and how she felt:

*I didn't have an identity by the time I left there. . . . I hated being brown, I didn't want to be a part of that . . . like I said I didn't have an identity; I had it rough in the residential school.*

Rose's sister, Flo attended residential school from the age of six until it closed in 1970 – all of her school life. She spoke candidly, *“we didn't have no skills coming out of the residential school . . . there was a lot of abuse from the teachers.”* When asked, Flo confirmed that she felt she had not received an education by attending residential school.

Betsy told me about the time she spent in residential school, *“I was there for two years according to the records but I know I was there longer than that. . . . I don't know what they did with the records.”* She stated she had received compensation for

*. . . the common experience but not the other part, the abuse, that's what I'm seeing the lawyer about now. . . . They say I don't have a case so how come I'm so messed up if I don't have a case? I mean why am I the way I am?*

Betsy shared her memories of abuse, *“It’s slowly coming back, I, I uh, I pray and ask I ask my Creator, if He wants me to remember He’s gonna make me remember, but it’s slowly coming back.”* Betsy believes this was one of the reasons she turned to alcohol, *“to just . . . don’t want to think about it, forget about it.”*

Rosie remembered when her father came to visit her and her sister in residential school:

*I ran and I told him they’re picking on me, and I showed him what happened and I told him what happened, okay, and my sister did too and we both sat on his lap and just cried and he got really angry at those people but because back then it was kind of like a jail they wouldn’t let him take us. They took us from my dad because my mom had to go into a sanatorium because she had tuberculosis and because we were girls or whatever. I don’t know, but they wouldn’t let our dad keep us.*

Rosie also spoke about a discrepancy with compensation for her time in residential school:

*I was in residential school for two or three years but I only got paid for one and I don’t understand about that one either. They said my sister got 52 grand, so considering our stories are similar I’ll be maybe a little lower maybe a little higher depending on the degree of physical abuse.*

**Stigma and discrimination.** All of the women spoke directly or indirectly of the effect of stigma, discrimination, and judgement they felt was directed at their people. Flo had the following to say about how she felt the system had failed her and her people:

*Being aboriginal, I feel they’ve really failed us like...I live in a community right now where I’m in fear ...there was just a murder, first they said there was a murder, a young woman 49 years old, just last week, they found her body in a field and on the news it said that she, that it was a suspicious death and there was wounds to her body, and then this week they said it was no longer suspicious, they went from suspicious to non-suspicious death so that really troubles me and angers me. . . . And my brother being missing since June 14 of this year, we didn’t get that much support from the larger system . . . I’m in the process of trying to*

*get a hold of the MLA from my community to try and get some, like I pay taxes, they need to do their job too.*

I asked Flo if she thought it would make a difference if she didn't have brown skin and she replied:

*Totally, yes, I feel that . . . we've been, everything it angers me, like everything, Aboriginals rank the highest of. They populate all the jail systems across Canada ... Aboriginals ... Aboriginals are the highest on suicide rate, my 23 year old son committed suicide in 2001. There again, the day of his funeral, it was in the Calgary Sun without my knowledge, another suicide on Siksika First Nation, I was so angry, I'm burying my son how come they didn't notify me first before they put it in the paper? No respect, they're so quick to put things like that on there, the negative stuff, instead of like my brother's missing right now, they're not putting him in the paper. Aboriginal rates the highest in everything, it just pisses me off, like so does other ethnic, other minority groups. When I went to jail there's all walks of life there, I met a girl there that had . . . she was married to a doctor like anybody could end up in ... but they label us brown-skinned, like we rate the highest in everything. HIV right now Aboriginal woman rate the highest . . . it goes on and on. We are being picked on, no doubt, like . . . just last week I was thinking of doing some kind of a protest with us Aboriginal woman on our community. There's lots happening out there and there's nothing being done.*

Kim felt that even today with all of the work being done to educate people about Aboriginal people that there are still widespread misconceptions:

*There is still a lot of judgements, like being Aboriginal or native, there is a 'oh that drunk Native' or you know, and that is so easy to colour people's mouths, and that's that stigmatism . . . the stereotype of the typical Indian is a drunk Indian, right? Or the only good Indian is a dead Indian sort of thing right? And the funny thing I was thinking about this too, I was thinking that the thing that I fought most not to be most of my life, because I wasn't a proud to be Native, I wasn't shown in my childhood that being Native was something to be proud of, it was shameful, you know you get the worse of whatever, cuz your Native, you get treated worse cuz your Native right?*

*And that's the thing too that I find today, there's a . . . collective idea of oh well that happened hundreds of years ago. Realistically it didn't. It happened to my mother – she was in residential – it happened to her grandmother . . . These were the lives that were taken away from her. So it's not like it's ancient history. This is new; we're still healing from everything; the genocide that had happened*

*to us. So the brokenness that is in us is very new and people don't . . . They all, well that happened 100 years ago or whatever, just let it go, or go on, you know, why should we be giving you this, why should we, and it's not about giving us anything, it's about well maybe just respecting us as people, you know?*

*We're still a broken society, we're a lot of motherless children trying to find our way in . . . in life and how do you mother your children when you didn't have your own mother to, you know. A lot have been taken away from their culture, a lot have been ashamed. A lot of women have been, and men too, like they can't provide cuz they're too, and for a man . . . any culture, not being able to provide or being you know raped as children and taken away, their identity and stuff as children, are gonna lash out on the community, there's a lot of anger and there's a lot of hurt there that really needs to be addressed other than pushed under the rug.*

Kim also spoke of the assumptions she has encountered from people within the system:

*Just think of them as a person, just listen to them, don't assume. Don't put that assumption in your head before you meet somebody, that's rude. . . . Don't make any assumptions. Don't think 'oh this is a Native person that went thru this and that.' Try and get that outa your head. Have that person come in and say, 'Tell me your story', and listen. What do you need? Right? Don't assume they need this and they need treatment and they need all this stuff because so many people are just so ready to just jump on any person that comes in that it's scary. It's scary for us being, for me being Aboriginal I don't want, you know, someone coming in saying you need to do this, you need to do that. I'm helping you. Okay, well I get that but that's not why I came in today. Just listen! I think the biggest thing is to listen . . . to not make assumptions. Like don't be in your face and say 'Hey, you need to go to this or you know' . . . just listen and treat Aboriginal women or anybody just like any other person off the street. Don't have that stigmatism, because believe me there is enough of it in our everyday life.*

*There's enough, you walk down the street and people, you know even when I go shopping and stuff you see the people behind you watching you that you're gonna steal something right, or and you know, I, I, I sort of find it funny but it's you know it's degrading. It's like you know, do I stink? Do I give that impression I'm gonna come in here and I just feel guilty walking in. And so really if you're feeling guilty in there and your feeling ashamed or looked down upon are you really gonna open up to this person, really? Be a friend.*



Finally, Kim shared an experience of when she had presented her digital story with a research project she was involved in:

*There was a bunch of students where we presented our digital stories and we did our posters for the first time and there were students there and there was one that was doing something about the homeless or something like that. And I was interested in the program that she was doing like going in and getting more involved and maybe get the education of going into the program that she was in. I went and talked to her and said “I’m really interested in this program I would like, how do I get involved or whatever?” She gives me her card saying we can help you find a place if you need a place. She didn’t do that to any of the other girls – but she came and said we can help you find a place, assuming I was homeless.*

*And I was like, wow, that was like totally not what I was asking for. I was asking for information about the course, as you can see, I’m doing pretty well myself. . . like well, I’ve got a roof, I’ve got my daughter, I’ve got a good man, I’ve got food in my fridge, I’ve got a kitty. You know, like if I wasn’t Aboriginal would she have given me the card and said well here if you want to set up an appointment or whatever for housing? Would she have said that if I wasn’t aboriginal? Like what did she assume – that I was homeless and that I needed a home? And she had just seen my story and everything! Right? So the assumptions are just killer. We just can’t do that to people; you can’t do that to anybody.*

### **Home and Work: Superficial Safety**

Home and work played an instrumental part in each woman’s lifeworld. Having a home and being able to provide for family was extremely important in each woman’s lifeworld. Although Aboriginal people are strongly overrepresented among homeless populations (Hanselmann, 2001), the positive influence of home left a distinct impression on the souls of all six women. Each woman shared the importance of being able to provide a safe home for her children. As well, all six women spoke of how their homes were in jeopardy or lost to them at certain times in their lives. For Betsy being able to go home was very important for her, *“I left the reserve when I was 14 years old and I never*

*moved back to live there, I went home and visited family and stayed there for a while.”*

She also described home as a place her husband could be safe from the temptation of drinking.

For some of the women home and work were closely associated:

*We had a good home for a while, and I did foster care, I was one of the first native homes recruited back then in the early 80s. . . . I managed to get a certificate as a geriatric caregiver so I worked at a nursing home, and then that's when I was still with my husband, and he had a good job and I was still caring for foster children.*

After Rose and her husband split up, she was “*thankful for people who somehow believe in you.*” Rose had the opportunity to work with a friend who ran a group home for Aboriginal parents who were working at being reunited with their children:

*It was an Aboriginal reunification program for families. They would put the parents in and then they brought . . . their children from the foster home and we'd reunite them and we would help them with the basic parenting skills, and living, you know the daily things, like doctors, medical, help to keep their homes, school, appointments, schedules, meals. . . . sometimes I would have four families at once, with their children and that was very rewarding because it helped a lot because I could actually identify with their, where they came from cuz I was there. The most important part of why I was able to help them and why they trusted me and why they were able to believe and the pain they were going through. I was there so I was able to talk with them and just you know help walk with them through whatever pain circle, and through this, there wasn't anything that didn't happen to me.*

For Betsy, work and home obviously brought back bittersweet memories:

*I was working and I had a good job, I worked for child welfare for Closer to Home Community Services helping parents get their children back from the child welfare . . . in home support worker . . . for about 10 years off and on. It helped me that I could help them, give them hope for their kids, to keep their kids. . . [Betsy began to cry] excuse me I'm just . . . I think that was about the best time in my life when I was working at that job.*

During her time in prison, Kim discovered talents she was not aware she had:

*I found out I was artistic, I found out that, uh, I did 6 months in hair styling, so I knew I could learn again, and I wasn't useless, I wasn't, you know, I wasn't um [pause] I wasn't a throw away. I guess, there was a hope that, well if I can do this in here, can I do it out there?*

Rosie was proud of her education (she had attended university for one year) and the work she had done in the past, *"I was assistant manager of stores, doing inventory and stuff like that, and I was the manager of the year 2000 upgrade...computers."*

Today, Rosie tries to find temporary work through job placement agencies, mostly related to construction clean up.

At the time of my conversation with Rosie, she was experiencing homelessness and staying at a local detox shelter. She explained what had happened:

*I haven't had a home since 2008. I'm trying very hard to get my life back together and . . . I've got a partner who has an alcohol problem so I have to deal with that too . . . and I think that once we get a place and I don't know that you know . . . Maslow's Hierarchy of Needs? We need our home, we need our food, clothing, like everything first, and he tries [with emphasis] he does, but some of the things we face are really hard and he'll be strong and I'll give up and I'll be strong and he'll give up [pause] but when we're strong together things work. But it's really hard to be strong when everything is going wrong, we almost had it made at the beginning of this month [heavy sigh] but then I don't know why somebody decided to be really mean on us. . . . A hotel in town, we paid for it and they said that he [her partner] that he assaulted the maid, and I didn't know what happened because I went downstairs to buy us some pop right? And like I said we were trying to get our lives back together that's why we paid for the hotel room for such a long time, and we were ok for food cuz we decided we would just do the bag lunches and do day jobs, right? That's our plan and then this hotel just called the police and I rode up the elevator with the police and I said what's going on? 'Oh some idiot assaulted a maid'. 'Oh geez that's terrible'. So off I go, they said it was my husband they went right to our room, I said excuse me he would never do that I said prove it you guys got video cameras prove it and charge him if he really assaulted her, charge him. They didn't.*

*We had no place to go so back to the [shelter] but the police packed and we just finished shopping, you know like, we bought brand new stuff, my hair dye,*

*my underwear, my socks, his stuff, you know like, and half of it's missing and it was in that room, you know, like, so it kinda like brought us down like BOOM. . . . Hope went pheww down again so like I said we both hit the bottle really hard.*

Fran was proud that over the years she had always been able to provide a home for her children:

*I've got a little bit of education, and I've always ran, I've always been a runner, running away from poverty, and running away from violence, running away from alcoholism and running away from addiction. When those things get too close to me I'll just work harder, but it begins in your home, and I've always been able to provide for my children.*

At some point Fran became ill and she described how she moved back to Canada for treatment and found work at a local college so she could continue to provide for her children, “*They hired me as culture coordinator and that was a really good experience.*” Over time, her health failed even more and she had no other choice than to send her children away. Home, work, and the semblance of safety evaporated.

### **The Healing Journey: Giving Back**

The process of healing and giving back was a dominant topic for almost every woman. Five of the six women explicitly described both their own personal healing as well as the importance of giving back. Kim spoke of how the damage from colonization had an intergenerational impact and is still very real for many Aboriginal people today:

*There's a . . . collective idea of 'oh well that happened hundreds of years ago'. Realistically, it didn't. It happened to my mother – she was in residential – it happened to her grandmother. . . . These were the lives that were taken away from her. So it's not like it's ancient history. This is new; we're still healing from everything – the genocide that had happened to us. . . . You know I'm not trying to say that we have had it any harder but we have, realistically, like right now, we're just trying to heal over this, we're trying to find our culture now. . . . And don't look at them as 'oh poor, poor them' look at them as just another human being, another woman, another man, that is going through . . . quit looking at the outside*

*as ‘oh that’s an aboriginal, or that’s a native’ . . . look at them as your fellow human being.*

Kim’s personal healing journey took a serpentine path in and out of two worlds. In her words, “*it took 10 years for me to get to where I am today.*” She described how she accomplished part of her healing by giving back:

*I hope that the volunteer work and the things that I’m doing um because of my past . . . that, that I can spread hope out to the community and you know help women that are in that place that there is no hope; and say ‘you know what? If I can do it, you can do it’.*

Fran expressed how hope and healing are connected for her and described hope through an acronym: “*Healing Of People Emotionally.*” She also shared her own definition of healing:

*I was trying to define healing and I was thinking it’s internal it’s not external. It’s a process, a desire, an intimate need; an instinctual requirement to allow the soul to breathe. It’s not just the body it’s the soul. . . .So an instinctual requirement to allow the soul to breathe, to live and to want to live, that’s my definition of healing.*

Frannie conveyed giving back when she spoke of some of the work she did after she was released from prison:

*I created the Healing Lodge I was very instrumental in that. . . . Okimaw Ohci, Okimaw Ohci is the old lady eagle. . . . I was on the task force for federally sentenced women, I was on the steering committee . . . there were seven of us – seven Aboriginal women. . . . So the healing lodge was created out of a dream and as a result of those women that killed themselves at P4W, cuz I could speak to that personally . . . they were my family, like I defended them.*

For the two sisters, Rose and Flo, and their cousin, Betsy, healing and giving back were also intertwined. Betsy described how her work with families provided a sense of satisfaction and she felt like she was making a difference, “*it helped me that I could help*

*them, give them hope for their kids, to keep their kids.”* When Rose worked with her friend to reunite Aboriginal parents with their children she offered:

*That was very rewarding because it helped a lot because I could actually identify with . . . where they came from. The most important part of why I was able to help them and why they trusted me and why they were able to believe and the pain they were going through, I was there so I was able to talk with them and just you know help walk with them through whatever pain circle, and through this, there wasn't anything that didn't happen to me. I've learned to love myself, I've learned to be proud of who I am.*

Flo described her healing journey:

*I went through the 12-step program and started the healing journey, and then I was still sincere about turning my life around. . . . Like when I first started . . . hope was a very . . . negative word for me but my healing journey, I started finding out there is hope . . . it's an everyday process. . . . I use my personal healing journey to um share with my community and when I do that a lot of them come back to me after presentations and tell me 'how did you do it?' Like there's lots that happened to me in my life, but, I just turned my life around because I got tired of it and I knew I was going to die out there if I didn't.*

## **Spirituality and Religion**

Prayer was the central theme in Fran's account of her life. Deep faith and belief in her Creator has governed her place in the world. Much of what Fran spoke about could be tied back to her relationship with her higher power:

*I have a really awesome relationship with the Creator. I pray, that's my way of life that's who I am as an Indian woman and I don't have a pipe but I'm able to . . . hold their pipe . . .*

Fran shared a well-known story of White Buffalo Woman, who brought a sacred pipe to her ancestors so they might learn to pray and live in balance and harmony with each other and the earth (Lame Deer, 1967). According to Fran's interpretation of this famous story:

*That woman brought that sacred pipe to our people so we that we would have a way to communicate to a higher place, to tell us that there is a God, that there is a creator, that there is a great mystery, that there is a purpose for everything that there is on earth, and that great mystery put everything that we need here to live in balance, and to live in a good way, that this is a spiritual planet, and we have everything we need all we have to do is make a prayer for good health and happiness. . . . So hope for me it's about prayer. . . . But I also know a lot about prayer, about culture, about being a keeper of the land and what that means to Aboriginal women, being the keeper of language and what that means and how to look after that pipe and how to carry that pipe in the best way possible. . . . That's what hope is, and it's prayer, you know, before if we're good in an emotional place and find that balance that we're intended to have, that we inherit, we inherited this earth and that whole process is about balance, we can make a sin, nobody's free of sin, we can make a sin but we have to make things right as well.*

During her time at Prison for Women Fran fought for the right to pray and eventually the “Native Sisterhood” was granted permission to pray. *“We’d go into the sisterhood every Monday and we’d use sweet grass, and sage, and cedar, and it was considered contraband, but we’d get it in and we’d pray and that’s what kept us alive.”*

Flo told me when she returned home after spending years on the streets of Vancouver:

*I went back to church, cuz my mom turned her life around and she became a born again Christian and hope, there was hope there because of my mom turned her life around and most of my siblings too. . . . I really have a strong relationship with God now . . . He’s my hope, yep.*

In this chapter, I addressed phenomenological description, interpretation, and the meaning I derived from the stories of the women. I also identified the overall theme and sub-themes revealed to me through the emerging voices of the women. In the final chapter I discuss, reflect, and integrate the antinomy of Aboriginal culture and the impact it has had on all Aboriginal women’s lives.

## **CHAPTER SIX**

### **Discussion, Reflection, and Integration**

In this chapter, I discuss the journey I have embarked upon with the women in my study and reflect on the relationship and integration between themes and the phenomenon of hope. This is the place where I share what I believe I have learned and offer my voice in an attempt to bridge a gap and perhaps, fuse the horizons of our understandings. My interpretation is only one understanding of what hope means to women who have experienced incarceration. It is the women's voices that deserve recognition and respect. The reader may interpret the findings differently. The women's stories have provided a rich and deep authenticity that can only originate within the reality of lived experience. I also discuss implications for nursing practice, nursing education, and nursing research.

#### **The Colour of Hope**

I have presented the women's stories based on guiding questions however, I asked them one more question designed to elicit a specific answer. I asked this question at the end of the conversation with the intention of adding a degree of positivity and light-heartedness. The question was, "If hope was a colour, what colour would it be and why?"

Colour is part of our everyday life and it is generally accepted that colour has an effect on mood, feelings, and emotions (Kaya & Epps, 2004; Hemphill, 1996; Wexner, 1954; Terwogt & Hoeksma, 2001). Kaya and Epps (2004) described how "the relationship between color and emotion is closely tied to color preferences" (p. 396) and how one's colour preferences may be further associated with either positive or negative emotions. For example, the colour red has been associated with feelings of excitement



and pleasure as well as feelings of hostility and defiance (Kaya & Epps, 2004; Wexner, 1954). The colour blue is often associated with feelings of calmness, security, and serenity while orange is associated with distress and feeling upset. Yellow is often associated with cheerfulness and joy, purple as dignified and regal, and black has been perceived as powerful and strong as well as mournful and malevolent (Kaya & Epps, 2004; Hemphill, 1996; Wexner, 1954). As cited in Kaya and Epps (2004), Ballast described colour in terms of temperature such as cool (restful and quiet) or warm (active and stimulating). Green, blue, and purple are considered cool colours while red, yellow, and orange are associated with warm colours.

Five of the six women in my study readily assigned a colour to the concept of hope and provided a reason why. Kim enthusiastically offered, “*Pink*” and laughed heartily:

*Pink I just love pink because I guess just from my childhood. I didn't have that little frilly childhood that little girls should have so to me I just, I love pink. I love pink and purples...that little girl she's still there and it's hard to make her feel comfortable, it's hard to, to you know, stop her fears. So I think pink for me is innocence, it's you know, what is more hopeful than our children?*

Rosie's colour for hope was yellow because “*it's bright, and it's like the sun.*”

Betsy, who was visibly upset, also associated hope with the colour yellow and referred to it being “*nice, bright.*” Flo answered straightforwardly, “*turquoise, I love turquoise*” and proudly showed me a beautiful turquoise ring she was wearing. She continued:

*I think of the, its serenity. I feel serenity and like, I just love sitting by creeks that are flowing . . . especially the blue water, in the mountains, you see a lot of blueness in there . . . I have total serenity and just the colour gives me this energy I don't know what it is but . . . and hope and then I look in the sky and it's blue.*

When I asked Fran what colour hope would be for her she replied, “*Sky, between earth and sky*” and I had to encourage her to think of an actual colour. “*Blue, turquoise . . . sky blue*” she responded but did not elaborate further. Rose shared how hope would be coloured:

*Red . . . yeah, not just . . . the real native coloured red . . . not the red lipstick, it's more of a . . . um when you look at it, it's not really like bright red, it's a darker uh red . . . yeah, almost like a kind of rust.*

In retrospect, I believe I also should have asked the women to identify a colour associated with hopelessness or loss of hope as there was an undeniable sense of despair, at times, in each woman's lifeworld. I am curious if the women might have associated hopelessness with colours such as black or brown. However, this brief conversation about the colour of hope indicated to me that each woman linked hope with an optimistic or positive colour giving credence to how human beings relate colour with emotion (Kaya & Epps, 2004).

The process of immersing myself and living with the data collected from my conversations with the women resulted in uncovering several themes. First, the overarching, all-encompassing theme is Aboriginal culture itself. I believe there is an inherent burden residing within Aboriginal culture that permeates throughout the lives of all First Nations people. This insidious burden revealed itself to me as I delved deeper and deeper into the data. As I reflected on the stories from each woman, it became evident to me that each theme had characteristics of both hope and hopelessness, positive and negative, yin and yang. I refer to this dichotomy as antinomy. M. van Manen (personal communication, March 12, 2012) explained antinomy to me as “a contradiction

that cannot be resolved but that is inherent in certain situations. For example children need dependency and independency even though these notions are contradictions.” Similarly, the Compact Oxford English Dictionary (2005) defined antinomy as “a contradiction between two beliefs or conclusions that are reasonable in themselves; a paradox” (p. 36). As I reflected on the women’s stories, I became acutely aware of the close relationship and experience each woman had with both hope and hopelessness. I then became aware that each theme was actually situated within both hope and hopelessness. As I returned to the literature, I discovered overwhelming confirmation of antinomy within the overarching theme of culture as well as within each sub-theme. A discussion of the antimonies within the women’s lives is reasonable at this point to reveal the influence of hope in their lives and to support their steadfast quest for respect, liberty, and truth.

### **The Antinomy of Aboriginal Culture**

There is no denying the inheritance of the Aboriginal woman is one of oppression, subjugation, and persecution through patriarchal and paternalistic domination. Turpel (1993), in her response to the 20th Anniversary of the *Report of the Royal Commission on the Status of Women in Canada (1970)*, maintained that Aboriginal women had both patriarchy and paternalism imposed on their lives and communities. Turpel (1993) argued, “The aspirations of White men in the dominant society are simply not our aspirations. We do not want to inherit their objective and position or to adopt their world view” (p. 184). I believe this cultural burden is an intrinsic legacy that has held every Aboriginal woman in a perpetual state of abeyance. For the women in my study, each

has her own bittersweet relationship with her culture – one that is deeply personal and has left an indelible footprint on her soul.

One of the women in my study expressed how she searched for “*something to believe in, but nothing felt right*” until she embraced her culture. It would appear her culture outwardly rebuked her as a child and left her struggling with her identity and purpose on this earth. Several of the women described how their lives on the reserve were fraught with physical and emotional upheaval and how fleeing seemed to be their only choice. Yet as unbearable and agonizing as life was on the reserve, it was even more so off the reserve.

The antimony here is blatantly clear; the attempt to assimilate Canada’s indigenous people into the civilized Euro-Canadian way eventually resulted in the displacement of thousands of Aboriginal people over the decades. The forced and mandatory integration of the Aboriginal people with European settlers could be likened to cultural rape. However, even as generation after generation was overpowered, Aboriginal people fought back and refused to surrender their traditions, customs, and values (Moss & Gardner-O’Toole, 1987). The government’s ultimate goal with the assimilation and civilization of indigenous people was extinction. The irony is that isolating Aboriginal people on reserves served to strengthen, reinforce, and maintain traditional mores. Moss and Gardner-O’Toole (1987/1991) in their paper for the Canadian Library of Parliament emphasized:

While Indian people view reserve and treaty rights as a *quid pro quo* for giving up a good part of their traditional lands, federal and provincial governments have frequently taken the view that the Indians’ refusal to abandon their distinctive

cultures, government and identities is a refusal to take up the ways of a more "advanced civilization" and accordingly, a refusal to take up the "responsibilities" of full citizenship. In the result, the history of native policy, particularly Indian policy, in Canada is replete with examples of legal bars to the exercise of fundamental civil, political and cultural rights.

What I found so interesting about the attempt to assimilate Canada's First Nations communities is how people from other cultures could take up residence in Canada and flourish. Across Canada, in large urban centres as well as rurally, a variety of cultures thrive; Ukrainian, German, Irish, Italian, Asian, and East Indian communities practice their unique traditions and customs and are encouraged to embrace their distinct ethnicities. I would consider this a manifestation of antinomy within Aboriginal culture and the freedom of nations and in direct conflict with the Canadian Charter of Rights and Freedoms (1982). The Charter describes fundamental freedoms including freedom of religion, thought, belief, opinion, and expression. To this day, there remains a division between Aboriginal people and the rest of society. The latest publication from The Truth and Reconciliation Commission of Canada (2012) is another attempt at repairing the damage inflicted on First Nations people and communities across Canada and only time will tell if significant change will occur.

### **The Emotional Journey**

The antinomy of hope is inferred through the emotions the women have identified as part of their lifeworlds incorporating both negative and positive emotions. The emotions experienced by the women were, at times, stated outright and at other times only implied but obviously visible. Feelings of guilt, shame, anger, fear, and grief were

often related to the past, present, and future. One of the women openly discussed how she felt depressed and described how she hoped for a day when she would look forward to getting up in the morning. Rejection, loneliness, suffering, regret, and abandonment were also underlying themes in each of the women's lifeworlds.

At the centre of the emotional scale, some of the women spoke of survival, forgiveness, faith, and the desire to make things better for others in their lives. One of the women shared how she had custody of her seven-year-old grandson and wanted only to give him a chance to experience a better life than the one she had experienced. Several women described how giving back to the community helped them to heal and move forward.

At the furthest end of the emotional continuum feelings of honesty, respect, serenity, energy, balance, and love were recognized by several of the women as emotions they were familiar with. In the face of adversity, they remained hopeful for a better tomorrow and the ability to impart this hope in some way to others in their lives.

As stated earlier in this thesis, one of the distinctive attributes of hope is that it is future-oriented but linked to the past (Stephenson, 1991). This is evident in the stories the women shared about their horrific past experiences and their desire and yearning to improve both theirs and other's lives. Regardless of their experiences, which could and should have left them in a perpetual state of hopelessness, the women held on to the hope that they could illicit change. This belief supports another feature of the concept of hope; that hope is tied to maintaining a positive and optimistic attitude irrespective of adverse conditions (Fitzgerald Miller, 2007).

## **Living with Violence, Abuse, and Poverty**

All the women in my study spoke about the influence of abuse and violence in their lives. The long-lasting effect of abuse is a notorious cross to bear. The antinomy here relates to the interplay of strength lost and gained by Aboriginal peoples through their interactions with those of European heritage. There is much written in the literature about abuse, neglect, and violence directed toward Aboriginal women. The discrimination of Aboriginal women began almost immediately after the arrival of the European settlers to Canada (Benoit, Carroll & Chaudhry, 2003; Emberley, 2001; Forsythe, 2005; Harry, 2009; The Truth and Reconciliation Commission of Canada, 2012; Turpel, 1993). The status or prominence of Aboriginal women, within their communities as well as the new world of the White man, was conquered and destroyed (Turpel, 1993). Over the decades, Aboriginal women have fought and struggled for the right to live their lives in a manner congruent with their beliefs, traditions, and customs. However, Aboriginal women resisted and as the Cheyenne proverb suggested, “A nation is not conquered until the hearts of its women are on the ground” (Turpel, 1993, p. 180). History shows us, the greater the resistance, the greater the dominance. Eventually, Aboriginal men were compelled to agree with the European settlers and over the decades embraced a male dominant role (Turpel, 1993). Aboriginal women were abused by both the system and the state of Canada as well as by their male counterparts; their fathers, husbands, uncles, and brothers (Balfour, 2008). The by-products of these actions resulted in increased abuse and violence as Aboriginal women vacillated between autonomy and subservience. Ultimately, as women fought their attackers they were eventually arrested and convicted to prisons for their crimes and behaviours. Balfour (2008) described this

as “a victimization-criminalization continuum . . . one that is situated in historical, cultural, economic, and political practices that deny Aboriginal women their dignity and respect, autonomy, and self-determination, thereby contributing to their endangerment” (p. 105). As Sugar and Fox (1989) stated, “We are the victims of long-term and systematic violence” (p. 470). The terms “culture of violence” and “domestic violence” signify both violence by men against women as well as State violence against First Nations peoples (Turpel, 1993, p. 183). In the end, violence begets violence and Aboriginal women were sent to prison for a variety of felonies and crimes (Sugar & Fox, 1989). “Aboriginal women who end up in prison grow up in prison, although the prisons in which they grow up are not the ones to which they are sentenced under law” (Sugar & Fox, 1989, p. 469).

During my conversation with Fran, she stated she was “*a political prisoner*” when she was incarcerated at the Prison for Women (P4W) in Kingston, Ontario. At that time, I was not aware of just how political she really was. It was only after I returned to the literature, long after my conversation with her, that I discovered the depth of her convictions. Much of what Fran shared with me aligned with an article she wrote with Lana Fox for the *Task Force on Federally Sentenced Women* in 1989; this article is a compilation of the imprisoned women’s stories. These stories are compelling, disturbing, and evoke much sadness; however, it was the discourse around hope that engaged me most.

The Aboriginal women in P4W formed the Native Sisterhood, an assembly of women unified in their goals of making life work inside the prison. They encouraged one another to “maintain”, which meant to “stay cool, to maintain our anger and our hatred”



(Sugar & Fox, 1989, p. 480). When the Sisterhood was approached to meet with various officials who were touring the institution, they would always agree, “somehow believing that there was hope for change. That little hope flame in our circle wasn’t for ourselves” (p. 480), it was for their missing sisters “and that hope flame raged into a strong fire in our circle because we could speak for each other” (p. 480). The antinomy here is illusive, hidden behind their possible need to maintain their anger and hatred in order to be hopeful for the future.

I am now aware of why only a cursory review of the literature is suggested at the beginning of phenomenological research (Streubert Speziale & Rinaldi Carpenter, 2007). I believe if I had read this article prior to my conversations with any of the women, I might have been so biased that my interviews would have been very different. This article reinforced for me that not much has changed for Aboriginal women over the last quarter century as they still feel they are not heard, respected, or left with their dignity.

### **The Emergence of Hope through the Lived Experience of Loss**

An overwhelming sense of loss permeates the women’s stories. Loss is an integral and inherent part of their lives and culture. Loss is historical in every sense of the word and has doggedly shadowed Aboriginal people ever since the arrival of the Europeans. Every woman in my study recounted multiple losses, on every level of their lifeworlds. Loss was all encompassing and included loss of family, including children to suicide; loss of home and safety from childhood into adulthood; loss of innocence; loss of self-respect, pride, and identity; loss of language and culture; and, loss of freedom through incarceration.

For me, one of the most troubling losses was that of language. Language is “a path to knowledge of the world . . . which is communicatively experienced and continuously entrusted to us as an infinitely open task to pass on” (Gadamer, 1977, p. 26 cited in *The Gadamer Reader*, 2007). Aboriginal languages are at risk of extinction and some have disappeared entirely (Monastyrski, 2011). According to the United Nations Educational, Scientific and Cultural Organization (UNESCO) Canada has the fifth highest number of endangered languages and reports 88 of Canada’s Aboriginal languages could be extinct within the next century. Inuktituk, Cree, and Ojibwa are the only languages predicted to survive, mostly due to the large number of people who speak these languages (CTV news report, 2009, November 8). As language is lost, the link to culture, tradition, and history is also lost. However, efforts are being made to revitalize certain languages. CBC Radio Calgary has been airing a series entitled “Finding the Words” and has highlighted how several reserves in southern Alberta are educating children and adults in the languages of their heritage so as to preserve this rich, oral tradition (April/May 2012).

Most of the women in my study were able to understand their language if not fluently speak it. Three of the women shared how the loss of their language was a result of residential school and interference from the government in dictating the language they should speak.

In the face of loss, each woman was able to find and embrace hope. As their stories have shown, this has not been an easy task nor is it one that is finished or complete. Their journey continues on a daily basis and it is through understanding and

knowledge of their plight that nurses and other health professionals might come to appreciate their struggles.

### **The Healing Journey**

The Aboriginal Healing Foundation (AHF) (2012) was established in 1998, initially for a ten-year period to support community-based healing projects that addressed the legacy of physical and sexual abuse at residential schools. With the recognition that the healing process would exceed ten years, the AHF created a national charity – The Legacy of Hope Foundation (LHF) whose purpose it is to educate and raise awareness of the public and to provide support to residential school survivors to assist with their healing process. None of the women in my study however, spoke about these organizations. Perhaps a more thorough perusal of these two organizations would reveal another form of support for some of the Aboriginal women who have survived residential school and other abuses.

The healing journey for Aboriginal women who have experienced incarceration is long and complicated. For the women in my study, many factors played a role in their experiences of incarceration. For some it was a revolving door at the local remand centre and for others their sentences included serving time in provincial or federal institutions. The healing journey wound its way through the women's lives like a snake in the grass. At times, the spark of hope burned brightly that things would change and life would improve; at other times, the flame barely flickered and hopelessness loomed on the horizon. However, the healing journey was an integrated part of finding the hope to move forward.

Several of the women spoke of their relationship with their Creator or God and how faith and belief in a Higher Power gave hope to carry on and for a brighter future, if not for themselves, for their children or grandchildren. For five of the women, healing also meant sharing and giving back to others. The journey, in all its twists and turns, makes up the fabric of who these women are and how they find the strength to carry on. These attributes are in keeping with how hope is described in the literature as future-oriented; maintaining a positive attitude in the face of despair or negativity; realistic anticipation and expectation for attainable change; reflection on meaning and value in life; a form of coping; and, recognition of doubt and uncertainty as a typical part of the process (Downman, 2008; Partis, 2003; Stephenson, 1991). The unpredictable nature of life may interfere at times with that which we hope for and this is ultimately when hope becomes a beacon in the dark; a guiding force that might lift our spirits and give us the necessary faith to accept what we cannot change (Jevne & Miller, 1999).

This thesis adds to the body of knowledge that pertains to the concept of hope and addresses a gap specific to Aboriginal women who have experienced incarceration. I have attempted to identify this gap with the voices and stories the women in my study have so generously shared.

As Downman (2008) put forth, hope is an active process whereby an individual becomes aware of what can and cannot be changed. Each woman in my study described certain life events where she recognized what she could and could not change. They all identified how hope had influenced their lives despite a myriad of negative and possibly destructive life experiences, including incarceration. Each woman described how she incorporated hope into her life and utilized it to move forward despite many obstacles. I

believe most of the women had never given much thought to the impact hope had on their lives until they were offered an opportunity to explore it. Each woman also acknowledged an association to hope with value and meaning in life while experiencing feelings of doubt and uncertainty. Finally, through hope for a better future, the women demonstrated how they were capable of adapting and developing a different set of coping skills when it became necessary.

### **Thesis Journey and Challenges of the Study**

The focus of this study has been to explore and examine the phenomenon of hope and to answer the question, “What is the meaning of hope for Aboriginal women who have experienced incarceration?” The women in my study have graciously opened their lifeworlds and souls with a poignant honesty and I am extremely honoured. They have shared their stories willingly and it is my hope that they might make a difference where it counts for them; with those who support and work with them; with those who listen to them; and, with those who might have judged them. When I initially embarked on my journey, little did I know how deep it would take me and how much I would learn. At the conclusion, I can see that I have only scratched the surface of an extremely complex phenomenon, hope, and an even more complicated lived experience, Aboriginal women who have experienced incarceration.

During my thesis journey, I often became side-tracked with layer after layer of rich historical information and evidence of the multiple atrocities that have plagued the First Nations people of Canada. At times, it was difficult to pull myself away and I may have strayed off my path; therefore, I feel I have an obligation to speak to this.

One of the challenges of this study is the small sample size, however I believe saturation of data occurred with the guiding questions utilized. As I reflect, I might have added a question or two. As a novice qualitative researcher, my perspective and experience is limited and as I worked with the data I realized my interviewing or conversational skills were not as eloquent as I might have liked. Nevertheless, I have attempted to honour the women's voices and to keep the Aboriginal women and the concept of hope at the centre of my writing and data analysis.

Another challenge is the specificity of my question. As I review my study, I can see that it does not address particular or explicit physical health issues such as HIV, tuberculosis, diabetes, COPD, or other chronic diseases. However, nursing is a holistic practice of health care delivery and encompasses an individual's total being including the physical, mental, emotional, and spiritual spheres of life. It is my hope that this study might generate more questions and further research opportunities to work with First Nations women, men, and children.

A personal challenge for me was the homogeneity of three of the women with whom I had conversations. Being relations, there were times when I thought they had been involved in the same criminal activity; however, I did not clarify this with them. I was concerned this fact might transfer into the data. However, when I later listened to their stories and transcribed the conversations, I was able to separate each woman from the other without difficulty and recognized that each story was unique.

### **Implications for Research, Education, and the Practice of Nursing**

The discussions and analyses of the concept of hope are complex and never-ending. Unquestionably, nurses have the opportunity to instill and inspire hope and there

is a wealth of literature relating to the constructs of hope and how it is utilized in nursing (Benzein & Savemen, 1998; Hammer, Mogensen, & Hall, 2009; Miller, 2009; Moore, 2005; Partis, 2003; Stephenson, 1991). Conversely, nurses also have the ability to elicit hope or draw it out from an individual when a collaborative relationship exists. Through active listening nurses might open the pathways of communication while honouring Aboriginal women's stories.

Nurses often find themselves in positions where they might have the opportunity to foster hope and in turn facilitate empowerment. Within certain contexts, including working with vulnerable populations, nurses connect closely and bond with their nursing activities and role obligations; this is at the heart of nursing regardless of the areas in which nurses may practice (Moore, 2005; Stephenson, 1991). The Canadian Nurses Association (2009) endorsed addressing a broad range of determinants of health that encompass the physical, social, and economic environments as well as the individual characteristics and behaviours of patients and clients. Increasing awareness of healthy public policy versus health care policy will assist nurses to focus on a wide range of social and environmental health determinants that impact First Nations communities and their people directly.

The purpose of my study was to reveal the meaning of hope for Aboriginal women who had experienced incarceration and to inform nurses and other health care professionals how they might better understand the ongoing struggle Aboriginal women face. Through my conversations with the women, I have discovered how important it is to really listen and hear what the women are saying rather than tell them what, how, and when they should do something. I believe it is a relatively easy task for a nurse or other

health care professional to present a list of what needs to be done to meet the criteria of certain programs or support. On the other hand, I believe it takes some practice, understanding, empathy, and a true and deep respect to actively listen and put aside judgement and preconceived ideas. The women in my study clearly identified this as being important to them. It is my hope now that nurses and other health care professionals might recognize how active listening without judgment or assumption is necessary to relate better to Aboriginal women who have experienced incarceration or other difficult life events.

### **Plans for Dissemination**

Dissemination is the process of dispersing the findings or new ideas of research into the public domain usually through publication in professional journals. While this remains a respected avenue with which to present one's findings, it does not necessarily reach the intended audience. The application of research-based knowledge is central to evidence-based practice and therefore the dissemination of findings must reach specified groups through a wide range of methods. These methods may include journal articles, book chapters, presentations, editorials, email distribution lists, or on-line learning opportunities to name a few (Scullion, 2002).

For the purpose of my research, my intended audience will be health care professionals and social service providers who work with Aboriginal women who have experienced incarceration. These health care professionals will include nurses, social workers, physicians, psychologists, physiotherapists, and occupational therapists. In addition to health care professionals, paraprofessionals such as mental health workers, income support workers, homeless shelter staff, housing specialists, and addiction experts



will be included in the target audience. However, even more important to me is the opportunity to be able to share the positive influence hope has had on the women in my study with other Aboriginal women and their communities. This could be done through culturally appropriate venues such as healing circles, sweats, and other Aboriginal ceremonies.

I intend to share my findings through presentations, public speaking, written word, and possibly other media. I will endeavour to have my findings published in reputable and scholarly academic journals that span the human sciences disciplines. Other venues such as conferences may offer an opportunity for me to disseminate my findings. In the past, as Calgary has hosted a diversity conference as well as specific Aboriginal conferences, the call for abstracts and poster presentations are opportunities I will use to disperse my findings and increase knowledge within the community at large.

As a front line registered nurse, I have engaged with a multitude of professionals in agencies and resource facilities who might have an interest in the findings of my research. The findings of this study offer an opportunity to broaden our understanding and increase our knowledge regarding a demographic of women who are largely unnoticed and often forgotten. I intend to use this opportunity to enlighten my co-workers and colleagues so that we may better serve the Aboriginal women we support and with whom we work.

### **Final Remarks**

The intention of my thesis was to provide an opportunity for Aboriginal women who have experienced incarceration to share their lifeworlds and voices with respect to the concept of hope. I wished to better understand what impact hope had in their lives

before, during, and after incarceration and to what degree hope plays a part in their lives today.

I became aware early in my work that hope was a concept that was, at times, foreign and invisible to some of the women in my study. However, as their lives evolved, hope became something each of the women could identify with, speak about, and eventually embrace. Each of the women in my study is unique yet each shares many similar stories, especially around the areas of loss, abuse, addiction, family, spirituality, and giving back. Their stories and voices touched me deeply and opened for me a new awareness to the plight of the Aboriginal woman, today and in years past. I have always had a deep respect for First Nations peoples and this respect has increased one hundred fold as a result of my interest and exploration of their culture.

It was truly an honour to gain the trust of the women I have had the pleasure to converse with and know a little bit better. As my study draws to a close, I feel a sadness, however I am also excited to share this small piece of knowledge-based research with my colleagues, sisters and brothers in nursing, as well as the Aboriginal community. I take this opportunity to encourage and inspire other researchers and inquirers to take up where this thesis has left off. There are always more questions and there is never an end to increasing our knowledge. Finally, there is never one way to see things. This is the beauty and challenge of phenomenological research. I leave the reader with a quote from the Sugar and Fox (1989) article where Fran described her time in the Kingston Prison for Women and remind the reader that she continues to meet her challenges with an unbroken spirit and embraces her culture in a profoundly respectful manner:

*At times when I'd burn my medicine, when we had sweetgrass smuggled in to us because sometimes it was seen as contraband, the sweet smell of the earth would create a safe feeling, a feeling of being alive even though the cage represented a coffin, the prison a gravestone, and my sisters walking dead people. Those medicines were what connected me as a spirit child. One time when I was close to suicide I was told by Mista Hiya that my spirit was alive and it was housed in my physical shell. And from that hard time I learnt that my spirit was more important than my body because my body was controlled by the routine of life in prison. It was then the connectedness to being an Aboriginal Woman, began. I began feeling good about myself even though I had only a few reasons to feel good. I understood there was a spirit within me that had the will to live (Fran Sugar, writing from within Prison for Women, Kingston, Ontario, 1986 cited in Sugar & Fox, 1989, p. 467)*

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**Appendix A: Poster**



# **HOPE**

**What does it mean to you?**

**ABORIGINAL WOMEN PARTICIPANTS NEEDED  
FOR  
RESEARCH ABOUT THE CONCEPT OF HOPE**

I am looking for Aboriginal women who have experienced being in jail to take part in a study about hope.

As a participant in this study, you will be asked to:  
Participate in one or two taped conversations that would last between one to two hours per sitting.

For more information about this study, or to volunteer for this study,  
Please contact:

Janis Radtke RN BN  
Graduate Student  
University of Calgary, Faculty of Nursing  
at  
403-200-4494 or  
Email: [jlradtke@ucalgary.ca](mailto:jlradtke@ucalgary.ca)

This study has been reviewed by, and received ethics clearance through,  
The Conjoint Health Research Ethics Board





## **Appendix B: Consent**

**TITLE:** Stories of Hope: Conversations with Aboriginal Women who have Experienced Incarceration

**SPONSOR:** None. Master of Nursing Thesis

**INVESTIGATORS:**

Principal Investigator:

Gayle Rutherford RN PhD, Faculty of Nursing, University of Calgary

403-220-6984

geruther@ucalgary.ca

Co-Investigator:

Janis Radtke RN BN, Master of Nursing Student, University of Calgary

403-200-4494

jlradtke@ucalgary.ca

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form.

**BACKGROUND**

Much of the research with incarcerated Aboriginal women has focused on the negative aspects of their lives and culture. This study will focus on revealing the positive aspects of the notion of hope; a concept that can build trust, faith, belief, confidence and desire for a better life.

**WHAT IS THE PURPOSE OF THE STUDY?**

The purpose of this study is to explore the meaning of hope for you as an Aboriginal woman who has experienced incarceration. I will be having conversations with approximately eight to ten Aboriginal women who have experienced incarceration to increase our understanding of how hope influences your lives.

This study will give you an opportunity to tell your story and to help health care providers understand how you perceive hope. This will be an opportunity for you to share your thoughts and feelings about hope. Your perception of hope will be shared with other health care professionals to increase knowledge and understanding about what hope means for Aboriginal women who have been in jail. I believe this will help health care professionals meet your needs and support you better.

This study is expected to be completed by June 2012.

### **WHAT WOULD I HAVE TO DO?**

You will participate in a face-to-face conversational interview that will take about 1 hour and possibly a shorter conversation to clarify what you have said in the first meeting. The conversation(s) can occur in a place where you feel comfortable and safe. It could be your own home or any mutually agreed upon place of your choice. The conversation(s) will be audio taped and transcribed later by the researcher.

You will be asked questions such as: What is the meaning of hope for you? Did you feel hopeful while you were in jail? Have you felt hopeful since release? Have you ever felt hopeless? Was a feeling of hope or hopelessness present before, during or after incarceration? Hope carries a sense of positivity and Aboriginal women have stories to tell about how hope influences their lives. How has hope or lack of hope influenced your life?

### **WHAT ARE THE RISKS?**

There are no risks involved in participating in the study as participant, but if you feel any discomfort during or after the interview the researcher will provide you with information about support services offered in the community. Your anonymity and privacy is guaranteed to the extent that your name and any identifying information will not be used in the findings and/or any publication that might result from the research. However, there is no guarantee the stories you share may not be familiar to others.

### **WILL I BENEFIT IF I TAKE PART?**

If you agree to participate in this study there may or may not be a direct benefit to you. You may gain understanding of what hope means to you and how it might influence your life in a positive way.

### **DO I HAVE TO PARTICIPATE?**

Your participation is voluntary. You are free to refuse to participate altogether or withdraw at any time from the study without penalty or loss of benefits that you may receive. Future health

care will not be jeopardized in any manner. If you wish to withdraw, the researcher asks that you do so in person or by telephone.

**WHAT ELSE DOES MY PARTICIPATION INVOLVE?**

If you agree to participate, you will be asked to give information about your age, history of incarceration, marital status, number of children, Aboriginal status, level of education, employment history and health status so we can gather information about the participants.

*There are two other choices for you to consider if you decide to take part in this research. Please put a check mark on the corresponding line that grants me your permission for the following:*

*I wish to remain anonymous, but you may refer to me by a pseudonym:*      Yes: \_\_\_\_ No: \_\_\_\_

*The pseudonym I choose for myself is:*

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*Do you wish to be contacted after the study is completed?*      Yes: \_\_\_\_ No: \_\_\_\_

**WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?**

You will be given an honorarium for your participation in the study. All costs, such as parking, transit fare, coffee and/or lunch will be supplied by the researcher. Cigarettes will not be provided.

**WILL MY RECORDS BE KEPT PRIVATE?**

All of your information will be kept confidential by the Principal Investigator and the Co-Investigator. The transcription of the audio-taped interviews will be completed by the Co-Investigator. The information will be transcribed, summarized and published in a Master of Nursing Thesis for the Faculty of Nursing, University of Calgary and in other means of sharing this information such as presentations and published articles.

The audiotapes, transcripts, photographs and any other data will be kept in a locked cabinet and on password protected computers and only the Principal Investigator and the Co-Investigator will have access to them. At the end of twelve years, the all the data, including the audiotapes, will be destroyed. The only people who will be able to hear your audiotaped interviews are the Principal Investigator and the Co-Investigator.

## **SIGNATURES**

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing your health care. If you have further questions concerning matters related to this research, please contact:

Dr. Gayle Rutherford (403) 220-6984

Or

Janis Radtke RN BN (403) 200-4494

If you have any questions concerning your rights as a possible participant in this research, please contact The Chair of the Conjoint Health Research Ethics Board at the Office of Medical Bioethics, 403-220-7990 or the Ethics Resource Officer, Internal Awards, Research Services, University of Calgary, at 403-220-3782.

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Participant's Name

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Signature and Date

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Investigator/Delegate's Name

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Signature and Date

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Witness' Name

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Signature and Date

The University of Calgary Conjoint Health Research Ethics Board has approved this research study. A signed copy of this consent form has been given to you to keep for your records and reference.

### **Appendix C: Guiding Conversation Questions**

1. What comes to mind when you hear the word *hope*?
2. Tell me about a time when you felt hopeful. What was going on in your life at that time?
3. Tell me about a time when you might have felt hopeless. What was going on in your life at that time?
4. Describe how hope influenced or did not influence your life while you were in jail.
5. Now that you are out of jail, tell me what impact hope has on your day-to-day life.
6. Are there people or situations that helped you to feel greater hope or less hope?
7. What is it that you hope for most in your life right now?
8. If you perceived the total absence of hope what would that mean to you?
9. If hope was a colour what colour would it be and why?
10. Finally, please explain how nurses and other care providers can better understand your experience of being incarcerated. Is there a way you can be better supported before, during and/or after the prison experience?