



‘SUPPORTING THE SACRED JOURNEY’

EMOTIONAL WELLBEING AND THE PROBLEMATISATION OF ABORIGINAL PARENTING IN CANADA

Ashley Fawley
Senior Lecturer in Sociology and Social Policy
Swansea University

OVERVIEW

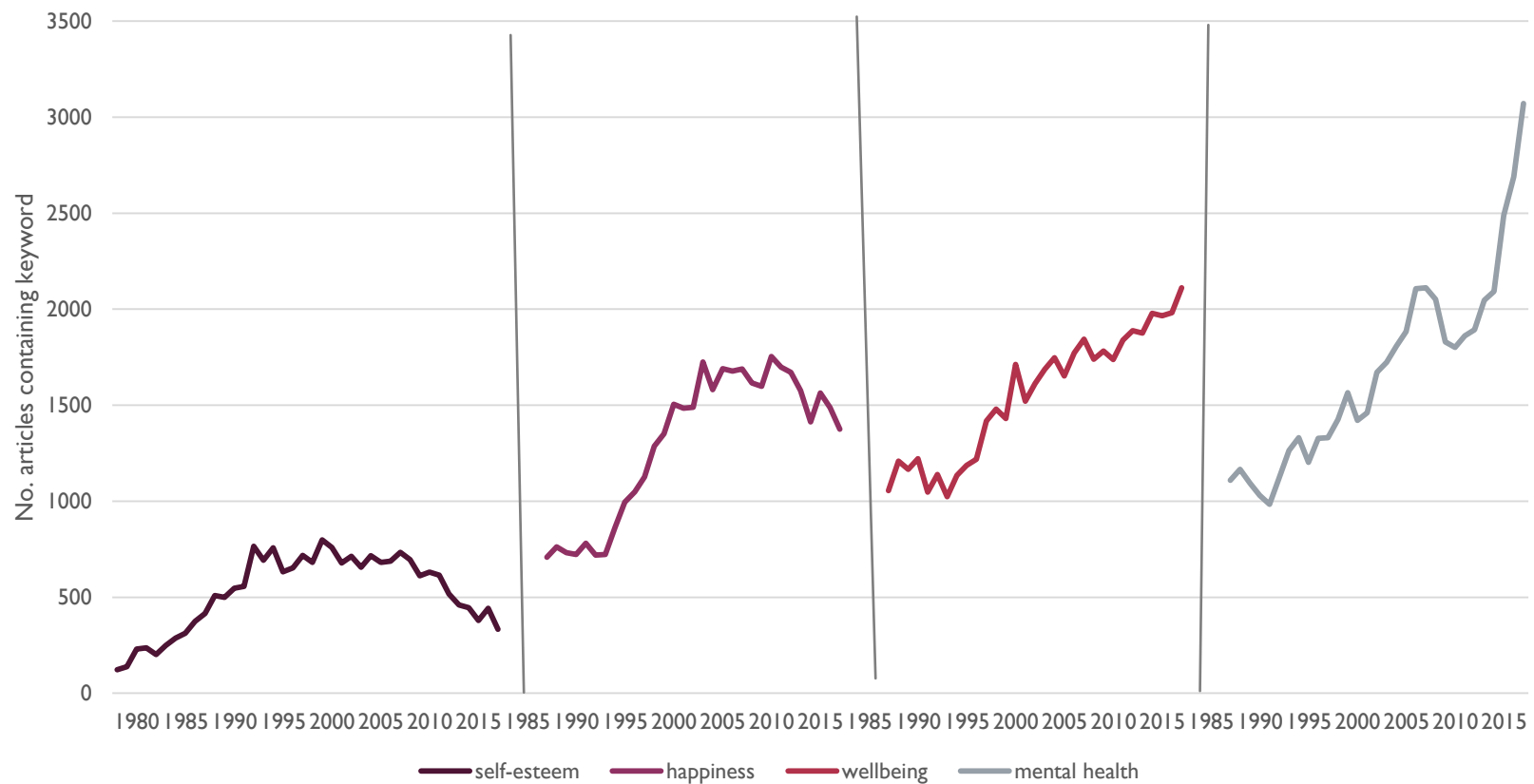
- Presentation explores ongoing research on function/effects of emotion rhetoric in construction of social problems
 - Parenting discourses related to Canadian Aboriginal peoples as case study in move from deficits to strengths
- Situates present in historical/policy context
- Explores discursive shift from emphasis on trauma (though still central) to fostering ‘strengths’, emotional wellbeing
- Strengths-based approach paradoxically entrenches problematisation of indigenous parenthood
- glocalization (Robertson, 1992, 1997; Nehring et al., 2016) presents mainstream policies and increased surveillance as grassroots demands
- A cautionary tale—poor/colonised receive similar treatment/attitudes

STIMULUS FOR RESEARCH

- FNIGC 'OCAP Principles in Action' conference (2013)
- Talk of 'taking back control', indigenous peoples sick of being 'studied to death', not seeing benefits of research, suspicion of outside agencies
- Conference presentations explicitly focused on innovative ways of circumventing this pushback
- 'Innovative' ways to intervene in individual/family life to promote better parenting
 - Accomplished through cultural translation (e.g. 'elders', i.e. grandparents as path to parents)
- Strong sense of parenting as source of problems, seen as specific to this group
- Use of 'wellbeing' as though it was a grassroots indigenous discourse
- But...

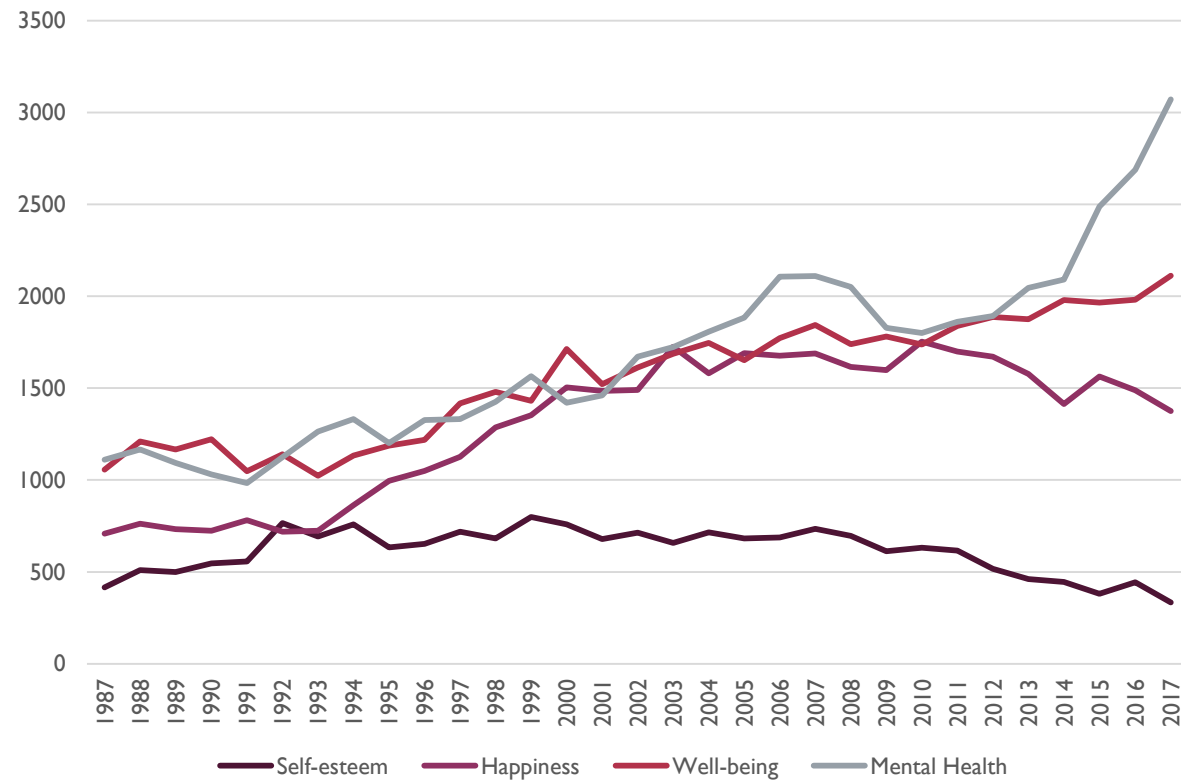
ANGLOSPHERE THERAPEUTIC VOCABULARIES

'Problematic Positivity' in Anglosphere Newspapers of Record
(1978-2017)



ANGLOSPHERE THERAPEUTIC VOCABULARIES

From Self-esteem to Mental Health
Anglosphere Newspapers of Record (1987-2017)



HISTORICAL CONTEXT: COLONIZATION

- European contact arguably begins with Vikings; progressive contact from 1497 onwards
- Colonization begins in 17th C, French dominant; English presence increases in late 17th C
- Existing conflicts amongst aboriginal groups mobilised in service of English-French conflicts
- Large numbers of indigenous population perished from disease and violence
- Emphasis on trade rather than colonization (as opposed to Australia) meant greater cooperation between European and indigenous groups
- Period 1871-1921: eleven treaties signed between indigenous peoples and reigning monarch; treaties form basis of negotiation and claims to self-determination toward present

HISTORICAL CONTEXT: SEGREGATION & ASSIMILATION

- Segregation and assimilation started in 1830s
- Indigenous peoples viewed as 'dying race' ; harsh policies; loss of traditional lands, forcible relocation onto reserves and missions
- Reserves and educational programmes seen as waste of resources; some advocated removal of 'Indians' to islands where they could 'die in peace' (Perry, 2010, p. 139)
- Assimilation arose out of realisation that indigenous peoples were not dying out; policies enacted to prepare children for 'better' life in dominant Anglo-Saxon society
- Most notorious policies: forcible removal of children to be raised in residential schools and homes in white mainstream society
 - Widely acknowledged to have caused extreme harm and suffering to indigenous families, society and culture by removing children from their communities

ASSIMILATION: 'KILL THE INDIAN IN THE CHILD'



Thomas Moore before and after his entrance into the Regina Indian Residential School in Saskatchewan in 1874.

Library and Archives Canada / NL-022474

HISTORICAL CONTEXT: RESIDENTIAL SCHOOLS

- Children placed in residential schools funded by Canadian government, operated by churches
- Schools ostensibly established to promote education
- Children required to unlearn languages to promote assimilation
- Over 150 000 children forcibly removed
- Last school closed in 1996
- Canada launched inquiry in 1991—Royal Commission on Aboriginal Peoples
- Revealed widespread physical, emotional, and sexual abuse (RCOAP, 1996)

HISTORICAL CONTEXT: 'SIXTIES SCOOP'

- Coined by Patrick (1983): large numbers of indigenous children taken into care from 1960s to 1980s
 - As many as 20 000 children placed in care of white middle-class families
- Already by 1920s, claim was being made that boarding schools were disrupting family relationships and leading to a 'legacy of difficulties for families' (Hand, 2006, p. 25)
- Problems repeatedly seen as rooted in parents.
 - Maxwell (2014, p. 421) describes 1980s tension between psychiatrists' determination to locate psycho-social problems of Native children in parents' "traditional", i.e. dysfunctional parenting practices, and indigenous participants' locating problems in colonial interventions
- Now widely made and accepted claim: colonization and past policies compromised Aboriginal mothers
- However, no connection is made between intense focus on parents/mothers in colonial policy, past policies of child removal, and current policy focus on indigenous parents.

HISTORICAL CONTINUITY

Maxwell (2017, p. 977) also notes this failure to recognise continuity between child removal past and present:

‘Although [Truth and Reconciliation 2015] report’s wide-ranging “Calls to Action” prioritize addressing the overrepresentation of Indigenous children in the contemporary child welfare system, it fails to critically analyze how and why child-removal remains central to relations between the settler-state and Indigenous peoples. The authors begin by describing the residential schools as “cultural genocide,” defined as “the destruction of those structures and practices that allow the group to continue as a group” (ibid.: 1). **But, crucially, they do not extend this line of analysis to the removal of Indigenous children in the present.**’

- Rather, Commission explains contemporary child removal policy as ‘result or legacy of the way that Aboriginal children were treated in residential schools’ (2015, p. 135 cited in Maxwell, 2017, p. 977).
- ‘This etiology, central to Aboriginal healing, attributes the contemporary apprehension of Indigenous children to dysfunction inherent in Indigenous families rather than to an ideology inherent in settler-statecraft.’ (Maxwell, 2017, p. 977)

HISTORICAL CONTINUITY – CONSTRUCTING INDIGENOUS MOTHERS

- Lacking emotional regulation
- Childish
- Hypersexual
- Unable to curb appetites (sexual, food, alcohol; enjoyment)
- Detrimental effect on ‘normal’ child development
 - Past: due to tradition
 - Present: due to loss of tradition

'The large-scale roundup of children in Indigenous communities as women were punished for the "moral failures" of their motherhood [...] was the normative Canadian nation-state response reflecting mainstream social work's ideation on a profaned, sexualised Indian mother in contrast to its own "femininity," one conditioned by figures of stay-at-home mothers in pumps and pearls...'

(Million, 2013, p. 46)

PRESENT: IDEAL OF SELF-DETERMINATION

- Claim to self-determination empowered by 2007 UN Declaration on the Rights of Indigenous Peoples
 - Contained provisions on **indigenous rights to self-determination, control over natural resources on traditional lands**
- Initially opposed by New Zealand, Australia, US, and Canada; later endorsed in non-legally binding terms
- ‘Indigenous peoples pre-exist nation-states and reject nation-state authority to grant them a right to a political self-determination that they have never relinquished’ (Million, 2013, p. 3)
- Realistically, demand for self-determination does not necessarily mean the secession of territory
- Desire is for peaceful coexistence and even ‘partnership’—but with indigenous having last say
 - In practice, in both Canada and Australia ‘partnership’ has come to mean indigenous acquiescence to and enactment of mainstream social policy

PRESENT: TRUTH, RECONCILIATION... AND TRAUMA

- Social justice for indigenous people in both countries now focuses heavily on rectifying past injustice
 - 'Emotional and psychological legacy' of past policies (HREOC, 1997)
- Inquiries (1991; 2008) into nature and extent of abuses perpetrated on behalf of assimilationist policies; emphasise giving indigenous peoples 'voice' = testimonies of injustice
- But focus on trauma **not** necessarily 'indigenous' way of articulating grievances
 - '...the danger in such a frame disbursed at local levels is that it can foreclose on **other kinds of storytelling**, other tropes, other kinds of knowledge **that the community can and wishes to produce**' (Million, 2013, pp. 76-77)
- Result of mainstream cultural shift toward individual and psychological understandings of society
 - 'As the neoliberal turn took place, poverty, drug addiction, alcoholism, and social dissolution became medicalized and portrayed as colonial trauma' (Million, 2013, p.19).

PRESENT: TRUTH, RECONCILIATION... AND TRAUMA

- Trauma has become pervasive narrative; particularly in indigenous people's own self-understandings
- Emergent criticism of trauma frame focuses on tendency to individualise and psychologise material problems, lack of clear mechanism of operation/transmission, tendency to cast **all** people as damaged/traumatised (not everyone went to residential schools), and its contribution to ongoing problematisation of indigenous parenthood (Million, 2013; Gone, 2014; Maxwell, 2014, 2017).

'We're still experiencing the effects of the residential school from our parents and grandparents. We're all damaged, and we'll pass it on to our children, so it will never end.'

(Young Anishinaabe woman, quoted in Maxwell, 2014)

'While the crisis is the ongoing effects of poverty and the continuing dissolution in communities in extreme marginalization from mainstream "freedoms," [indigenous people] are posed with the need to "heal".'

(Million, 2013, p. 151)

FROM TRAUMA TO STRENGTHS

- Critical attention turning to trauma, but less attention to shift to strengths-based approaches
 - Emphasise emotional wellbeing, happiness, resilience, self-esteem, etc
- Shift to wellbeing often mistakenly understood as ‘optimisation’; but just as redefinition of health implicitly problematised its possession and demanded active pursuit, so too does discourse of wellbeing implicitly (and sometimes explicitly) set positive emotions up as inherently difficult (Frawley, 2015, 2018b)
- Increasing elision of ‘wellbeing’ and ‘mental health’ (Ecclestone, 2018); lowers bar for intervention on increasingly diffuse ‘wellbeing’ grounds (Bilson & Martin, 2017; Frawley, 2018a)
- Particularly troubling in relation to Aboriginal families who are increasingly positioned as inherently damaged, lacking skills in emotional self-regulation and of inculcating such skills in next generation

ABORIGINAL PEOPLES IN CANADA – PRESENT SITUATION

- Higher rates of infant/child morbidity and mortality
- Many communities are remote, suffer from lack of or deteriorating infrastructure
- Poverty (both on and off reserves); many reserves lack access to clean drinking water, affordable food, health care, and other services
- High rates of disease, especially diabetes
- **High rates of child removal:** Despite making up 7% of the population of children in Canada, indigenous children make up 52% of children in care. Numbers of children in care sparked two-day emergency meeting of Government ministers in January, 2018 (Government of Canada, 2018)

QUALITATIVE CONTENT ANALYSIS

Increased focus on family as pathway to solving health and other social problems evident in policy and interventions. Several documents chosen as starting point:

- *Supporting the Sacred Journey* (Best Start, 2012)

Four documents produced by the National Collaborating Centre for Aboriginal Health (est. 2005 by Government of Canada and funded through Public Health Agency of Canada, dedicated to health equity and ‘knowledge translation and exchange’) on the following themes:

- *The Sacred Space of Womanhood* (NCCAH, 2013a)
- *Parents as First Teachers* (NCCAH, 2013b)
- *Fatherhood is Forever* (NCCAH, 2013c)
- *Family is the Focus* (NCCAH, 2015)

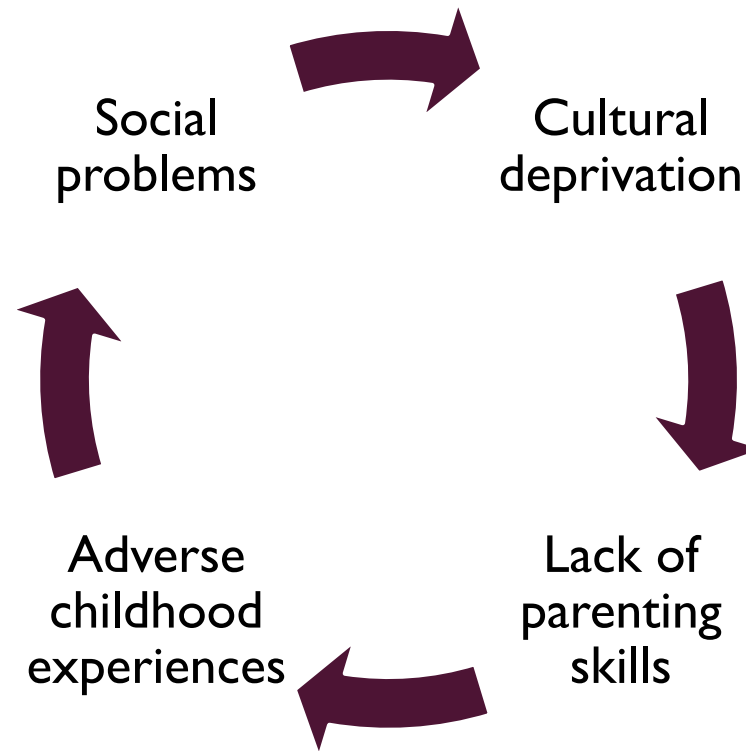
THEMES - OVERVIEW

- Causal stories
 - Cultural deprivation through disruption
 - Family (motherhood) as root of problems
- Solutions
 - Cultural renewal as glocalized mainstream knowledge
 - Strength through support

CAUSAL STORIES

- Most commonly cited cause of health and social problems across documents is **cultural discontinuity or disruption**, followed by:
 - Colonization
 - Residential schools
 - Adverse experiences in childhood
- Poverty is one of many 'risks' indigenous people face, rarely positioned as a cause; most common material factor cited is remoteness of communities

CAUSAL STORIES: CYCLES OF SOCIAL PROBLEMS



COLONIZATION AS 'THE FALL'

Causal stories portray idyllic societies before the fall (colonization). Present parenting advice as return to past that will restore harmony.

'Current research supports traditional First Nations parenting techniques. Studies in the areas of attachment, learning and the emerging research on brain development confirm that traditional First Nations parenting techniques were effective and appropriate. [...]

Unfortunately, the impact of poverty and residential schools has negatively impacted parenting, leading to challenges for First Nations parents.'

(Best Start, 2012, p. 47)

COLONIZATION AS 'THE FALL'

Sometimes highly romanticised (and ethnographically questionable—e.g. fear and third party discipline [Wark et al., 2017]):

'European childrearing practice focused on control: spare the rod, spoil the child; children should be seen and not heard, and that learning takes place sitting. First Nations people believed that children were sacred gifts to be cherished. Children were joy and to be enjoyed . [...] Voices were not to be raised or unkind words spoken, for the spirit of the child required gentleness. Disease, dislocation and forced assimilation programs disrupted all aspects of Aboriginal culture and identity. In some communities, disease killed 85% of the population, hitting the young and old the hardest'

(Best Start, 2012, p. 6)

CAUSAL STORIES: CULTURAL DISRUPTION

'Family is a powerful health determiner. We start with the self and our homes before spiralling out into the world.'

(NCCA, 2015, p. 10)

Colonization said to cause breaks in cultural continuity which is seen as source of problems. Line is explicitly drawn between individuals and families and wider social problems.

'Discriminatory child welfare policies, shattering intergenerational effects of the Residential School system, and the broader impact of colonization all compromise the ability of contemporary Aboriginal women to live out their foundational role as mothers.'

(NCCA, 2013a, p. 2)

It is rarely stated outright that Aboriginal mothers lack parenting skills. Reverent language; blame placed on colonialist policy which disrupted sacred knowledge of 'mothering'.

‘Our children must not be burdened with the broken promises and mistakes of the past. Instead, we need to focus on a bright future where our children can achieve their dreams and meet their true potential through fair, stable and secure education and health systems. This is our broader struggle but one that starts with love and care in the home.’

(NCCAH, 2013b, p. 4)

‘The resilience and health of Aboriginal communities has always depended on the transmission of culture from mothers to daughters.’ (NCCAH, 2013a)

“Emotional preparation is about releasing the negative experiences of a person’s own parenting, embracing the good experiences and developing new emotional experiences. For example, as a result of the residential school experience, many First Nations parents have not been able to hug their children or tell them they love them. They may be critical and rigid. In order to change the parenting experience, people thinking about becoming parents need to consciously develop new emotional experiences. This can be accomplished by holding hands, hugging, touching, saying kind words, accepting kind words and believing kind words. People can begin to recognize old responses and change them into new positive ones.”

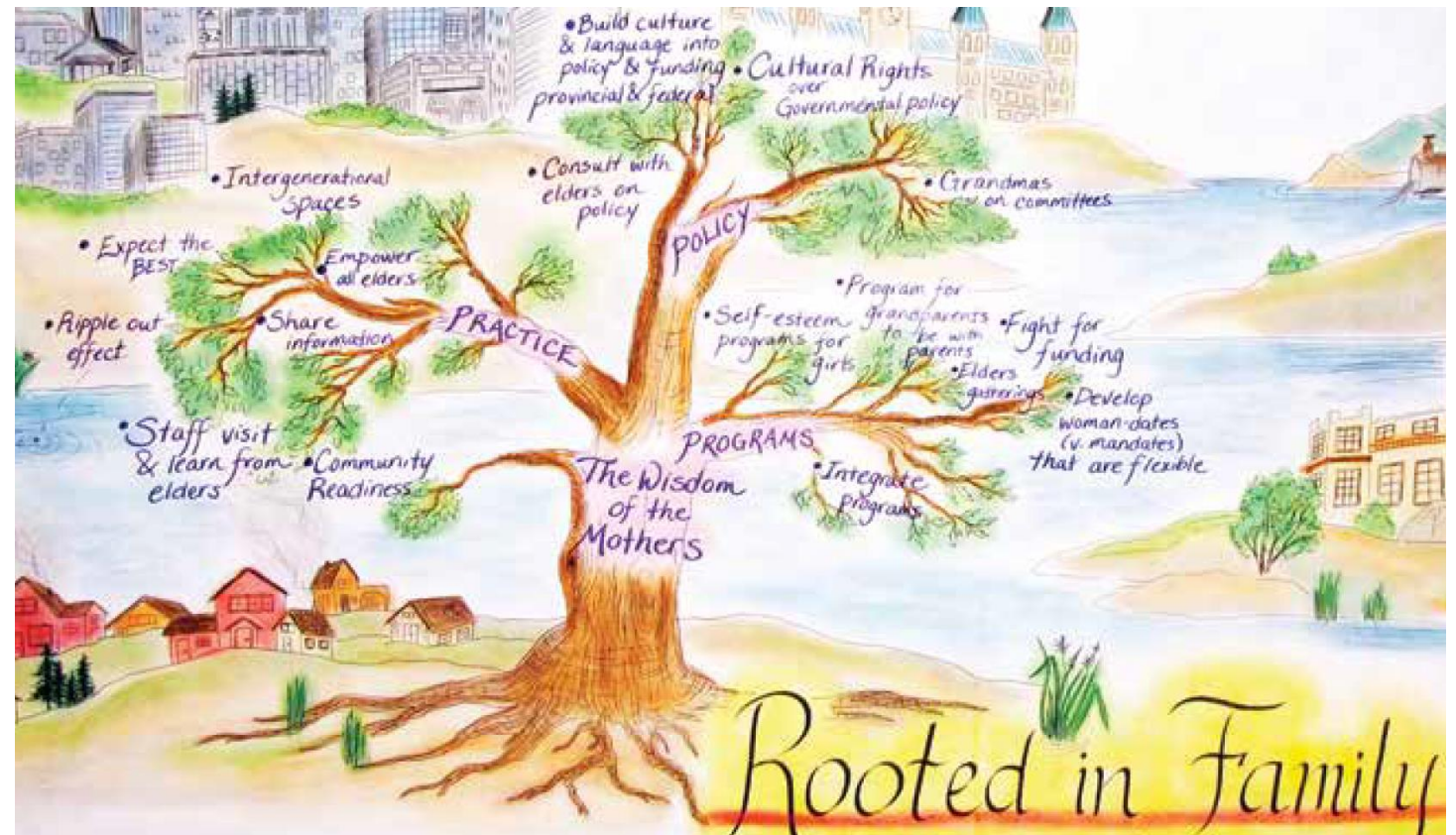
(NCCAH, 2013a, p. 15)

**CAUSAL STORIES:
CULTURAL DISRUPTION**

Modifying relationships and interactions between parents (mothers) and children central to solving social problems

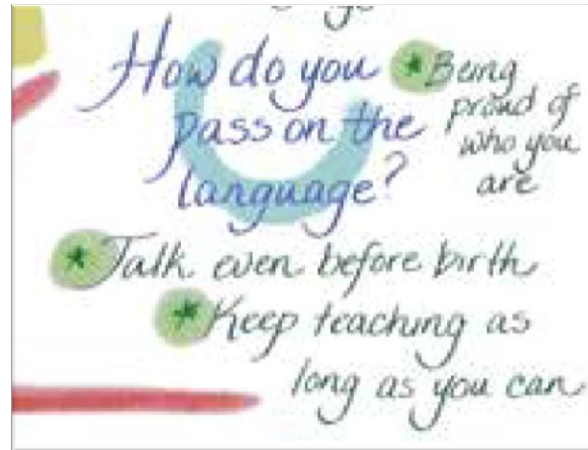
FAMILY AS 'ROOT' OF PROBLEMS/SOLUTIONS

- Solutions as 'rooted in family' and 'wisdom of the mothers'
- But wisdom of mothers repeatedly said to have been compromised by colonization...



CENTRALITY OF MOTHERS

Cultural renewal starts with mothers, even in the womb—women encouraged to talk indigenous or native language and tell traditional stories to baby in utero



How do you pass on the language? ** Being proud of who you are*

- * Talk even before birth*
- * Keep teaching as long as you can*



** Start teaching in the womb*

DURING PREGNANCY

Your role as your child's first teacher begins during pregnancy. Your baby's brain starts developing before your baby is even born. Babies start learning early in pregnancy.

They respond to what their mother hears, experiences and feels. Babies can hear when they are in the womb and language skills start before they are born. Talk and sing to your unborn baby. Rub or stroke your belly in a gentle and caring way.



Parents and caregivers have a sacred duty to the gift that they have brought into this world. Give thanks for your child.

CENTRALITY OF MOTHERS

- Childrearing as traditionally community responsibility repeatedly stated. *Supporting the Sacred Journey* warns service providers that it is normal for mothers not to watch their children in ways they might expect.

In the traditional way, the parents were never alone in parenting. There is still a remnant of that community trust when Aboriginal parents let the children go outside to play and don't watch them in the same way as parents in the general population do. All members of the clan are seen as relatives, brothers and sisters, aunties and uncles. Each has a role and responsibility in raising the child.

(Best Start, 2012, p. 47)

- Historical and ethnographic research agrees with community focus, but relative commonality of norms of emotional detachment (Wark et al., 2017), is not mentioned.

FOCUS ON MOTHERHOOD

- Ideal of emotionally involved and attached motherhood repeatedly emphasised
- While grandmothers, aunties etc described as playing mothering role...

When the daughters on the panel shared what they had learned about mothering from their mothers, it became evident that being mothered by aunties and sisters and fathers and siblings is not second-best but part of that “complex web of relational practices”

(NCCAH, 2013a, p. 4)

- Lack of (emotionally) engaged motherhood is portrayed regretfully

‘Marlene Beattie also felt she learned about mothering from family members other than her mother. Her mother was the breadwinner, never home when she returned from school and not the kind of mother Marlene wanted to be.

(NCCAH, 2013a, p. 4)

FOCUS ON MOTHERHOOD

- Traditional community involvement recast as ‘circle of support’ (NCCAH, 2013b, p. 6).
Responsibility of community and fathers recast as ‘support’ for mothers:

‘The responses to one such discussion showed that the gathering had indeed been a place to honour the sacred space of mothering—a kind of mothering, agreed the participants, that was fully about love, mentorship, forgiveness, culture, teaching, language, pride, stories, strength, memories, protecting, ceremony, and gratitude, and a fathering that was about supporting mothers.’

(NCCAH, 2013a, p. 13)

‘Everything our communities do should make it easier for mothers to raise children.’

(NCCAH, 2013a, p. 2)

SOLUTIONS: CULTURAL RENEWAL

- Culture portrayed as kind of therapy; ameliorative potential through boosting self-esteem and confidence

‘He sought healing through various means of therapies and ceremony, until he remembered wisdom from his grandfather: life on its own was about healing and encouraged him to focus on living a good life, in addition to pursuing healing. As a result of his grandfather’s advice, he started writing and showing affection to others’

(NCCAH, 2015, p. 15)

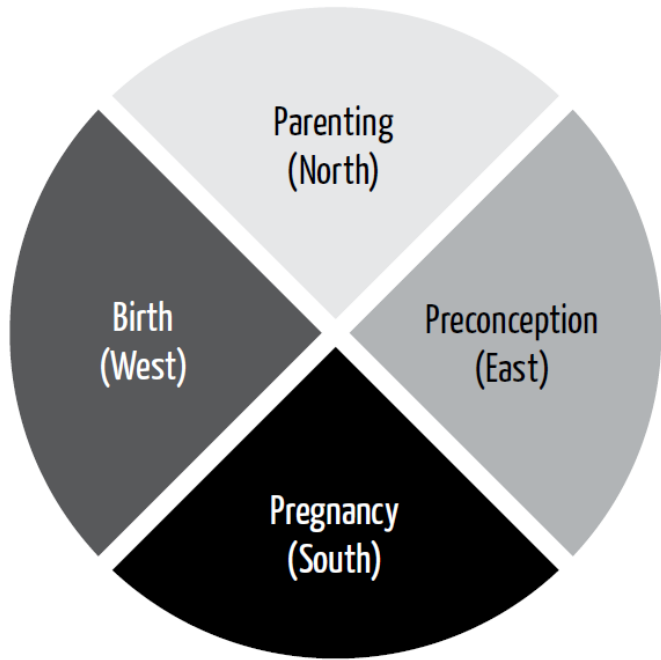
- Tendency also in broader literature to posit culture as ‘magical solution’ that will enable subjects to reach their more explicit (but much more difficult) goals:

‘If Aboriginal children are provided opportunity for growth and development that fosters and promotes cultural strengths and citizenship, health disparities resulting from the impacts of colonialism may be lessened. This may, in turn, lead to self-determination, which is a distal determinant of Aboriginal children’s health.’

(Greenwood & De Leeuw, 2012, p. 383)

SOLUTIONS: CULTURAL RENEWAL

- But what is positioned as ‘cultural renewal’ is a glocalization of mainstream public health narratives. For example, emotional regulation:
‘Mr. Tamehana also pointed out that children need a sense of pride and identity. They need to be reminded through culture to control their enthusiasm, control their concerns, control their passion, and find a way to release their emotions through performance (using stomping, words, volume, tears, sweat, eyes, and tongues).
(NCCAH, 2015, p. 12)
- Presented as emanating from tradition, grassroots demands emerging from people themselves



Supporting the Sacred Journey

From Preconception
to Parenting for First Nations
Families in Ontario



GLOCALIZATION: SYMBOLS & LANGUAGE

'There is nothing more important and precious than family. Nothing. As Native people, we believe that family is where we start.'

(NCCAH, 2015, p. 5)

'From the Womb to Beyond celebrates ancestral birth and welcomes the seven generations into the physical world. These traditional teachings prepare parents to accept their responsibility of protecting and guiding their gift of creation, the newborn who journeys from the spirit world into the physical world. The program celebrates the "circle of life" and traditional teachings that accompany each phase of life beginning with conception and continuing to childhood, adolescence, adulthood and Elderhood.'

(NCCAH, 2013a, p. 14)

'Turning to children, Mr. Pooley emphasized that learning fosters their health and well-being. It is a sacred principle that mothers and fathers teach their children the desire to learn. He also stated that our collective histories are rich and should "inspire and motivate us to transition to the next level of improving our lives.'"

(NCCAH, 2015, p. 6)

GLOCALIZATION

Of family/parenting as focus of solutions;
preparing children for learning

‘In sharing the experience of fasting with her family, Patricia imparted her belief that ceremony is in the DNA of every person. She draws upon this when teaching health promotion.’

(NCCAH, 2015, p. 11)

“Through ceremony we find our own strengths within us. Resilience is in our DNA.”

(NCCAH, 2015, p. 12)

- Whereas mainstream materials emphasise culture as being out of step with biology, indigenous materials emphasise the dominant culture as crowding out traditional knowledge with which people should live in accordance. However, (as already shown), tradition (and ceremony) is selective and idealised.

GLOCALIZATION

Biologisation of culture, ‘culturisation’ of biology

'You need to initiate affection with your children. This is difficult for some fathers because they did not grow up in a caring home with family and community to support them.'
(NCCA, 2013b, p. 6)

· Connectedness

Teach connection to the land, community, ancestors, traditions and culture through stories, activities and participating in community events.

You cannot turn back time, but you can move forward and do the best you can for your child. How can you do this?

- Take things one day at a time.
- Don't give up.
- Ask for help when you need it.

"It is important that we step away from societal ideals about what it means to be a "man" and embrace traditional ideals about respect, and humility, and what it means to be a parent."

– Duane Jackson, Tauhx Gadx – A Journey To Be Whole, Regional Coordinator, Children First

GLOCALIZATION: ADVICE

- Advice is given largely in terms of supporting cultural continuity and overcoming the past.
- It is claimed that Aboriginal parents would be able to live up to these ideals, but that their ability to do so has been undermined by colonialism and colonial policies.
- Claims to scientific basis downplayed in favour of reconnecting with culture, overcoming past through which best outcomes for children will be achieved

STRENGTH THROUGH SUPPORT: WELLBEING

- Clear desire to emphasise strengths
- Wellbeing, resilience, and ‘strong’ mentioned frequently



- Common tenets of broader wellbeing discourse glocalized...
‘...learning fosters [children’s] health and well-being. It is a sacred principle that mothers and fathers teach their children the desire to learn.’
(NCCAH, 2015, p. 6)
- ..including ‘decoupling’ of wealth from wellbeing (Frawley, 2015)—value attached to ‘not wanting’ (Best Start, 2012, p. 6), not using words like ‘poverty’ because community is own wealth (NCCAH, 2013a, p. 3)

STRENGTH THROUGH SUPPORT: WELLBEING

- ...in spite of clear material roots of most problems that are sometimes explicitly referred to.
- Structural and material problems which might make it difficult for parents to live up to stated (past cultural) ideals are given as impediments that service providers and health professionals should address.
 - Also occurs in the broader literature (e.g. NCCAH members Greenwood and De Leeuw, 2012, p. 382 writing for paediatricians).
 - However, it is not clear how they can address these problems.
- Focus on well-being not about celebrating strengths; never something communities simply 'have' or 'enjoy'
 - 15 appearances of 'well-being' across documents, 9 of which depict it as at risk, needing to be 'influenced', 'improved', 'changed' or 'supported'

STRENGTH THROUGH SUPPORT: RESILIENCE

Resilience

Resilience is the ability to steer through serious life challenges and find ways to bounce back and to thrive. We work on this throughout our lives, and we need to start as early as possible. People who respond to hardships with resilience are healthier, live longer, are happier in their relationships, are more successful in school and at work, and are less likely to get depressed. Parents can help build their children's resilience through:

- A secure bond with a caring adult.
- Relationships with positive role models.
- Taking part in activities and learning new skills.
- Building self-control, thinking skills, confidence and a positive outlook.

- Stakeholders at 'gatherings' emphasise the resilience of Aboriginal peoples
- 5 out of 10 discussions of resilience across documents emphasise it as an inborne capacity.

'Resilience is in our DNA.'

(NCCA, 2015, p. 12)

- However, other half depict resilience as undermined, needing to be built and supported. *Parents as First Teachers* (NCCA, 2013b, p. 17) advises Aboriginal parents to start building resilience in their children 'as early as possible'.

STRENGTH THROUGH SUPPORT: STRONG

on reserve. Using a holistic approach to individual and family wellness, the objective of the program is to strengthen families and reduce the risk of harm to children. The program was developed based on the belief that children, families and communities benefit most from services that are sensitive to and congruent with their cultural beliefs and traditional values. The program

- Words strong, strength, strengths appear 51 times
 - 40% as needing to be ‘supported’, ‘built’ or ‘empowered’
- Strength also seen as in-built, but through culture (24%)
- But culture is repeatedly emphasised as being undermined. Thus, strength must be built through (‘culturally relevant’) interventions
- ‘Strengthening’ parents seen as path to social change:
‘These programs focus on strength and leadership in which parents are seen as the “agents of change”’
(NCCAH, 2015, p. 13)
- Most common (non-subject) words across documents after ‘health’ are **learn, help, life, and support**

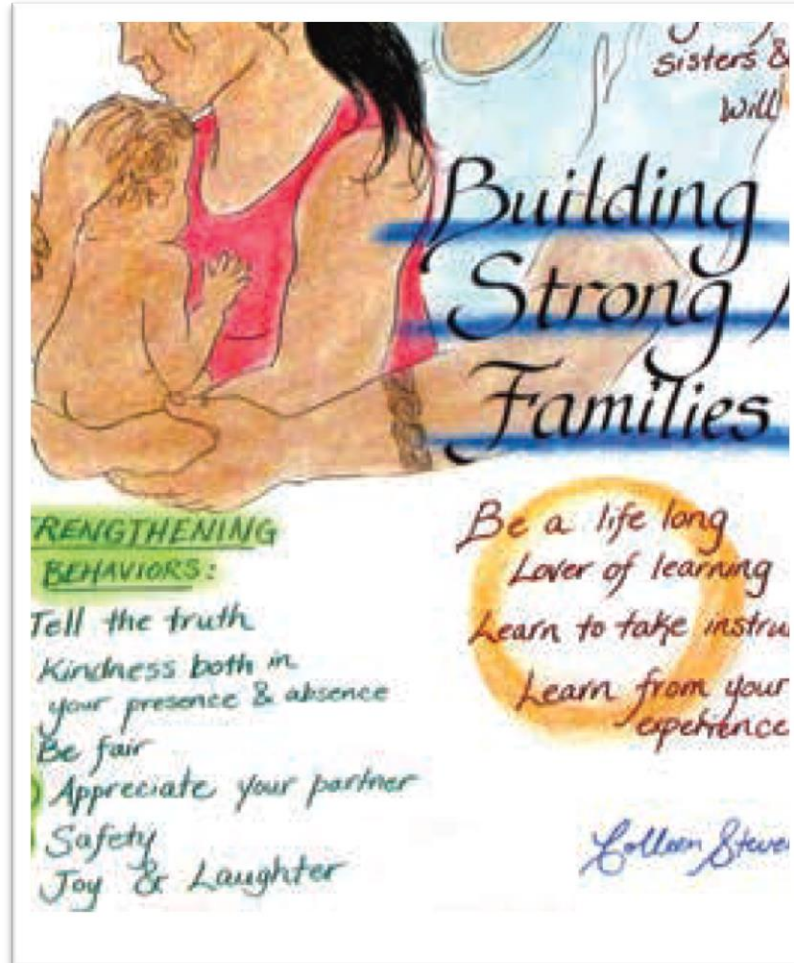
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STRENGTH THROUGH SUPPORT: STRONG

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 - 40% as needing to be 'supported', 'built' or 'empowered'
- But also as in-built, coming through traditional culture (24%)



As you talk, sing, hold and love your baby, your baby is learning. Some Elders say to use a rattle to connect your baby to the spirit world and remember the sound of the thunder beings. Your baby will have a strong spirit founded in culture, secure in knowing his/her place in the universe.

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- But culture is repeatedly emphasised as having been ‘lost’ or undermined.
- Thus, strength must be built through (‘culturally relevant’) interventions (e.g. NCCAH, 2015, p. 28, pictured)
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A CAUTIONARY TALE

- Calls for cultural sensitivity resolve into a ‘glocalization’ of mainstream Euro-American parenting advice and policy into the language of indigenous cultures
- Material improvement seen as colonization (Paradies, 2016); emotion management presented as decolonization
- Yet, focus on strengths, emotional wellbeing may be a kind of ‘deep colonisation’ or ‘colonialism hidden within purportedly progressive post-colonial discourses’ (Paradies, 2016, p. 93 drawing on Rose, 1996) or ‘kindly power’ (Yang, 2015)
 - Kindly power is mode of governance specific to Chinese context, but shares many commonalities with the way that therapeutic governance is enacted here—through translating psychologised state goals into caring, culturally relevant language intended to bring subjects on side

A CAUTIONARY TALE

- Rise of trauma narrative positions all indigenous people as traumatised and ill by definition
- Rise of strengths-based model further entrenches sense that well-being is not something ordinary (Aboriginal) people possess
- Invitation to greater intervention into family life; increased intervention even demanded
- Result has been large numbers of child removals and continued deferral of economic and related questions of self-determination until indigenous people are better enabled to enact an appropriate level of self-care
- Represent a cautionary tale—attitudes toward poor at home were always similar to colonised abroad

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